THERAPEUTIC SUPPORT PANEL FOR CHILDREN AND YOUNG PEOPLE

2026 REPORT

Acknowledgement

Acknowledgement of Country



The Therapeutic Support Panel for Children and Young People acknowledge the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

Acknowledgement of lived experience

We acknowledge that we can only provide leadership in systemic reform through valuing, respecting and drawing upon the lived experience expertise and knowledge of children, young people and families. We acknowledge the individual and collective contributions of those with a lived and living experience of youth justice and law enforcement systems, and those who love, have loved and care for them. Each person's journey is unique and a valued contribution to ACT's commitment to the raising of the minimum age of criminal responsibility reform.

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Therapeutic Support Panel for Children and Young People

LETTER OF TRANSMISSION

Minister for Children, Youth and Families
ACT Legislative Assembly
London Circuit CANBERRA ACT 2601

Dear Minister

As Chair of the Therapeutic Support Panel for Children and Young People, I am pleased to present you with the *Therapeutic Support Panel for Children and Young People 2026 Report*.

This report fulfils the Panel's statutory obligations.

I hereby present the report for tabling in the Legislative Assembly.

Yours sincerely,



Dr Justin Barker
Chair of the Therapeutic Support Panel
25 September 2026

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Glossary and acronyms

ACCO	Aboriginal community-controlled organisations
ATSIEB	Aboriginal and Torres Strait Islander Elected Body
Child Safety	Care and protection system in the ACT
Multicultural	People from diverse cultural, ethnic, linguistic and religious backgrounds, including migrants, refugees and people seeking asylum, regardless of whether they are first, second or subsequent generation
The Panel	The multidisciplinary panel (referred to as 'Therapeutic Support Panel' in the legislation)
PDE	Prenatal drug exposure
TSP	Therapeutic Support Panel for Children and Young People, referring to the whole program of supports, including the Chair of the Panel, the Panel and the Therapeutic Support Team
Unique referrals	The number of unique children and young people referred to the Therapeutic Support Panel for Children and Young People, excluding re-referrals

Preface

The ACT has led Australia in responding differently from other jurisdictions to children and young people at risk of harmful behaviour by raising the minimum age of criminal responsibility to 14 years and replacing a juvenile justice response with one centred on therapeutic support. This reform reflects a growing body of evidence demonstrating that children who engage in harmful behaviour often have complex and unmet needs, and that addressing these needs through therapeutic intervention offers better short- and long-term outcomes for children, families and the broader community.

As we mark one year since the implementation of this landmark reform, this report provides an opportunity to reflect on the progress made, the challenges encountered and the lessons learned. While the therapeutic response established through the Therapeutic Support Panel for Children and Young People (TSP) remains in its early stages, we continue to learn, adapt and strengthen our approaches and partnerships. Encouragingly, the first year has shown early signs that a therapeutic response can support positive change and contribute increased safety for children and young people, families and communities.

I would like to acknowledge and thank the children, young people and families who have engaged with the TSP, as well as the Panel members, Therapeutic Support Team and our many partners across government, non-government organisations and the community. Their commitment, expertise and collaboration have been critical to the progress achieved to date.

The ACT's reform agenda is ambitious and innovative. While there is still much to learn, the experiences and insights captured in this report provide a strong foundation for the continued development of a therapeutic system that helps children and young people thrive, reduces harm and supports safer and stronger communities.

Introduction

On 1 July 2025, the ACT became the first jurisdiction in Australia to raise the minimum age of criminal responsibility to 14 years. This landmark reform reflects what research and practice have consistently demonstrated: children who engage in harmful behaviour often experience complex and unmet developmental, psychological, social, environmental and cultural needs. Addressing these underlying factors through therapeutic, family-centred and culturally responsive approaches provides the best opportunity to improve outcomes for children and young people, reduce future harm and strengthen community safety.

A key element of these reforms is the Therapeutic Support Panel for Children and Young People (TSP), a statutory body established through amendments to the *Children and Young People Act 2008* and operational since March 2024. The TSP assesses needs, provides advice, coordinates supports and facilitates therapeutic interventions for children and young people who are at risk of, or engaging in, serious harmful behaviours. Its primary objective is to address unmet needs and the drivers of harmful behaviour through a therapeutic, rather than punitive, response, supporting children, young people and their families to achieve positive and sustainable outcomes. The TSP has become an important mechanism for bringing together expertise across government, non-government organisations and community partners to provide coordinated responses to some of the ACT's most vulnerable children and young people.

In addition to its direct role supporting children and families, the TSP performs an important systemic function. By monitoring patterns of need, identifying gaps in service delivery and highlighting emerging system issues, the Panel contributes evidence and insights to inform policy development and strengthen the broader service system for vulnerable children and young people across the ACT.

This report presents findings from the first year of implementation of the ACT's minimum age of criminal responsibility reforms. It provides an overview of the children and young people referred to and supported by the TSP. It also examines patterns of demand, the needs and vulnerabilities experienced by the target population and the extent to which the TSP is reaching and supporting the children and young people for whom it was established.

The report also highlights emerging trends, identifies key service system gaps and challenges, and outlines priorities for future policy, practice and service development. In addition, it discusses stakeholder engagement activities that remain critical to delivering coordinated and effective therapeutic responses for children and young people with complex and intersecting needs and strengthening outcomes for families and the wider community.

Capturing and reporting outcomes in meaningful ways is critical to informing future responses and ensuring sustainable success for children and young people, their families, the workforce and service partners. The first year of implementation has demonstrated encouraging signs. We have seen children and young people engage with therapeutic supports, improved identification of needs, strengthened connections with family, education and community, and reduced patterns of harmful behaviour. We have also observed the value of early intervention, creating greater opportunities to support children using person-centred approaches before challenges become entrenched. These outcomes reinforce the importance of responding to childhood vulnerability with understanding, collaboration and evidence-informed intervention.

At the same time, this report acknowledges that meaningful change takes time. The children and young people supported through the TSP often experience complex and intersecting challenges, and their pathways to improved wellbeing are rarely straightforward. As a developing initiative, the TSP

remains committed to continuous learning, service improvement and strengthening the evidence base for therapeutic responses to harmful behaviour.

The ACT's reform agenda is both bold and innovative. While there is still much to learn, the achievements, challenges and lessons outlined in this report provide a strong foundation for the continued development of a therapeutic system that supports children and young people to thrive, reduces harm and contributes to safer and stronger communities.

The Therapeutic Support Panel for Children and Young People (the TSP) is an overarching term that describes the mechanisms that recommend services and structures to be put in place to support children and young people following the introduction of the Justice (Age of Criminal Responsibility) Legislation Amendment Bill 2023. The TSP includes the Chair of the Therapeutic Support Panel (the Chair), the Therapeutic Support Panel (the Panel), the Therapeutic Support Team and the secretariat.

See Appendix 1 for further information about the TSP.

Therapeutic Support Panel: descriptive statistics

The children and young people who are referred to the TSP often have complex needs and require varying types of support. This analysis uses deidentified and aggregated descriptive statistics to show the main features and characteristics of all the children and young people who have been referred to the TSP. Although we cannot make any generalisations or predictions based on the current analysis – due to limited case numbers and the short period since implementation – we can look for patterns or trends to see whether these were what we expected to find based on past research.

This report will focus on data from the past financial year, 1 July 2025–30 June 2026 (also referred to as 2025–26), the first year the minimum age of criminal responsibility had been raised to 14 years. We will at times compare these data with other periods to highlight meaningful changes since this change was implemented.

Confidentiality

The privacy and confidentiality of children and young people referred to the TSP have been protected throughout this report. No information that could identify an individual child or young person has been disclosed.

As the ACT is a relatively small community, there is a greater risk that individuals could be identified from published data, particularly within categories containing small numbers. To minimise this risk, numbers or counts (presented in table cells) containing fewer than five individuals may be suppressed and represented by an asterisk (*). This indicates that a value exists but has not been reported, to protect privacy and confidentiality.

In some instances, values fewer than five are reported where there is no reasonable risk of identifying an individual. Additional data may also be suppressed where necessary, to prevent the calculation or cross-referencing of small numbers that could lead to identification. Where this occurs, suppressed values remain included in aggregate totals unless otherwise stated.

Due to the small sample size and limited time that the TSP has been operational, the descriptive statistics provided cannot be regarded as representative or used to infer future client profiles. We should expect statistical anomalies will misrepresent and bias the data. Therefore, these data should be used with caution to represent the scale and nature of issues facing the TSP and the minimum age of criminal responsibility more broadly. Where possible, we have provided some narrative to help understand the statistics presented.

