

Child Safety Commission of Inquiry
GPO Box 793
Brisbane QLD 4000
Via online submission form

28 March 2026

Dear Commissioner

Youth Empowered Towards Independence - Submission to the Commission of Inquiry into the Child Safety System

Youth Empowered Towards Independence (YETI) has been supporting young people aged 10-25 in Far North Queensland since 1995. We make this submission to the Child Safety Commission of Inquiry to represent their voices, drawing on our direct work with young people and families in Far North Queensland.

Our submission is informed by sustained, place-based work with young people who are disproportionately impacted by child safety and youth justice systems, housing instability, alcohol and other drug (AOD) use and barriers to health. In 2024-25 alone, we provided 42,460 hours of support to 2,484 young people.

1. Overview and scope

Our submission focuses on the relationship between the child safety and criminal legal systems, the harms of detention, the need for accessible and culturally safe health interventions and other systemic failures in child safety practice. Our recommendations to address these issues and better keep young people safe, at pages 27-28, cover the domains of funding, policy reform and legislative change.

When we refer to the child safety system, this encompasses young people who are being considered for, entering, in or exiting kinship, foster or residential care and young people experiencing assessment, monitoring, coordination or oversight by child safety government agencies. When we refer to the criminal legal system, this encompasses police involvement, electronic monitoring, charges for offences, court proceedings, bail, community supervision and incarceration.

Our submission includes a focus on the criminal legal system because the criminal legal system is strongly linked with the child safety system. The terms of reference of the inquiry cannot be meaningfully engaged with without consideration of the criminal legal system. We note that under section 3(f) of the terms of reference, the Commission has been tasked with reviewing any matter relevant to the inquiry.

Throughout our submission there are a range of de-identified case studies that draw from our practical experience. The vast majority of these case studies are about Aboriginal and Torres Strait Islander young people, as the child safety system and criminal legal system have unacceptable disproportionate impact on Aboriginal and Torres Strait Islander young people, families and communities. The inquiry must reckon with this, including through recommendations for investment and support for First Nations communities and community-controlled organisations.

Key acronyms used in this submission:

- **AOD:** alcohol and other drugs
- **RADIO:** YETI's Remote Alcohol and Drug Interventions and Outcomes program, described at page 14
- **NQYAODS:** the North Queensland Youth Alcohol and Other Drug Service, a collaborative partnership between YETI, the Youth Support and Advocacy Service, Gindaja Treatment and Healing Service, Department of Education, Cairns and Hinterland Hospital and Health Service and Queensland Health, described at pages 14-15.
- **CCYP:** Coordinated Care for Young People, community sector and government collaborative care coordination, described at page 25

2. About YETI

YETI's mission is to provide a community-based, supportive and therapeutic environment for at-risk young people through services that foster social, emotional, physical and psychological wellbeing.

All our work involves collaboration with Aboriginal and Torres Strait Islander leaders and organisations, local community services and related government agencies. We employ approximately 70 staff and 44% identify as Aboriginal or Torres Strait Islander.

We currently have 14 programs that operate in various locations across Far North Queensland, from Cairns to the Torres Strait.

These programs include a wide range of services for young people, such as a drop-in space with essential facilities, a flexible support program, coordination of services, support for young people in or exiting care settings, support for young people in custody, after hours support, diversion services, support with bail decisions and bail compliance, therapeutic work with families, peer-led support for young people of diverse bodies, sexualities and gender and – as outlined throughout this submission – a range of services to help young people stop, reduce or be safer with AOD use. In addition, we have programs that focus on enhancing support for young people through education and partnership with the community, public and private sectors.

Also outlined throughout this submission, is that our work is all about youth-oriented, flexible, strengths-based, empowering, community grounded and culturally appropriate responses to the needs of young people. This is what we know keeps young people safe.

More information about our programs is available on our website, at www.yeti.net.au.

3. Failure of child safety system to keep young people out of the criminal legal system, and the harms of detention

Terms of reference 3(b), (c) and (d), which require the Commission to inquire into the effectiveness of Queensland's child safety system to keep children safe, failures that have impeded protection of children and support for families and failures in respect of children who are subject to 'Making Queensland Safer' legislation

The most significant and concerning failure of the child safety system is the way it pipelines young people, particularly Aboriginal and Torres Strait Islander children, into the criminal legal system. The criminal legal system is incompatible with keeping children safe.

The link between child safety and criminal legal systems is a national issue.¹ Children in the child safety system are more likely to be charged with an offence, and to receive greater police surveillance, longer remand periods and harsher sentencing.² The younger a child is on their first interaction with the criminal legal system, the more likely they are to have had an interaction with the child protection system.³

Queensland is no exception – young people with experience in the child safety system have been overrepresented in the criminal legal system for too long. At the time of the previous Commission of Inquiry into child safety, almost 15 years ago, 72% of young Queenslanders in the youth justice system were known to the child protection system.⁴ In 2024, the Cairns Safer Streets Taskforce identified that 22 of the 26 young people it profiled came into conflict with the law after involvement of child safety processes.⁵ In November 2024, the Queensland Family and Child Commission reported that 73% of young people under youth justice supervision in 2022-23 had contact with the child safety system in the ten preceding years.⁶ Queensland had the highest number of 10-13 year olds under youth justice supervision with prior child safety contact out of any other state or territory. According to Queensland Government data from 2024, over 80% of young people in youth detention had prior involvement in the child protection system.⁷

It is Aboriginal and Torres Strait Islander children that are most impacted. In 2024-25, 72% of the young people in youth detention on any given day were Aboriginal or Torres Strait Islander,⁸ as were 63% of young people under youth justice supervision over the course of the year.⁹ The strength of the crossover between child safety and criminal legal systems for Aboriginal and Torres Strait Islander young people is alarming. The above Queensland Family and Child Commission report states that 81% of Aboriginal and Torres Strait Islander young people under youth justice supervision had child safety interactions in the previous ten years, compared to 61% of non-Indigenous young people. There were also more Aboriginal and Torres Strait Islander children aged 10-13 under youth justice supervision in Queensland that had prior contact with the child safety system than there were non-Indigenous children with prior contact with the child safety system in the whole country.

This data echoes our experience. Many of the young people we work with have experience in both the child safety systems and criminal legal systems. Beyond our direct client work, as part of our work with multi-agency collaborative panels that coordinate support for at-risk young people, almost half the young people receiving coordination support are known to both child safety and youth justice government agencies. The vast majority of these children are Aboriginal or Torres Strait Islander.

¹ Australian Institute of Health and Welfare (2024), *Young people under youth justice supervision and their interaction with the child protection system 2022–23*; Baidawi, S., (2020), *Crossover children: examining initial criminal justice system contact among child protection youth*, Australian Social Work 73(3), 280-295; Baidawi, S & Sheenan, R (2019), Australian Institute of Criminology, *Crossover kids: offending by child protection-involved youth*, Trends & Issues in Crime and Criminal Justice No. 579.

² Baidawi, S (2020), *Crossover children: examining initial criminal justice system contact among child protection youth*, Australian Social Work 73(3), 280-295.

³ Queensland Family and Child Commission (2024), *Crossover cohort: young people under youth justice supervision and their interaction with the child protection system*; Baidawi, S & Sheenan, R (2019), Australian Institute of Criminology, *Crossover kids: offending by child protection-involved youth*, Trends & Issues in Crime and Criminal Justice No. 579.

⁴ Queensland Child Protection Commission of Inquiry (2013), *Taking Responsibility: a road map for Queensland child protection*.

⁵ Abram, C (2014), Department of Justice and Attorney General on behalf of the Cairns Safer Streets Taskforce, *Causal factors that contribute to youth offending in Cairns*.

⁶ Queensland Family and Child Commission (2024), *Crossover cohort: young people under youth justice supervision and their interaction with the child protection system*.

⁷ Department of Youth Justice (2024), *Youth justice pocket stats March 2024*.

⁸ Australian Productivity Commission (2026), *Report on Government Services 2026 – youth justice services*, table 17A.5

⁹ Australian Productivity Commission (2026), *Report on Government Services 2026 – youth justice services*, table 17A.9.

We see young people in the child safety system who have a range of complex needs in relation to untreated or unsupported AOD use, disengagement from education and learning, unsafe or unstable housing, social exclusion and racism, which is consistent with recent government data.¹⁰ Rather than providing sustained support for young people with a focus on safety and care, the child safety system too often funnels them into the criminal legal system. This occurs because young people are criminalised for the same issues for which they require support. In addition, for many young people in the child safety system, involvement of youth justice, rather than community services, translates to ongoing involvement in the criminal legal system.

CASE STUDY 1 – part 1

A teenage girl in out-of-home care was experiencing a range of complex issues including school exclusion, a diagnosis of post-traumatic stress disorder, additional suspected mental health or cognitive impairment conditions, AOD use and volatile substance use (the inhalation of household/chemical products for the purpose of intoxication). Her behaviour was highly unpredictable. She also had a history of self-injury and suicide attempts.

In connection with her AOD use and mental/cognitive health, she had caused property damage in several previous residential settings and was facing charges in court. She was referred to YETI after the charges were laid.

Any contact that young people in the child safety system have with the criminal legal system is concerning. Interaction with the criminal legal system carries a high risk of imprisonment, particularly for Aboriginal and Torres Strait Islander young people.¹¹ Queensland imprisons the highest number of young people in Australia (more than Victoria, Western Australia, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory combined) for longer than other jurisdictions.¹² On an average night, 69% of these young people are Aboriginal or Torres Strait Islander¹³. In 2024-25, Aboriginal and Torres Strait Islander young people in Queensland were 26 times as likely as non-Indigenous young people to have been in youth detention, which is the highest this difference has been over the last four years.¹⁴ These disparities, in our experience, also reflect racialised dimensions of policing and responses, including a greater reliance on arrest rather than diversion for Aboriginal and Torres Strait Islander young people. For example, in 2024, the most common type of police action taken against Aboriginal and Torres Strait Islander young people in Queensland was arrest, whereas most common type of police action taken against non-Indigenous young people was a caution.¹⁵

These high rates of imprisonment and the overrepresentation of Aboriginal and Torres Strait Islander young people will be exacerbated by the recent waves of legislation that encourage the imprisonment of children for longer periods of time, such as laws that remove the principle of detention as a last resort from arrest, bail and sentencing decisions and the so-called 'Adult Crime, Adult Time' laws that subject children to adult-length terms of imprisonment, which are summarised at Appendix A.

