

Left behind

Systemic inquiry into responses to children and young people who are the subject of multiple reports to Child Protection



COMMISSION FOR CHILDREN
AND YOUNG PEOPLE

The Commission respectfully acknowledges and celebrates the Traditional Owners of the lands throughout Victoria and pays its respects to their Elders, children and young people of past, current and future generations.

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The cover artwork was designed by Samrawit Piolo, a former member of the Commission for Children and Young People's Youth Council. Samrawit described her inspiration for the cover as:

I drew this picture while sitting with my peers in the Youth Council where they generously shared with me their experiences in the child and family system. They described it as being in the unknown, feeling like they were living in a cyclone with no one listening to them or understanding what was happening to them, despite needing support and protection.

I hope my picture depicts what they shared with me. But mostly, I hope those in power sit back and listen intently to these young people, as they're the ones with the solutions.



COMMISSION FOR CHILDREN
AND YOUNG PEOPLE

CCYPD/26/2314

Ms Bridget Noonan
Clerk of the Legislative Assembly
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Dear Ms Noonan and Mr McDonald

Left behind: Systemic inquiry into responses to children and young people who are the subject of multiple reports to Child Protection

I hereby request that *Left behind: Systemic inquiry into responses to children and young people who are the subject of multiple reports to Child Protection* be tabled in accordance with section 50 of the *Commission for Children and Young People Act 2012*.

I would be grateful if you could arrange for the report to be tabled in the Legislative Assembly and the Legislative Council on 4 June 2026.

Yours sincerely

Tracy Beaton
Principal Commissioner

18 May 2026

Content warning

Aboriginal and Torres Strait Islander people should be aware that this report contains references to Aboriginal children and young people who are deceased. Readers are warned that the content in this report may be distressing. The Commission respectfully recommends that readers exercise care so that the content in this report does not cause unintended harm.

Acknowledgements

The Commission would like to acknowledge and thank the many people who contributed to this systemic inquiry and assisted with the preparation of this report.

First and foremost, we thank the 30 children and young people who generously shared with us their experiences with Child Protection and other services, and their ideas about what is important to change to better support children and young people. These experiences directly informed our findings and recommendations, and we will use these to advocate for change.

We extend our appreciation and thanks to the people we interviewed, including those who work with and support children and young people who come into contact with the child and family system. We thank the individuals and services who supported children and young people to participate in the consultations and survey.

Special mention and thanks to the Commission's Youth Council, young people who have had experience with the child and family system, who made important contributions throughout the inquiry process. This included assisting with the development of the consultation and survey questions for children and young people, contributing to findings and recommendations, and designing the report cover. The Youth Council's energy and ambition for change is a constant source of inspiration and an important reminder to challenge the status quo and of how adults should engage with children and young people in their work.

Message from the Principal Commissioner

Many children and young people are growing up in family environments marked by violence, alcohol and drug use, neglect and other harms. People in the community may assume that, in these circumstances, a 'service' will step in to protect them.

After all, every child has the right to a safe home, to protection from harm, and to the opportunity to reach their full potential.

The reality is far more troubling.

Many children and young people live in harmful environments – sometimes for years – without having their voices heard and without effective intervention. The consequences are profound, enduring and, too often, life-altering.

While I am relatively new to the role of Principal Commissioner, the issues for children and young people examined in this inquiry are not new to me or others who have dedicated their careers to better outcomes for children. We know much work has been done and we also know we will need to focus on ongoing systemic improvements to get better outcomes for the children and young people in our community.

In 2025, Child Protection in Victoria received approximately 151,000 reports concerning children and young people. More than half of those reports (52 per cent) related to a child who had already been the subject of another report to Child Protection in the previous 12 months. While approximately 51,340 cases proceeded to investigation, around 66 per cent of all reports were assessed as being able to be closed at the intake phase without further investigation. At case closure, Child Protection referred some of these children and families to voluntary services for support.



Of those referred to The Orange Door following a report closed without investigation, contact was attempted but 58 per cent could not be reached or declined a service. This resulted in The Orange Door closing the case. While engagement with services is voluntary, too often we see that when parents choose not to engage – for whatever reason – the case is closed for all family members, and children may remain in harmful situations without assistance. Those children are often reported to Child Protection again, and the cycle continues. The children caught in this cycle are left behind.

The people working within the services and systems designed to support families and protect children and young people are working tirelessly. They are doing so under immense pressure, with less-than-ideal systems and resources, and in the context of increasingly complex family circumstances.

Behind the figures and system challenges, there are children and young people whose needs are seen and recorded but, too often, not meaningfully met. They are left carrying risk, along with the lifelong impacts of trauma.

If we want a community with fewer children in care, we need to develop a different response than one that is driven by the crisis end of the system. Collectively, we must focus on effective policy and practice to ensure families receive support earlier, before children and young people's circumstances reach crisis point. Services must be available to match the needs of children, young people and their families. They must also be accessible and better equipped to support families to accept help. While parents have a right not to engage with voluntary services, this cannot be at the expense of children and young people's right to safety and wellbeing.

Children and young people have a right to be heard on matters that affect their lives — reflected, for example, in the United Nations Convention on the Rights of the Child and Victoria's Child Safe Standards — yet we consistently heard throughout this inquiry that children and young people's voices are often not sought or heard. Their needs are frequently assessed through the adults in their lives, rather than through direct engagement with them. We need to reconfigure the system to enable more direct engagement with children and young people so that they can trust that their experience matters.

Similarly, attempts to respond to the needs of children and young people are usually made through support provided to parents, rather than through support designed to meet children and young people's own distinct needs. This may be due, in part, to a lack of supports designed specifically for children and young people, including young people seeking help on their own.

For some children and young people, including younger children and those with disability, there are additional barriers to having their voices heard and their perspectives recognised.

For Aboriginal children and young people — who are overrepresented in the child protection system, and in the cases examined for this inquiry — there are further barriers to accessing appropriate support. In the context of dispossession and the forced removal of children from families, Aboriginal children, young people and families can understandably feel distrust towards services and Child Protection. This can affect their willingness to seek and accept help. These issues can only be properly addressed through increased access to culturally appropriate early intervention. Aboriginal Community Controlled Organisations are already doing impressive work in this space with the resources they have, and these efforts must continue to be supported and expanded.

I commenced as Principal Commissioner after much of the work on this inquiry had already been completed. I therefore thank the previous Principal Commissioner, Liana Buchanan, and the previous Commissioner for Aboriginal Children and Young People and Acting Principal Commissioner, Meena Singh, for their leadership of this inquiry at different stages of its development.

The Commission initiated this inquiry to explore the experiences of children and young people who become caught in the gap between statutory Child Protection and the voluntary service system, and to identify opportunities to address it. This inquiry does not attribute any blame on the staff working in Child Protection, The Orange Door, child and family services, family violence services, or in public sector leadership. We recognise their dedication and hard work. This inquiry is a call to action for everyone with the capacity to influence the child and family system to

Message from the Principal Commissioner

confront the reality that, for too many children and young people, the system is not working as intended.

The Department of Families, Fairness and Housing has already commenced significant work to improve the way the child and family system operates. But much more remains to be done. For too many children and young people, the consequences of delayed, fragmented or ineffective responses are not temporary – they shape the course of a life. No child should be left to carry that burden alone. My hope is that this inquiry strengthens collective resolve, and secures the investment required to build a system that intervenes earlier, responds directly to children and young people, and no longer leaves them behind.



Tracy Beaton

Principal Commissioner

Message from the Commission Youth Council

As young people who have been left behind by the systems put in place to protect and support us, we see how easy it is for children and young people to be noticed on paper but forgotten and made invisible in practice. Too often, our names appear in reports and re-reports, in case notes and risk assessments, yet nothing changes in our homes, our schools, or our lives. We get talked about and around in meetings we're not even invited to, referred on to services that never call, and recorded as "known to the system" while the violence, neglect, and fear continue to consume our lives.

Being left behind looks like disclosures that are minimised, like systems across jurisdictions not working together to keep children safe and like files being closed while the risk to us remains open. It looks like services and systems working in separate silos - health, education, child protection, courts, and community services - each holding pieces of our story but no one holding responsibility for our safety. As children and young people, we shouldn't have to carry the burden of having to fight for our right to be safe, free and listened to. If adults in power are serious about change, they must reckon with the reality that children and young people are not falling through the cracks by accident. We are being left behind by systems that see us, record us, and still do not keep us safe.

We challenge you to draw on our voices and expertise, which have directly informed this report, and to no longer leave us behind.

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Abbreviations and acronyms

ACCO	Aboriginal Community Controlled Organisations
AVITH	Adolescence using violence in the home
BUABAH	Bringing Up Aboriginal Babies at Home
CALD	Culturally and linguistically diverse
Child FIRST	Child and Family Information, Referral and Support Team
Commission	Commission for Children and Young People
CRIS	Client Relationship Information System
CRM	Client Relationship Management
CSO	Community service organisation
CYFA	<i>Children, Youth and Families Act 2005</i>
DE	Department of Education
DFFH	Department of Families, Fairness and Housing
EHFS	Early Help Family Services
EIIF	Early Intervention Investment Framework
L17	Victoria Police Risk Assessment and Management Report
MARAM	Family Violence Multi-Agency Risk Assessment and Management Framework
MCH	Maternal and Child Health
NDIS	National Disability Insurance Scheme
SIT	Screening, Identification and Triage
VACCA	Victorian Aboriginal Child and Community Agency
VAGO	Victorian Auditor General's Office

Definitions

Aboriginal

The term Aboriginal in this report refers to both Aboriginal and Torres Strait Islander people.

Children and young people

For the purpose of this inquiry, 'children and young people' refers to people under the age of 18. The term children and young people recognises that some young people under the age of 18, particularly those in the adolescent years, do not refer to themselves as children.

Child and family services

Child and family services support children, young people and their families to improve safety and developmental outcomes, while building capacity and resilience for children, families and communities. These services include Aboriginal Community Controlled Organisations, integrated family services and parenting support.

Child and family system

The child and family system comprises the spectrum of services designed to support children, young people and families experiencing vulnerability. It includes statutory and voluntary services, including Child Protection, The Orange Door, child and family services, and – for the purposes of the inquiry – family violence services.¹

Child Death Inquiry

Section 34 of the *Commission for Children and Young People Act 2012*, provides that the Commission must conduct an inquiry in relation to a child who has died and who was a child protection client at the time, or within 12 months of their death.

Child FIRST

Between 2018 and 2022, Child FIRST was progressively replaced with The Orange Door. When in operation, Child FIRST provided a central referral point to community-based integrated family services. Children and families were referred to Child FIRST where there were concerns about a child's wellbeing. Child FIRST would assess the risk to and needs of the child and family, prioritise accepted referrals on the basis of need, then allocate to family services.

Child Protection

The Victorian Child Protection service is delivered by the Department of Families Fairness and Housing and is specifically targeted to support those children at risk of harm or where parents are unable to protect them.

Community-based Child Protection

Under section 38 of the *Child, Youth and Families Act 2005*, Community-based Child Protection practitioners have a role in providing consultations to child and family services or agencies to support risk assessments, decision making and ongoing support for infants, children and young people.

¹ While the Department of Families, Fairness and Housing advised that family violence services are not typically considered part of the child and family system, these services have a critical role in supporting families who are experiencing vulnerability. The Commission has opted to include them in the definition of the child and family system for the purposes of this inquiry.

Cumulative harm

Cumulative harm refers to the effects of multiple adverse or harmful circumstances and events in a child or young person's life. The daily impact of these experiences on the child or young person can be profound and diminish their sense of safety, stability and wellbeing. It may be caused by an accumulation of a single recurring adverse circumstance or event; or by multiple circumstances or events.²

Early intervention

Intervention that occurs in response to vulnerabilities that have been identified for the child, young person or their family. It involves services providing critical, timely and responsive support before risks and concerns escalate and lead to Child Protection intervention.

Enhanced referrals to The Orange Door

Enhanced referrals to The Orange Door occur where the Child Protection intake practitioner, in consultation with a supervisor, assesses that the concerns and needs of the family are complex and require an enhanced approach. The Child Protection intake team manager endorses the decision to make an enhanced referral. This represents a practice change that took effect in August 2025. Before this time, Community-based Child Protection had to be consulted before a referral was made, and the report remained open with Child Protection until the referral was accepted by The Orange Door.

Family Safety Victoria

Family Safety Victoria was created on 1 July 2017 to drive key elements of Victoria's family violence strategy and coordinate support for families to help them care for children and young people. It is now a division of the Department of Families, Fairness and Housing.

Family violence

Under section 5 of the *Family Violence Protection Act 2008* (Vic), family violence is behaviour by a person towards a family member that is physically, sexually, psychologically or economically abusive; or is threatening, coercive or in any other way controls or dominates the family member to feel fear for their safety or the wellbeing of another person; or behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of these behaviours.

L17 reports

An L17 report refers to the Victoria Police Risk Assessment and Management Report that Victoria Police is required to complete after they have attended a family incident. The report is completed when family incidents, interfamilial-related sexual offences and child abuse are reported to police.

MARAM framework

MARAM is a contemporary, evidence-based risk assessment framework and replaces the Common Risk Assessment Framework (CRAF), as recommended by the Royal Commission into Family Violence (2016). The aim of MARAM is to increase the safety and wellbeing of Victorians by helping workforces with a responsibility under legislation to identify, assess and manage family violence risk effectively by creating a shared understanding of family violence across the sector.

Neglect

Neglect is defined in the Child Protection Manual as a failure to provide a child with an adequate standard of nutrition, medical care, clothing, shelter or supervision to the extent where the health or development of the child is significantly impaired or placed at risk. A child is neglected if they are abandoned or left uncared for over unreasonable periods of time that is inconsistent with their age, stage and development.

Serious neglect in this context potentially constitutes a criminal offence on the part of a parent and includes situations where a parent fails to meet the child's basic

² Department of Human Services (2012) *Cumulative harm: Best interests case practice model, Specialist practice resource*, State of Victoria, p.5.

Definitions

needs for food, shelter, hygiene or adequate supervision to the extent that the child's health and physical safety is jeopardised.³

Report (to Child Protection)

Section 28 of the *Children, Youth and Families Act 2005* states that a person may make a report to Child Protection (via the Secretary) if they have 'a significant concern for the wellbeing of a child'.

Re-report (to Child Protection)

A re-report to Child Protection refers to a subsequent report about the safety or wellbeing of a child or young person who has already been the subject of a report that may or may not be open to Child Protection.