Referrals received

Between 1 July 2025 and 30 June 2026, the TSP received 178 referrals. Of these, 116 (65%) were unique referrals and 62 (35%) were re-referrals. By comparison, during the previous financial year (2024–25), when the minimum age of criminal responsibility was 12 years, the TSP received 72 referrals relating to 68 unique children and young people.

In 2025–26, ACT Policing was the primary referral source (74.2%), a significant increase from 25% the previous year (Table 1).

Table 1: Number and source of referrals to the Therapeutic Support Panel

Referral source	Number (%) 2025–26	Number (%) 2024–25
ACT Policing	132 (74.2%)	18 (25.0%)
Family/community/other	18 (10.1%)	26 (36.1%)
Education/schools	13 (7.3%)	9 (12.5%)
Child, Youth and Family Services	6 (3.4%)	9 (12.5%)
Legal Aid ACT	*	*
Children's courts	*	*
Aboriginal and Torres Strait Islander Children and Young People Commissioner ACT	*	*
ACT Health/Children and Adolescent Mental Health Service	*	*
ACT-Support and Intervention Program	*	*
Public Advocate	*	*
Integrated Service Response Program	*	*
Intensive Adolescent Service	*	*
TOTAL	**178**	**72**

*Denotes a count fewer than 5 suppressed to maintain confidentiality.

The increase in referrals from ACT Policing was a result of regular meetings and improved communication and referral pathways in preparation for raising the minimum age of criminal responsibility to 14 years on 1 July 2025. Many of these referrals constitute early intervention, as ACT Policing come into contact with and identify children and young people of concern. ACT Policing then refers these children and young people to the TSP for assessment and to address unmet needs to minimise or prevent justice system involvement.

Action/determinations of referrals

Considering all referral sources, the TSP received an average of 14.8 referrals per month in 2025–26, an increase from 7.2 referrals per month the previous year. Figure 1 shows the number of referrals, accepted referrals and cases closed for the 2025–26 period.

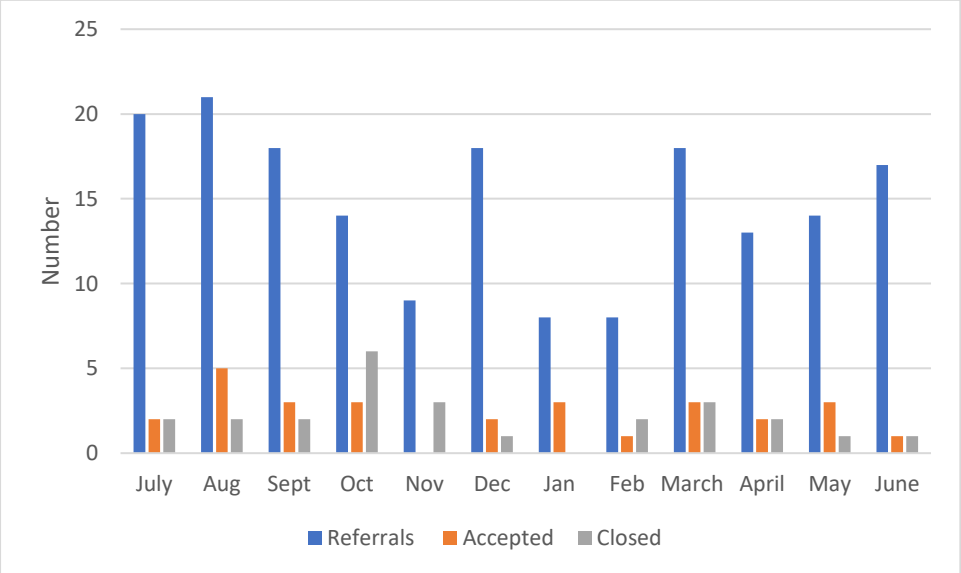


Figure 1: Number of referrals, accepted referrals and closed cases, 2025–26

In 2025–26, the TSP accepted 21.6% (25/116) of unique referrals as 'active clients', compared to 47.1% (32/68) the previous year. The increase in referrals may be partly due to increased awareness of the TSP; however, it has not led to an increase in presentation of those who meet our inclusion criteria (active clients). We have encouraged referrers such as ACT Policing to send us referrals for assessment as, even if someone is not accepted into the program, the TSP can provide advice and referrals to other services and supports more appropriate for the individual's needs. All referrals are important to understanding the needs of children and young people in the ACT.

Demographics of referrals

Of the 178 referrals to the TSP in the 2025–26 period, 59.6% (106) were under 14 years of age at the time of referral. Of the 116 unique referrals, this number was 53.4% (n=62). The demographics for both groups can be seen in Tables 2 and 3.

Table 2: Demographics of all referrals

	Referrals: **2025–26**	Referrals: **2024–25**	Referrals **(all** at 30 June 2026)*
Number	**178**	**72**	**273**
Male	57.3% (n=102)	61.1% (n=44)	57.5% (n=157)
Female	42.7% (n=76)	38.9% (n=28)	42.5% (n=116)
On care orders	15.2% (n=27)	25% (n=18)	21.6% (n=59)
Aboriginal and/or Torres Strait islander	16.9% (n=30)	25% (n=18)	21.2% (n=58)
Multicultural	14.0% (n=25)	15.3% (n=11)	14.7% (n=40)
Under 14 yrs (at referral)	59.6% (n=106)	54.2% (n=39)	56.8% (n=155)

* Including all data since commencement of TSP in March 2024

Table 3: Demographics of unique referrals

	Unique referrals: **2025–26**	Unique referrals: **2024–25**	Unique referrals **(all** at 30 June 2026)*
Number	**116**	**68**	**207**
% of all referrals	65.2%	94.4%	75.8%
Male	62.1% (n=72)	63.2% (n=43)	60.9% (n=126)
Female	37.9% (n=44)	37.8% (n=25)	39.1% (n=81)
On care orders	6.9% (n=8)	23.5% (n=16)	18.4% (n=38)
Aboriginal and/or Torres Strait islander	17.2% (n=20)	26.5% (n=18)	23.2% (n=48)
Multicultural	10.3% (n=12)	14.7% (n=10)	12.6% (n=26)
Under 14 yrs (at referral)	53.4% (n=62)	64.4% (n=37)	52.7% (n=109)

*Including all data since commencement of TSP in March 2024

There continue to be more males (n=102, 57.3%) than females (n=76, 42.7%) referred to the TSP. It is noteworthy that, to date, all children and young people referred to the TSP have identified as either male or female. This differs from what is often seen across services working with children and young people, where a broader range of gender identities may be represented. The TSP will explore the potential reasons for this and seek guidance from subject matter experts and people with lived experience to strengthen our capability to create a safe, inclusive environment where children and young people feel comfortable discussing and exploring matters relating to gender identity.

In the 2025–26 reporting period, 16.9% (n=30) of all referrals and 17.2% (n=20) of unique referrals to the TSP were Aboriginal and/or Torres Strait Islander children and young people. In the previous year, these numbers were 25% (n=18) and 26.5% (n=18), respectively.

Multicultural children and young people accounted for 14.0% (n=25) of all referrals and 10.3% (n=12) of unique referrals in 2025–26, compared with 15.3% (n=11) and 14.7 % (n=10), respectively, in the previous year.

While the TSP was established in response to raising the minimum age of criminal responsibility to 14 years in the ACT, the TSP receives referrals and provides support for children under 10 years of age, noting 10 years was the minimum age of criminal responsibility prior to these reforms.

For the period of this report, 9.6% of all referrals (n=17) and 20.9% (n=13) of unique referrals were for children under 10 years of age. This was an increase in both the number and proportion of referrals from 9.7% (n=7) of all referrals and 8.8% (n=6) of unique referrals in the previous financial year. This continues to be an interesting and positive outcome of the foundation of the TSP. It allows more early intervention for a cohort previously lacking a coordinated response and/or who would be vulnerable to criminalisation at a later stage of life.

Most referrals to the TSP (84.8%, n=151) were for children and young people with no current Child Safety (care and protection) orders in place. In 2025–26, 15.2% (n=27) of all referrals and only 6.9% (n=8) of unique referrals were for children and young people with existing orders in place. This means 19 of the 27 (70.4%) referrals for children and young people on care orders were re-referrals.

Re-referrals

During 2025–26, the TSP received 62 re-referrals, with the majority (82.3%, n=51) from ACT Policing. Of them, 40.3% (n=25) related to children and young people who were already active TSP clients. In these cases, the new referral information was considered part of the ongoing support and case management provided.