¹⁰ Queensland Government Statistician's Office, Queensland Treasury (2021), *Youth offending research brief*.

¹¹ Productivity Commission, Closing the Gap Information Repository, *Socio-economic area 11 – Aboriginal and Torres Strait Islander young people are not overrepresented in the criminal justice system* <<https://www.pc.gov.au/closing-the-gap-data/dashboard/outcome-area/youth-justice>>, accessed 26 March 2026.

¹² Queensland Family and Child Commission (2025), *2024-25 annual report*; Australian Institute of Health and Welfare, *Youth detention population in Australia 2025*, table S14.

¹³ Australian Institute of Health and Welfare (2026), *Youth detention population in Australia 2025*, table S4.

¹⁴ Childrens Court of Queensland (2025), *2024-25 annual report*.

¹⁵ Childrens Court of Queensland (2025), *2024-25 annual report*.

The failure of the child safety system to keep young people out of youth detention is a profound breach of its core responsibility to keep children safe. Research and evidence consistently indicate that locking up children is detrimental for children, counterproductive for rehabilitation and increases the likelihood of them having ongoing contact with the criminal legal system for the rest of their lives.¹⁶

Incarceration is also an urgent safety issue in Queensland due to the appalling conditions of youth detention facilities. Conditions in police watch houses, remand centres and detention centres actively create physical and mental harm. These safety issues apply to all detained children, whether or not they have experienced the child safety system, and for children with experience in the child safety system, being detained marks an unmistakable departure from government agencies' commitment and responsibility to protect them.

Across these different places of detention, young people are subjected to cruel, harmful and traumatic practices like solitary confinement, lockdowns, strip searches and use of force. There are also well-documented issues with access to essential services and needs such as health services, education, food quality, toilets, running water, beds and seating, natural light and fresh air. Appendix B outlines a selection of recent reports on these unacceptable conditions of custody. Again, in our experience and given the proportion of children in detention who are Aboriginal and Torres Strait Islander, Aboriginal and Torres Strait Islander young people are disproportionately impacted.

YETI sees the detrimental impact incarceration has on young people's mental health. Children with cognitive or intellectual disabilities are overrepresented in youth detention in Queensland¹⁷ and our experience is that it is disproportionately children with disabilities, including cognitive impairment, psychosocial disability and neurodivergence, who are impacted by harmful practices and conditions. The impacts are substantial. We frequently see disability-related distress, self-harm, and risk of self-harm, and ongoing criminalisation (for example, being punished or charged for behaviour that relates to having a disability in a custodial environment).

The detention of children clearly raises significant and pressing child safety issues. Even without the above practices and conditions, incarceration alone exacerbates pre-existing issues and leads to feelings of hopelessness and low self-esteem. With the young people we work with after periods of incarceration we see increased risk of suicide, psychiatric disorders, and substance abuse.

In addition, young people who are remanded in custody while waiting for hearing and sentencing also do not have access to services that address the unmet needs that led to their involvement in the criminal legal system. In Queensland, 89% of young people in custody are unsentenced.¹⁸ Unsentenced young people are spending increasingly lengthy periods in custody, to the extent that in 2024-25 almost half of young people sentenced to a term of imprisonment were released straight from court once sentenced, having already completed the time.¹⁹ Imprisoning young people without proper rehabilitation and support contributes to a cycle of reoffending and continued involvement with the criminal legal system.

¹⁶ Walsh, T, Beilby, J, Lim, P & Cornwell, L (2023), University of Queensland, *Safety through support: building safer communities by supporting vulnerable children in Queensland's youth justice system*; Australian Institute of Health and Welfare (2023), *Young people returning to sentenced youth justice supervision 2021–2022*; Clancey, G, Wang, S & Lin, B (2020), Australian Institute of Criminology, *Youth Justice in Australia: Themes from recent inquiries*, Trends & Issues in Crime and Criminal Justice No. 605.

¹⁷ Queensland Government (2024), *A safer Queensland: Queensland Youth Justice Strategy 2024–2029*.

¹⁸ Australian Institute of Health and Welfare (2025), *Youth detention population in Australia 2025*, table S32.

¹⁹ Childrens Court of Queensland (2025), *2024-25 annual report*.

For young people from Far North Queensland, imprisonment has profound impacts on connection to the community. Young people from Far North Queensland are detained in facilities so far from home that it impacts their ability to connect with trusted local services, see family, remain connected with family and transition back into the community when released. From the top of the Cape to Cleveland Youth Detention Centre, it is over 1,300 kms, and it is double that distance to the Wacol Watchhouse.

CASE STUDY 1 – part 2

Returning to the young person whose story we began sharing in case study 1 on page 4, YETI commenced working with her to identify her needs, with an initial focus on her mental health, possible cognitive impairment, and AOD use.

The young person was ultimately remanded in custody for several months at the Wacol Remand Centre, approximately 1,700 kilometres away from the YETI office, while her charges progressed through the courts. During this time, there were multiple barriers to coordinating health assessments, including those required for the National Disability Insurance Scheme (NDIS). YETI was also unable to work with the young person in person with sufficient intensity to build trust and secure appropriate wraparound supports for her AOD use.

YETI was unable to obtain detailed information about the education programs available to her. However, the young person reported that she was not able to attend regularly, which we understand was at least partly due to lockdowns.

If the young person had remained in the community or had been sentenced and therefore had a confirmed release date, YETI expects that she may have been able to access, or that we could have proactively arranged, NDIS supports. While, in our view, these programs and services may not have fully met her needs, a sentenced young person would also have had access to a broader range of programs and services delivered by the relevant youth detention centre, which were not available at the Remand Centre. Based on our experience supporting other young people across Queensland, we do not believe that her access to education would have significantly improved.

Our safety concerns about Cairns adult watchhouse, Cleveland Youth Detention Centre and the Wacol Remand Centre, which we visit frequently, are particularly acute. In YETI's direct work with children in the Cairns watchhouse, we have observed and been told of conditions including children who have been victims of sexual violence by other children, children assaulted by other children, children without access to clothing and medication, children with disabilities and children who become so distressed by their detention that they urinate, take off their clothes or light fires. Despite these known issues, litigation and community sector calls for change, there is no time limit for how long children can be detained in watch houses.

At Cleveland, which we visit weekly, children with disabilities are regularly in solitary confinement and solitary-like conditions despite the government asserting in a recent Disability Royal Commission progress update that there is no use of solitary confinement in Queensland.²⁰ At Cleveland, young people are often confined in 'night mode' and 'continual cell occupancy', which means they are locked in their cells in the dark for up to 23 hours a day. Children as young as 13

²⁰ Department of Health, Disability and Ageing (2025), *Recommendation 8.3 – prohibiting solitary confinement in youth detention* <<https://www.health.gov.au/resources/publications/disability-royal-commission-progress-report-2025/volume-8-criminal-justice-and-people-with-disability/recommendation-83-prohibiting-solitary-confinement-in-youth-detention>>, accessed 26 March 2026.

are reporting being in 'night mode' for 7-8 days in a row. This is solitary confinement by another name. They also report being held in 'seclusion cells' when they are at risk, have attempted suicide or have been involved in behavioural incidents. Seclusion cells at Cleveland are unfit for occupation by children. The cells are dirty, have no toilet facilities, and some children have been held overnight and needed to urinate and defecate in the drains.

We urge the inquiry to document the use of solitary confinement (however named) in Queensland youth detention settings and make recommendations against its use in its final report. Specifically, we urge the inquiry to recommend a legislative prohibition on solitary confinement and solitary-like practices for children, including practices described as 'night mode', 'separation', or extended confinement in a cell.

The Wacol Remand Centre, which we have been visiting quarterly since it opened in March 2025, is effectively a giant watch house. The Queensland Family and Child Commission flagged in its 2024-25 annual report eight categories of serious concerns about the Centre, concluding that it is "inappropriate for children and young people", "unlikely to address the criminogenic drivers of detention", "will result in further trauma to the young people incarcerated at the facility" and children detained there are undercounted.²¹

These conditions, and conditions of custody at other facilities, have serious impacts for young people's mental and physical health. These harms are not only immediate – they also have lifelong consequences, including reduced life expectancy. In April 2025, a study of records of 48,670 children and young people who were in the youth justice system in Queensland from 1993 to 2014 found that "justice-involved young people are at markedly increased risk of premature death from largely preventable causes", with more than half of those who died dying before they were 25 years old and suicide being the leading cause.²² The degree of increased risk of premature death was higher for people who had been in detention.

4. Failures to prioritise effective, accessible and culturally safe health interventions

Terms of reference 3(b), (c) and (d), which require the Commission to inquire into the effectiveness of Queensland's child safety system to keep children safe, failures that have impeded protection of children and support for families and failures in respect of children who are subject to 'Making Queensland Safer' legislation

A key factor in both the number of young Queenslanders who are unsafe in the criminal legal system, and the overlap between the child safety and criminal legal system, is a failure to prioritise effective, accessible and culturally safe health interventions. Vulnerable young people, instead of receiving therapeutic interventions, are being funnelled into unsafe environments.

Prioritising effective health interventions means focusing funding on local programs that address risk factors. In Far North Queensland, AOD use is a top risk factor for young people.²³ In 2024-25, AOD concerns were the most common issue that young people presenting to YETI raised. This is consistent with the broader situation in Queensland, with the Queensland Youth Justice Strategy snapshot of young people in the criminal legal system in 2022-23 identifying that 81% had used at least one substance, and 38% had used ice/methamphetamine.²⁴

²¹ Queensland Family and Child Commission (2025), *2024-25 annual report*.

²² Kinner SA, Calais-Ferreira L, Young JT, Borschmann R, Clough A, Heffernan E, Harden S, Spittal MJ & Sawyer SM (2025), *Rates, causes, and risk factors for death among justice-involved young people in Australia: a retrospective, population-based data linkage study*, *Lancet Public Health* 10(4):e274-e284.

²³ Abram, C (2014), Department of Justice and Attorney General on behalf of the Cairns Safer Streets Taskforce, *Causal factors that contribute to youth offending in Cairns*.

²⁴ Department of Youth Justice (2024), *A safer Queensland: Queensland Youth Justice Strategy 2024-2029*.