SAFER children framework

Developed by the Department of Families, Fairness and Housing, the SAFER children framework commenced as the new risk assessment framework for Child Protection practitioners in November 2021. Child Protection practitioners use SAFER to guide their risk assessment and to inform their decisions in response to that risk.

Section 38 consultations

The Orange Door and registered family services are able to consult with Child Protection at any time under section 38 of the *Children, Youth and Families Act 2005*. In particular, Community-based Child Protection practitioners have a role in providing these consultations to community-based child and family services or agencies on matters including supporting the development of risk assessments, decision making and the provision of ongoing support to infants, children and young people.

Significant harm

The Child Protection Manual references the definition of 'significant' as identified in Justice O'Brien in the Supreme Court, *Buckley vs CSV* 1992:

- 'more than trivial or insignificant, but need not be as high as serious'
- '(is) important or of consequence, to the child's development'
- 'It is irrelevant that the evidence may not prove some lasting permanent effect or that the condition could be treated'
- The significance must be demonstrated in a way that is specific to the case. For example, the same level of bruising may be seen as causing significant harm for a three-month old baby but not so if found on a 14-year-old child.

For harm to be regarded as significant it must be 'of consequence' or be of 'considerable amount, or effect, or importance'.⁴

The Orange Door

The Orange Door has been implemented at 18 primary sites network, which includes locations across Victoria to provide a simplified referral pathway and coordinated support help for people who are experiencing and/or using family violence, and/or for people who need support with the care and wellbeing of children and young people. The Orange Door can provide risk and needs assessment, safety planning and crisis support, and can connect people to a range of other services.

³ Department of Families, Fairness and Housing, [Child Protection Manual: Abuse and harm—legal and practice definitions](#), accessed 10 November 2025.

⁴ Department of Families, Fairness and Housing, [Child Protection Manual: Abuse and harm—legal and practice definitions](#), accessed 10 November 2025.

Unaccompanied

For this inquiry, an unaccompanied young person (or unaccompanied minor) refers to any young person who presents to the service system without a protective parent or other guardian. The term encompasses a breadth of circumstances, including young people who have left the family home; those who remain at home but do not have a parent who is willing or able to act protectively towards them; those who may be living between a parent who acts protectively and another (parent or other family member) who does not; and young people otherwise presenting to the service system alone.⁵

Victorian Child Safe Standards

Victorian Child Safe Standards require organisations that work with children and young people to actively embed child safety in organisational culture and governance. This includes ensuring that children and young people are empowered about their rights, participate in decisions that affect them and are taken seriously.

Wellbeing report

A Child Protection report is classified as a wellbeing report where Child Protection assesses that the report does not meet the threshold for statutory Child Protection intervention and the report is closed. For some reports, the involvement of voluntary community supports such as The Orange Door is assessed as the most appropriate action to address the concerns and prevent further involvement by Child Protection.

⁵ Adapted from Melbourne City Mission and Centre for Innovative Justice (2025) *Unsafe and Unseen: Spotlighting the needs and experiences of unaccompanied young people seeking shelter*, Summary report.

Executive summary

All children and young people deserve to grow up in safe, loving homes, with access to the supports they need to thrive. The Commission for Children and Young People (the Commission) continues to observe – particularly through its inquiries – the prevalence of harm in many children and young people’s lives, and to hear directly from them about these experiences. In Victoria, child and family services, family violence services, The Orange Door and Child Protection are integral parts of Victoria’s child and family system.⁶ It is critical that this system works effectively to protect children and young people’s safety and foster their wellbeing. Yet in reality, we know the system often does not work as intended.

While many children and young people and their families benefit from the advice, guidance and therapeutic measures provided through Victoria’s child and family system, this inquiry draws on the insights gained through the Commission’s dedicated role in reviewing the services provided to children and young people, and focuses on the Commission’s observations of children and young people who experience the limitations of this system. These children and young people fall through the gap between the statutory child protection system and voluntary services.

This inquiry explores the experiences of these children and young people who become caught between different parts of the system when concerns raised with Child Protection about their safety or wellbeing do not meet the threshold for legal (or statutory) intervention. Child Protection might refer the family to the voluntary system for support and to address the concerns – which may include family violence, neglect and inadequate care – and then conclude their involvement. In many instances, the families –

including the children and young people – receive limited or no support, particularly when services are unable to engage them and where there are long waitlists. This may lead to further Child Protection reports, further referrals, and the same experience all over again. We call this the ‘refer and close’ cycle.

Many children and young people caught in the refer and close cycle live with family violence or are exposed to complex and chronic family adversities; and often, both. Through our inquiries, we frequently see the harmful impacts of these adverse experiences on children and young people’s lives and we frequently identify missed opportunities for early responses to experiences of harm and risk. Addressing this must be a system-wide priority; delays can prolong harm, deepen trauma and reduce the chance of recovery.

This report makes 17 findings and 13 recommendations with the intention of supporting meaningful intervention earlier in children and young people’s lives. The recommendations aim to improve the way statutory and voluntary parts of the system interact to better respond to risk in families; strengthen voluntary services’ ability to engage children, young people and their families; and seek greater investment in services to support more equitable, effective and sustainable service delivery to families. The recommendations also seek to enable a child and family system that gives children and young people the opportunity to discuss their views, and which responds to them as individuals with their own needs.

⁶ While the Department of Families, Fairness and Housing advised that family violence services are not typically considered part of the child and family system, these services have a critical role in supporting families who are experiencing vulnerability. The Commission has opted to include them in the definition of the child and family system for the purposes of this inquiry.

How the Commission approached this inquiry

This inquiry brings together multiple sources of evidence, most notably contributions from 30 children and young people across Victoria about their experiences with Child Protection and other services. The Commission also spoke directly to over 140 stakeholders across the state from the Department of Families, Fairness and Housing (DFFH), The Orange Door, community service organisations (CSOs) and Aboriginal Community Controlled Organisations (ACCOs).

As in similar past inquiries, the Commission reviewed a sample of 35 completed child death inquiries. The *Commission for Children and Young People Act 2012* requires the Commission to conduct an inquiry in relation to a child who has died and who was a child protection client at the time, or within 12 months, of their death. The Commission acknowledges that the death of a child known to Child Protection is a rare occurrence and most children and young people with similar experiences to those reviewed for the purposes of this inquiry will not come to such catastrophic harm. However, child death inquiries provide the Commission with a unique and important opportunity to explore and reflect on services provided or not provided to the child, and the Commission's observations are reflected throughout this report. The Commission makes no causal link between service provision and the death of a child as this is the role of the Coroner.

This evidence, combined with data and information from DFFH, informed the inquiry's findings and recommendations.

Growing demand on the child and family system

Data demonstrates there is increasing demand on the child and family system. From 2022 to 2025, there was a 23 per cent increase in child protection reports and a 35 per cent increase in referrals to The Orange Door. While reports to Child Protection continue to grow, in 2025, annual growth slowed for the first time in several years. Between 2024 and 2025, reports to Child Protection increased by around two per cent (3,500 reports), compared to an increase of around 11 per cent (15,000 reports) between 2023 and 2024 and eight per cent (10,000 reports) between 2022 and 2023.

In Child Protection, much of the demand relates to children and young people who have previously been the subject of a report due to concerns for their safety or wellbeing. Re-reports are a key feature of the Victorian child protection system, accounting for 75 per cent of all intake reports received in 2025, despite referrals to The Orange Door and other services. The evidence gathered through this inquiry identified that referrals made by Child Protection to The Orange Door often do not result in a direct intervention for the family.⁷

In 2025:

- 52 per cent of all intake reports involved a child who had been the subject of a report within the previous 12 months, and for 63 per cent, within the previous 24 months
- the rate of re-reports was substantially higher for Aboriginal children and young people, at 88 per cent, than that for non-Aboriginal children and young people (73 per cent)
- of children and young people reported to Child Protection, the average number of lifetime reports was around five. For Aboriginal children and young people, it was around seven
- almost half of clients of The Orange Door⁸ who had been referred by Child Protection either declined a service or could not be contacted.

7 As outlined in Chapter 2, when case closure reasons relate to clients declining service, clients disengaging, being unable to contact clients, or where contact is deemed unsafe/inappropriate, 'systems work' – which includes information gathering and sharing (in line with information sharing legislation) – is often undertaken and recorded; Source: Information provided to the Commission by DFFH on 20 February 2026.

8 A referral to The Orange Door may contain several clients, such as the parents or caregivers and children and young people. Source: Family Safety Victoria (2025) *The Orange Door clients roles: Statewide operational guidance*, State of Victoria, p.3.

Of the clients referred to The Orange Door by Child Protection in 2022, 64 per cent were subsequently re-reported to Child Protection by mid-2024.

Repeated reports to Child Protection and repeated referrals to services are not effecting lasting – or sometimes any – change for many children and young people. As a result, many remain in circumstances that threaten their safety and wellbeing.

Who gets caught in the cycle?

The available statewide data – particularly around re-reports – provides strong evidence that the child and family system is not consistently addressing the needs of children, young people and their families. The Commission sees further evidence of this in its child death inquiries, which allow for an in-depth look at the service responses to individual children and their families.

The children and young people in the Commission's sample of child death inquiries analysed for this inquiry were the subject of between two and 28 reports to Child Protection, and 46 per cent of the children were first reported when they were under the age of three. Collectively, the 35 children and young people were the subject of 267 reports to Child Protection that raised concerns for their wellbeing or safety, an average of eight reports per child or young person. Fifty-one per cent were the subject of between two and five Child Protection reports. Some were the subject of a higher number of reports, with six children and young people the subject of between ten and 20 reports, three the subject of over 21 reports and one the subject of 28 reports from the age of six days. The Commission observed that many of these reports contained information of ongoing and/or escalating risk to the children and young people, yet most reports were assessed as not being at significant risk nor requiring a statutory response from Child Protection and were closed. The majority, 231 of the 267 reports in total, were closed by Child Protection in either the intake (67 per cent) or investigation phase (19 per cent).

While acknowledging that each child and young person has a unique set of circumstances, all 35

presented with multiple risk factors across their lifetime that often escalated over time. The most common risk factors for these children and young people were family violence, substance misuse⁹ and mental ill health.¹⁰ The most common causes of death were accident, suicide and illness. Sixty per cent passed away as adolescents, most commonly by suicide. Accidental death was the cause of death for many of the younger children, through drowning or house fires.

Stakeholders shared their reflections on particular cohorts of children and young people who can become caught between the statutory and voluntary systems. This is consistent with what the Commission observes in its child death inquiries:

- **Children and young people who are exposed to longstanding chronic and entrenched neglect** and ultimately cumulative harm are often not assessed at intake by Child Protection as meeting the threshold for statutory intervention.
- **Children below school age** can be less visible due to lack of regular service engagement. Delayed or ineffective intervention in younger years can result in the continuation or escalation of risk. This can lead to developmental impacts and to these children later entering the child protection system as vulnerable and traumatised adolescents.
- Stakeholders identified **Aboriginal children and young people** as being at greater risk of becoming caught between the voluntary and statutory systems due to Aboriginal families' distrust of the child and family system, as well as Child Protection being even more cautious about intervening due to concerns about adding to overrepresentation in the system.
- The experiences of risk and harm of **children and young people with disability** can be compounded by the disability, and Child Protection appears to sometimes rely on the presence of disability services without always considering their adequacy and what additional supports might be needed to address risk factors, such as family violence.
- **Adolescents** can be incorrectly perceived as better able self-protect and avoid harm and therefore not in need of statutory protection, noting legislation

⁹ This includes substance misuse by parent and/or the child.

¹⁰ This includes mental ill-health of the parent and/or the child.

restricts the acceptance of reports to Child Protection for those aged 17 years and over.¹¹ They also face significant barriers to accessing support on their own.

Centring children and young people

Children and young people have a right to be heard and to have a say in decisions that impact them. However, children and young people advised the Commission that services are designed in ways that shut them out, that their voices are mostly not sought nor given weight in decisions that affect them and that, instead, systems rely on their parents' perspectives and engagement. This means their experiences of harm are often poorly understood, and the right support is not provided.

Further, stakeholders raised that the perceived inability of practitioners working in The Orange Door and services to engage with a child or young person without parental consent acts as a barrier to supporting children and young people. Other barriers to engagement raised through stakeholder consultations included time pressures, and insufficient confidence and expertise among practitioners working in Child Protection, The Orange Door and services.

While there have been significant efforts across the Victorian child and family system to embed children and young people's participation, more should be done to enable their perspectives and experiences to inform risk assessment and interventions, uphold their rights and promote their safety. This requires practitioners to see the children and young people not only as part of a vulnerable family or adjunct to a parent, but as affected parties in their own right, with their own needs. Direct engagement with children and young people, based on their age and developmental capacity, must be standardised and established as baseline practice if the system is to become responsive to their needs.

Moving beyond an adult-oriented service model also requires the availability of more child and youth specific services. For example, while family violence is a prevalent risk factor for children and young people in the refer and close cycle, there is inadequate access

within reasonable timeframes to specialised, age-appropriate family violence and other services. This needs to be addressed if generational change is to be achieved.

Responding to children and young people in the statutory system

The circumstances of children and young people in the refer and close cycle may not represent the highest risk of immediate physical harm. However, if they only receive support once matters reach the level of statutory intervention, there will be ever-increasing demand on the child protection system, and opportunities to reduce experiences of harm will have been missed.

Throughout the inquiry, the Commission heard of several existing initiatives that directly aim to reduce demand on Child Protection while also providing targeted and timely support to children, young people and their families. Continued efforts to reduce demand and intervene earlier are critical, and there are important opportunities for universal services, such as schools and health services, to directly link children, young people and families to the voluntary system where appropriate. Building the capacity of schools to link children and young people with appropriate supports, for example, is critical given the 59 per cent rise in reports to Child Protection from schools from 2019-20 to 2023-24. Further, according to DFFH, two in three reports from professionals (including those in schools) could have been referrals to The Orange Door or services.

Child Protection plays a critical role in protecting children and young people from harm. It investigates concerns for the safety and wellbeing of children and young people and intervenes to address protective concerns. The Commission has seen examples of high quality Child Protection risk assessments, and good collaboration with other services, that have led to appropriate responses to children, young people and their families, and helped to keep children safe.