A further 19.4% (n=12) of re-referrals were received while an initial assessment was already underway. For these children and young people, the additional referral information was incorporated into the existing assessment process.

The remaining 40.3% of all re-referrals (n=25) related to children and young people who were not active clients at the time of referral but who had previously been referred to the TSP. These cases had previously been assessed, referred to other services and closed. Their re-referral reflects continuing or emerging unmet needs and requires a new assessment to consider updated information and circumstances.

ACT Policing referrals

As shown in Table 1, 132 referrals (74.2% of all referrals) were received from ACT Policing between 1 July 2025 and 30 June 2026, representing an increase in both number and proportion of referrals compared with the previous reporting period. These referrals included 83 unique children and young people and 49 re-referrals, meaning that children and young people referred by ACT Policing accounted for 71.6% of all unique referrals received by the TSP during the year.

Of the referrals received from ACT Policing, 62.9% (n=83) were for children and young people under 14 years of age at the time of referral. These referrals related to 44 unique children and young

people, with 39 re-referrals, demonstrating ongoing police concerns and repeated contact regarding a number of children experiencing vulnerability and risk.

More than half of the children and young people referred by ACT Policing were subsequently accepted into the TSP for ongoing support, with 53.0% (n=44) progressing beyond the initial assessment stage. This highlights the significant proportion of police referrals involving children and young people with complex needs requiring a sustained, coordinated response.

Active clients

To respond effectively to the varying needs of children and young people referred to the TSP, several client typologies have been developed based on the level of support required and the existing services, systems and relationships already present in their lives. While some children and young people were already supported by multiple services and statutory systems, others had limited or no formal supports in place. A distinction was also made between children and young people subject to care orders and those being supported within the community.

As a result, three primary support typologies were identified for accepted clients:

- lead worker
- collaborative care – on orders
- collaborative care – in the community.

Across all typologies, the TSP works alongside existing services, family members, carers and community supports to strengthen the network around the child or young person. Understanding and engaging with each child's existing ecosystem of support is central to the TSP approach. The collaborative care models recognise that many children and young people are already connected to services and focus on enhanced coordination, shared planning and collective responsibility for outcomes.

In addition to these support typologies, the TSP provides active monitoring for children and young people whose existing services and supports are assessed as being appropriate to their current needs. Active monitoring typically involves consultation with professionals, care teams and other key stakeholders to assess whether identified risks are being effectively managed. This approach enables the TSP to maintain oversight of children and young people who may not require direct intervention at the time, while remaining responsive should their circumstances change or the risk of harm escalate.

To ensure the data presented are robust, we have not included incomplete or unconfirmed data in the following analyses.

Demographics of all active clients

The TSP has accepted 81 active clients since March 2024, the beginning of the program. Of them, 40 have been closed. In 2025–26, the TSP worked with 68 children and young people as active clients, with 57.4% (n=39) identifying as male and 42.6% (n=29) identifying as female. The proportion of males and females has remained steady across the life of the program. Almost one-quarter (23.5%; n=16) of all active clients across the year were on care orders. See Table 4 for more details.

Table 4: Demographics of active clients

	Active clients: 2025–26	Active clients: 2024–25	Active clients (all)*
Number	**68**	**49**	**81**
Male	57.4% (n=39)	57.1% (n=28)	56.8% (n=46)
Female	42.6% (n=29)	42.9% (n=21)	43.2% (n=35)
On care orders	23.5% (n=16)	32.7% (n=16)	28.4% (n=23)
Aboriginal and/or Torres Strait islander	29.4% (n=20)	40.8% (n=20)	32.1% (n=26)
Multicultural	19.1% (n=13)	30.4% (n=10)	19.7% (n=16)
Under 14 yrs (at referral)	75.0% (n=51)	63.3% (n=31)	67.9% (n=55)

*Including all data since commencement of TSP in March 2024

For 2025–26, 75% of active clients were under 14 years of age, an increase from the previous year. Figure 2 shows the breakdown by age for active clients at intake and at 30 June 2026.

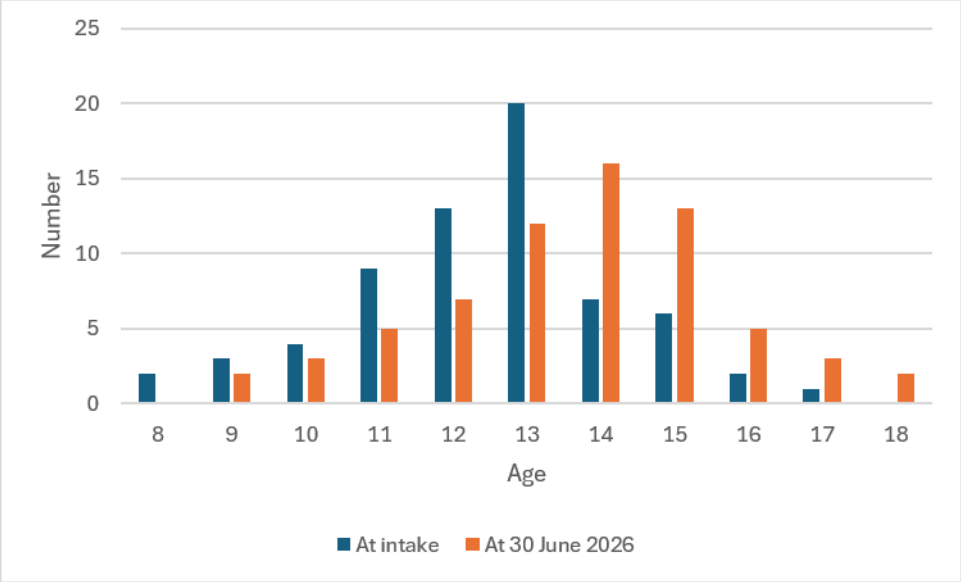


Figure 2: Age of active clients, 2025–26

The TSP has made an explicit focus on triaging and prioritising clients under 14 years, the minimum age of criminal responsibility. As can be seen, most active clients are 8 to 13 years of age at intake.

Demographics of active clients under the minimum age of criminal responsibility of 14 years

This report allows us to present data for the first year since the minimum age of criminal responsibility has been raised to 14 years (Table 5). The following section outlines data specific to the cohort under 14 years of age.

Due to the sample size, limited time that the TSP has been operational and differences in reporting periods, the descriptive statistics provided cannot be regarded as representative or used to infer future client profiles. We should expect statistical anomalies will misrepresent and bias the data. Therefore, these data should be used with caution to represent the scale and nature of issues facing the TSP and the minimum age of criminal responsibility more broadly. Where possible, we have provided some narrative to help understand the statistics presented.

Table 5: Demographics of active clients under 14 years

	Active clients: 2025–26	Active clients: 2024–25	Active clients (all)*
Under 14 yrs (at referral)	76.1% (n=51)	63.3% (n=31)	67.9% (n=55)
Male	52.9% (n=27)	54.8% (n=17)	52.7% (n=29)
Female	47.1% (n=24)	45.2% (n=14)	47.3% (n=26)
On care orders	15.7% (n=8)	22.6% (n=7)	20.0% (n=11)
Aboriginal and/or Torres Strait islander	23.5% (n=12)	41.9% (n=13)	29.1% (n=16)
Multicultural	15.7% (n=8)	19.4% (n=6)	16.4% (n=9)

*Including all data since commencement of TSP in March 2024

In 2025–26, 76.1% of active clients (n=51) were under 14 years of age. This is an increase from the previous year (63.3%) and the overall proportion since the TSP began (67.9%).

Of active clients under the minimum age of criminal responsibility, 52.9% (n=27) identified as male and 47.1% (n=24) as female.

For the active clients under 14 years in 2025–26, 23.5% were on care orders. This is reduction from the previous year and all previous active clients.

Of active clients under the minimum age of criminal responsibility, 23.5% (n=12) identified as Aboriginal and/or Torres Strait Islander at the time of intake and 15.7% (n=8) identified as multicultural.

Aboriginal and/or Torres Strait Islander children and young people

Across 2025–26, 29.4% (n=20) of active clients were Aboriginal and/or Torres Strait Islander children and young people. Since the commencement of the program, 32.1% (n=26) of all active clients (past and current) have been Aboriginal and/or Torres Strait Islander.