AOD use can impair the development of areas responsible for decision-making, impulse control, and emotional regulation and contribute to risk taking behaviours. In many cases, this can escalate to a cycle of reoffending and imprisonment, particularly when the local response is based around criminalisation and over-policing. Chronic use can result in long-term cognitive deficits, including memory and learning impairments.

In 2014, the Cairns Safer Streets Taskforce recommended continued support for local health services in the delivery of locally based alcohol, antismoking and substance use programs and outreach aimed at youth either at risk of, or who are already engaging, in substance use, with counselling that is culturally sensitive, easily accessed and not stigmatising for young people or their families.²⁵ The Queensland Network of Alcohol and Other Drug Agencies (QNADA) has documented 449 recommendations from reports relating individuals, families and communities affected by AOD use, a significant proportion relating to pathways for people who use alcohol or other drugs, such as a need for increased access to treatment and increased variety of treatment, and there were gaps in implementation.²⁶

While in recent years successive Queensland governments have funded various local programs, including a much-needed community and residential rehabilitation program for young people – the North Queensland Youth Alcohol and Other Drug Service (NQYAODS), which opened in late 2025 – and this is strongly welcomed, the AOD treatment sector in Queensland remains chronically underfunded and overstretched.²⁷ The youth and youth AOD sector in Cairns in particular is small, and facing unrelenting demand. It is not currently resourced to meet the needs of all young people experiencing dual diagnosis, or problematic AOD use across Far North Queensland. Stagnant funding levels for existing programs do not account for inflation, increased costs of service delivery or the realities of supporting young people with complex health needs in regional areas.

NQYAODS is the first new youth AOD investment in Far North Queensland in many years. While the funding and commitment for NQYAODS is significant and acknowledges the need for comprehensive AOD services in Far North Queensland, it is not intended to, and does not have the capacity to, assist every young person in Far North Queensland who experiences challenges with AOD use.

To illustrate, YETI's AOD counselling treatment program, funded via the North Queensland Primary Health Network, which aims to increase service delivery capacity, improve effectiveness, and support integrated approaches to AOD treatment has seen no increase in funding over the past decade. The program costs have risen due to increased demand and operational costs, but the funding levels have remained stagnant. This has led to waitlists for our services, service delivery constraints and gaps in support for young people. We have also experienced similar issues with lack of indexation for our Remote Alcohol and Drug Interventions and Outcomes (RADIO) program, which provides support for young people across the Cape York and Torres regions. Our Throughcare program, which provides wraparound flexible support for young people in police and prison detention including as they exit prison and which has an AOD focus is not covered by dedicated funding. It has been challenging to fund properly resourced coordination support for the collaborative multi-agency initiatives we are involved in, which are often supporting young people with AOD experience. Expansion of our self-funded peer support group for LGBTIQ young people, which delivered 24 sessions in 2024-25 with on average 23 young

²⁵ Abram, C (2014), Department of Justice and Attorney General on behalf of the Cairns Safer Streets Taskforce, *Causal factors that contribute to youth offending in Cairns*.

²⁶ Queensland Network of Alcohol and Other Drug Agencies (2022), *Responsive systems: summary paper*.

²⁷ Queensland Network of Alcohol and Other Drug Agencies (2022), *Improving pathways and programs to reduce alcohol and other drugs related harm* <<https://qnada.org.au/improving-pathways-and-programs-to-reduce-alcohol-and-other-drugs-related-harms>>, accessed 26 March 2026.

people per session is also hindered by financial constraints. Across several of our programs, these funding gaps are compounded by funding uncertainty stemming from short-term contracts that are renewed annually with confirmation of funding not always provided before the existing contract has expired.

These are just some examples from YETI's direct experience with its own programs of failures to prioritise and sustainably fund, integrate and scale responses that are already known to be effective. Our partner organisations and the community sector in Far North Queensland experience similar challenges. This has real impacts for service delivery and therefore the immediate and long-term safety of young people. We take this opportunity to quote the recent 'Raising Queensland' report on child and youth policy priorities, commissioned by the Queensland Council of Social Services,²⁸ which states:

"The issue of funding for community service provision was raised by all groups of stakeholders. Community service stakeholders spoke about the need for their funding contracts to be more flexible and responsive to current need. The short - term competitive nature of current service funding made it challenging to respond to shifting community needs and collaborate with other organisations. Community service stakeholders indicated that current funding arrangements did not provide adequate resourcing to meet the needs of the communities they served.

... stakeholders suggested funding programs that cover the life-span, including sustainable, longer - term, flexible, brokerage models that worked with community - identified and community - controlled service providers. Funding models that would encourage community organisations to partner together, rather than position them as rivals for limited funds, was frequently suggested.

Overall, there was a perception that there was not enough resourcing, particularly through funding, to meet the current needs of children, young people, and their families. This was particularly prevalent in discussions with community service stakeholders based in regional, rural, and remote areas. Community service stakeholders reported that inflexible funding arrangements meant that they were unable to be responsive to the needs of the children and young people in their communities."

The introduction of the Expanding Adult Crime, Adult Time and Taking a Strong Stance on Drugs and Anti-Social Behaviour Amendment Bill 2026, which limits drug diversion pathways, shows that health-based early intervention is not being prioritised. By repealing the current diversion framework and reducing opportunities for diversion, the Bill moves Queensland further toward punishment and away from treatment. For vulnerable young people, including young people with low-level drug use, this increases the risk that unmet health needs will be dealt with through the criminal legal system rather than through timely therapeutic support. We note the concerns raised by stakeholders with expertise in youth AOD service delivery in Queensland, including the Queensland Network of Alcohol and Other Drug Agencies,²⁹ QuIHN,³⁰ QuIVAA,³¹ and DrugARM³² in their submissions to the Parliamentary inquiry for the Bill.

Prioritising health-based early intervention means continuous opportunities for treatment and support, investment in the provision of early intervention health approaches that address the root

²⁸ Healy, K, Simpson Reeves, L, Venables, J & Nathanson, C (2026), [Raising Queensland: child and youth policy priorities](#).

²⁹ Queensland Network of Alcohol and Other Drug Agencies (2026), [submission on the Expanding Adult Crime, Adult Time and Taking a Strong Stance on Drugs and Anti-social Behaviour Amendment Bill 2026 \(Bill\)](#).

³⁰ QuIHN (2026), [submission on the Bill](#).

³¹ QuIVAA (2026), [submission on the Bill](#).

³² DrugARM (2026), [submission on the Bill](#).

causes of substance use for young people in or at risk of the child safety and criminal legal systems and meeting young people where they are at. This requires ensuring that a range of services are available to any young person who needs them, no matter where they live.

Availability includes genuine accessibility for young people. There are long waitlists and limited availability of services for young people seeking mental health support, which have impacts for involvement in child safety and youth justice systems.³³ Additionally, in our experience, young people engaging in AOD treatment experience multiple and compounding barriers to accessing primary health care and mental health services. Young people we support to address AOD use scarcely access mental health treatment services, including state-funded services, fixed clinical appointments, school-based services or services such as Headspace, and at times some of these services are unable to assist due to complexity and comorbidity.

The lack of accessible and relevant mental health services integrated within AOD services is therefore a significant gap. Young people are often expected to navigate the mental health system separately, which is typically designed for adult populations and often fails to provide the youth-centred, culturally appropriate, and trauma-informed care that they require. In regional and remote areas, these challenges are compounded by geographic isolation, limited service availability, inflexible delivery models and environments that may not feel safe or appropriate for young people experiencing AOD-related issues.

In Far North Queensland, geographic isolation greatly affects access to AOD services, leading to interrupted treatment, missed intervention opportunities, and isolation from family and community. Delays in accessing services and issues with continuity of care often result in more severe issues. All these consequences affect the prospects of success of addressing AOD use without involvement of the criminal legal system.

If health-based support is not accessible in the right place at the right time, critical opportunities for early intervention are missed, and young people fall into a cycle of not accessing support or only receiving support after they are already caught in the criminal legal system. Early, timely interventions can prevent escalation, reduce long-term impacts, and stabilise young people's life trajectories.

5. Other failures in the child safety system

Terms of reference 3(b) and (c) and (d), which require the Commission to inquire into the effectiveness of Queensland's child safety system to keep children safe and failures that have impeded protection of children and support for families

Regardless of interaction with the criminal legal system, the child safety system itself is unsafe for young people. There is well-documented evidence of children in the child safety system being victims of crime and abuse, including sexual, physical and emotional abuse, allegations of abuse in care that are substantiated and the issuing of police charges for abuse.³⁴ Every year, children known to the system die.³⁵ Recent cases have exposed the sexual exploitation of children, including children in the child safety system, such as Operation Kalahari, through which Queensland Police commenced proceedings relating to allegations of sexual abuse of,

³³ Healy, K, Simpson Reeves, L, Venables, J & Nathanson, C (2026), *Raising Queensland: child and youth policy priorities*.

³⁴ Australian Institute of Health and Welfare (2026), *Child protection Australia 2023-24 – safety of children in care* <<https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2023-24/contents/safety-of-children-in-care>>, accessed 26 March 2026; Royal Commission into Institutional Responses to Child Sexual Abuse (2017), *Final report: contemporary out-of-home care (volume 12)*.

³⁵ Brennan, D (2026), National Indigenous Times, *Advocates say 'missing' Queensland children are symptom of a broken care system*.

exploitation of, grooming of and supply of drugs to children, as well as incitement to commit crime.³⁶ There are unprecedented number of children in Queensland who the child safety system is responsible for housing who are homeless due to 'self-placing'.³⁷ Because there is an established link between abuse and involvement in the criminal legal system,³⁸ children who experience abuse in care are at heightened risk of further harm through incarceration and exposure to extreme conditions of detention.

This situation highlights the failure of the child safety system to protect children from serious harm and abuse while under its responsibility. It underscores the urgent need for stronger safeguards, oversight, and specialised support for children at risk of exploitation within the system, alongside the need for exposure to the child safety system to be a measure of last resort. It is unacceptable for children under the responsibility of child safety – some of the most vulnerable young people in Queensland – to be victims of crime and abuse.