However, many stakeholders raised the increasing demand pressure and its associated impact on Child

¹¹ Except in circumstances where a young person is exhibiting sexually abusive behaviours and may be in need of therapeutic treatment. Source: Department of Families, Fairness and Housing, [Child Protection Manual: Therapeutic treatment reports and orders – advice](#), accessed 23 April 2026.

Protection's capacity for thorough risk assessments, particularly at intake. This has a subsequent impact on decisions, including whether to progress a case to investigation. This is particularly evident in cases involving neglect and cumulative harm. Gaps in risk assessments, referral quality issues, referrals not considering the effectiveness of previous referrals, and limited communication loops between Child Protection, The Orange Door and services were identified by stakeholders and the Commission as contributing to the premature closure of cases, potentially leaving children and young people at risk of harm. Effective practice in these areas relies on Child Protection practitioners having sufficient time and manageable workloads, factors that are known to be ongoing challenges in the child protection system, or another part of the system being adequately resourced to perform the intake function on behalf of Child Protection.

While Child Protection may assess that cases do not meet the threshold for statutory intervention, services receiving referrals from Child Protection sometimes judge that a statutory response is required yet feel unable to advocate for this. Indeed, there was consensus among stakeholders that the voluntary system is carrying cases involving higher levels of risk due to the increase in demand on Child Protection and the growing complexity experienced by families in the child and family system.

Further, risk appears to be understood differently across the child and family system. While different parts of the system use different frameworks to assess risk, there is an opportunity to better align these frameworks, develop a shared understanding of the threshold for statutory intervention, and promote greater role clarity between the statutory and voluntary systems.

Responding to children and young people in the voluntary system

In the child and family system, The Orange Door and services have a critical role in ensuring that children, young people and their families referred from Child Protection receive timely and effective support.

Throughout consultations, stakeholders highlighted the benefits of The Orange Door, describing it as a unique model that brings together different services to assess and respond to the needs of clients. Through its child death inquiries, the Commission sees examples of The Orange Door working proactively and collaboratively to connect families with the support they need. However, like Child Protection, The Orange Door has experienced high and increasing levels of demand since its inception, which impacts its ability to connect children, young people and their families with the supports they need. Practitioners are often required to make decisions about which families are at greater risk and require an immediate response, with others having to wait. Sometimes, when The Orange Door is ready to engage with a family that has been waiting, the family no longer wants to engage and the opportunity to directly intervene is missed.

The Commission heard about areas for improvement in the delivery of The Orange Door model. For example, while it is highly beneficial to have both family violence and child and family service streams under the one model, there remains extensive work to improve the integrated service response to families with often interconnected family violence and child wellbeing concerns. The Commission understands that work to update the guidance on integrated practice within The Orange Door is underway.

Further, families must agree to participate in engagement with The Orange Door. This can be challenging for families facing multiple and complex issues. In 2025, less than half of those referred by Child Protection received a direct intervention from The Orange Door due to families either declining a service or being uncontactable. This highlights the importance of ensuring families understand the nature of the referral to The Orange Door, including the

voluntary basis of the service, and points to the value of Child Protection discussing referrals with families prior to the referral, to support awareness and informed engagement. It also raises questions about not only the suitability of those referred to engage in a voluntary service but also about the effectiveness of The Orange Door's current methods and processes for engaging and working with clients. There is scope to adjust the operating model to allow for more flexible and assertive approaches to engagement, to better reach children, young people and their families. The Commission found there is much to learn from the more flexible engagement methods used by ACCOs in The Orange Door when working with Aboriginal children, young people, and their families.

Community-based Child Protection practitioners – who are co-located in The Orange Door and support referrals from Child Protection – have a critical role in supporting better engagement. Where referrals from Child Protection are 'Enhanced', Community-based Child Protection practitioners are able to provide additional supports that can involve direct contact with the family, including joint phone calls, home visits and meetings. In 2025, clients in enhanced referrals were more likely to be allocated to a core service (18 per cent) compared to clients in non-enhanced referrals from Child Protection intake (12 per cent) and less likely to decline a service (27 per cent) compared to clients in non-enhanced intake referrals (36 per cent).

For those who do engage with The Orange Door, we heard in consultations that there can be further barriers to accessing the services they need because of lengthy waitlists. This is largely attributed to demand outstripping supply as well as the growing complexity of issues that families are experiencing, and the need for prolonged intensive supports.

According to DFFH, investment in service hours in Integrated Family Services has increased by 17 per cent since 2015-16, however family services investment in 2024-25 met a third of the demand. New funding has been primarily allocated to strengthening targeted responses to children and young people at elevated risk of entering care, but this can only be accessed by families who have moved beyond the Child Protection intake phase. Gaps remain in funding to services that support children, young people and families referred to The

Orange Door and services prior to or from the intake phase. Many of these children and young people are the subject of multiple reports to Child Protection over time.

The Commission welcomes DFFH's recent work to strengthen and modernise child and family services through a new family services platform with the following interconnected service streams:

- **Connecting families** for families with emerging needs
- **Strengthening families** for families with cumulative or escalating needs
- **Restoring families** for families with significant, enduring needs.

Once implemented, it is intended that the new family services platform will enable more equitable, effective and sustainable service delivery to families. However, full benefits will only be realised if funding from the Victorian Government to these services exceeds or at least matches demand.

Findings and recommendations

Findings

Finding 1: The Orange Door's engagement with clients referred by Child Protection

In 2025, almost half of clients referred by Child Protection to The Orange Door (new cases) either declined a service or could not be contacted.

Finding 2: The Orange Door's allocation to core services of clients referred by Child Protection

Clients referred to The Orange Door by Child Protection post intake were seven times more likely to be allocated to a core service compared to clients referred in the intake phase.

Finding 3: Re-reports in the child protection system

Re-reports are common for children reported to Child Protection, irrespective of referrals to The Orange Door and other services. In 2025, 75 per cent of all intake reports involved a child or young person who had been the subject of a previous report at some point in their lifetime. For 52 per cent of intake reports, a prior report had been received within the previous 12 months, and for 63 per cent, within the previous 24 months.

Finding 4: Experiences of children and young people in child death inquiries

Many of the children and young people in the 35 child death inquiries analysed were the subject of multiple reports to Child Protection, commencing in their early years. Of these reports, 67 per cent were closed at intake and a further 19 per cent were closed following an investigation. The Commission observed that many of these reports contained information of real ongoing and/or escalating risk to the children and young people, with concerns commonly relating to family violence, substance misuse and mental ill-health. Notwithstanding this, Child Protection did not assess the children or young people to be at significant risk at the time of the report.

Finding 5: Children and young people's voices are not sought or acted upon

Children and young people's voices are not sufficiently sought and acted upon in the Victorian child and family system. Neither Child Protection nor The Orange Door and related services consistently engage with children and young people about their needs and experiences. Consequently, assessments, referrals and links into services are inadequately tailored to respond to their wellbeing and safety concerns. This limits the capacity of the system to make meaningful change in their lives.

**Finding 6:
Services are uncertain about engaging with
and supporting children and young people**

A range of legislative and policy frameworks provide for children and young people to have their voices heard, understood and included. However, there is inconsistency, uncertainty and insufficient confidence among service practitioners about their ability to engage directly with children and young people (when it is age and developmentally appropriate) in relation to the help they need. Services are also unclear about their authority to provide support to children and young people without parental consent.

**Finding 7:
Critical gap in family violence services
for children and young people**

Family violence services for children and young people remain a critical service gap previously identified by the Commission. There continues to be inadequate specialised therapeutic services and case management services for children and young people. This, coupled with critical gaps in family violence crisis accommodation appropriate for children and young people, particularly for unaccompanied young people seeking refuge, impacts safety planning and the wellbeing of children and young people. Where services exist, long waitlists present significant barriers to service accessibility.

**Finding 8:
Initiatives to reduce demand on Child
Protection**

There are some initiatives in place that directly seek to drive down demand for Child Protection and provide support earlier to children and their families.

**Finding 9:
Impact of high demand on Child Protection
practice and decision-making**

The Commission observes that high demand on the child protection system, some of which is caused by increasing complexity in reported cases, impacts the ability of Child Protection practitioners to conduct comprehensive risk assessments at intake, and subsequent decision-making. This is particularly evident in cases involving neglect and cumulative harm and is consistent with what the Commission finds in its child death inquiries and what it heard from stakeholders in the service sector.

**Finding 10:
Effectiveness of referrals from Child
Protection to voluntary services**

Stakeholders identified that Child Protection referrals to voluntary services often do not contain all the information that services require, that they are based on and contain risk assessments that vary in quality and consistency, and that the severity of harm is not always accurately reflected. They are also often made without the family's input or knowledge of the report to Child Protection. These factors – which can be the result of limited time, information and scope of practice at intake – were said to impact the effectiveness of referrals from Child Protection to voluntary services. Further, child death inquiries often find that referrals appear to be made without due consideration to the effectiveness of previous referrals.

**Finding 11:
Communication between the statutory and
voluntary systems**

Community-based Child Protection practitioners are embedded within The Orange Door as a point of connection between the two services. Further opportunities remain to strengthen communication mechanisms and feedback loops between the voluntary and statutory service systems. Services told the Commission they often felt unable to effectively seek further information about a referral from Child Protection or discuss cases they deem too high-risk. Services also do not proactively communicate referral outcomes to Child Protection.

Finding 12: Impact of high demand for The Orange Door on service provision

Since its inception, demand on The Orange Door – a critical gateway to other services – has increased substantially. This impacts the provision of timely and appropriate supports to children, young people and their families, with practitioners often required to make decisions about which families are at greater risk and require an immediate response.

Finding 13: The Orange Door’s responses to family violence and child wellbeing concerns

Given the often-interconnected nature of family violence and child wellbeing concerns, more work is needed to ensure that both issues are better understood and receive more integrated responses within The Orange Door and among relevant services.

Finding 14: Effectiveness of The Orange Door’s engagement methods

The typical approach to service engagement by The Orange Door is limited in its effectiveness, particularly for families with complex needs, and families may benefit from greater communication and flexibility in the engagement process. There may be lessons from the engagement techniques used by Aboriginal Community Controlled Organisations, which tend to have more positive engagement outcomes.

Finding 15: Joint home visits between Community-based Child Protection and The Orange Door

A temporary suspension on conducting joint home visits between The Orange Door and Community-based Child Protection Practitioners from February to August 2025 impacted engagement with families. The absence of joint visits resulted in limited opportunities for practitioners to draw on each other’s professional perspectives to provide a more integrated risk assessment and response. The Commission acknowledges that joint home visits recommenced on 18 August 2025.

Finding 16: Responses to enhanced referrals to The Orange Door

There is a lack of clarity about the process for responding to enhanced referrals, including engagement methods to be used.

Finding 17: Under-investment in family services

Family services investment in 2024-25 only met a third of demand. Investment in service hours has varied across service streams, but for Integrated Family Services it has increased by only 17 per cent since 2015-16. This is resulting in lengthy waitlists for families and impacts services’ capacity to provide supports that match the intensity required for families. Consequently, services are less able to help families make positive and sustainable changes in their children’s lives.

Recommendations

Recommendation 1:

Increase age of statutory intervention

That the Victorian Government amend the *Children, Youth and Families Act 2005* to increase the age at which statutory intervention can occur to protect a child, from under 17 years, to under 18 years, and provide additional resourcing to Child Protection to match any expected increase in demand.

Statement of intent: *This recommendation seeks to ensure that young people aged (or approaching) 17 years are not excluded from receiving a statutory response when they are in need of protection.*

Recommendation 2:

Address uncertainty about engaging with children and young people

That the Department of Families, Fairness and Housing, in collaboration with child and family services and family violence services:

- identify and seek to remove actual and perceived barriers that prevent services from engaging directly with children and young people where age and developmentally appropriate, including:
 - clarifying the need for consent
 - supporting practitioners to discuss with parents how to support children and young people, where parents have declined service involvement for themselves
- establish a policy and practice response to engaging with and providing services directly to children and young people, where age and developmentally appropriate, when there is no parental consent
- strengthen workforce capacity to effectively engage with and directly support children and young people.

Statement of intent: *This recommendation seeks to increase direct engagement with children and young people by ensuring workers across the child and family system understand when and how to do this in ways that are age and developmentally appropriate, including when parental consent is not present.*

Recommendation 3:

Strengthen The Orange Door's engagement with children and young people

That the Department of Families, Fairness and Housing, in partnership with children and young people with lived experience, strengthen The Orange Door's Assessment and Planning processes to enable better and direct engagement with children and young people to ensure responses are targeted to their needs.

Statement of intent: *This recommendation seeks to increase The Orange Door's meaningful engagement with children and young people in its assessment process.*

Recommendation 4:

Fund specialised programs and supports for children and young people

That the Victorian Government address critical service gaps in age-appropriate and specialised programs for children and young people experiencing vulnerability, especially victim-survivors of family violence. This should include establishing, where appropriate, and funding:

- increased availability of specialised, accessible therapeutic counselling services for children and young people to reduce high waitlists across the state
- increased availability of appropriate family violence crisis accommodation for children and young people who need it, particularly those seeking safety on their own
- youth specific family violence case management programs, such as Amplify, state-wide across DFFH regions
- state-wide youth specific case management for other priority cohorts, such as Aboriginal children and young people.

Statement of intent: *This recommendation seeks to give more children and young people access to age-appropriate services that focus specifically on their needs rather than those of their parents or guardians and reduce the impact of trauma on their lives.*

Recommendation 5: Schools to better support children and young people experiencing vulnerability

That the Department of Education provide strengthened guidance, developed with children and young people with lived experience, on how educators and other school staff can support children and young people when they disclose that they have experienced harm.

Statement of intent: This recommendation seeks to ensure schools are well-placed to provide ongoing support to children and young people who disclose harm.

Recommendation 6: Create a point of contact for professionals to seek advice

That the Victorian Government fund the establishment of an appropriate point of contact to allow professionals to seek advice about how to support children and young people for whom they hold concerns. This advice function should aim to improve the quality of reports to Child Protection and referrals to services, and build capability across service systems.

Statement of intent: This recommendation seeks to ensure more children, young people and their families are linked with appropriate supports at the earliest opportunity and to reduce pressure on the child protection system.

Recommendation 7: Enhance assessments of cumulative harm

That the Department of Families, Fairness and Housing:

- evaluate the extent to which SAFER is supporting Child Protection practitioners to effectively assess cumulative harm, with a view to making any necessary changes to strengthen policy and practice
- develop an approach to the ongoing monitoring of practice and decision-making in relation to cumulative harm.