Since the beginning of the program, the TSP has accepted 54.2% (26/48) of uniquely referred Aboriginal and/or Torres Strait Islander children and young people into ongoing support. This acceptance rate is substantially higher than that for children and young people who do not identify as Aboriginal and/or Torres Strait Islander or multicultural, for whom the acceptance rate of unique referrals was 30.7%. This difference suggests that Aboriginal and/or Torres Strait Islander children and young people referred to the TSP are more likely to present with a level of need that meets the program's threshold for ongoing intervention and coordinated support, or that Aboriginal and/or Torres Strait Islander children and young people are more commonly referred when their needs require immediate or a high level of support, as opposed to referrals for early support or preventative measures. This signals that current supports do not meet the complex needs of Aboriginal and Torres Strait Islander young people and additional work in this space is needed.

The acceptance rate is consistent with research showing that Aboriginal and/or Torres Strait Islander peoples, families and communities experience disproportionately high levels of marginalisation, criminalisation and disadvantage as a result of the historical and ongoing impacts of colonisation and related policies and practices (ALRC, 2018). Research also highlights significant gaps in the availability of culturally safe, proportionate and accessible services to address unmet need, while emphasising the importance of cultural supports in strengthening identity, connection to culture and overall wellbeing (Krakouer et al., 2018).

The TSP also observes that Aboriginal and/or Torres Strait Islander children and young people often experience discrimination, bias and systemic barriers when interacting with institutions such as schools, child and family services and the justice system. These experiences can affect help-seeking behaviours and trust in services and may contribute to the requirement for more intensive service responses.

The strong engagement and positive responses of Aboriginal and/or Torres Strait Islander children and young people in the TSP is particularly encouraging given the voluntary nature of participation in the program. The TSP also recognises and values the contribution of Aboriginal and/or Torres Strait Islander panel members, whose expertise helps to enhance the cultural safety and responsiveness of the program for children and young people, their families and communities.

Multicultural children and young people

In 2025–26, multicultural children and young people represented 19.4% of active TSP clients. Since the commencement of the TSP in 2024, 14.3% of referrals (n=40) and 12.6% (n=26) of unique referrals have been for multicultural children and young people. The acceptance rate for this cohort was 61.5% of unique referrals compared with 30.7% for children and young people who did not identify as either multicultural or Aboriginal and/or Torres Strait Islander.

The comparatively high acceptance rate among multicultural children and young people suggests significant levels of unmet need within this cohort and that support is sought once the level of needs are high, as opposed to earlier. A range of intersecting factors are likely contributing to this pattern, including limited access to culturally responsive services, settlement challenges, experiences of discrimination and barriers to engagement with mainstream systems.

Many multicultural children and young people, particularly those from refugee and humanitarian backgrounds, have experienced pre-migration adversity, including exposure to conflict, violence, displacement and trauma. These experiences are often compounded by the challenges associated with settlement in Australia, including adapting to a new environment, learning English, navigating unfamiliar systems and establishing social connections.

Educational participation can also be affected by disrupted or interrupted schooling prior to arrival in Australia. Some young people are placed into year levels based on their age rather than their educational attainment, resulting in a mismatch between their learning needs and curriculum expectations. This can contribute to disengagement from education, difficulties keeping pace with peers and feelings of embarrassment, shame or reduced confidence.

Multicultural children and young people may also face challenges in navigating cultural identity and belonging. Balancing the expectations and values of family and community with the social and cultural experiences available to them in Australia can create tensions and place additional pressure on young people. These dynamics can extend beyond immediate family relationships and may reflect broader community expectations and obligations.

The TSP also observes that multicultural children and young people can experience discrimination, bias and systemic barriers when interacting with institutions such as schools, child and family services and the justice system. These experiences can affect trust in services and may contribute to pathways into more intensive service responses.

Collectively, these factors highlight the importance of ensuring that multicultural children, young people and families have access to culturally responsive, trauma-informed and accessible supports. They also reinforce the need for service systems that recognise and respond to the diverse experiences, strengths and support needs of multicultural communities.

Referrals to services and supports from the Therapeutic Support Panel

When the TSP identifies an individual with an unmet need, it facilitates access to the most appropriate services and supports for the child/young person. This includes both direct referrals made by the Therapeutic Support Team and indirect referrals, where the TSP helps professionals and families navigate service systems and access suitable support. This service navigation and advocacy role is central to improving access to therapeutic services and strengthening sector capability.

The TSP refers clients to a range of government, community and private services. Government and community-based services are prioritised where available, to promote sustainable and accessible support. Where such services are unavailable, inaccessible or unsuitable, or where specialist expertise is needed, brokerage funding is used to engage private providers and ensure timely access to appropriate interventions. It is important to note that access to services in this sector remains difficult for young people, as there is a high demand for services, assessments and support. More resourcing is needed in this area.

Table 6 presents the types of services and supports to which the TSP made direct referrals between 1 July 2025 and 30 June 2026, grouped by service sector.

Table 6: Services/supports receiving referrals from the Therapeutic Support Panel, 2025–26

Service/support type	Sector
FFT-YJ -& FFT-CW: family therapy	Community sector, NGO
Be Me (CRS): DFV support	Community sector, NGO
Equine Therapy	Private
Music Therapy	Private
Intensive Adolescent Support	CYF (ACT government service)
Forensic Psychology consultations	Private
Cognitive and psychology Assessments	Private
Individual and family therapies	Private, NDIS
Child and Adolescent Mental Health (CAMHS)	Community sector
Functional Capacity Assessment	Private, NDIS
Safer Youth Response – crisis and after-hours support	Community sector, NGO
Individual mentoring – i.e., PCYC, FLIP, etc.	Private
PCYC: P180, P2E, Case management	Community sector
Pro-social activities	Private & community sector
Allied health – medical appointments and support	Private & community sector
Accommodation	Private
Integrated Service Response Program – disability support	Health and Community Services Directorate (ACT government service)
Multicultural Hub	Community sector
ACCOs	Community sector
Education: Flexible Education & Targeted Support	Education Directorate
Galilee	Independent Education
Education mentoring	Private
Marymead CatholicCare: AOD and Mental health	Community sector
Marymead CatholicCare: Family Support Service	Community sector
headspace	Community sector
Uniting Children and Family Services	Community sector
ACT Support and Intervention Program	ACT Government

Presenting issues

These data provide an overview of the presenting issues and factors impacting the lives of children and young people supported by the TSP. They also give us insight into the complexity faced by TSP clients and allow us to compare these with our expectations from prior research.

Informed by McCausland and Baldry's (2023) Social Determinants of Justice framework, the TSP has identified eight risk factors that have significant associations with criminal justice system contact:

- police contact
- educational engagement
- mental health diagnoses
- diagnosed disability
- trauma
- involvement with Child Safety (care and protection service)

- housing status
- alcohol and other drug use.

Under this framework, the more determinants you have, the more likely you are to be exposed to the criminal justice system (McCausland and Baldry, 2023: 45).

The below analysis is drawn from the 81 active clients who have been engaged with the TSP since commencement. We have reported on complete data sets and excluded any fields where the data were unknown.

It is important to note that these data under-represent the scale of the presenting issues. They are based on formal diagnoses and knowledge of the presenting issues at the time of initial assessment only. As we work with active clients, more factors often emerge.

Police contact

In total, 88% (70/79) of active clients had police contact before engaging with the TSP. This may include a child or young person coming to the attention of police from concerns in the community, police attending an incident or police having ongoing concerns regarding a young person's behaviour and/or safety. This highlights how central ACT Policing are as referrers to the TSP and their role in addressing community safety.

Educational engagement

At intake, 78.4% (58/74) of active clients were disengaged from education to some extent: 40.5% (30/74) were not attending school at all and 37.8% (28/74) were only partially attending.

Mental health diagnoses

At intake, 29.4% (20/68) of active clients had a mental health diagnosis. Those without a diagnosis may, of course, have a mental health issue yet to be identified.

Disability

Of active clients, 43.5% (30/69) had a diagnosed disability at intake, with the two most common diagnoses being attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD). However, several clients have suspected disabilities that were yet to be confirmed at the time of intake.

Trauma

Almost all (97.5%) of the TSP's active clients have experienced trauma, and most have also had complex trauma – exposure to repeated and multiple traumatic, often interrelated, events. The trauma histories include domestic and family violence, neglect, parental conflict, physical and emotional abuse, sexual abuse, parental substance misuse, serious/persistent conflict, parental mental health issues and cumulative harm. Exposure to family violence continues to be the most common form of trauma experienced by active clients, but abuse can occur in institutions and other settings outside the family. These data do not adequately capture the extent and complexity of the exposure to trauma experienced by the active clients, especially given that most clients have been exposed to multiple traumatic experiences.