There are also safety issues arising from the extremely high number of children in the child safety system. The Queensland Government response to the 2013 Queensland Child Protection Commission of Inquiry final report acknowledged that “over the last decade, child protection intakes have tripled, the rate of Aboriginal and Torres Strait Islander children in out-of-home care has tripled, the number of children in out-of-home care has more than doubled, and children in care are staying there for longer periods”,³⁹ and agreed that the government should only intervene as a last resort.

Since that inquiry, these pressures have continued to intensify. The Commission has heard evidence about huge increases in the number of children in the child safety system.⁴⁰ This exposes more children to risk of the types of abuse set out above. Additionally, over the past decade at YETI, we have observed significant capacity issues within the child safety system that directly impact outcomes for young people. High staff turnover, heavy caseloads, and reliance on less experienced or temporary staff contribute to inconsistent engagement with young people and families. In practice, this can result in infrequent contact, delays in decision-making and referrals, and a lack of continuity in relationships. These workforce pressures limit the system's ability to provide timely, proactive, and relational support, increasing the likelihood that risks escalate and that young people come into contact with the criminal legal system.

They also result in prolonged timeframes for identifying kinship carers and completing necessary criminal history and working with children checks, which prevents young people returning to their families. Over the last three years, YETI has not seen a single young person supported by our service be reunified with their family. This exacerbates the inherent lack of safety of the child safety system for Aboriginal and Torres Strait Islander families that exists due to the history of colonisation, Stolen Generations and ongoing rates of removal of Aboriginal and Torres Strait Islander children.

Workforce challenges are particularly acute in regional and remote areas such as Far North Queensland. Difficulties recruiting and retaining experienced staff, combined with high demand, result in limited continuity of care and reduced service responsiveness. This exacerbates existing

³⁶ Bucci, N & Smee, B (2023), The Guardian, [*Dozens of vulnerable children allegedly preyed upon in Cairns, upending Queensland's youth crime debate.*](#)

³⁷ Brennan, D (2026), National Indigenous Times, [*Advocates say 'missing' Queensland children are symptom of a broken care system.*](#)

³⁸ Cashmore, J (2011), Australian Institute of Family Studies, [*The link between child maltreatment and adolescent offending*](#), Family Matters No. 89.

³⁹ Queensland Government (2013), [*Queensland Government response to the Queensland Child Protection Commission of Inquiry final report.*](#)

⁴⁰ For example, Child Safety Commission of Inquiry, [*transcript 23 July 2025.*](#)

barriers to accessing health, housing, and support services, and further entrenches inequities for young people in community.

In our experience, it is not uncommon for child safety officers to only be in contact with a young person every three months, to have limited contact with the services supporting that young person and to miss or delay referrals for young people to health, AOD and housing supports. This leaves significant safety issues unaddressed and also increases chances of the young person entering the criminal legal system and youth detention due to missed opportunities for early intervention.

It is also uncommon for child safety officers to ensure appropriate victim support is provided. This can include failures to connect children with victims of crime services, court support services, and youth services. Critically, this reflects a broader systems gap: a lack of specialised services for young people who are victims of crime, particularly those who are involved in the criminal legal system.

In Far North Queensland, there are no services specifically designed or resourced to provide appropriate, practical support to young people in the child safety system who are, or become, victims of crime. There is a clear need for organisations and practitioners with specialised expertise across multiple domains, including victim support, health, AOD support, developmental psychology, counselling, disability and trauma-informed practice. This must be accompanied by a strong understanding of best-practice language, methods, tools and information resources across these areas.

Addressing this gap requires dedicated government funding for specialised, trusted victim support services, that operate independently of police and the courts for children in the child safety system who are victims of crime. This should include funding for services supporting children who are involved in both the child safety and youth justice systems, as well as investment in the sectors that the children are expected to engage with – most importantly the health, AOD and housing sectors.

Health services, AOD support, housing, trauma-informed therapeutic care including for victims of crime, stronger continuity of care, transition planning, aftercare support, consistent relationship support and earlier access to stable placements are all critical to ensuring young people are safe and free from crisis – and supported during times of crisis – while in, and as they exit, the child safety system. They are also critical to reducing crossover between the child safety system and the criminal legal system. Except for government investment in accessible housing, health and victim support services, these are areas in which the community sector has substantial expertise. Capacity to increase and expand the support that is currently available to young people could therefore be achieved through improved resourcing of the community sector.

Funding-wise, it is critical for government to continue to invest in health services, AOD support, housing services and housing for young people, and urgently invest in specialised victim support services, to ensure that the most at-risk young Queenslanders are supported to thrive. We echo the recent 'Raising Queensland' report, which highlighted that "there needs to be a strong and consistent focus on material basics, especially safe and affordable housing" and that "equity of access to health and mental health services, and education, is also vital".⁴¹ We also strongly support the Queensland Family and Child Commission's recommendation that poverty never be treated as a ground for child removal.⁴²

⁴¹ Healy, K, Simpson Reeves, L, Venables, J & Nathanson, C (2026), *Raising Queensland: child and youth policy priorities*.

⁴² Queensland Family and Child Rights Commission & Office of the Aboriginal and Torres Strait Islander Children's Commissioner (2026), *Queensland child rights report 2025*.

CASE STUDY 2

A teenager who had been in foster and residential care since birth was not receiving any therapeutic support for complex health issues, did not have stable housing, was not attending school, was engaging in offending behaviour and cycling in and out of custody. Child safety referred her to YETI when they could not find a placement for her.

Aboriginal and Torres Strait Islander staff at YETI worked with the young person over a sustained period to build a relationship and develop trust. Over time, YETI staff were able to support the young person to engage with health services and obtain a diagnosis and discuss a treatment plan. Since then, she has not been charged with any offences and has started the process of reconnecting with school. All this progress was important to working towards stable accommodation, and stable accommodation was vital in ensuring the young person had a real opportunity to engage with treatment and school.

CASE STUDY 3 – part 1

A young person had spent significant periods of their childhood in out-of-home care. Their early life was characterised by instability, limited consistent support networks, and exposure to trauma. As a result, the young person entered adulthood with minimal informal supports, limited trust in services, and few stable connections to family, community, or place.

Their unmet needs in care had compounded over time, and system gaps while they were in care had enduring impact. By early adulthood, the young person was experiencing homelessness, methamphetamine dependence, and acute mental health episodes, including substance-induced psychosis. Engagement with services was inconsistent, shaped by both their mental state and a deep mistrust of systems, likely influenced by experiences of care. Ongoing housing instability required repeated crisis responses, while visible distress while in the community placed the young person at risk of escalation into emergency or justice systems.

After sustained support from YETI in young adulthood, the young person was open to and able to navigate the rehabilitation application process. They were accepted into a residential program where they could receive intensive support while safely housed.

6. What works to keep young people safe

Terms of reference 5(e), (f) and (g), which direct the Commission to make recommendations on models of early intervention, child protection reforms and legislative reforms

Our experience is that what keeps children safe, and out of the child protection and criminal legal systems, is being healthy, being housed, belonging, feeling connection to community and culture and having opportunities such as work, training and activities.

In line with this, models that work to keep children safe require:

1. a focus on health, particularly AOD use
2. voluntary early intervention
3. flexible service delivery
4. long-term approaches focused on harm minimisation and goals of the young person
5. self-determined, community and local responses

6. cultural safety
7. trauma-informed care
8. cross-system coordination and integration
9. stigma reduction

Focus on health, particularly AOD use

As above, AOD use is a high-risk factor for young people in Far North Queensland and has complex intersections with mental health. The evidence also shows that young people in the child safety and criminal legal systems experience a range of disabilities and psychological behavioural issues, including disorders such as Foetal Alcohol Spectrum Disorder (FASD) that are linked with challenges with impulse control, understanding consequences, and emotional regulation.⁴³ A health focus, and one that prioritises responses to AOD use and developmentally appropriate approaches, is therefore critical.

Early AOD-specific intervention prevents the escalation of substance use into more problematic patterns. Young people in the early stages of AOD use are more likely to experience positive outcomes with less intensive interventions. By identifying at risk behaviours early on, AOD services can deliver brief interventions, motivational interviewing, or harm reduction strategies before young people become entrenched in more severe substance use.

AOD treatment with young people is complex and nuanced and requires highly skilled practitioners, with strong engagement skills who can form trusting relationships. Youth alcohol and drug work is a specialist field and the types of supports we provide cannot be replicated by GP or telehealth style services.

Just four examples of models that work are NQYAODS, YETI's Remote Alcohol and Other Drug Interventions and Outcomes (RADIO) program, our AOD counselling program and our psychosocial case management program.

NQYAODS is a collaborative partnership between YETI, the Youth Support and Advocacy Service (YSAS), Gindaja Treatment and Healing Service, Department of Education, Cairns and Hinterland Hospital and Health Service and Queensland Health. The service comprises community-based treatment and a ten-bed residential rehabilitation facility in Edmonton. Gindaja oversees the cultural direction of NQYAODS to ensure the delivery of safe, community-centred care for Aboriginal and Torres Strait Islander young people.

The community-based program involves flexible support for young people while they live at home or in the community, such as counselling and case management, learning opportunities, access to other YETI programs, and connection to government education and mental health programs. The residential element is a 10-bed facility with 24/7 structured support from 6 weeks to 6 months (with support for up to 6 months after discharge) in a home-like environment, including individual and group work, on-site government education and mental health services, and cultural support for Aboriginal and Torres Strait Islander young people.

The RADIO program supports young people to stop, reduce, or be safer with AOD use through place-based support, including information and referrals, case management, service linkage, health and wellbeing support and connection to family and community. Focus on local support

⁴³ Department of Youth Justice (2024), *A safer Queensland: Queensland Youth Justice Strategy 2024-2029*; Department of Youth Justice (2024), *Youth justice pocket stats March 2024*; Queensland Treasury (2021), *Youth offending – research brief*; Abram, C (2014), Department of Justice and Attorney General on behalf of the Cairns Safer Streets Taskforce, *Causal factors that contribute to youth offending in Cairns*; Queensland Child Protection Commission of Inquiry (2013), *Taking responsibility: a roadmap for Queensland child protection*.

where young people are or move. YETI coordinates the program and provides senior clinical case coordination, with RADIO workers employed across partner agencies. An independent evaluation in 2021 found that RADIO is successfully improving access to clinical AOD services that support assessment, treatment, early intervention and education with a range of lifechanging outcomes for young people and positive outcomes for local communities and stakeholders.⁴⁴ The outcomes for young people include outcomes across the domains of AOD use, mental health, physical health, relationships, risk of harm, employment, finances, relationships and interaction with the criminal legal system.