Statement of intent: This recommendation seeks to ensure structures are in place to enable Child Protection to effectively identify and respond to children and young people's experiences of cumulative harm.

Recommendation 8: Communicate a clear threshold for statutory intervention

That the Department of Families, Fairness and Housing communicate the threshold for statutory intervention in a way that ensures a shared understanding of risk, and associated roles and responsibilities, among Child Protection, The Orange Door, child and family services and family violence services.

Statement of intent: This recommendation seeks to eliminate discrepancies in the way different parts of the system understand risk to children and young people and their respective roles in responding to that risk.

**Recommendation 9:
Strengthen referral interface across the
child and family system**

That the Victorian Government provide resourcing to enable the Department of Families, Fairness and Housing to strengthen the referral interface between Child Protection, The Orange Door, child and family services and family violence services by:

- conducting a 12-month trial to determine the feasibility and benefits of Child Protection engaging with parents during the intake phase to inform them that a report was made and that a referral will be made for support
- requiring that Child Protection referrals contain a rationale for the referral, particularly when previous referrals have not resulted in successful engagement with the family
- introducing a formal feedback loop between Child Protection, The Orange Door and services to communicate the outcomes of reports and all referrals, including family engagement with, and participation in, services
- providing clear guidance for The Orange Door and services about making a further report to Child Protection when a referral has not resulted in engagement with the family (due to service capacity constraints or a family being uncontactable or declining support) and service involvement is deemed critical for child safety.

In the interim, the Department of Families, Fairness and Housing take steps to progress these elements within existing resources.

Statement of intent: This recommendation seeks to increase the likelihood that referrals made by Child Protection to other services will lead to engagement, and that Child Protection has timely access to information about the effectiveness of previous referrals to inform risk assessment and decision making.

**Recommendation 10:
Integrate client information management
systems**

That the Victorian Government provide funding to improve and integrate client information management systems to enhance information sharing and the visibility and monitoring of risk.

Statement of intent: This recommendation seeks to allow for a long term and more streamlined approach to sharing information across the child and family system.

**Recommendation 11:
Strengthen The Orange Door's engagement
methods**

That the Department of Families, Fairness and Housing strengthen The Orange Door's approach to attempting engagement with families, to include more flexible and assertive methods.

Statement of intent: This recommendation seeks to increase the rate at which The Orange Door effectively contacts families and successfully engages them.

**Recommendation 12:
Improve guidance for responding to
enhanced referrals in The Orange Door**

That the Department of Families, Fairness and Housing strengthen the enhanced referral process to include clear guidance for The Orange Door on the process of responding to enhanced referrals, including the importance of making every reasonable effort to allocate them to a service, and the role of Community-based Child Protection in joint work.

Statement of intent: This recommendation seeks to encourage greater consistency and effectiveness in responses to enhanced referrals across The Orange Door network by addressing gaps in the existing guidance.

**Recommendation 13:
Increase investment in child and family
services and family violence services**

That the Victorian Government increase the availability of child and family services and family violence services to support timely access, reduce waitlists and work towards meeting demand, including ensuring age-appropriate, flexible service provision for children, young people and families.

Statement of intent: This recommendation seeks to increase the capacity of voluntary services to intervene earlier with appropriate levels of support, thereby reducing harm to children and young people and pressure on the child protection system.

Chapter 1:
About this inquiry



No one from the system spoke to me about my risk. They only ever spoke to my mum, who was the person enabling the abuse. When I found out my mum wasn't allowing me to get support, I felt really mad. I was suicidal at the time – because of the abuse – and my mum used this as a reason for Child Protection not to talk to me. (Kelly, 20)

Why this inquiry?

All children and young people deserve to grow up in safe, loving homes, with access to the supports they need to thrive. At the Commission for Children and Young People (the Commission), we see the prevalence of harm in children and young people's lives, and too often hear from children and young people themselves about these experiences. Research such as the Australian Child Maltreatment Study¹² confirms that too many children and young people grow up experiencing abuse and neglect. For these children, it is especially critical that the Victorian Government and the child and family system work effectively to protect their safety and foster their wellbeing so they can reach their full potential. In reality, as a community we are failing many of them.

The child and family system in Victoria provides a range of services and interventions to support families to create safe environments for children and young people to grow. Many children and young people and their families benefit from the advice, guidance and therapeutic measures provided. This inquiry, however, draws on the insights gained through the Commission's dedicated role in reviewing the services provided to children and young people, and focuses on the Commission's observations of children and young people who experience the limitations of this system. These children and young people fall through the gap between the statutory child protection system and voluntary services.

Most often, this occurs when Child Protection determines that concerns reported to them about the

safety or wellbeing of a child do not meet the threshold for an investigation by Child Protection. Child Protection might refer the family to a service to work with them to address the concerns for the child and close the report. In many instances – for a range of reasons – the family receives limited or no support, and the child's circumstances remain unchanged.

Frequently, the Commission sees these children and young people continue to experience family violence, neglect or other inadequate care leading to further reports to Child Protection, further referrals, and the same experience all over again. We call this the 'refer and close' cycle.

The Commission first addressed this issue publicly in its 2019 systemic inquiry, *Lost, not forgotten: Inquiry into children who died by suicide and were known to Child Protection*.¹³ The 35 children and young people at the core of that inquiry were the subject of multiple reports to Child Protection, where they presented with a range of complex issues deemed below the threshold for statutory intervention. Their families were referred, sometimes repeatedly, to voluntary services with limited effectiveness. Despite contact with many services, these children and young people did not receive effective early intervention support. The inquiry showed that:

...despite repeated and often early reports to Child Protection, many cases were successively closed and critical opportunities for much-needed intervention and support missed. Where Child Protection referred these children's families for further support, they were lost in a referral roundabout

¹² Haslam D et al. (2023) *The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief report*, Australian Child Maltreatment Study, Queensland University of Technology.

¹³ Commission for Children and Young People, *Lost, not forgotten: Inquiry into children who died by suicide and were known to Child Protection*, Commission for Children and Young People, Melbourne, 2019.

across a fragmented service system. This meant that despite multiple reports and often severe levels of harm, nothing changed for these children.¹⁴

In recent years, the introduction of The Orange Door as a referral pathway into the service system has significantly changed the way many Child Protection referrals are managed and allocated to services. However, the Commission continues to see the refer and close cycle in action through its oversight and inquiries functions. In some cases, it can be hard to improve outcomes, particularly where voluntary services have been unable to engage families previously – including where families have chosen not to engage in support or have been uncontactable, where services have been unable to address behaviours and wellbeing concerns, and where there are long waitlists for services. With repeated yet ineffective referrals to services, children and young people and their families may not receive support, and the risk to their safety and wellbeing increases. It can then become more challenging to support families to make positive and meaningful changes in their lives.

Harms to children and young people

The World Health Organization defines child maltreatment as the abuse or neglect of children under 18, encompassing all types of physical or emotional ill-treatment, sexual abuse, neglect, and exploitation that results in harm, or potential harm, to the child.¹⁵ Child maltreatment is a prevalent and significant issue in Australia,¹⁶ and while there is ever-increasing demand on the child protection system, most reports to Child Protection in Victoria (around 65-70 per cent annually) do not proceed to investigation.¹⁷

Many children and young people caught in the refer and close cycle live with family violence or are exposed to complex and chronic family adversities; and often, both. Through our child death inquiries, we

frequently see the impact of these adverse experiences on children and young people's lives. Missed opportunities for intervention lead to a greater likelihood of children and young people experiencing mental health issues, substance use disorders, educational disengagement, involvement in the criminal justice system and further family violence. Often, their parents had their own experiences of childhood trauma and Child Protection involvement, reflecting the intergenerational nature of adversity and the flow-on effects of unresolved trauma and untreated parental mental illness.¹⁸

Children and young people with child protection involvement are over-represented in the youth justice system.¹⁹ The strong link between adverse childhood experiences and involvement in the criminal justice system will be further explored in the Commission's forthcoming inquiry, *Systemic inquiry into the experiences of children in contact with the criminal justice system*. The inquiry was established to understand the experiences of children under 14 years of age in the criminal justice system, or are at risk of contact with the criminal justice system.²⁰ It, like this inquiry, highlights the importance of timely and targeted early supports for children, young people and their families, to change the course of their lives.

Engaging with children and young people

Child Protection and other services do not always directly and meaningfully engage with children and young people about their experiences. Their voices are not heard and there is a lack of understanding by the system of their specific experiences and needs. This can mean their experiences of harm are poorly understood, and the right help is not provided.

Children and young people have a right to be heard and to have a say in decisions that impact them. Article 12 of the United Nations Convention on the Rights of the Child requires that children and young

¹⁴ Ibid., p.3.

¹⁵ World Health Organization, [Child maltreatment](#), accessed 7 August 2025.

¹⁶ Haslam D et al. (2023) *The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief report*, p.14.

¹⁷ Information provided by DFFH to the Commission on 19 February 2026.

¹⁸ Commission for Children and Young People, *Lost, not forgotten: Inquiry into children who died by suicide and were known to Child Protection*, p.15.

¹⁹ Australian Institute of Health and Welfare (2024) *Young people under youth justice supervision and their interaction with the child protection system 2022–23*, catalogue number CSI 030, AIHW, Australian Government, p.8.

²⁰ Commission for Children and Young People, [Criminal justice system inquiry](#), accessed 4 August 2025.

people who can form their own views are given the right to express those views freely in relation to all matters affecting them and to have those views given due weight in decisions.²¹ Over time, the Department of Families, Fairness and Housing (DFFH) has improved child protection policies and guidance to strengthen engagement with children and young people. However, across the Commission's work, many children and young people have told us that service systems are designed in ways that shut them out, making it hard for their voices to be heard and resulting in important decisions being made without their input.²²

The refer and close cycle is incredibly harmful to children and young people, yet the systems in question are largely inaccessible to them. The lived experiences of children and young people form the centre of this report and have informed the issues explored, as well as our findings and recommendations. Elevating the voices of children and young people is integral to the Commission's role and is critical to addressing their needs and improving their agency and safety.

From Silence to Strength²³

*From silence to strength — this is my story.
I spent years chained by shame, trauma, and the
belief that my voice didn't matter.
But I broke those chains. Slowly. Painfully. Loudly.
Now I speak — not just for me, but for every
young person and trauma survivor still trying
to find their voice.
We are not broken. We are becoming.
We are rebuilding our lives and making change.*

Systems to prevent and respond to child maltreatment

Victoria's systems to prevent and respond to child maltreatment include primary, secondary and tertiary interventions to protect children and young people. Primary or universal interventions (such as universal health and education services) target whole communities to address the social factors that contribute to child maltreatment. Secondary interventions focus on supporting families where there is a risk of child maltreatment and seek to prevent contact with the tertiary system. When risks escalate and child maltreatment occurs, tertiary interventions aim to protect children and young people from further harm.²⁴

In Victoria, child and family services, family and sexual violence services, The Orange Door and Child Protection work alongside each other, and children, young people and families may move between them depending on the risk of harm in the family. These services form an integral part of Victoria's child and family system.²⁵ It is these voluntary and statutory services that are in scope for this inquiry.

²¹ Convention on the Rights of the Child 1989, Article 12.

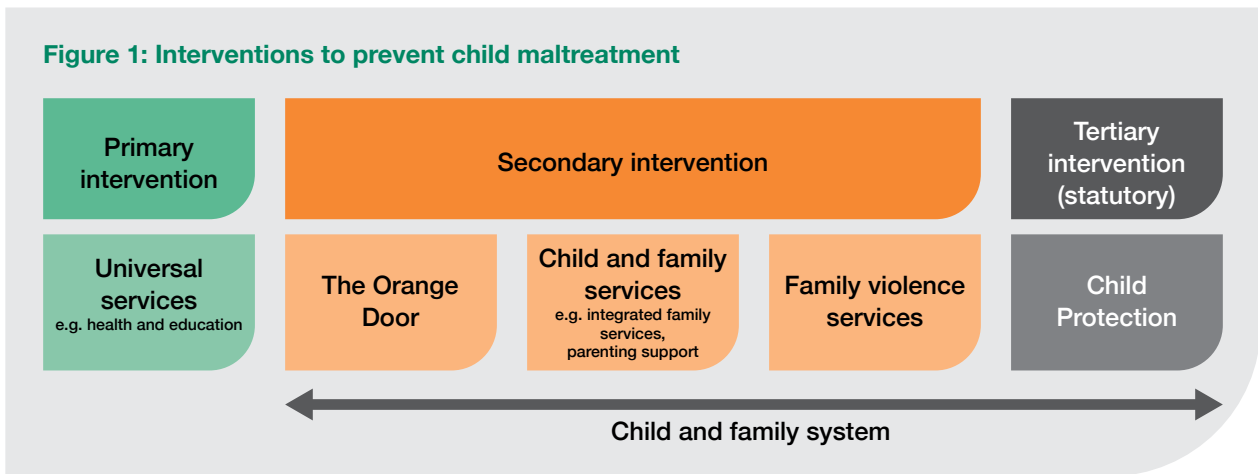
²² Commission for Children and Young People, *Child and Youth Engagement Framework*, Commission for Children and Young People, Melbourne, 2025, p.4.

²³ This poem is written by a young person who shared their experiences with the Commission for this inquiry.

²⁴ Bromfield and Holzer (2008); [Defining the public health model for the child welfare services context](#), accessed 5 June 2025.

²⁵ While the Department of Families, Fairness and Housing advised that family violence services are not typically considered part of the child and family system, these services have a critical role in supporting families who are experiencing vulnerability. The Commission has opted to include them in the definition of the child and family system for the purposes of this inquiry.