Child Safety involvement

All of the active clients have had some involvement with Child Safety (Table 7). Just under a quarter (24.7%) were on care orders at the time of referral, and 35.8% had closed involvement from previous orders or appraisal.

Table 7: Child Safety involvement for active clients

Current Child Safety involvement for active clients	Number
Current CYF orders (including enduring parental responsibility)	24.7% (n=20)
Appraisal	13.6% (n=11)
Closed involvement	35.8% (n=29)
Family preservation	*
Child concern reports with no action	23.5% (n=19)
TOTAL	**81**

Housing status

Housing status refers to the safety, stability and security of accommodation for active clients. A large majority (86.6%) of active clients were at risk of homelessness, including experiencing conflict and not feeling safe in their home. Only 13.4% (n=11) of active clients were living in conditions where the housing was not a risk factor.

Alcohol and other drug use

Just over one-third (35.9%; 23/64) of active clients were reportedly engaged in some level of alcohol and/or other drug use at intake. The nature and extent of alcohol and other drug use for the children and young people varies.

Complex needs

'Complex needs' refers to individuals experiencing multiple and differing needs that interact in ways that compound disadvantage and create further challenges (McArthur et al., 2021). Active clients continue to present with very high levels of complexity, with an average of 5.65 identified risk factors of the 8 identified above. This indicates that they are an acutely vulnerable cohort of children and young people who face a significantly elevated risk of future contact with the criminal justice system.

Importantly, these figures are likely to substantially underestimate the true level of complexity among children, young people and their families. The current dataset captures only formal diagnoses of mental health issues and/or disability at the time of intake, while numerous traumatic experiences and adverse childhood events are grouped under the broad category of 'trauma'. As a result, the available data provide only a partial picture of client need and are likely to understate the depth, breadth and cumulative impact of the challenges experienced by this cohort.

Intended target groups

The profile of active clients provides strong evidence that the TSP is reaching its intended target population. As we identified in our last report, the high prevalence of presenting issues and risk factors among clients aligns closely with research demonstrating that children and young people with complex needs are at heightened risk of victimisation, social disadvantage and future contact with the criminal justice system (Baidawi and Ball., 2023; McArthur et al., 2021). This is further supported by research on the Social Determinants of Justice, which identifies cumulative and intersecting disadvantages as key drivers of justice system contact across the lifespan (McCausland & Baldry, 2023).

The data outlined above reinforce the demand for intensive therapeutic interventions that address the complex and interconnected needs of vulnerable children and young people. However, the data should be interpreted as a conservative estimate of client need, as they capture circumstances at intake only. Ongoing engagement often reveals additional challenges that were either unidentified, undisclosed or not yet apparent during the initial assessment. As a result, the true level of complexity experienced by children, young people and their families is likely greater than that reflected in the available data.

Child protection and youth justice: 'dually involved' children and young people

Most children and young people involved with the child protection system do not go on to have contact with the criminal justice system. However, research consistently shows that many children and young people who come to the attention of police or engage in harmful behaviours have also previously been involved in the child protection system. These children and young people have often been described as 'cross-over children' (Baidawi & Sheehan, 2019) or 'dual-system youth' (Baidawi & Ball, 2023). The Australian Institute of Health and Welfare (2024: 7) report that of the children and young people involved in the youth justice system during 2022–2023, 65% were involved with the child protection system. The overlap of child protection and youth justice involvement was found to be higher amongst Aboriginal and /or Torres Strait Islander children and young people, and higher for females, both at 76%. Although this study was prior to the minimum age of criminal responsibility reforms in the ACT, it is worth noting that 84% of children and young people aged 10–13 years at their first contact with the criminal justice system had involvement with child protection, demonstrating the heightened vulnerability to justice involvement for children in the child protection system in this age bracket.

Research suggests that these outcomes are closely linked to the cumulative impacts of disadvantage, trauma and unmet needs (McCausland & Baldry, 2023). Studies of dual-involved children and young people have found that almost half have a neurodevelopmental disability and have experienced significantly higher levels of cumulative maltreatment and adversity than children without dual-system involvement (Baidawi & Piquero, 2021). These findings highlight the importance of identifying and responding to complex and intersecting needs early, before patterns of harmful behaviour and interactions with police escalate.

The profile of TSP clients closely aligns with the characteristics identified in research. High rates of trauma, developmental differences, disability, family adversity and other intersecting risk factors indicate that many of the children and young people engaged by the TSP possess characteristics associated with an increased risk of future police contact. This reinforces the importance of therapeutic, relationship-based interventions that address underlying needs and strengthen protective factors to support positive developmental outcomes. It also underscores the importance

of working on structural issues such as unnecessary criminalisation, under- and over-surveillance of those in child protection and reducing reliance on police to respond to harmful behaviours.

It is important to note that all active clients engaged with the TSP have had some level of involvement with Child and Youth Protection Services. This includes 24.7% of clients who were subject to active care orders, 35.8% who had closed child protection involvement and a further 13.6% who had reached the appraisal stage. These figures demonstrate the strong overlap between the TSP client cohort and children and young people who have experienced concerns relating to their safety, wellbeing or development.

Involvement with child protection services, and the experiences that lead to this involvement, are frequently associated with higher rates of harmful, concerning and risk-taking behaviours. These behaviours are often rooted in experiences of trauma, adversity, disrupted attachments and other complex needs. Ball, Baidawi and FitzGerald (2024: 460–462) argue that policy reforms in this area 'should prioritise the development of whole-of-government strategies, involve children's perspectives, emphasise prevention, restorative and diversionary responses, multi-agency collaboration, ongoing support for implementation, and rigorous evaluation'. As such, continued collaboration between the TSP and child protection services remains critical. By working together to identify emerging concerns early and respond in a trauma-informed and developmentally appropriate way, both services can better support children and young people to address underlying needs, reduce the escalation of harmful behaviours, reduce criminalisation and improve longer-term outcomes.

In other parts of Australia and internationally, residential care as a type of placement has been closely associated with unnecessary criminalisation of those in child protection (see Ball, Baidawi & FitzGerald, 2024; Gerard et al., 2023). We note the increased interest across Australia in the vulnerability of children in the child protection system, particularly residential care, to sexual exploitation and abuse (see Gillespie, 2026). The exploitation of girls in care is a concern in the ACT that warrants further research and resourcing. Research from the UK has shown that the stigma associated with being in care has resulted in an under-surveillance of these forms of harm, and that the adultification of children from particular ethnic groups means additional risks for multicultural children and young people (Fitzpatrick et al., 2022: 35). In these contexts, good practice was found to resemble 'attentive and flexible support which takes account of girls' needs as victims/survivors' (Fitzpatrick et al., 2022: 36). Developing relationships with young people with multiple opportunities for support was also crucial. This is a practice that needs attention and resourcing in the ACT.

Aboriginal and/or Torres Strait Islander children and young people

Aboriginal and/or Torres Strait Islander people continue to be overrepresented in the criminal justice system (Baidawi and Ball, 2023; Cunneen et al., 2025; McArthur et al., 2021) due to numerous structural factors and drivers and the ongoing effect of colonisation that we explore in further detail in later sections of this report. It is also clear that the routine justice response fails to address these needs and causes further cumulative harm to Aboriginal and/or Torres Strait Islander children and young people, families and communities.

The TSP continues to see a proportionately higher number of referrals for Aboriginal and/or Torres Strait Islander children and young people (30% of referrals, 38.7% of active clients and almost two in five active clients under 14 years of age). This means the TSP accepts a higher proportion of Aboriginal and/or Torres Strait Islander children and young people than non-Indigenous children and young people.

The TSP prioritises trauma-informed and culturally safe principles, connecting Aboriginal and/or Torres Strait Islander children and young people to community and culture through formal and informal supports. It observes high rates of engagement and retention of Aboriginal and Torres Strait Islander children and young people through voluntary participation. It encourages engagement with community and culture and is led by the children, young people and families, respecting how, when and with whom people want to engage.

Systemic issues

Part of the role of the TSP is highlighting systemic issues that need attention to be able to meet the needs of children and young people who are at risk of harm and have unmet therapeutic need. We advocate on these systemic issues on an ongoing basis.

Systemic issues briefly described in this report are:

- racism and discrimination
- education disengagement
- limited intensive therapy places
- lack of supports for fetal alcohol spectrum disorder (FASD) and prenatal drug exposure (PDE).

Systemic issues identified by the TSP that may be detailed and discussed in future reports are:

- child sexual exploitation
- child criminal exploitation
- homelessness
- therapeutic service gaps for children and young people with complex presentations (i.e., trauma, FASD, autism and ADHD)
- limitations of the mental health system to support children and young people in need of trauma-informed support
- unnecessary criminalisation of children and young people involved with child protection.