Our AOD counselling program provides flexible, strengths-based counselling to young people, and our psychosocial case management program includes interventions such as cognitive behavioural therapy, psychoeducation and harm minimisation strategies. Many of the young peoples' success stories shared throughout this submission involve support from these programs.

CASE STUDY 4

In early 2025, the NQYAODS began supporting a young woman whose primary concern was AOD use, alongside challenges with housing and employment. Referred through relatives already engaged with YETI, she was also without identification or income, had limited access to health and legal supports, and was experiencing housing instability.

With the support of her case manager, a tailored plan was developed to address these challenges step by step. The young person was also supported with legal and probation appointments, résumé preparation, interview clothing and applications for an ID card, Tax File Number, driver's licence, Youth Allowance, crisis accommodation and ongoing public housing.

Importantly, NQYAODS provided her with comprehensive support to empower the young person to engage with health and wellbeing services. This included attending GP appointments, addressing mental health needs, and taking part in open, supportive conversations about her substance use with a harm minimisation approach.

The outcomes have been significant. The young woman now has stable accommodation and part-time employment. She is confidently learning to drive, preparing a course to pursue opportunities in the construction industry. None of this would have been possible without the health focus that responded to her AOD use. The young person is attending medical appointments, has increased her awareness of health and safety risks and has reduced her AOD use.

CASE STUDY 5

A 15-year-old client diagnosed with FAS-D and ADHD, designated under the National Disability Insurance Scheme (NDIS), was referred to RADIO by the local high school due to concerning behaviours. The young person had a history of attending school while intoxicated, leading to a drug-induced psychotic episode on school grounds, truancy, and posing a risk to others within the school environment.

During a period of suspension, the young person engaged positively with RADIO, indicating a

⁴⁴ Livingstone, L, Hill, K & Edwards, P (2021), *Social return on investment evaluation report: RADIO*.

strong desire to achieve identified goals, including completing a costly course that would help them apply for employment.

In addition to linking the young person with counselling, the Case Manager coordinated a Care Team Meeting to discuss the young person's goals, requesting the course payment to be shared across the young person, school, NDIS, and Youth Justice. After lengthy negotiations, the payment was made, and the Case Manager ensured consistent transportation for the young person to and from the training over the five-day course.

The young person diligently adhered to the commitment and demonstrated an almost total decrease in alcohol and other drug use and made other significant positive personal changes. The support provided by RADIO not only led to the achievement of the educational and employment goal but also marked a substantial decrease in the young person's alcohol and drug use, reflecting a major step towards personal growth and enhanced well-being.

Voluntary early intervention

Early intervention delivered by local community organisations works, and it is also cost effective.⁴⁵ In 2024-25, the Queensland Government's recurrent expenditure on youth detention was over \$298 million on youth detention (over \$1 million per young person), and over \$227.6 million for community-based youth justice services (approximately \$264,651 per young person).⁴⁶ None of these dollar values include the significant other costs, both societal and economic, associated with the maintenance and expansion of carceral infrastructure and systems. By comparison, early intervention led by local community organisations cost significantly less while also reducing large financial costs such as hospitalisation, legal intervention and incarceration.

For example, a government-funded youth diversion program covering a range of locations, which YETI delivers in Cairns, has been estimated at saving \$7.4-10.6 million in spending on the criminal legal system alone, without even considering savings and gains relating to increased health, wellbeing and employment.⁴⁷ Our RADIO program has been found to be good value for money, providing \$3.26 of social value for every \$1 spent.⁴⁸

In 2024-25, across all YETI programs, YETI caseworkers spent approximately 17 hours with each of the 2,484 young people in those programs. Translating this to the wages of an experienced case worker wage, this is approximately \$867 per young person per year. Our AOD-specific programs are particularly effective, translating to approximately \$612 in experienced case worker wages per young person over the course of a year. Compared to the costs of the criminal legal system, these figures are negligible, and as illustrated throughout the case studies in this submission they have lifechanging impacts for the safety and health of young people. Investing in early intervention led by local community organisations creates endless opportunities to design wraparound, tailored services for young people who require intensive support to address risk factors.

We note that some Queensland Government initiatives that are described as early intervention are not true early intervention. For example, the 'staying on track' program is for young people in

⁴⁵ Queensland Treasury (2021), *Youth offending – research brief*.

⁴⁶ Australian Productivity Commission, *Report on Government Services 2026 – youth justice services*, table 17A.10 – cost per young person calculated with reference to there being 290 young people in detention on an average day (table 17A.5) and 860 young people under community-based supervision on an average day (table 17A.6).

⁴⁷ Nous Group (2023), *Community Youth Response and Diversion evaluation – final findings report*.

⁴⁸ Livingstone, L, Hill, K & Edwards, P (2021), *Social return on investment evaluation report: RADIO*.

or exiting youth detention,⁴⁹ ‘circuit breaker sentencing’ is rehabilitation that is ordered by a court at sentencing,⁵⁰ and ‘youth justice schools’⁵¹ apply to young people already on youth justice orders. The ‘transition to success’⁵² and ‘intensive case management’⁵³ programs are designed to include children who are already in the criminal legal system, and both include government case management or oversight. It is critical to ensure there is support for young people that is available early, without any connection to orders, court decisions or release from detention or other government supervision.

Providing support early can stabilise a young person’s life trajectory, keeping them connected to education or employment opportunities, and preventing the long-term social, emotional, and economic impacts of untreated substance use. Access to timely interventions that involve family and community members help to build a support network for young people.

It is also necessary for early intervention to be voluntary. All YETI services are voluntary as we see the best outcomes over both the short and long term when we work with young people to identify what they are experiencing, options for support and collaborate on a plan for changes they would like to see in their lives. For example, while engaging with young people we actively create and reinforce a narrative that community-based AOD support and residential rehabilitation are voluntary options for care, safety and change, rather than punitive responses or pathways into the criminal legal system. This supports the development of trust and encourages open engagement in conversations about seeking support. Similarly, taking a youth-oriented approach where young people identify their goals, leads to longer lasting change.

CASE STUDY 6

A young woman was referred to YETI by Youth Justice for case management support. At the time, she was disengaged from education and training and had no social supports. Assessment with YETI highlighted additional challenges, including AOD use, limited emotional regulation skills, lack of income, and the need for support with transitioning to independent living.

YETI developed a relationship and discussed the young person’s priorities with her. In partnership, they developed a personalised plan focused on immediate stability and longer-term goals.

In line with those goals, the young person was supported through warm referrals to mental health services, primary health care, specialist counselling, and education providers. Brokerage was used to purchase therapeutic tools to strengthen emotional regulation, provide access to pro-social interests such as gym membership and clothing, and cover practical needs including identification documents, a driver’s licence, and clothing for job seeking.

The outcomes have been significant. She reports greater self-confidence, improved health and wellbeing, and an increased ability to navigate systems to meet her needs. She has developed a

⁴⁹ Department of Youth Justice and Victim Support (2025), *Staying on Track*
<<https://www.youthjustice.qld.gov.au/partnerships/partnerships/staying-on-track>> (accessed 17 December 2025).

⁵⁰ Department of Youth Justice and Victim Support (2025), *Circuit breaker sentencing*
<<https://www.youthjustice.qld.gov.au/programs-initiatives/initiatives/circuit-breaker-sentencing>> (accessed 17 December 2025).

⁵¹ Department of Youth Justice and Victim Support (2025), *Youth justice schools*
<<https://www.youthjustice.qld.gov.au/programs-initiatives/initiatives/crime-prevention-youth-justice-schools/youth-justice-schools>> (accessed 17 December 2025).

⁵² Department of Youth Justice and Victim Support (2025), *Transition to success*
<<https://www.youthjustice.qld.gov.au/programs-initiatives/initiatives/transition-to-success>> (accessed 17 December 2025).

⁵³ Department of Youth Justice and Victim Support (2025), *Intensive case management*
<<https://www.youthjustice.qld.gov.au/programs-initiatives/initiatives/icm>> (accessed 17 December 2025).

supportive network, is regularly engaging with health services to address the impacts of past trauma and has significantly reduced her substance use through improved knowledge of harm minimisation. She now has regular income, budgeting skills, and growing motivation to re-engage with formal education.

CASE STUDY 7

A young person self-referred to YETI AOD services, worried about their AOD use and the negative impacts on their mental health and relationships. The young person had reported daily consumption of alcohol and cannabis, along with occasional use of MDMA and LSD in social settings on weekends. They expressed a desire to reduce their alcohol intake and cease the use of drugs.

YETI provided support through psychoeducation and harm minimisation strategies, utilising evidence-based intervention tools to facilitate change. Weekly outreach sessions included AOD-specific cognitive behavioural therapy, focusing on altering their relationship with alcohol and other drugs and developing new thought patterns to combat urges to use. Through consistent intervention, the young person has reported positive changes in their relationships.

Flexible service delivery

Like voluntariness, flexibility to deliver services in a way that is responsive to the young person's needs and places them at the centre is also critical. Relational, person-centred approaches alter life trajectories and reduces the need for intensive intervention later.

This includes working with young people and their families together, where appropriate. For example, our Strong Together program, aimed at reducing involvement and risk of involvement in the criminal legal system, involves intensive therapeutic case management and support for young people and their families. Given the intersection between AOD use and offending, in many cases Strong Together supports young people with AOD experience.

CASE STUDY 8

A 15-year-old young person was living with the impacts of early trauma, a diagnosis of schizophrenia and a few years of substance use. After a short stay in rehabilitation, she was referred to YETI AOD counselling.

She commenced support with courage and a clear determination to stay substance-free, rebuild trust with her family, and one day pursue her dream of becoming a disability support worker. Over two months, the young person engaged in flexible counselling sessions held in places that felt safe for her, whether outdoors or on a walk. These sessions gave her space to talk openly, learn practical strategies to manage cravings and anxiety, and explore creative activities like jewellery-making and cooking that helped her cope in healthier ways. Her parents were included in the process, with interpreters supporting communication so the whole family could be part of her care.

This holistic approach helped her feel heard, connected and empowered. Today, the young person is proud to have maintained abstinence from drugs and alcohol. She has reconnected with her family, joining them for outings like the Cairns Show, and has found confidence in asking them for support when she feels anxious. With a relapse prevention plan in place and

preparations underway for a residential mental health program, she is focused on her future and feels hopeful about her path forward.