Figure 1: Interventions to prevent child maltreatment



Statutory intervention

A key purpose of the *Children, Youth and Families Act 2005* (CYFA) is to 'provide for the protection of children'.²⁶ Section 162 of the Act sets out the grounds for statutory intervention, including when a child has suffered or is likely to suffer significant harm, and the child's parents have not protected or are unlikely to protect the child from harm. Harm includes physical injury, sexual abuse, emotional or psychological harm that damages intellectual development, and harm to physical development or health. It also recognises that children can be harmed by action or inaction from parents and caregivers, and this can result from a single event or several.²⁷

Referral pathways to secondary services

Another purpose of the CYFA is 'to provide for community services to support children and families'.²⁸

Following the establishment of the CYFA, the Child and Family Information, Referral and Support Team (Child FIRST) was launched in 2007 to provide a central referral point to community-based family services. Between 2018 and 2022, Child FIRST was progressively replaced with The Orange Door model, based on the strategy set out in the Victorian

Government's *Roadmap for Reform: Strong Families, Safe Children*.²⁹ In 2016, the Royal Commission into Family Violence critiqued the lack of system integration between Child Protection, integrated family services, Child FIRST and specialist family violence services, and identified that children and young people impacted by family violence frequently fell through the service system gaps.³⁰ The Support and Safety Hub model (later named The Orange Door) was recommended to increase accessibility to, and integration of, family violence support services.³¹

The Orange Door has been implemented at 18 primary sites across Victoria to provide a simplified referral pathway and coordinated support for people experiencing or using family violence, and/or those who need assistance with the care and wellbeing of children and young people.³²

Child Protection refers families to The Orange Door in circumstances where risk to the child or young person does not meet the threshold for statutory intervention, but Child Protection believes the family would benefit from support. As part of The Orange Door's assessment process, it determines the level of support required in partnership with the family, which can result in allocation to a service.

²⁶ CYFA op. cit. s 1(b).

²⁷ CYFA op. cit. s 162.

²⁸ CYFA op. cit. s 1(a).

²⁹ Department of Families, Fairness and Housing, *Roadmap for Reform: Strong Families, Safe Children*, accessed 17 July 2025.

³⁰ State of Victoria, *Royal Commission into Family Violence: Summary and recommendations*, Parl Paper No 132 (2014 – 2016).

³¹ State of Victoria, *Royal Commission into Family Violence: Summary and recommendations*, p.24.

³² The Orange Door Network includes 18 primary sites, 19 access points and 28 outposts, Source: Victorian Auditor-General's Office (2025) *The Orange Door: Follow-up*, Victorian Government Printer, Melbourne, p.3; Family Safety Victoria, *The Orange Door*, accessed 4 August 2025.

The voluntary service system provides several different types of services that aim to create safe and caring homes and communities. These include family services, parenting support and early intervention programs, and family violence and sexual assault services.³³ Over 230 agencies, including 18 Aboriginal Community Controlled Organisations, deliver one or more of these services and programs in Victoria.³⁴ Child Protection can also refer a child or young person and their family directly to one of these services or other support services, such as housing, mental health or alcohol and drug services.

Terms of reference

The terms of reference for the inquiry are to:³⁵

- examine the service response to children and young people whose circumstances are assessed as not meeting the threshold for statutory intervention, including:
 - the effectiveness of referrals to support services
 - the number of referrals that are closed and result in re-reports, the reasons for closure, and the outcome, including whether there are further re-referrals to the same service
 - the types of harm and risk experienced by the children and young people in these situations including any escalation of risk
- make recommendations to improve responses and ensure that children and young people at risk and those experiencing cumulative harm are provided with appropriate and timely supports.

This inquiry is a targeted exploration of a systemic issue the Commission has observed over many years through previous inquiries. It is not a comprehensive evaluation of Child Protection, The Orange Door or any other part of the child and family system that works to improve the lives of children and young people.

Information sources

This inquiry draws on the following to inform findings and recommendations:

- consultations and survey responses from 30 children and young people across Victoria regarding their experiences with Child Protection and services
- 19 consultations with over 140 stakeholders from DFFH, The Orange Door, community service organisations and Aboriginal Community Controlled Organisations
- visits to three The Orange Door sites, which were chosen based on their location (regional and metropolitan) and presence of an Aboriginal Response Team
- a detailed review of Child Protection and The Orange Door files for 35 children who were the subject of child death inquiries
- quantitative analysis of DFFH data regarding Child Protection reports and The Orange Door referrals from 2022 to 2025.

An overview of the inquiry's methodology is provided at Appendix 1.

Quotes from the consultations and survey responses are used throughout the report. The Commission has used pseudonyms and removed any identifying information to protect the identity of children, young people and other stakeholders.

³³ Victorian Government, [Child and family services](#), accessed 4 August 2025.

³⁴ Information provided by DFFH to the Commission on 8 May 2025.

³⁵ When first established, this inquiry included an additional point in the terms of reference concerning the review of service system responses in other jurisdictions. After exploratory work, this component was revised out of the final terms of reference.

Report structure

The report is divided into six chapters:

Chapter 1: About the inquiry introduces the terms of reference and the inquiry's sources of information.

Chapter 2: Growing demand on the child and family system examines, at a statewide level, the data underlying the refer and close cycle, including reports to Child Protection and report outcomes, subsequent re-reports to Child Protection, referrals to The Orange Door and referral outcomes.

Chapter 3: Who gets caught in the cycle outlines the findings of the file review of child death inquiries, as well as stakeholder reflections on particular cohorts of children and young people who become caught in the refer and close cycle.

Chapter 4: Engagement with children and young people explores barriers to effective engagement with children and young people across the child and family system.

Chapter 5: Responding to children and young people in the statutory system examines the role of increased demand on the child protection system in the refer and close cycle, increasing complexity in families entering the system, and opportunities to reduce demand on the child protection system through early intervention.

Chapter 6: Responding to children and young people in the voluntary system considers the role of The Orange Door, child and family services, and family violence services in the refer and close cycle. This includes their capacity to respond to referrals and re-referrals from Child Protection and provide targeted and effective supports to families, in the context of high demand.

Chapter 2: Growing demand on the child and family system

Chapter 2 at a glance

- Demand on the Victorian child protection system has grown in the last four years, with a 23 per cent increase in reports to Child Protection from 2022 to 2025.
- Demand for The Orange Door has also increased, with referrals growing by 35 per cent over the same period.
- Forty-five per cent of clients referred to The Orange Door by Child Protection either declined a service or could not be contacted.
- Re-reports continue to be a key feature of the Victorian child protection system, accounting for 75 per cent of all intake reports received in 2025, despite referrals to The Orange Door and other services.
- Despite the pathways to connect families with services to address safety and wellbeing issues, it is apparent the system is not working as it should, and children and young people continue to experience harm.

Case study: Sammi³⁶

Sammi died by suicide at age 17. Sammi was of primary school age when she was the subject of her first report to Child Protection. There would be another seven reports in her short lifetime. The reports show escalating risks to Sammi over time, including family violence, parental substance misuse, and Sammi's use of violence. Sammi expressed that she was contemplating suicide. While her family was referred to services, her parents declined to participate. Nobody consulted with Sammi about her experience or her needs.

Chapter 2 provides an overview of the outcomes of reports to Child Protection, including those that result in a referral to another service or The Orange Door, and what happens next.³⁷

From the data presented in this chapter, it is evident that demand for Child Protection, The Orange Door, child and family services, and family violence services is increasing. This impacts on their accessibility and responsiveness to children, young people and families who need support. More children and young people are identified as living in family circumstances that threaten their safety and wellbeing. Yet, on many occasions, the system is not consistently operating in a way that provides help or achieves real, lasting change for children and young people in need. As a result, many continue to face ongoing risk and remain in circumstances that ultimately lead to further reports to Child Protection.

When I was younger, I felt that I wasn't being heard, and Child Protection didn't care that I was being abused. But last year, they were still no help and basically just closed the case. It was about the state of the house, and the details about my past and my mum, they just didn't care. I felt like I didn't matter. (Charlize, 17)

Victoria's child protection system

Child Protection is responsible for receiving reports about children and young people, up to the age of 17 years, if there are significant concerns for their wellbeing³⁸ or if there is a belief that they need protection.³⁹ Anyone can make a report to Child Protection, although it is mandatory for some professionals when they have formed a belief on reasonable grounds that a child needs protection from physical or sexual abuse.⁴⁰ Child Protection's key functions are to:

- investigate matters where it is alleged a child is at risk of significant harm, as defined in section 162 of the *Children, Youth and Families Act 2005*
- refer children and families to services that assist in providing the ongoing safety and wellbeing of children
- make applications to the Children's Court if the child's safety cannot be ensured within the family
- administer protection orders granted by the Children's Court.⁴¹

Child Protection involvement consists of five distinct phases from the initial intake report to closure, as outlined in Table 1.

³⁶ This case study is based on a child death inquiry completed in 2024, and the case is one of the 35 included in the file review analysis for this inquiry.

³⁷ Due to limitations in data collected about child and family services and the capacity to link this with the other datasets, the Commission was unable to examine the effectiveness of service provision that arose from Child Protection referrals directly to these services, including whether the protective concerns originally raised in Child Protection reports were addressed.

³⁸ *Children, Youth and Families Act 2005* (Vic) (CYFA), s 28.

³⁹ CYFA op. cit. s 183.

⁴⁰ CYFA op. cit. s 184. Mandatory reporters include registered medical practitioners, nurses, midwives, registered teachers and early childhood teachers, school principals and counsellors, police officers, out-of-home care workers (excluding foster and kinship carers), early childhood workers, youth justice workers, registered psychologists and people in religious ministry: Source: Department of Families, Fairness and Housing, [Mandatory reporting](#), accessed 17 June 2025.

⁴¹ Department of Families, Fairness and Housing, [Child protection](#), accessed 16 June 2025. These functions are set out in the CYFA, in sections 30, 31, 183-184, 187 and Parts 4.7-4.9.

Table 1: Child Protection phases

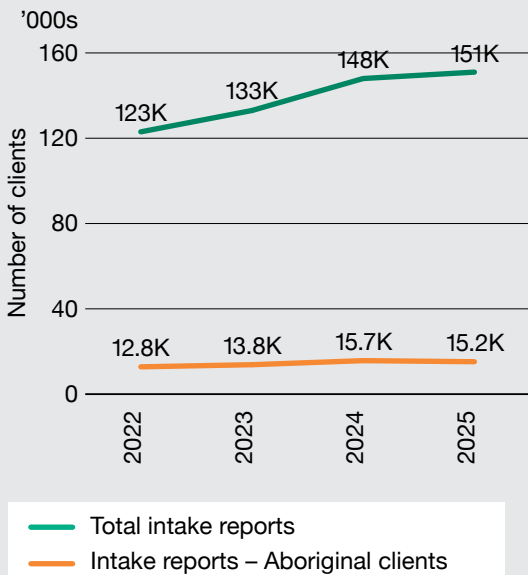
Intake	Intake involves receiving a report about a child and conducting a risk assessment to determine the appropriate response. Child Protection may also make referrals to services for further support where appropriate. Reports can also be received in relation to the wellbeing of an unborn child to support early intervention. This phase concludes when the report is transferred for investigation or closed. ⁴²
Investigation	In this phase, Child Protection is required to see the child and family and conduct a comprehensive investigation and risk assessment to determine whether the child is in need of protection. If the report is substantiated, it is transferred to protective intervention. If the report is closed, Child Protection can make referrals to services for further support. ⁴³
Protective intervention	This is the period of intervention with a child and family, which involves working closely with the family to assess risk, agree on and pursue the achievement of specific goals, and engage appropriate support services. It ends either when a protection order is made or when the case is closed without a protection order. This also includes the period following a protection application before a final court order. ⁴⁴
Protection order	This phase begins when the Children’s Court makes a final protection order. A child in this situation has been found to be in need of protection through statutory involvement. The protection order phase focuses on administering and monitoring compliance with the court order in accordance with the child’s case plan to ensure their safety and ongoing wellbeing. This phase concludes when the protection order ends or is revoked with no further order made or when a permanent care order has been made. ⁴⁵
Case closure	This is the last phase of Child Protection involvement with a child and family and begins when the case is endorsed to be closed. A case can be closed from any of the above phases. It involves finalising case work actions and tasks and ensuring linkages and collaborative community plans have been developed and are operational so that children’s safety and wellbeing continues to be supported. ⁴⁶

Demand on the Victorian child protection system has grown in the last three years, with a 23 per cent increase in reports to Child Protection from 2022 to 2025.⁴⁷ Despite this increase, the rate of reports that did not meet the threshold for investigation has remained relatively constant at around 65–70 per cent each year. The proportion of reports involving Aboriginal children and young people also remained consistent at ten per cent during this period.⁴⁸ It should be noted, however, that in 2025, for the first time in several years, the rate of growth in reports to Child Protection slowed (as seen in Figure 2), and the proportion of reports that progressed to investigation

increased (from a consistent rate of around 30 per cent from 2022-2024 to 34 per cent in 2025). It is too early to determine whether this is a continuing trend.

42 Department of Families, Fairness and Housing, [Child Protection Manual: Intake policy](#), accessed 15 July 2025.
 43 Department of Families, Fairness and Housing, [Child Protection Manual: Investigation policy](#), accessed 15 July 2025.
 44 Department of Families, Fairness and Housing, [Child Protection Manual: Protective intervention policy](#), accessed 15 July 2025.
 45 Department of Families, Fairness and Housing, [Child Protection Manual: Protection order policy](#), accessed 15 July 2025.
 46 Department of Families, Fairness and Housing, [Child Protection Manual: Closure phase advice](#), accessed 15 July 2025.
 47 Information provided by DFFH to the Commission on 19 February 2026.
 48 Ibid.

Figure 2: Child Protection total intake reports, including for Aboriginal children and young people, 2022–25⁴⁹



Referrals from Child Protection

Child Protection can refer families directly to services, or to The Orange Door, which triages cases and acts as a connection point to services. Child Protection most commonly makes referrals in the intake phase, when a report about a child is assessed not to meet the threshold for statutory intervention. Between 2022 to 2025, referrals to The Orange Door occurred in 23 per cent of reports closed at intake.⁵⁰

In the intake phase, Child Protection can make an ‘enhanced’ referral to The Orange Door where families have a pattern and history of Child Protection involvement and previous referrals to services with limited or no engagement. Referrals may also be

made post intake, typically in the investigation or protective intervention phases.

Referrals from Child Protection to The Orange Door relate to child wellbeing matters and/or to family violence. In 2025, 83 per cent of client referrals primarily related to child wellbeing and 13 per cent related to family violence.⁵¹

In 2025, Child Protection made a direct referral to services (other than The Orange Door) in one per cent of the reports closed at intake. Direct referrals to services are made predominantly in the investigation and protective intervention phases. In 2025, 36 per cent of direct referrals to services were made in the investigation phase and 40 per cent were made in the protective intervention phase.⁵²

In 2025, of all reports closed at intake, 78 per cent of reports were closed without a referral, largely because Child Protection had determined that services were already involved with the family (Figure 3).⁵³ This could include existing service provision that is related or unrelated to the reported concerns, such as school-based support, engagement with a Maternal and Child Health service, or any other support provided by a service in relation to, for example, mental health, disability, parenting, drug and alcohol or family violence.