In our discussion of some of the systemic issues below we do not seek to silo each issue. Instead, we want to recognise how they intersect.

Racism and discrimination

We note the contribution of pervasive structural issues like systemic racism to the high prevalence of Aboriginal and Torres Strait Islander children and young people, and multicultural children and young people, involved with the criminal justice and child protection systems, and active clients with the TSP. We reiterate the findings of other reports, discussed below, regarding the lack of culturally appropriate services and cultural capability and the prominence of discrimination in the ACT. The recent findings of the Aboriginal and Torres Strait Islander Elected Body (ATSIEB) demonstrate courageous truth-telling by stating that, in relation to the *ACT Aboriginal and Torres Strait Islander Agreement 2019–2028*, 'the ACT is now in a worse position than when the ACT Agreement was signed' (ATSIEB, 2025: 13). Systemic racism cuts across the systemic issues identified throughout this report.

Education disengagement

Education disengagement continues to be a significant risk factor for many children and young people within the TSP cohort. Flexible education models remain critical in supporting engagement, participation and improved outcomes for young people whose needs cannot be met through mainstream settings.

Muliyan and Outreach continue to provide effective and complementary responses for some of the ACT's most vulnerable children and young people. Muliyan's onsite model delivers highly individualised education and remains the most appropriate option for many TSP clients; however, demand continues to exceed capacity. Similarly, Outreach has demonstrated strong value in

reconnecting young people who are unable to access onsite education, particularly those in residential care or experiencing displacement.

While these models are achieving positive outcomes, current capacity and resourcing constraints limit their ability to respond to the growing level of need. Continued investment in flexible education, including the expansion of both onsite and outreach models, is required, to ensure that vulnerable children and young people can access education that is responsive to their circumstances and supports long-term engagement and success.

Intensive therapy places

The Panel previously recommended that the ACT Government develop dedicated therapeutic residential options (intensive therapy places) to support the effective use of intensive therapeutic orders, including purpose-built homes with therapeutic supports designed to meet therapeutic and safety requirements (Barker 2025: 26). In the interim, suitable existing placements should be identified to enable the urgent implementation of intensive therapeutic orders with confinement directions. Clear guidance should also be provided to service providers on the required expertise, training and workforce capabilities to ensure intensive therapeutic orders are delivered safely and effectively. Future accommodation models should be informed by evidence, research and lessons from previous practice to provide flexible, community-based options that meet the diverse needs of children and young people.

The Panel maintains that this continues to require further consideration and are keen to support this process.

Fetal alcohol spectrum disorder and prenatal drug exposure

The previous report highlighted a lack of knowledge, expertise and accessible supports to identify and work effectively with children and young people living with FASD in the ACT. Throughout the year, we have identified that PDE is a broader and increasingly recognised issue (Lawler et al., 2025; Lee et al., 2024; Uebel et al., 2024), of which FASD is a significant component. This highlights the need to further develop both workforce capability and system capacity across the ACT to identify, assess and support individuals and families when FASD and/or PDE is present.

While research has identified the negative and permanent impacts of prenatal alcohol exposure (Akison et al., 2024), emerging evidence suggests that PDE can also have negative outcomes (Austin et al., 2022). People who use alcohol and/or drugs during pregnancy are often trying to cope with significant and severe negative life circumstances (e.g., family violence) (Austin et al., 2022). Evidence indicates that women who use methamphetamine, opioids or cannabis during pregnancy are more likely to experience social disadvantage, economic hardship and other vulnerabilities compared with many other groups of mothers (Lipari et al., 2017; Ornoy et al., 2010).

Research has confirmed the permanent and severe negative impact of prenatal alcohol exposure (i.e., a diffuse brain injury) on areas such as cognition, executive functioning, memory, emotion and behavioural regulation, and adaptive functioning (Australian FASD Guidelines Development Group, 2024). Similarly, there is a growing body of evidence demonstrating that children with PDE are at increased risk of adverse outcomes, including mortality, poor physical and mental health, maltreatment, educational disengagement and academic failure (Lawler et al., 2024; Perez et al., 2022; Vishnubhotla et al., 2024). These risks are often compounded by associated factors such as parental mental illness, socioeconomic disadvantage and child protection involvement, which further increase the likelihood of poor outcomes (Lawler et al., 2024).

PDE and FASD remain significantly under-identified and under-diagnosed in Australia, including among children and young people involved in the youth justice system (Reid et al., 2020). FASD is frequently misdiagnosed or overlooked, with its presentation often attributed to ADHD, ASD, trauma-related behaviours or other behavioural concerns. As a result, FASD is often referred to as a 'hidden disability', reflecting the limited awareness, identification and service response currently available (Reid et al., 2020).

Improved identification of PDE and FASD can help shift responses away from punitive approaches towards tailored supports that address underlying neurodevelopmental needs and reduce ongoing justice system involvement. TSP clients who have received diagnoses and appropriate interventions have demonstrated improved engagement and outcomes. Increased understanding among children and young people, their families and care teams has been a key contributing factor in achieving these improvements.

It is critical that service providers are both PDE- and FASD-informed and have the capability to respond effectively to the needs of affected children and young people. However, increasing awareness alone is insufficient. Children and families must also have access to timely assessment pathways and evidence-informed supports. Achieving this will require the development of a coordinated, systemic approach to PDE and FASD in the ACT. Currently, there remains a significant gap in specialised services, workforce capability and access to appropriate supports. While building workforce knowledge and confidence is essential, meaningful progress will require ongoing collaboration between government, service providers, allied health professionals, educators and specialist services to ensure children and young people receive the support they need to thrive.

During the reporting period, the TSP undertook a range of activities to strengthen PDE- and FASD-informed practice and contribute to the development of capability and capacity across the ACT. Recognising the emerging evidence regarding the prevalence and impacts of PDE and FASD among vulnerable children and young people, the TSP actively engaged with key stakeholders across Australia to seek advice, share learnings and establish relationships that could support future system development.

The TSP team undertook specialised online training to increase their knowledge and capability to work effectively with children and young people living with FASD, including understanding the intersections between FASD, PDE and alcohol and other drug use. In addition, the TSP facilitated and participated in face-to-face FASD training opportunities, extending invitations to colleagues from Youth Justice and the ATSIEB to encourage a broader, cross-sector approach to building capability. Feedback from participants in this training stated it was 'very informative about a condition that [they] did not know much about' and 'there is so much that needs to occur within the system to better support children'.

To further progress this work, the TSP convened a dedicated subcommittee to explore options for screening and identification of PDE and FASD and to identify key stakeholders who could contribute to the development of a local PDE/FASD network. This work is intended to support greater collaboration, improve pathways to assessment and strengthen the ACT's capacity to respond effectively to affected children and young people.

The TSP has also worked closely with specialist professionals and stakeholders to support the identification, assessment and diagnosis of clients impacted by PDE and FASD. These cases have provided valuable opportunities to strengthen our understanding, inform practice development and build confidence in supporting children and young people with complex neurodevelopmental needs.

In particular, supporting children and young people to understand their diagnosis, and helping families, carers and professionals recognise the unique strengths and challenges associated with PDE and FASD, has contributed to improved engagement and outcomes. This work has also increased awareness and understanding among partner agencies, including ACT Policing, enabling a more informed understanding of behaviours and responses that may be associated with neurodevelopmental disability. This improved understanding supports more appropriate engagement strategies, reduces the risk of escalation and promotes responses that prioritise support and safety over punitive interventions.

Aboriginal and/or Torres Strait Islander children and young people, resilience and racism

The TSP acknowledges the strength, resilience and enduring cultures of Aboriginal and Torres Strait Islander peoples in the ACT and recognises the fundamental importance of culture, identity and community connections to the wellbeing of children and young people. The TSP also recognises that the ongoing impacts of colonisation, alongside historical policies and practices, continue to contribute to the over-representation of Aboriginal and Torres Strait Islander peoples within both the criminal justice and child protection systems.

Improving outcomes for Aboriginal and Torres Strait Islander children, young people, families and communities (including achievement of the National Agreement of Closing the Gap targets, recommendations of the Royal Commission into Deaths in Custody and the *ACT Aboriginal and Torres Strait Islander Agreement 2019–2028*) is a shared responsibility across government, community organisations and the broader community. The TSP is committed to building and strengthening relationships with Aboriginal and Torres Strait Islander community and ACT ACCOs to ensure that its approaches and responses are informed by, and led through, self-determination, community knowledge, priorities and expertise. This engagement is important across both the operational and systemic functions of the TSP.