CASE STUDY 9

A young woman was referred to Strong Together by Education Queensland after becoming disengaged from school. At the time, she was beginning to have contact with the justice system, experiencing significant anxiety, and often absent from home due to ongoing family conflict. The risk of further disengagement from both family and community was high.

Working alongside her, the Strong Together team developed a plan with clear goals: to improve her emotional wellbeing, reduce family conflict, build positive social supports, and re-engage her with education. Practical assistance was provided to meet her immediate needs, including groceries, meals, school uniforms, and a phone to support her safety and connection.

Referrals were made to specialist services to strengthen her living situation, link her to education supports, and connect her with primary health care. With stronger supports in place, including support to navigate relationships, she reduced her substance use and reported feeling more confident and in control of her wellbeing. She ceased offending and chose to distance herself from peers engaged in anti-social behaviour.

Importantly, she was able to move into a safe and stable home placement, giving her the foundation to establish a healthier routine. Today, she is engaged in social groups and attending an alternative education program, reconnecting with learning in a way that suits her needs. While support is ongoing, her journey so far highlights the importance of early intervention and family-focused support.

Long-term approaches focused on harm minimisation and goals of the young person

Addressing unmet needs of young people and working on sustainable change takes time. In light of this, best practice in addressing youth AOD use focuses on harm reduction. One of the reasons our AOD programs are so successful is that they are focused on helping young people to reduce, cease or become safer in AOD use, which recognising that abstinence is not always a realistic immediate goal.

Similarly, supporting young people to exit and remain out of the criminal legal system involves building trust. Outcomes are not achieved overnight. Effective services work with young people over time, work collaboratively to develop goals and maintain support to achieve those goals even in the face of obstacles.

CASE STUDY 3 – part 2

The young person in case study 3, part 1 (page 13) was ultimately accepted into a residential program after 12 months of engagement. YETI's support required a long-term, relationship-based and harm-reduction approach. Our initial work focused on building trust through consistent, non-judgmental engagement when progress was not going to plan and flexible support. Over time, this enabled the YP to remain connected to services, even during periods of relapse and disengagement.

CASE STUDY 10

A teenager referred to YETI had an upbringing marked by significant adversity, including prolonged exposure to domestic and family violence, as well as experiences of trauma, loss, and grief. He had four years of extensive interaction with the criminal legal system. He had been detained on fifteen occasions in an adult watchhouse, at times for periods of up to two weeks. He had also spent extended periods in a youth detention centre, more than 1,700 kms from his mother and siblings in Far North Queensland, who he lived with. While in youth detention, there were multiple occasions where he was held in solitary confinement for up to one week, due to 'night mode'. While in solitary confinement, he reported being very frightened and days 'all going into one'. Even when he was not in solitary confinement, he reported minimal education opportunities. The young person had been assessed by the Department of Youth Justice as a 'Serious Repeat Offender' with limited prospects for rehabilitation.

In mid-2025, through relationships with YETI staff that visited the youth detention centre he was in, the young person proactively requested support to address his substance use. He subsequently engaged with AOD supports delivered through YETI's weekly visits.

YETI supported and coordinated the young person's voluntary admission to a residential drug treatment program in Southeast Queensland. The young person demonstrated strong commitment to treatment, successfully attending the program for two months. He went to Far North Queensland for a scheduled family visit before independently returning to the program to complete his final month of treatment. He then graduated from the program, with his mother and a YETI worker attending the graduation ceremony in recognition of his achievement. The young person has now returned to Far North Queensland and has secured employment.

This represents a significant positive transition and reflects the young person's engagement with rehabilitation, community connection, and future-focused planning. His progress demonstrates substantial capacity for change when provided with culturally responsive, trauma-informed, and consistent support over time.

CASE STUDY 11

A young woman sought support from YETI after attending our drop in space. At the time of assessment, she was experiencing homelessness, lacked identification and a driver's license. She has a history of domestic and family violence, with recent experiences as well as exposure during her childhood. Additionally, she had unresolved legal matters, extensive AOD use, and had recently experienced the traumatic loss of a close person. She had disengaged from education, was unemployed, and lacked a Tax File Number or resume, further limiting her independence and ability to secure stable housing or employment.

YETI worked with her to develop a comprehensive case plan tailored to address these challenges. This included referrals for a psychological assessment and connecting her with domestic and family violence services and legal support. YETI secured access to short-term housing and essential identification documents, including an 18+ ID card and a Queensland Learner License. To address her AOD use, the case manager had a series of harm reduction discussions with her and linked her to counselling services. Additionally, YETI supported her with resume development, interview preparation, and temporary relocation for safety from her abusive ex-partner.

Over 36 months, the young person achieved significant progress. She exited the relationship,

gained a Tax File Number, and secured identification, enabling her to seek employment. Her AOD use decreased, and she engaged consistently in counselling to address childhood trauma and mental health concerns. She secured safe housing and reconnected with family support systems, leading to increased stability. With YETI's ongoing support, she continues to build a foundation for long-term independence and wellbeing.

CASE STUDY 12

A young person was referred by Youth Justice due to concerns about escalating offending behaviour and disengagement from education. During the initial engagement and assessment phase, the young person's mother also expressed concerns about frequent volatile substance and alcohol use.

Initially the young person was reluctant to engage in support and work towards goals, so the case worker spent some time building rapport via participating in activities aligned with the young person's interests. The case worker was successful in building the connections between the family and a range of support services, including a health organisation, social connections via a cooking program and a mentoring service. Intervention also focused on strategies to enhance the young person's readiness to return to school as well as harm reduction education in relation to AOD use.

The young person then developed goals in relation to completing education and was actively exploring options to return to education. There had been a significant decrease in anti-social behaviour, and it had been several months since they were last charged with an offence.

The care team highlighted the positive impact of interventions focused on pro-social choices, even where AOD use is not the immediate focus.

Self-determined, community and local responses

Meaningful co-design and place-based interventions that respond to local issues through local partnerships are essential to keep young people safe. This must include responses led by Aboriginal and Torres Strait Islander communities, and investment in local workforces across regional and remote areas.⁵⁴

In particular, Community Justice Groups play a crucial role in community-led approaches by providing culturally grounded responses to harm, supporting families, advising courts and facilitating community-based accountability. Properly resourced Community Justice Groups strengthen community safety, support diversion from the criminal legal system, and reduce reliance on police and detention. Despite decades of recognition in policy and inquiries, Community Justice Groups remain under-funded and inconsistently supported across Queensland. Sustained investment in Community Justice Groups that ensures their ability to work in a flexible, responsive and self-determined way within their communities, is essential to any effective, human rights-compliant youth justice system, progress on Closing the Gap commitments and implementation of long-standing recommendations from Aboriginal and Torres Strait Islander leaders.

⁵⁴ Healy, K, Simpson Reeves, L, Venables, J & Nathanson, C (2026), *Raising Queensland: child and youth policy priorities*; Yoorook Justice Commission (2024). *Yoorook for justice: report into Victoria's child protection and criminal justice systems*.

We take this opportunity to draw the inquiry's attention to the paucity of funding for the Yarrabah Community Justice Group. Despite being the most populous discrete Aboriginal community in Australia, the Yarrabah Community Justice Group is funded to employ only one youth worker in a small bail support program that YETI subcontracts. The Group has the experience and capacity to administer a more extensive, community-led service however funding remains a constraint.

Another issue with local responses that we continue to experience in Cairns is that while some after-hours diversion responses exist, including a government-funded service delivered by YETI, there is a lack of services that responders can refer young people to.⁵⁵ This is an issue across Queensland, with the 'Raising Queensland' report on child and youth policy priorities, commissioned by the Queensland Council of Social Services, noting the importance of young people being able to access safe spaces late into the evening rather than being picked up by the police.⁵⁶

Responding to gaps such as these that are identified by local services, and ensuring existing services have resourcing is critical. This requires listening to local services that are already embedded in the community. While we welcome recent investment through the Kickstarter grant program, we note its focus on new programs.⁵⁷ It is also necessary to invest in existing community programs.

Cultural safety

Young people who feel safe will use services.⁵⁸ Given the proportion of young people using YETI services who are Aboriginal or Torres Strait Islander, this comes down to cultural safety.

To effectively support Aboriginal and Torres Strait Islander young people with a culturally safe environment the following key components are vital:

- Employing Aboriginal and Torres Strait Islander staff
- Recognising and addressing factors such as trauma, substance use, and social determinants impacting youth, incorporating evidence-based interventions.
- Providing culturally safe services by integrating Aboriginal and Torres Strait Islander cultural practices, engaging with communities, and respecting cultural values.
- Addressing broader social determinants of health through an integrated approach that combines health, education, and social services.
- Improving access to tailored mental health services, with a focus on remote areas supported by training for service providers.

It also involves incorporating cultural support and cultural mentoring. In the government-funded youth diversion program, which YETI delivers in Cairns, the biggest improvements in mental health and community connectiveness come through the cultural mentoring component.⁵⁹ In our Schools up North program, which supports schools in remote areas to support Aboriginal and Torres Strait Islander students, particularly those experiencing mental health challenges, cross-cultural critical reflection has been found to be an integral component.⁶⁰

Providing culturally safe AOD services is essential. Best practice involves culturally tailored

⁵⁵ Abram, C (2014), Department of Justice and Attorney General on behalf of the Cairns Safer Streets Taskforce, *Causal factors that contribute to youth offending in Cairns*.

⁵⁶ Healy, K, Simpson Reeves, L, Venables, J & Nathanson, C (2026), *Raising Queensland: child and youth policy priorities*.

⁵⁷ Minister for Youth Justice and Victim Support and Minister for Corrective Services (19 March 2026), Media release, *Making Queensland Safer – Kickstarting early intervention to make Brisbane safer*.

⁵⁸ Nous Group (2023), *Community Youth Response and Diversion evaluation – final findings report*.

⁵⁹ As above.

⁶⁰ Youth Empowered Towards Independence (2019), *Schools Up North – mental health for learning*.

interventions that respect traditional knowledge and healing practices while providing evidence-based care. YETI prioritises the employment of Aboriginal and Torres Strait Island practitioners and is committed to working in partnership with the community-controlled sector. YETI's programs have successfully adapted evidence-based models to work in remote Indigenous communities, considering cultural sensitivities and local contexts.