⁴⁹ Information provided by DFFH to the Commission on 19 February 2026.

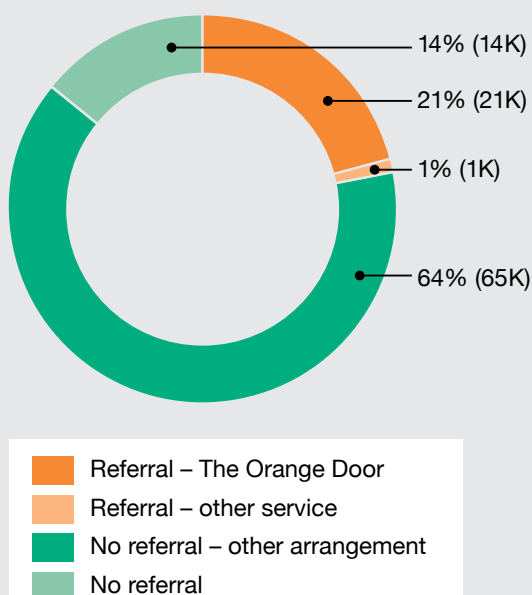
⁵⁰ Ibid.

⁵¹ Per cent figures are based on client referrals (i.e. counting individual people instead of families); The remaining four per cent related to ‘Other’; Information provided by DFFH to the Commission on 20 February 2026. While clients are categorised by The Orange Door as requiring either a child wellbeing or family violence service response, referrals often contain both child wellbeing and family violence concerns.

⁵² Information provided by DFFH to the Commission on 19 February 2026.

⁵³ The Child Protection closure reason of ‘No referral made, however other services involved’ includes a broad range of possible service involvement and interventions from early years or school-based support for the child and family, engagement with Maternal and Child Health, parenting support programs, case management by a family or youth service including Finding Solutions, NDIS case management and service provision, mental health service engagement or case management, drug and alcohol service engagement or case management, family violence service engagement or case management including men’s behavioural change, Aboriginal services including case management and parenting support. Source: Information provided by DFFH to the Commission on 19 February 2026.

Figure 3: Number of Child Protection reports closed at intake by referral outcome, 2025⁵⁴



The Orange Door

In Victoria, there are 18 The Orange Door hubs spread across each of the 17 Department of Families, Fairness and Housing (DFFH) areas.⁵⁵ The hubs are staffed by employees from community service organisations (CSOs), Aboriginal Community Controlled Organisations (ACCOs),⁵⁶ Community-based Child Protection practitioners⁵⁷ and Family Safety Victoria staff.⁵⁸ Interdisciplinary teams operate across The Orange Door functions of intake, assessment and planning⁵⁹ to facilitate an interdisciplinary and collaborative response to support individual client needs.⁶⁰

The Orange Door receives referrals from various sources including:

- family violence incident reports from Victoria Police (L17s)⁶¹
- people who approach The Orange Door for support (self-referrals)
- Child Protection referrals
- other professionals – including community services, schools and health services
- members of the public.

Referrals from Child Protection consistently accounted for eight to nine per cent of all referrals to The Orange Door from 2022 to 2025 (Figure 4). During this period, referrals to The Orange Door increased by 35 per cent, attributed to increases in L17s from Victoria Police by 20 per cent, self-referrals by 113 per cent and Child Protection referrals by 27 per cent.⁶²

⁵⁴ Information provided by DFFH to the Commission on 19 February 2026.

⁵⁵ This includes 18 primary sites, 19 access points and 28 outposts. Source: Victorian Auditor-General's Office (2025) *The Orange Door: Follow-up*, Victorian Government Printer, Melbourne, p.3.

⁵⁶ Different community service organisations and Aboriginal Community Controlled Organisations function as partner agencies in The Orange Door hubs and provide staff to support each hub's operations. This includes practice leaders for each core service stream who provide guidance and expertise about client cohorts. CSO employees working in the hubs are employed and managed by their own organisation. Source: State Government of Victoria, *Workforce*, accessed 18 August 2025.

⁵⁷ Community-based Child Protection practitioners are co-located in The Orange Door and provide consultation support for Child Protection referrals and where there are protective concerns for children and young people. Source: The Orange Door, *The role of Child Protection in The Orange Door: Factsheet*, January 2025.

⁵⁸ Family Safety Victoria employ hub managers who provide strategic and operational management to each of The Orange Door hubs, in addition to Service System Navigators who are responsible for identifying and solving system issues at a local level for clients. Source: State Government of Victoria, *Workforce*, accessed 18 August 2025.

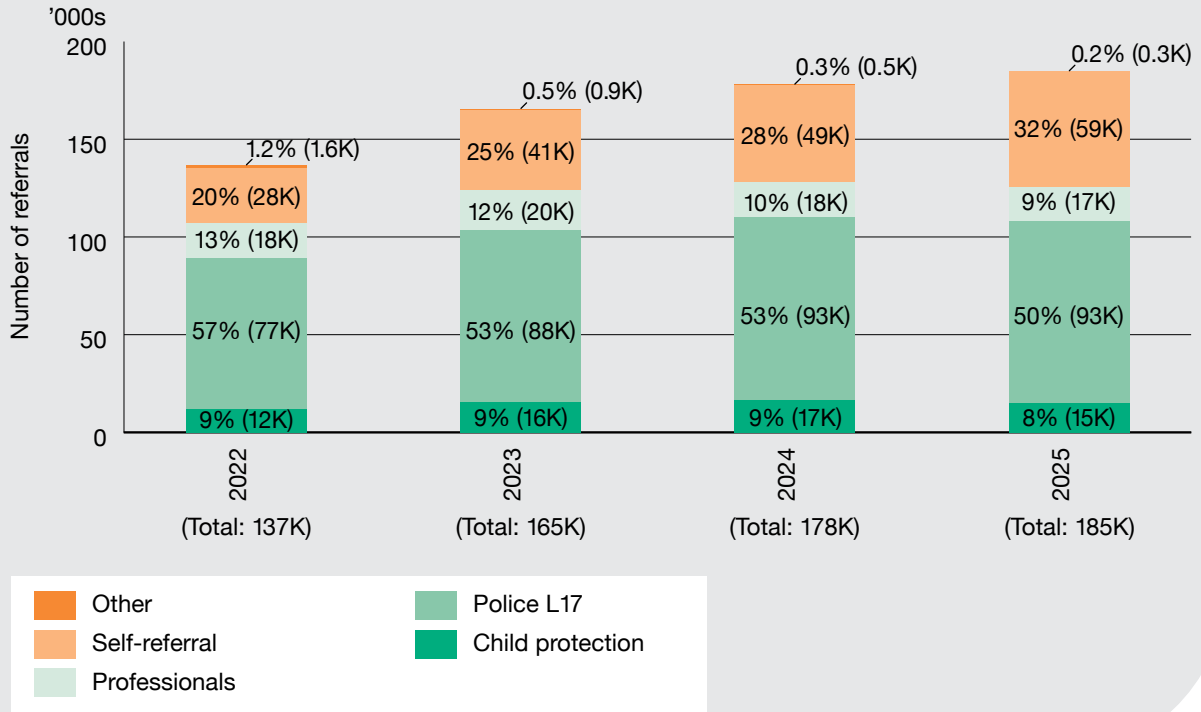
⁵⁹ Information provided by DFFH to the Commission on 20 January 2025. The only exception to this is for Aboriginal Community Controlled Organisations who determine whether their staff will work within a discrete team or embedded into interdisciplinary teams.

⁶⁰ Information provided by DFFH to the Commission on 20 January 2025.

⁶¹ An L17 form refers to the Victoria Police Risk assessment and Management Report that Victoria Police is required to complete after they have attended a family incident. The report is completed when family incidents, interfamilial-related sexual offences and child abuse are reported to police. Source: Department of Families, Fairness and Housing (2021) *Ending family violence: annual report*, p.109, State of Victoria.

⁶² The Orange Door opened five new hubs in 2022, which contributed to this increase. If the five new hubs are removed from this analysis, the original 13 hubs still saw a 19 per cent increase in referrals from 2022 to 2025, with L17s increasing by eight per cent, self-referrals increasing by 77 per cent, and Child Protection referrals increasing by eight per cent. Source: Information provided by DFFH to the Commission on 20 February 2026.

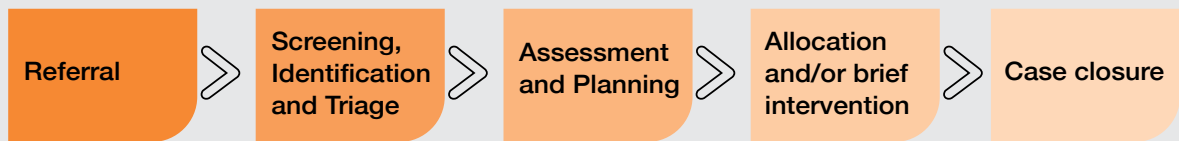
Figure 4: Referrals to The Orange Door by referral source, 2022–2025⁶³



The Orange Door referral outcomes

Like Child Protection, The Orange Door progresses through several phases with a referred client, set out in Figure 5.

Figure 5: The Orange Door client journey



⁶³ Information provided by DFFH to the Commission on 20 February 2026.

All clients referred to The Orange Door are initially assessed at the Screening, Identification and Triage (SIT) phase.⁶⁴ This involves assessing the information provided in the referral and gathering further information, such as reviewing The Orange Door's Client Relationship Management (CRM)⁶⁵ system, and completing history checks of the Client Relationship Information System (CRIS), the L17 portal, and with all partner agencies for past and current services. An initial assessment of the most suitable pathway for the client is completed, including a decision about whether to progress to the Assessment and Planning stage, as well as the urgency and priority of assignment.⁶⁶

Not all referrals progress to Assessment and Planning; a new case is not created if there is an existing case with The Orange Door; rather, the information from the new referral is integrated into the response for the existing case. If there is existing service involvement, information will be shared in line with legislation to enable that service to support the family's needs.⁶⁷ In 2025, over 46,700 clients from Child Protection referrals progressed as a new case, of which 58 per cent were children and young people.⁶⁸

The Assessment and Planning phase builds on the SIT assessment through further information gathering and analysis. This includes service planning with the family, given the voluntary nature of The Orange Door;⁶⁹ Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM) risk assessments where family violence is present;⁷⁰ and assessment of

children's safety and wellbeing. This information is analysed to determine what actions need to be taken to reduce risk and increase safety for the client.

Client needs may be met through a brief intervention response (see Figure 6). Alternatively, a client may be allocated to a child and family service, Aboriginal or family violence service (known as core services, see Figure 7), or be referred to a broader service where required, such as mental health, housing, justice, disability and alcohol and drug support service.

Figure 6: Brief intervention examples⁷¹

- Crisis accommodation
- Financial counselling
- Material aid
- Assisting with intervention order applications
- Covering any immediate need costs such as medication, education costs, security items, public transport cards, temporary pet care etc.

⁶⁴ A referral may contain several clients, such as the parents or caregivers and children and young people, and they are each assigned a role representing their primary presenting need. A client's primary presenting needs are then used to determine the type of service response they require. Source: Family Safety Victoria (2025) *The Orange Door clients roles: Statewide operational guidance*, State of Victoria, p.3.

⁶⁵ The Client Relationship Management (CRM) system is The Orange Door's purpose-built information system that captures, stores and records case information, including client interactions such as assessments, service plans and referrals; immediate steps, decisions and actions taken; details regarding any past, current or future service responses or allocations; and the provision of information to the client regarding the handling of their information, applicable privacy standards and legislative requirements and, where required, consent or agreements to seeking or providing personal information with specified other agencies, professionals or third parties. Source: Victorian Government, *The Client Relationship Management System*, accessed 17 October 2025.

⁶⁶ The Orange Door has a priority tool to determine how to process referrals according to their urgency and level of risk. Source: Family Safety Victoria (2020), *Demand Management in The Orange Door*, State of Victoria: Melbourne.

⁶⁷ In 2025, 25 per cent of client referrals from Child Protection did not progress to a new case, including because there was an existing The Orange Door case open for the family (10 per cent) or the family was found to have existing service involvement (10 per cent). This was a similar experience for both Aboriginal and non-Aboriginal children and young people and their families. Source: Information from DFFH to the Commission on 20 February 2026.

⁶⁸ Information provided by DFFH to the Commission on 20 February 2026.

⁶⁹ Information from the DFFH to the Commission on 13 October 2025.

⁷⁰ MARAM became the legislative risk assessment framework in 2018 for organisations in contact with people experiencing family violence. Source: Victorian Government, *Family Violence Multi-Agency Risk Assessment and Management Framework*, accessed 18 June 2025.

⁷¹ Family Safety Victoria (2025), *Brokerage: Statewide Operation Guidance*, State of Victoria.

Figure 7: The Orange Door services⁷²

- **Aboriginal services:**
Providing culturally sensitive responses for family violence and child wellbeing concerns.
- **Adults using family violence services:**
Keeping perpetrators in view and working with them.
- **Child and family services:**
Working with families to make changes to support their children.
- **Specialist family violence services:**
Focusing on immediate and continued safety for victim survivors.

per cent of clients did not receive a direct service response due to either declining a service (27 per cent) or not being contactable after three attempted contacts (18 per cent).⁷⁵

The Assessment and Planning outcomes differed between Aboriginal and non-Aboriginal clients, with 42 per cent of Aboriginal clients allocated or referred to a service compared with 29 per cent of non-Aboriginal clients (Figure 9). Further, The Orange Door's engagement with Aboriginal clients was higher, with 17 per cent declining a service compared to 28 per cent of non-Aboriginal clients. Fewer Aboriginal clients could not be contacted (14 per cent) compared to non-Aboriginal clients (18 per cent).⁷⁶

Clients who decline The Orange Door service are provided with information and advice, referral options and invited to self-refer at any time. When an adult is non-contactable or declines a service and there are children and young people in their care, The Orange Door seeks and shares information with other services, such as Maternal and Child Health Services, early childhood services and schools, to promote the safety and wellbeing of those children and young people. This may also include a risk-based consultation (section 38 consultation) with Community-based Child Protection where risk is identified. When an adult using family violence is non-contactable or declines a service, The Orange Door takes steps to keep victim survivors safe, including through information sharing and risk management to keep the perpetrator in view and accountable.⁷³ This is enabled through the Family Violence Information Sharing Scheme and the Child Information Sharing Scheme.⁷⁴

In 2025, 30 per cent of clients in Child Protection referrals that had progressed to the Assessment and Planning phase were either allocated to a core service or referred to a broader service for a response, and 12 per cent had their needs met by The Orange Door through a brief intervention (Figure 8). Forty-five

⁷² Information provided by DFFH to the Commission on 20 January 2025.