Wherever possible, the TSP supports the involvement of Aboriginal and Torres Strait Islander peoples and organisations in the design and delivery of formal and informal supports for children and young people. Formal supports include services and programs specifically designed for Aboriginal and Torres Strait Islander children, young people and families, including ACCOs and Aboriginal-led services. Informal supports, sometimes referred to as natural supports, include family members, kinship networks, friends, Elders and other community members who provide guidance, connection and support. Together, these formal and informal supports contribute to a sustainable network of care around children and young people. Recognising the significant contribution of community members and organisations, consideration should also be given to ensuring that participation and expertise are appropriately recognised and remunerated, where appropriate.

The Aboriginal and Torres Strait Islander Children and Young People Commissioner's Office plays an important role in advocating for and supporting Aboriginal and Torres Strait Islander children, young people, families and communities. The TSP formally meets monthly with the Commissioner and her team to discuss matters relevant to the wellbeing and support needs of Aboriginal and Torres Strait Islander children and young people. Alongside these formal meetings we have regular communication, as needed, and these discussions provide an opportunity to seek advice, guidance and cultural expertise regarding children and young people who have come to the attention of the TSP. The partnership with the Commissioner and her team has strengthened the TSP's ability to identify needs early, support culturally informed decision-making and coordinate more effective responses for Aboriginal and Torres Strait Islander children and young people. Their ongoing insights, advocacy and expertise are highly valued and contribute significantly to the TSP's efforts to deliver culturally responsive and community-informed support.

See Appendix 2 for other reports relevant to this topic.

Preliminary outcomes

The TSP seeks to achieve a range of positive outcomes across the short, medium and long term. Short- and medium-term outcomes reflect the direct effects of the program on participants and stakeholders, while long-term outcomes represent broader benefits for the participants and the wider community.

The program's long-term goals include improving the safety and wellbeing of children and young people at risk of engaging in harmful behaviour, reducing the likelihood of future harmful or criminal behaviour and strengthening community safety. Achieving these goals requires a series of incremental successes, beginning with positive changes in the short and medium term. These early outcomes provide the foundation for sustainable long-term impact.

It is important to recognise that meaningful change often takes time, patience and persistence. As with many complex social challenges, progress is rarely linear. Participants may respond to interventions in different ways and at different rates, including periods of challenge or setbacks. For this reason, the program requires ongoing monitoring, reflection and adaptation to ensure it remains responsive to participants' needs and circumstances.

Accordingly, all outcomes should be understood as incremental and evolving. Short-term results may be uncertain, and progress should be assessed through regular reflective practice and continuous learning to support long-term success.

Client outcomes – children and young people

Client outcomes are the specific changes expected to occur in and for children and young people as a result of their participation in the TSP. These outcomes reflect the direct impact of the program on those who become active clients and represent the progress the program seeks to support over time. Measuring the impact of the program on client outcomes requires collecting data over time so analysis can explore potential causal influences and other factors.

Intended outcomes may include changes in knowledge, attitudes, beliefs, behaviours and skills that help children and young people make safer and more positive choices. However, achieving these outcomes depends on more than individual change alone. Fundamental improvements in the conditions of young people's lives, including access to stable supports, positive relationships and environments that promote safety, security and wellbeing, are essential foundations for lasting change.

The TSP recognises that sustainable behavioural and developmental outcomes are more likely to occur when children and young people experience stability, connection and support within their broader social environment. As such, the program aims not only to strengthen individual capabilities but also to improve the protective factors and support networks that enable positive development and reduce the likelihood of harmful behaviour.

Client outcomes should be understood as gradual and cumulative. Progress may vary between individuals and is often influenced by complex personal, family and environmental factors. Ongoing support, monitoring and reflective practice are therefore critical to fostering meaningful and sustainable outcomes.

The TSP continues to see outcomes for clients in line with those identified in the last report. The TSP's earliest and most important outcomes occur during the engagement and readiness phase, where the focus is on building a strong therapeutic relationship with the child or young person.

Success begins with establishing trust, rapport, safety and motivation, leading to greater participation in the program and a willingness to seek help and accept support.

Once engagement is established, the TSP works to identify unmet needs and connect young people with appropriate assessments and specialist services, improving understanding of their mental health, cognitive, developmental and trauma-related needs. This knowledge informs tailored support plans and creates the foundation for future progress.

The TSP also helps young people identify goals, develop aspirations and create positive pathways for their futures. At the same time, it prioritises improving the safety and stability of their living circumstances, recognising that secure relationships, supportive home environments and a sense of belonging are essential prerequisites for lasting change.

As engagement, understanding and stability increase, many young people begin to show reductions in harmful or anti-social behaviour, stronger family relationships, increased pro-social activities and improved wellbeing. While some changes occur quickly, progress is often non-linear and requires persistence, continuity of support and ongoing adaptation to each young person's circumstances.

The limited sample size and need to maintain confidentiality means we will show relatively high-level outcomes, recurrent themes and observed results. We will continue to collect data over time and, as the sample size increases, report more specific outcomes when possible. We also hope to work with young people to develop case studies that demonstrate outcomes and lessons learned and, with their consent, share these case studies so that future responses from the Panel and other services can be improved.

Conclusion

This reporting period marks the first full year following the ACT's decision to raise the minimum age of criminal responsibility to 14 years. As the first jurisdiction in Australia to implement this reform alongside an alternative therapeutic support response, the ACT has continued to lead important systems change aimed at addressing the underlying needs of vulnerable children and young people.

Throughout the year, the TSP has continued to work collaboratively with key stakeholders across government, non-government services and the broader community to support children and young people with complex needs. These partnerships remain critical to achieving positive outcomes and ensuring a coordinated, child-centred response.

We have seen encouraging outcomes for many children and young people referred to the program, including increased engagement with therapeutic supports, improved understanding of their bio-psycho-social needs, stronger connections to pro-social supports and activities, reductions in harmful behaviours and growth in positive behaviours and wellbeing. At the same time, referrals are increasingly being received for younger children and those with emerging needs, enabling the TSP to strengthen its focus on early intervention and prevention before patterns of offending or further vulnerability become entrenched.

The structure of the TSP, comprising the Chair, Panel and Therapeutic Support Team, continues to provide a flexible, responsive and accountable framework for supporting children and young people with complex needs. The independence of the TSP and its authorising environment promote collaboration across government and non-government sectors, while the multidisciplinary expertise of the Panel provides valuable oversight, diverse perspectives and critical guidance that have been instrumental to the ongoing development of the program.

As the program continues to mature, the TSP remains committed to ongoing learning, development and continuous improvement. The challenges faced by this cohort are often complex and require patience, persistence and adaptability. While there is still much to learn, the first year of implementation has demonstrated the value of a therapeutic, collaborative and early intervention approach, and provides a strong foundation for the continued evolution of the TSP and the broader reform agenda.

Appendix 1: Components of the Therapeutic Support Panel

There are three overlapping components that work together to fulfill the functions of the TSP: the Chair of the TSP, the Panel itself and the Therapeutic Support Team.

Chair of the Therapeutic Support Panel

The Chair manages and oversees the legislated functions of the TSP, including both the Panel and the Therapeutic Support Team. This involves managing and presiding over matters before the Panel, overseeing referrals, completing initial intake assessments, developing therapy plans and coordinating the provision of support. The Chair informs the Director-General of the Health and Community Services Directorate about the operations of the TSP. The Chair's role is both operational (overseeing and coordinating the support provided to children, young people and families referred to the TSP) and systemic (driving change by identifying and informing territory entities about systemic issues that affect children and young people). The Chair is a statutory position appointed by the Minister.

Dr Justin Barker was appointed as inaugural Chair of the Therapeutic support Panel and started in the role in March 2024.

The Therapeutic Support Panel

The Panel supports the functioning of the broader elements of the TSP to coordinate multidisciplinary therapeutic services and supports for referred children and young people and also identifies system barriers to improve outcomes for children and young people at risk of or engaging in harmful behaviour. The Panel has numerous functions, including reviewing referrals, assisting in assessing therapeutic needs of referred children and young people, developing therapy plans, providing advice on appropriate therapeutic treatment and support, and recommending whether applications for an intensive therapy order should be made.

The Panel meets every two months and holds additional meetings as needed to discuss individual children and young people. The Panel reviews all referrals, receive updates on current clients, identifies any further panel meetings to further discuss clients and identifies and reviews any systemic issues that may require further action. This structure allows the Panel to fulfill its functions and transcend its operational and strategic roles.