Ensuring cultural safety is not a one-off activity but requires ongoing, reflective practice embedded across all services and investment and support from government to ensure sustainable regional and rural workforces. For non-Indigenous services, one way of embedding this practice is by establishing cultural governance mechanisms.

CASE STUDY 13

Gindaja Treatment and Healing Service provides cultural governance of NQYAODS. This cultural governance is embedded across all levels of the service, from strategic oversight to day-to-day practice. This includes oversight of the Cultural Advisory Board and a co-leadership role within the rehabilitation program, ensuring cultural authority is present in both decision-making and service delivery.

Through regular consultation and active partnership, Gindaja provides guidance on policies, program design, and client engagement to align with community values and cultural protocols. This has strengthened cultural safety in practice, for example, shaping more culturally responsive approaches to working with young people and families, which has improved trust, engagement, and overall service accessibility.

CASE STUDY 1 – part 3

The teenager whose story we followed in case study 1, parts 1 (page 4) and 2 (page 6), was an Aboriginal girl who had been placed in out-of-home care within a regional RADIO catchment area. Child Safety referred her to RADIO program, which provides young people in remote communities with AOD support and connections through local staff based in those communities, for additional support.

When the young person left custody, the RADIO worker, also Aboriginal, engaged her through regular diversionary activities and used these opportunities to build solid rapport. The worker supported the young person to access a GP for health checks (a service the young person had previously refused to access) as well as helping engage the young person with Community Elders and a local Women's Group to assist with cultural connections.

The worker provided advocacy for the young person as well as harm minimisation strategies to reduce AOD use. The young person requested to borrow a Volatile Substance Use (VSU) workbook from the RADIO worker to take home and read. Upon return, the young person could indicate that they had read the workbook and had a better understanding of the impacts of VSU. A significant stepping stone was supporting the young person to access several months of equine therapy. The young person described their experience with the horse as "never having before felt that kind of connection with anything or anyone."

While the young person was engaged with RADIO, they were able to engage in support at a level never seen by Child Safety staff and provided a solid groundwork for any future therapeutic interventions.

Trauma informed care

Trauma-informed care in AOD treatment is critical for young people, particularly those with histories of abuse, neglect, family violence, child safety environments and incarceration. Addressing the root causes of substance use through trauma-sensitive approaches is essential for young people, in particular Aboriginal and Torres Strait Islander young people given historic and ongoing injustices. It often requires comprehensive, wraparound support.

CASE STUDY 14

A young Aboriginal woman was referred to YETI by an Aboriginal Health Service for counselling relating to AOD issues. The young person had grown up in the care of Child Safety and had started self-placing at the age of 16. The young woman had experienced severe domestic violence, had two young children who were removed from her care, a history of suicide attempts and used drugs and alcohol as a coping mechanism.

One of YETI's counsellors supported the young person to identify her goals which related to the reduction of drugs and alcohol, housing, removing herself from the violent relationship and learning emotional regulation skills. Psychoeducation was provided relating to harm minimisation, relapse prevention and motivational interviewing. The young person was also referred to a rehabilitation facility. The worker provided advocacy to the Department of Housing and Centrelink and referrals to a Domestic Violence service and medical services to treat injuries relating to Domestic Violence. Counselling was provided using ERIC (Emotional Regulation and Impulse Control), Mindfulness based Cognitive Behavioural Therapy, trauma informed care and narrative therapy.

Through involvement with counselling at YETI, the young person has grown to understand how she has developed her own coping mechanisms as a way of surviving her past and how these coping mechanisms have negatively impacted on her wellbeing. The young person has achieved her goal of quitting AOD use through engagement in detox and rehabilitation programs and ongoing counselling. Other achievements have included a housing transfer, safe exit from the violent relationship, ongoing health and wellbeing treatment and re-engagement with Child Safety and legal services.

Cross system coordination and integration

YETI's holistic, wrap-around service delivery model that combines access to mental health supports, housing assistance, and employment pathways is an example of the effectiveness of cross system coordination and integration. The external limitations on access to youth mental health supports, the extreme lack of housing options and employment pathways for young people who may have experience of the justice system has a significant impact on young people. Where possible we aim to ensure integrated service delivery as a priority to be able to achieve better outcomes.

Examples of this are the cross-government/non-government partnerships in Cairns that we support, as part of a coordinated response to the needs of individual vulnerable young people and emerging situations in the community. This program, Coordinated Care for Young People (CCYP) has been found in evaluations to be an "impressive example of government and community sectors working together – both strategically and operationally – to support at risk and

vulnerable young people and their families or carer”.⁶¹ YETI's data from 2024-25 showed that young people assisted by this framework overall had positive progress on all baseline metrics measured, such as AOD use, mental health, housing, education, relationships, finance and risk of harm. Building on these positive results, we have seen coordination of care for vulnerable young people improve remarkably in such partnerships where there is resourcing for a care coordinator to support collaboration between agencies.⁶²

Another example of this is integrating mental health support into places that young people frequently attend. In response to 2017 mental health needs assessment by the Northern Queensland Primary Health Network, which identified youth mental health as a priority, YETI delivers the Schools Up North (SUN) program to support Aboriginal and Torres Strait Islander students in remote areas with mental health. We do this by supporting schools to support students and providing linkages with YETI and other community services. An evaluation of this program found that there were early and more efficient processes, particularly between Education and Health.⁶³

YETI also hosts a GP who attends weekly. This service reduces barriers for young people to access medical care by providing support in a familiar, safe environment, with the added benefit of a consistent and trusted presence. This has improved timely access to care for important issues such as reproductive health, mental health and medical assessments, as well as enhancing coordination of care.

CASE STUDY 15

Brothers were referred to the CCYP panel by the Department of Child Safety. They were subject to a Long-Term Guardianship Order but were staying with their parents, who faced difficulties providing a safe environment. The siblings were suspended from school for alleged cannabis use and were beginning to associate with a negative peer group.

The CCYP Coordinator led early care team meetings to formulate a cohesive approach to address both the young boy's needs:

- Referrals were made for the family to access family support and alcohol and drug treatment.
- Information was shared to ensure a collective understanding of the siblings' cognitive capacities.
- Work was undertaken with the school to ensure re-engagement in education.
- Referrals were made to the Queensland Government Assessment and Response Team for cognitive evaluations.
- Referrals were made to YETI and Wuchopperen Health Service cultural mentoring for individual supports for each of the boys.
- Access to after-hours and family respite support was provided and shared safety plans established.

Positive outcomes included: shared approach to case coordination that avoided service duplication or gaps; and early engagement in education and engagement with mental and physical health services by the boys. Information in relation to safety in the household was shared regularly and there were improvements in relation to risk for both boys.

⁶¹ Stott, S, Hill H, & Livingstone L (2015), *Evaluation report – Coordinated Care for Vulnerable Young People*.

⁶² As above; Department Child Safety, Youth and Women (2019); *Case study of a senior care coordinator – Coordinated Care for Vulnerable Young People*.

⁶³ Youth Empowered Towards Independence (2019), *Schools Up North – mental health for learning*, 38.

Stigma reduction

There are currently strong narratives, and strong language, used to describe young people in conflict with the law. Stigma reduction, and efforts to build public awareness about effective supports for young people, are crucial to ensure young people can access support – stigma is a significant barrier to accessing services for many of the young people we work with. Stigma reduction also contributes to harm minimisation and community buy-in for therapeutic responses.

Stigma reduction is a core component of all of YETI's work. Central to this are our community-facing programs that focus on education and partnership with the community, public and private sectors, for example to reduce supply and use of volatile substances and to support schools and health networks in Cape York and Torres Strait communities.

CASE STUDY 16

Our Just North program focuses on supply reduction, education and youth sector capacity building to reduce volatile substance use (the deliberate inhalation of common household and chemical products for the purpose of intoxication), through education for youth services, people who work with young people, retailers and contractors.

In 2024-25, the Just North team's work included 167 retailer visits and 77 Volatile Substance Use (VSU) training sessions in Queensland to frontline workers new tools and confidence, and better equip communities to understand and respond substance use challenges

The aim of retailer visits is to build awareness and understanding of VSU, encourage reporting to help track rates of VSU and encourage retailers to consider product placement and the role they play in reducing young people's access to inhalants. The training events build capacity across communities and organisations across Far North Queensland regarding collaborative approaches to address inhalant outbreaks, including discussions.

As part of this, Just North also records hotspot locations to ensure that sites are checked regularly and monitor any changes in the movements of young people.

CASE STUDY 17

As noted on page 25, SUN is a school-based program. Through SUN, educators in remote schools are agents of change in enhancing engagement and early referral of Aboriginal and Torres Strait Islander students experiencing mental health difficulties.

SUN brings high-value resources including expert consultants in Indigenous mental health and trauma to secondary schools, supporting their improvement efforts to hold young people in safe, supportive learning environments. This includes providing training and support through in person workshops in the relevant community, follow up resources and film.

This training stimulates critical reflection to develop 'context-informed teacher agency' for those new to their remote school posts. These resources aim to address some of the major challenges for teachers in remote schools – helping them to adapt to their new cross-cultural postings, to understand behaviours they experience in the classroom, and to develop authentic relationships with their students and members of the community in which they live and work.

7. Our recommendations

Terms of reference 5(e), (f) and (g), which direct the Commission to make recommendations on models of early intervention, child protection reforms and legislative reforms

YETI recommends that the Commission propose a combination of funding, service system and legislative reform to better protect children and young people, particularly in Far North Queensland.

To implement all of the key elements that are identified above and address current crises in the criminal legal system that is impacting the safety of young people, we make recommendations across three domains: funding and service investment, policy reform and legislative reform.

Stability and flexible funding are key to ensuring YETI and other organisations can continue our effective work with vulnerable young people, eliminate wait lists, appropriately reach young people who are not engaging with any services and safeguard at-risk children from untreated health conditions and the harms of incarceration. Additional funding, building on the investment in NQYAODS, is also required across the sector to ensure all young people who need AOD, and related support are able to access it no matter where they live. However, funding is not the only solution. The safety issues we have identified throughout this submission must also be addressed through policy reform and legislative change.