⁷³ Information provided by DFFH to the Commission on 13 October 2025.

⁷⁴ *Family Violence Protection Act 2008*, Part 5A; *Child Wellbeing and Safety 2005*, Part 6A and 7A

⁷⁵ Information provided by DFFH to the Commission on 20 February 2026.

⁷⁶ Information provided by DFFH to the Commission on 20 February 2026.

Figure 8: Clients referred by Child Protection to The Orange Door and progressed to case, by closure reason, 2025⁷⁷

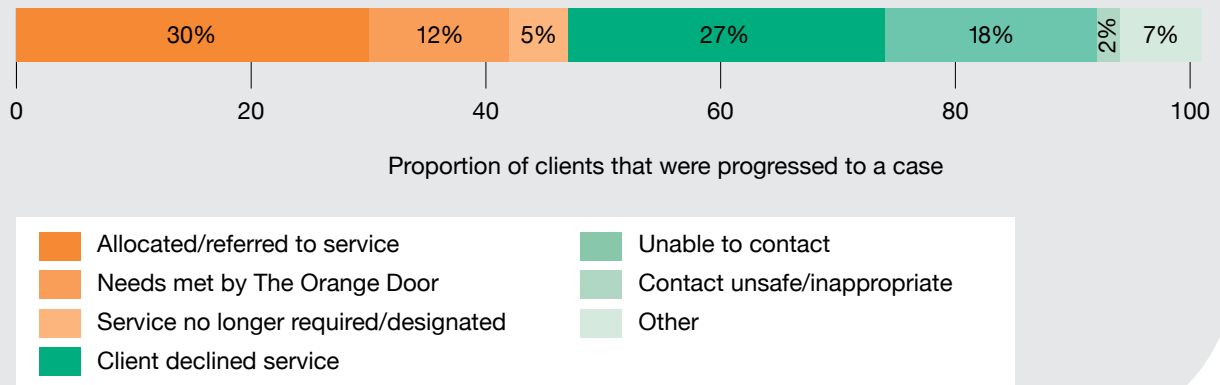
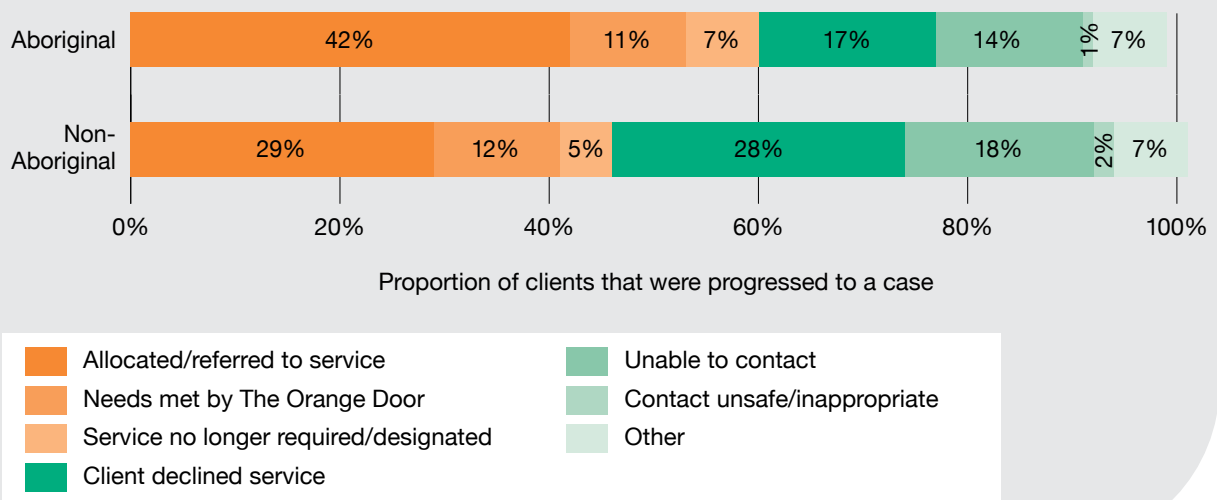


Figure 9: Clients referred by Child Protection to The Orange Door and progressed to case, by closure reason and Aboriginal status, 2025⁷⁸

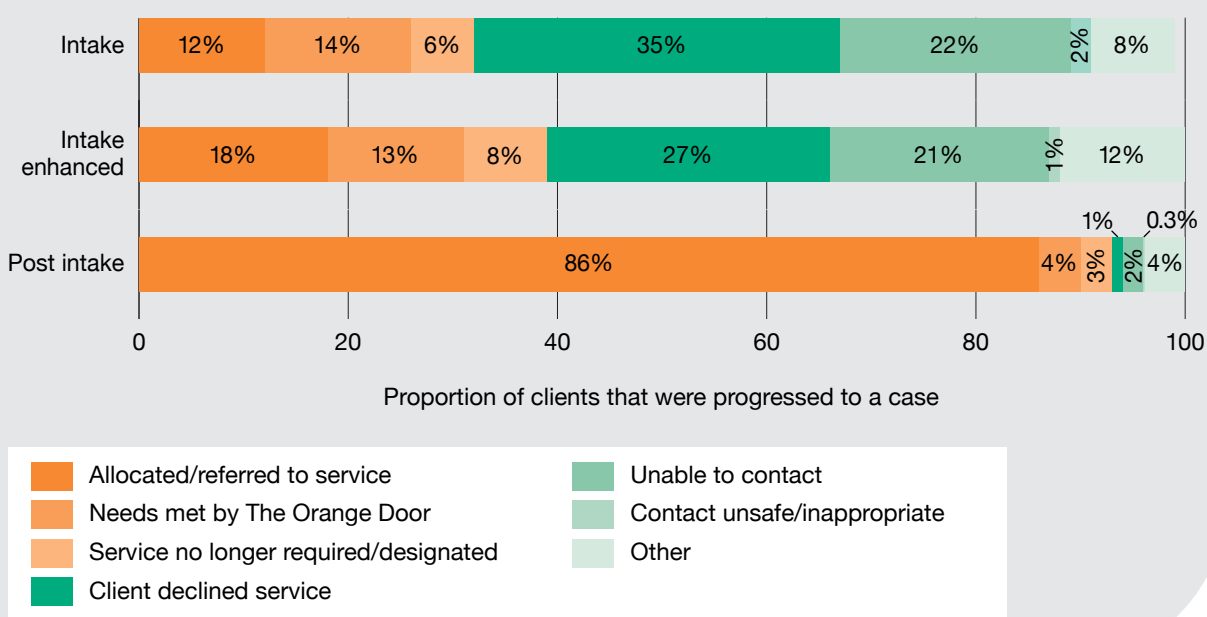


⁷⁷ When case closure reasons relate to clients declining service, clients disengaging, being unable to contact clients, or where contact is deemed unsafe/inappropriate, 'systems work' – which includes information gathering and sharing (in line with information sharing legislation) – is often undertaken and recorded; Source: Information provided by DFFH to the Commission on 20 February 2026.

⁷⁸ Ibid.

There was a notable difference in referral outcomes for clients referred by Child Protection depending on when Child Protection made the referral to The Orange Door. Eighty-six per cent of clients referred after intake were either allocated to a core service or referred to a broader service, and only one per cent declined a service. A further two per cent could not be contacted. In contrast, 12 per cent of clients referred in the intake phase were allocated or referred to a service and 58 per cent of clients either declined a service (35 per cent) or could not be contacted (22 per cent).⁷⁹ These differences are a result of the additional involvement of Child Protection with the family post intake, a more intentional referral process in the investigation and protective intervention phases, and prioritisation of these referrals by The Orange Door.

Figure 10: Clients referred by Child Protection to The Orange Door and progressed to case, by closure reason and referral phase, 2025⁸⁰



⁷⁹ These per cent figures include combined figures from intake and the 'intake enhanced' referral pathway. Unrounded figures of 35.3% and 22.4% add up to 57.7%. Source: Information provided by DFFH to the Commission on 20 February 2026.

⁸⁰ When case closure reasons relate to clients declining service, clients disengaging, being unable to contact clients, or where contact is deemed unsafe/inappropriate, 'systems work' – which includes information gathering and sharing (in line with information sharing legislation) – is often undertaken and recorded. Source: Information provided by DFFH to the Commission on 20 February 2026.

Finding 1: The Orange Door's engagement with clients referred by Child Protection

In 2025, almost half of clients referred by Child Protection to The Orange Door (new cases) either declined a service or could not be contacted.

Finding 2: The Orange Door's allocation to core services of clients referred by Child Protection

Clients referred to The Orange Door by Child Protection post intake were seven times more likely to be allocated to a core service compared to clients referred in the intake phase.

Re-reports to Child Protection

It takes so long for [Child Protection] to process it. A lot of the time it wasn't really bad. But what if it was and that's how long they took? That's what I think about all the time. It gets to me. It's the stuff that builds up to it, then when it gets to that big thing, that's when they go in.
(Arianna, Aboriginal, 16)

For children and young people living in families where their safety and wellbeing are compromised, Child Protection may not receive just one report. It often receives multiple reports raising concerns for the child or young person's welfare over time. A re-report to Child Protection refers to a subsequent report about the safety or wellbeing of a child or young person who has already been the subject of a report. Re-reports are a key feature of the Victorian child protection

system. Of all intake reports received in 2025, 75 per cent involved a child or young person who had been the subject of a previous report at some point in their lifetime. For 52 per cent of intake reports, a prior report had been received within the previous 12 months, and for 63 per cent, a prior report had been received within the previous 24 months.⁸¹ Re-reports to Child Protection are one indicator that the child and family system is not successfully addressing the needs of children and young people.

In 2023-24, Victoria had a slightly higher rate of children who were 'repeat clients'⁸² when compared to other states and territories. Across Australia, the proportion of children who were subject to repeat investigations was mostly in the 45 to 65 per cent range, with Victoria sitting slightly above the national average (64 per cent in Victoria compared to 58 per cent nationally).⁸³ The Commission acknowledges that in 2023-24, Victoria also investigated reports at a higher rate than most other states and territories (Victoria investigated at a rate of 25 children per 1,000 compared to the national average of 21 children per 1,000). Rates across Australian states and territories varied between six and 26 per 1,000 children, with the Northern Territory an outlier at 62 children per 1,000. While caution is generally advised with cross jurisdictional comparisons due to variations in data collection and reporting, in this instance, they do nevertheless provide a further frame of reference regarding child protection rates in Victoria.

In Victoria in 2025, 31 per cent of reports for children under the age of one and 68 per cent of reports for children aged between one to four years were re-reports. The proportion of re-reports continued to increase for older children and young people (Figure 11).⁸⁴ Further, over half of Child Protection cases closed at intake in 2024 had a subsequent re-report within just 12 months.⁸⁵

81 Information provided by DFFH to the Commission on 19 February 2026.

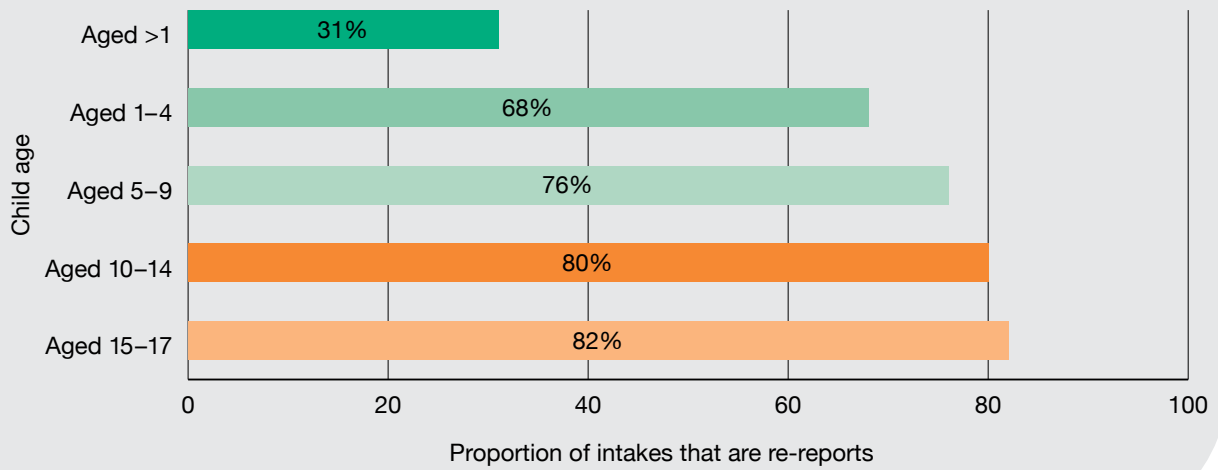
82 In the Australian Institute of Health and Welfare data, 'repeat' child protection services relate to children who were subject to an investigation. Source: Australian Institute of Health and Welfare, *Child protection Australia 2023-24*, accessed 24 October 2025.

83 Ibid.

84 Information provided by DFFH to the Commission on 19 February 2026.

85 A different calendar year (2024) is used because this analysis looks at intake reports received in the 12-month period *after* the intake report, up to 31 December 2025; Information provided by DFFH to the Commission on 19 February 2026.