The Panel consists of the Chair (as described above) and other members appointed by the Minister for Children, Youth and Families. It must consist of a minimum of 10 and no more than 12 members who have qualifications, experience and expertise in one or more of the following:

- psychology
- paediatrics
- criminology
- education
- working with Aboriginal and Torres Strait Islander children and young people
- working with multicultural children and young people
- social work
- mental health
- child protection
- disability or

- other qualifications, experience or expertise, or membership of an organisation, relevant to exercising the functions of a panel member or
- is a police officer nominated by the chief police officer as an officer experienced in working with children and young people and families.

The Panel must represent diversity of experience and expertise from these identified fields. Moreover, the Minister must appoint at least one person to represent Aboriginal and Torres Strait Islander people and one panel member who is an Aboriginal and/or Torres Strait Islander. There were 3 Aboriginal and/or Torres Strait Islander members on the TSP for the majority of 2025–26.

The current members of the Panel are:

- Dr Justin Barker (chair)
- Dr Bianca Calabria
- Victoria Bradley
- Selina Walker
- Dr Bronwen Phillips
- Dee-Ann Brown
- Lisa Graham
- Zakia Patel
- Professor Alison Gerard
- Cara Jacobs
- Dr Hayley Passmore
- Antoinette Carroll.

The Therapeutic Support Team

The Therapeutic Support Team operationalise and deliver the supports provided to children, young people and families referred to the TSP. This includes:

- receiving and responding to referrals
- intake and screening
- assessments
- developing support plans
- case coordination
- casework
- individual advocacy
- referrals
- transition planning
- collaborating with and supporting key stakeholders.

The Therapeutic Support Team consists of a Team Leader and three Therapeutic Case Managers. The Therapeutic Support Team and the Chair have weekly assessment meetings to review referrals, allocate work, evaluate intake and screening and provide group reflection and support for practice.

Operations of the TSP

For the TSP, *therapeutic support* refers to approaches that have a healing effect: treating the underlying causes and aiming for positive outcomes and growth. We consider the whole person and their conditions of existence – their environment, history, ecosystem of support and community and individual traits. These children, young people and their families need support to create safe, stable predictable conditions in their lives that enable them to build a sense of belonging, self-worth and accomplishment and a positive identity and value. Therapeutic support can be a long-term process that addresses trauma, vulnerability, disability and other complex issues at the root of children and young people's concerning or harmful behaviour.

For further details on the model of practice see *Therapeutic Support Panel for Children and Young People 2024 Report* (Barker, 2024).

Referrals to the Therapeutic Support Panel

The TSP can receive requests for support and to evaluate the needs of a child or young person from referring entities. A child or young person may be referred to the TSP for assessment and support where the referring entity believes on reasonable grounds that a child or young person:

a) has a genuine need for therapeutic support services and
b) is at risk of engaging in or has engaged in
    a. harm to themselves or someone else or
    b. serious damage to property or the environment or
    c. cruelty to an animal or
    d. any other serious or destructive behaviour.

Harmful conduct, in the *Children and Young People Act 2008*, refers to behaviours or conduct engaged in by a child or young person that leads to significant risk of significant harm to the child or young person or someone else.

Initial assessments are conducted on all referrals to decide what action is to be taken. Following the initial assessment there are three possible actions: accept referral, active monitoring and referred on, and closed at intake.

Accepted referrals – typologies of support

Different client typologies were developed to address the varying levels of support needed, based on the existing services and resources already present in the lives of the children and young people. Some clients had numerous services and systems involved in their lives, while others had very few or none. Moreover, it was important to differentiate between the clients under care orders with Child Safety and those with supports in the community and not on care orders. As such we have identified three primary typologies of support for accepted clients:

- lead worker
- collaborative care – on orders
- collaborative care – in the community.

In all instances we work with the existing ecosystem of support and people in the lives of the children and young people; it is essential to understand the role of the community and their networks and work with them. Our collaborative care typologies acknowledge the existing services and supports and our need to fit into this.

In addition to these typologies of support, the TSP also provides ‘active monitoring’ for children and young people who are considered to already have supports and services that match their needs. This is often assessed by meeting with professionals and/or care teams. However, the TSP may deem it prudent to continue to monitor children and young people to see if their needs are being addressed or if the risk of harm increases.

Appendix 2: Reports addressing the over-representation of Aboriginal and/or Torres Strait Islander children and young people

Several reports have been released addressing the over-representation of Aboriginal and/or Torres Strait Islander children and young people in the justice and care and protection systems and identified First Nations-led responses, and these reports have referred to the work of the TSP. We want to acknowledge and highlight the findings and recommendations regarding the TSP and privilege Indigenous perspectives in the ongoing work to create a more socially just future in the ACT.

Independent Review into the Over-Representation of First Nations People in the ACT Criminal Justice System Final Report

The *Independent Review into the Over-Representation of First Nations People in the ACT Criminal Justice System Final Report* (Cunneen, et al., 2025) made several recommendations relevant to the TSP. While some recommendations related to future independent evaluations of the model, two are particularly relevant to current operations.

Recommendation 6.1 calls on the ACT Government to prioritise investment in the social service infrastructure required to support the TSP. This specifically includes investment in ACCOs that can work intensively with children and families to prevent involvement in the justice system (Cunneen et al., 2025: xlix). The Review also recommends that ongoing monitoring and evaluation of the TSP include the regular provision of data on referral numbers, the characteristics of children referred, the types of support provided and other information necessary to evaluate program effectiveness (Cunneen et al., 2025: xlix).

We also support Recommendation 6.1(c), which proposes that future independent evaluations incorporate the perspectives of First Nations community leaders and ACCOs, as well as a longitudinal approach to data collection and monitoring (Cunneen et al., 2025: xlix).

At present, ACT Policing remains the primary referral pathway into the TSP. This highlights the need for greater investment in early intervention and diversionary services so that therapeutic supports are available and accessible before police involvement occurs. Strengthening community-based supports and referral pathways will be critical if the TSP is to achieve its intended diversionary objectives.

Aboriginal and Torres Strait Islander Elected Body Report 2025

While all targets under the *ACT Aboriginal and Torres Strait Islander Agreement 2019–2028* are relevant to the work of the TSP within a holistic framework, two are particularly pertinent given the Panel's focus on children and young people involved with child protection and justice systems.

The first relates to justice outcomes. Target 22 seeks to reduce the youth detention rate of Aboriginal and Torres Strait Islander children and young people by at least 30% by 2031. However, the ATSIEB report found that progress against this target is worsening rather than improving (ATSIEB, 2025: 24).

The second relates to child protection. Target 3 seeks to reduce the over-representation of Aboriginal and Torres Strait Islander children and young people in out-of-home care by 45%. However, while the rate of out-of-home care involvement for non-Indigenous children has declined, the over-representation of Aboriginal and Torres Strait Islander children has increased from 10.5 times that of non-Indigenous children in 2019 to 12.6 times in 2024 (ATSIEB, 2025: 18).

Recommendation 12 of the ATSIEB report highlights the need to 'expand and embed the Therapeutic Support Panel as a core early intervention mechanism'. Specifically, it recommends:

- scaling the TSP into a whole-of-system, long-term model for Aboriginal and Torres Strait Islander young people aged 10–17 years
- linking the TSP to guaranteed access to safe housing, health services, family support and educational pathways, co-designed and governed by community through a process agreed with the Elected Body
- funding the TSP proportionate to youth justice expenditure and measuring outcomes through reductions in remand and detention rates (ATSIEB, 2025: 27).

The TSP supports and endorses these recommendations and will continue to work alongside and seek the expertise and views of the ATSIEB.

Closing the Gap Report 2026

The *Closing the Gap Report 2026* found that, nationally, there has been no improvement against the baseline target relating to youth justice outcomes for Aboriginal and Torres Strait Islander young people (Gibbs et al., 2026: 12). In the ACT, assessment of progress between 2018–19 and 2024–25 indicates that performance against the target of reducing the detention rate of Aboriginal and Torres Strait Islander young people by at least 30% is worsening (Productivity Commission, 2026).

Nationally, outcomes relating to the Closing the Gap child protection target are also worsening (Gibbs et al., 2026: 12). In contrast, ACT data indicate some improvement between 2019 and 2024 against this target (Productivity Commission, 2026). However, these improvements must be considered alongside the continuing over-representation of Aboriginal and Torres Strait Islander children and young people in the child protection system and the significant challenges identified by both the ATSIEB and the Independent Review. These are ongoing challenges that the TSP will continue to monitor, and it will also agitate for better outcomes in the ACT.

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