Funding and service investment

The Queensland Government should:

1. Increase and index funding for organisations with established, trusted relationships with at-risk young people and local communities, including through longer funding cycles.
2. Prioritise funding for Aboriginal and Torres Strait Islander community-led services and programs, including Community Justice Groups and services with strong cultural governance systems.
3. Increase funding for the Yarrabah Community Justice Group to enable expanded community led responses for young people.
4. Urgently consult with existing services in Far North Queensland to quantify and address gaps in:
 - Provision of early intervention health approaches that address the root causes of substance use for young people in the child safety and criminal legal systems, or at risk of those systems, which are voluntary, youth-centred, culturally safe, trauma-informed and available before and separately to any court process or policing
 - Integrated youth AOD and mental health services
 - Victim support services for young people with experience in the child safety and criminal legal systems
 - Coordination roles for cross-sector panels and integrated care responses
 - After hours outreach services and safe places
 - Expansion of community initiatives to reduce substance use
 - Services supporting the safety and wellbeing of LGBTIQ+ young people

Policy reform

The Queensland Government should:

5. Improve referral pathways and coordination between child safety, housing, mental health, disability, and AOD services, including timely referral and follow-up.



6. Ensure that young people on remand or otherwise unsentenced in custody can access timely health, AOD, disability, and rehabilitation supports.
7. Ensure independent oversight, transparent reporting, and regular public monitoring of conditions in watchhouses, remand centres, and youth detention centres.
8. Develop, with young people, AOD, Aboriginal and Torres Strait Islander community-controlled, and community sectors, a cross-portfolio youth AOD strategy spanning health, housing, education, employment, child safety, and justice.
9. Ensure poverty is never treated as a reason for Child Safety to remove young people from their families.
10. Establish a strategy, including a timeline, for raising the minimum age of criminal responsibility to at least 14.

Legislative reform

The Queensland Government should pass legislation to:

11. Prohibit the detention of children in adult watchhouses and, until that occurs, legislate a strict time limit on the detention of children in adult watchhouses.
12. Prohibit solitary confinement and solitary-like practices for children, including practices described as “night mode,” “separation,” or extended cell confinement.
13. Repeal the laws identified in Appendix A to the extent that they override human rights protections and increase the likelihood of children and young people being imprisoned.

APPENDIX A

Queensland legislation that has been introduced or passed since December 2024 that will add to the number of young people in custody, including the number detained without having been found guilty of the relevant offence/s.

Bill	Date	Key provisions
Making Queensland Safer Bill 2024	Passed in December 2024	<ul style="list-style-type: none"> – Removed the principle of detention as last resort from arrest, bail and sentencing decisions – Established adult penalties (including adult-length terms of imprisonment and adult-length probation periods) for young people for 13 offences – Removed restorative justice orders as a sentencing option – Expanded what is captured on young people's criminal histories and allowed these and findings of guilt without conviction to be used in adulthood – Removed safeguards in the process of transferring young people from youth prisons to adult prisons when they turn 18 – Overrode the <i>Human Rights Act 2019</i>
Making Queensland Safer (Adult Crime, Adult Time) Amendment Bill 2025	Passed in May 2025	<ul style="list-style-type: none"> – Expanded adult penalties to include 20 additional categories of offences – Relied on override of Human Rights Act
Police Powers and Responsibilities (Making Jack's Law Permanent) and Other Legislation Amendment Bill 2025	Passed in June 2025	<ul style="list-style-type: none"> – Made trial police powers to use handheld scanners in places such as public transport, retail environments and entertainment venues permanent – Removed the need for senior police officer approval – Extended the powers to public places (with senior officer approval) – These powers cover both adults and young people
Youth Justice (Electronic Monitoring) Amendment Act 2026	Passed in February 2026	<ul style="list-style-type: none"> – This Bill follows the Youth Justice (Monitoring Devices) Amendment Bill 2025, passed in April 2025, which extended a consent-based trial of putting electronic monitoring devices on young people over 15 years who are on bail, to complete a second evaluation after a first evaluation was not able to justify making the trial permanent – The current Bill will permanently allow electronic monitoring of young people on bail, for children as young as ten, without consent
Expanding Adult Crime, Adult Time and Taking a Strong Stance on Drugs and Anti-Social Behaviour Amendment Bill 2026	Introduced in March 2026	<ul style="list-style-type: none"> – Proposes to expand adult penalties to include a further 12 offences – Proposes to limit diversionary drug diversion pathways – Proposes to override Human Rights Act

APPENDIX B

Selection of recent reports and findings pertaining to the conditions in which young people in Queensland are detained at watchhouses, remand centres and detention centres.

The Childrens Court of Queensland 2024-25 annual report states that many sentence proceedings have heard about children being locked down in their cells for days at a time, particularly in Cairns and Townsville Childrens Courts.⁶⁴ The report also notes that children are still spending time in watchhouses, which is “detrimental to the mental and physical health of the child; the police in charge of watchhouses are not equipped to properly look after the children, the children are placed in close proximity to adults, and there are very limited facilities and access to nutritious food, education or exercise”.⁶⁵

In July 2025, Queensland Police Service published a review of watchhouses, highlighting a suite of previous inquiries and recommendations, bail laws that impact watchhouse capacity, issues with maintenance and safety and inconsistent health services, education and food quality. The report states: “Watch-houses are not equipped to provide the space, privacy, natural light or support needed for children’s physical and psychological wellbeing. This can result in heightened anxiety, distress and an increased risk of self-harm. The absence of paediatric healthcare professionals further compounds these issues, making the watch-house environment unsafe for minors”.⁶⁶

Prior to the Queensland Police Service review, around March 2025, the Queensland Government opened a new detention facility named Wacol Youth Remand Centre. YETI prefers to call it the Wacol Watchhouse as that name speaks more accurately to its environment and operation. The narrative we hear about the Wacol Watchhouse is that it reduces the number of children in adult watchhouses and deems the concerns about adult watchhouses irrelevant due to its bed availability, modern infrastructure and access to services.⁶⁷ However, concerns about adult watchhouses remain highly relevant.

Wacol Watchhouse was ultimately built as an adult watchhouse and is operating as such, with the Queensland Family and Child Commission flagging in its 2024-25 annual report eight categories of serious concerns about the Centre.⁶⁸ The Commission concluded that the Wacol Watchhouse is “inappropriate for children and young people”, “unlikely to address the criminogenic drivers of detention”, “will result in further trauma to the young people incarcerated at the facility” and children detained there are undercounted.⁶⁹ It is also important to remember that Wacol Watchhouse has not eliminated the use of adult watchhouses. Children continue to be detained in adult watchhouses before transfer and in connection with court appearances.

Conditions in Queensland youth detention centres remain deeply concerning, especially at Cleveland Youth Detention Centre in Townsville, with repeated and well-documented issues over the past five years. The recent November 2025 report of the Queensland Ombudsman Inspector of Detention Services on its 2024 inspections of West Moreton, Brisbane and Cleveland Youth Detention Centres⁷⁰ documents use of extended and regular solitary confinement, branded as ‘separation’ due to staff shortages. This report was closely followed by the Australian Human

⁶⁴ Childrens Court of Queensland (2025), *2024-25 annual report*, paragraph 13.

⁶⁵ As above, paragraph 19.

⁶⁶ Queensland Police Service (2025), *Watch-house review*, 28-29.

⁶⁷ See for example Minister for Police and Emergency Services and the Minister for Youth Justice and Victim Support and Minister for Corrective Services (29 March 2025), Media release; *New Wacol Youth Remand Centre ready to hold young offenders*.

⁶⁸ Queensland Family and Child Commission (2025), *2024-25 annual report*, 199.

⁶⁹ As above, 180, 200.

⁷⁰ Queensland Ombudsman (2025), *Combined inspection report for youth detention centres*.

Rights Commission's December 2025 national report, 'Left alone', which documents a range of solitary confinement practices against children in Queensland over several years (including 'separation' and 'night mode'), as well as the harrowing impacts and serious human rights contraventions associated with solitary confinement of children.⁷¹

The Inspector of Detention Services report, also outlines issues with access to toilets, running water, beds, seats and time outside and health care, including issues with the management of children at serious risk of self-harm. It also documents excrement on floors and walls, use of force and restraint, use of strip searches and extremely inappropriate language from workers. It states that the centres are operating well past safe capacity.

According to the Australian Institute of Criminology's November 2025 report on deaths in custody, in 2024-25, Queensland had the third highest number of deaths in prison custody.⁷² Three Indigenous people in Queensland died in prison custody. Their deaths, together with two deaths around 2022-23 of an Aboriginal boy and a Torres Strait Islander boy who had spent extended time in solitary confinement in youth detention,⁷³ are part of at least 600 deaths of Aboriginal or Torres Strait Islander people in prison or police custody that have occurred between the Royal Commission and the Institute's report.⁷⁴ Without urgent action by the federal government, the current laws, conditions of detention and number of children in detention and community-based youth justice orders in Queensland will continue to directly undermine national commitments to end Aboriginal and Torres Strait Islander deaths in custody.

The Productivity Commission's Report on Government Services dated January 2026 reports a 78.3% utilisation rate for Queensland detention centres, the highest utilisation rate in the country.⁷⁵ It also indicates that over half the young people in custody in Queensland who were injured as a result of an assault were Aboriginal or Torres Strait Islander.⁷⁶

⁷¹ Australian Human Rights Commission (AHRC) (2025), *'Left alone': a review of solitary confinement and similar practices in Australia's youth justice systems*. We also note the 2020 report by Walsh, T, Blaber, H, Smith, C, Cornwell, L & Blake, K (2020), *Legal perspectives on solitary confinement in Queensland*, referenced in the AHRC report, which describes profound and distressing impacts of solitary confinement on adults.

⁷² McAlister, M, Miles, H, Bricknell, S (2025), Australian Institute of Criminology, *Deaths in custody in Australia 2024-25*, 7.

⁷³ Queensland Child Death Review Board (2023), *2022-23 annual report*, 22-40.

⁷⁴ McAlister, M, Miles, H, Bricknell, S (2025), Australian Institute of Criminology, *Deaths in custody in Australia 2024-25*, 9, 41.

⁷⁵ Australian Productivity Commission (2026), *Report on Government Services 2026 – youth justice services*, table 17A.2.

⁷⁶ Australian Productivity Commission (2026), *Report on Government Services 2026 – youth justice services*, table 17A.17.