Figure 11: Proportion of intake reports that are re-reports, by age group, 2025⁸⁶



The rate of re-reports in 2025 was substantially higher for Aboriginal children and young people, at 88 per cent, than for non-Aboriginal children and young people (73 per cent). This means that only 12 per cent of intake reports regarding Aboriginal children and young people were first time reports to Child Protection.⁸⁷

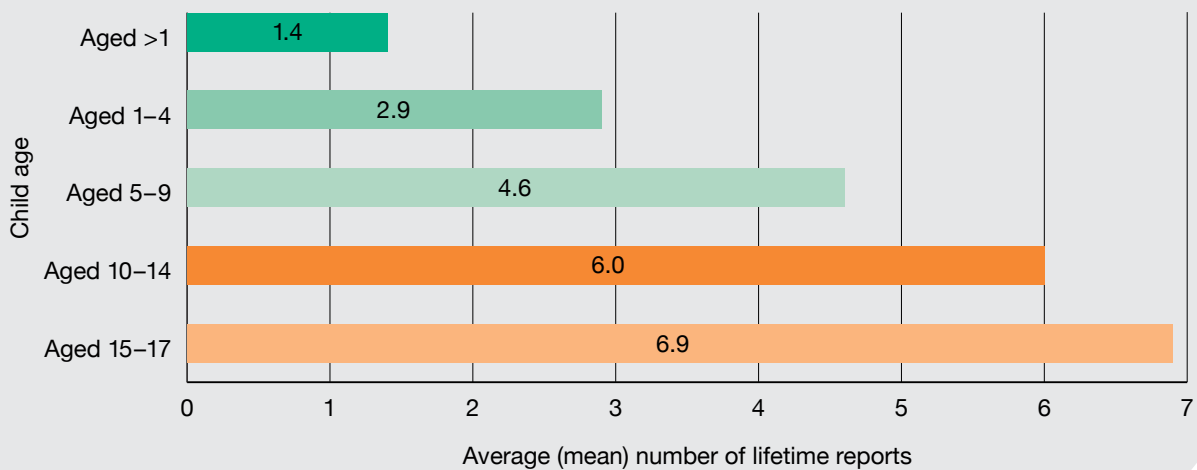
Of children and young people reported to Child Protection in 2025, the average number of lifetime reports was around five. For Aboriginal children and young people, the average number of lifetime re-reports was around seven (Figure 12).⁸⁸

⁸⁶ Information provided by DFFH to the Commission on 19 February 2026.

⁸⁷ Ibid.

⁸⁸ The median number of lifetime intake reports in 2025 was three for all children and young people, and five for Aboriginal children and young people. Including the average (mean) and median ensures a balanced view of the data and also indicates a proportion of children and young people are subject to large numbers of re-reports; Information provided by DFFH to the Commission on 19 February 2026.

Figure 12: Average number of lifetime intake reports received, by age, 2025⁸⁹



When closing reports at intake, Child Protection does not typically refer the child, young person or family in question to a service for support. In over half of reports closed at intake in 2024, some form of service involvement already existed, and no referral was made. Fifty-eight per cent of these reports had a subsequent re-report within 12 months.⁹⁰

Concerningly, even when referrals to The Orange Door occur, re-reports are common. Of the clients referred to The Orange Door by Child Protection in 2022, 64 per cent were subsequently re-reported to Child Protection by mid-2024. Following previous referrals to The Orange Door, Child Protection progressed 30 per cent of re-reports to investigation and the harms to children and young people were substantiated in 42 per cent of cases (as depicted in Figure 13).⁹¹

Finding 3: Re-reports in the child protection system

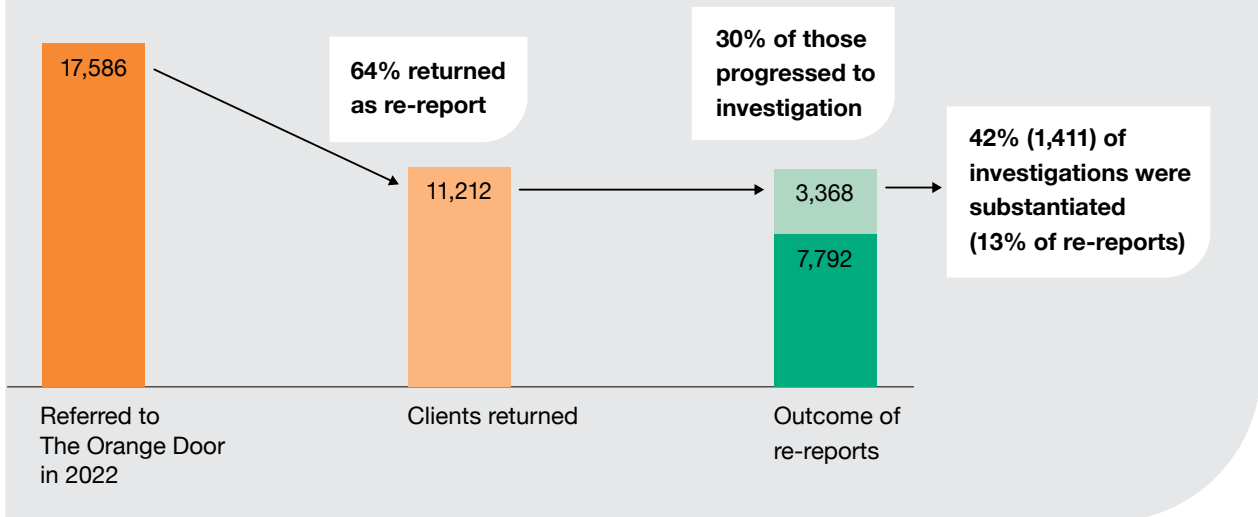
Re-reports are common for children reported to Child Protection, irrespective of referrals to The Orange Door and other services. In 2025, 75 per cent of all intake reports involved a child or young person who had been the subject of a previous report at some point in their lifetime. For 52 per cent of intake reports, a prior report had been received within the previous 12 months, and for 63 per cent, within the previous 24 months.

⁸⁹ The median number of lifetime intake reports in 2025 for the five age groups are as follows (in ascending order): 1, 2, 3, 4, 4. Including the average (mean) and median ensures a balanced view of the data and also indicates a proportion of children and young people are subject to large numbers of re-reports; Information provided by DFFH to the Commission on 19 February 2026.

⁹⁰ As above, a different calendar year (2024) is used because this analysis looks at intake reports received in the 12-month period after the intake report, up to 31 December 2025; Information provided by DFFH to the Commission on 19 February 2026.

⁹¹ Information provided by DFFH to the Commission on 20 January 2025.

Figure 13: Child Protection (unique) clients referred to The Orange Door with subsequent re-report, 2022–2024⁹²



It didn't change, probably just got our house cleaned, but nothing beyond that to help keep the house clean or other support after Child Protection closed. (Charlize, 17)

The point of a referral is to support families to address concerns and effect change, so that children and young people are safe, supported and able to thrive. Yet in most cases, referrals are followed by re-reports that raise further or ongoing concerns and the refer and close cycle continues.

Despite the pathways to connect families with services to address safety and wellbeing issues, it is apparent the system is not working as intended, and without these issues being addressed, children and young people may continue to experience harm. Large numbers of families referred by Child Protection into the voluntary service system are uncontactable or decline to engage with the service, resulting in an absence of direct intervention. Further, the overwhelming majority of referrals made in the intake phase are less likely to amount to a successful connection to services than referrals made at a later stage in the Child Protection process.⁹³

⁹² Information provided by DFFH to the Commission on 20 January 2025.

⁹³ In referrals made post intake, Child Protection has engaged with the family and completed an assessment prior to making the referral. Source: Information provided by DFFH to the Commission on 13 October 2025.

Chapter 3: Who gets caught in the cycle?

Chapter 3 at a glance

- Children and young people in the refer and close cycle continue to face ongoing and/or escalating risks, without effective intervention from the child and family system. The Commission observes the experiences of some of these children and young people through its child death inquiries.
- The children and young people in the 35 child death inquiries reviewed for this inquiry were the subject of, on average, eight reports to Child Protection in their lifetime. Twenty-two of the children came to the attention of Child Protection before the age of six.
- Many of these intake reports contained information of ongoing and/or escalating risk to the children and young people, yet most reports were assessed as not being at significant risk and were closed.
- Stakeholders spoke about the experiences of particular groups of children and young people who they observe as getting caught in the refer and close cycle, including young children, adolescents who are perceived to be able to self-protect or are aging out of the child protection system, Aboriginal children and young people, children with a disability, and children and young people experiencing cumulative harm and neglect.

Chapter 3 considers the characteristics and experiences of children caught in the refer and close cycle, based on the Commission's child death inquiries and stakeholder consultations.

The Commission acknowledges that Child Protection and the broader child and family system make important interventions that aim to improve the safety and wellbeing of many children and young people and support families to achieve greater stability. However, for some, the system that is designed to protect them from harm does not always achieve its purpose. When reported safety concerns are assessed as not meeting the threshold for statutory intervention, families may be referred to services, without ever knowing, and reports are closed without Child Protection knowing if service engagement occurred. Yet as we have seen in The Orange Door data, effective engagement with families can be difficult in the voluntary system and opportunities for timely intervention are lost, along with the ability to improve the circumstances of children, young people and their families.

For these children and young people, the challenges they face in family life may remain unchanged or become worse over many years, exposing them to cumulative harm, ongoing suffering and associated trauma. They may hear from no one, never be consulted about their experience, and for all the communication behind the scenes between Child Protection and the service system, nothing seems to change, and no real help comes.

Early responses to children and young people experiencing harm must be a system- and community-wide priority – delays can prolong harm, deepen trauma and impact a child or young person's wellbeing and recovery. Child Protection reports and every subsequent referral to a support agency can be a crucial intervention opportunity. Over many years, the Commission's child death and systemic inquiries have identified missed opportunities in early and effective intervention.

The issues identified in this inquiry are not new. The Commission has continually raised concerns relating to Child Protection prematurely closing reports at intake when there is evidence of ongoing and/or escalating risks to children and young people,⁹⁴ and where there is a lack of effective service engagement, either voluntarily or through statutory practice. These concerns have been raised with the Victorian Government through our findings and recommendations across systemic inquiries and child death inquiries, as well as in our annual reports.

94 In referring to ongoing and/or escalating risk, the Commission is referring to its own observation of risk to children and young people, rather than Child Protection's assessed level of risk.

Case study: Tammy⁹⁵

Tammy died aged 13 years.⁹⁶

She had experienced significant family violence from her early years. Tammy came to the attention of Child Protection when she was in primary school, and she was the subject of five reports over a three-year period. The first report related to family violence, concerns of parental substance abuse and deterioration in the mother's mental health resulting in her hospitalisation. Subsequent reports also included concerns of parental mental illness and erratic behaviour, parental substance abuse and use of physical violence towards Tammy. The reported concerns to Child Protection evidenced ongoing and escalating risk for Tammy. Child Protection closed the first four reports at intake, with referrals to The Orange Door or other services in three of these reports. Report five was closed at protective intervention.

While The Orange Door assessed the needs of Tammy's mother and linked her with appropriate support regarding family violence and mental health, this support did not result in sustained change, and further reports to Child Protection were made. Further, The Orange Door did not assess Tammy's individual needs to determine her safety and wellbeing in the context of the escalating risk at home; nor did The Orange Door engage directly with Tammy at any point. Tammy was not provided with the adequate and targeted support she required.

Lessons from lives lost

The Commission is required under legislation to conduct child death inquiries for children who were child protection clients⁹⁷ at the time of their death or in the 12 months prior to their death.⁹⁸ Child death inquiries examine the services provided (or omitted to be provided) to a child or young person before their death. These inquiries seek to promote continuous improvement and innovation in policies and practices relating to child protection and the safety and wellbeing of children and young people experiencing

vulnerability. It is common for the Commission to see the refer and close cycle in child death inquiries.

The Commission completed 275 child death inquiries between 2019 and 2025. Each child death inquiry involves a comprehensive Child Protection file review to determine the adequacy of the response to children, young people and their families. It may also involve the review of other services provided, such as health and education.

For this inquiry, the Commission selected and closely analysed 35 of these completed child death inquiries that reflected the refer and close cycle⁹⁹ to learn from

⁹⁵ This case study is based on a child death inquiry completed in 2025. The case is not one of the 35 included in the file review analysis for this inquiry.

⁹⁶ The cause of death had not yet been determined at the time of this inquiry.

⁹⁷ A child or young person who is subject to a child protection report or intervention by Child Protection is referred to as a child protection client.

⁹⁸ *Commission for Children and Young People Act 2012 (Vic)* s 34.

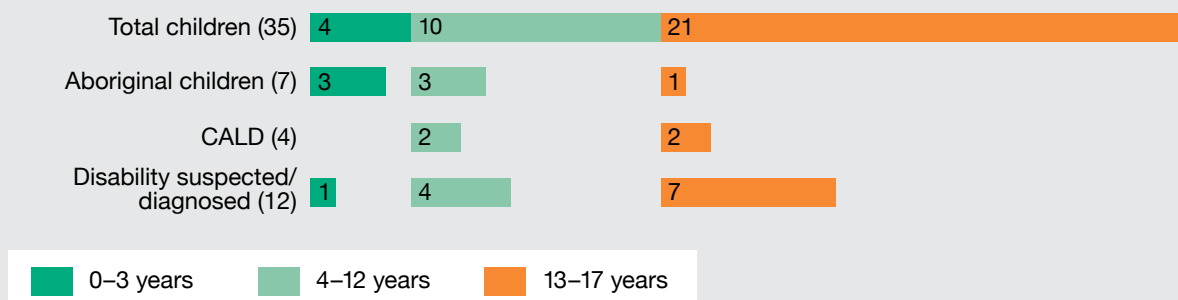
⁹⁹ Cases selected were those where the child was the subject of two or more reports to Child Protection, including reports that were closed at intake or investigation, where referrals were made from Child Protection to support services at some point, and where the Commission identified an escalation of risk.

these children and young people’s experiences. The reviews focussed on Child Protection closures either in intake or following an investigation¹⁰⁰ where there was a likelihood of ongoing and/or escalating risk; and where referrals to support services were made prior to closure.¹⁰¹

The Commission acknowledges that there have been changes to Child Protection policies and practice guidance since the deaths of some of these children and young people, however, the issues highlighted in their cases continue to be identified by the Commission in more recent cases, some of which are highlighted in case studies in this chapter. Thematic data drawn from these inquiries provides a compelling case for change. Combined with the system data in Chapter 2 and observations from stakeholders, it sheds light on where the system can do more for children and young people.

In reviewing the child death inquiries for 35 children and young people, the most common causes of death were accident, suicide and illness. The children and young people were aged from six weeks to 17 years at the time of their death. Sixty per cent passed away as adolescents, most commonly by suicide. Other adolescents were involved in fatal car accidents following an escalation in their risk-taking behaviour. Others passed away following illness, some experiencing poor attention to their medical needs. Accidental death was the cause of death for many of the younger children, through drowning or house fires.

Figure 14: Age of death breakdown for number of cases, by Aboriginal, CALD and disability status¹⁰²

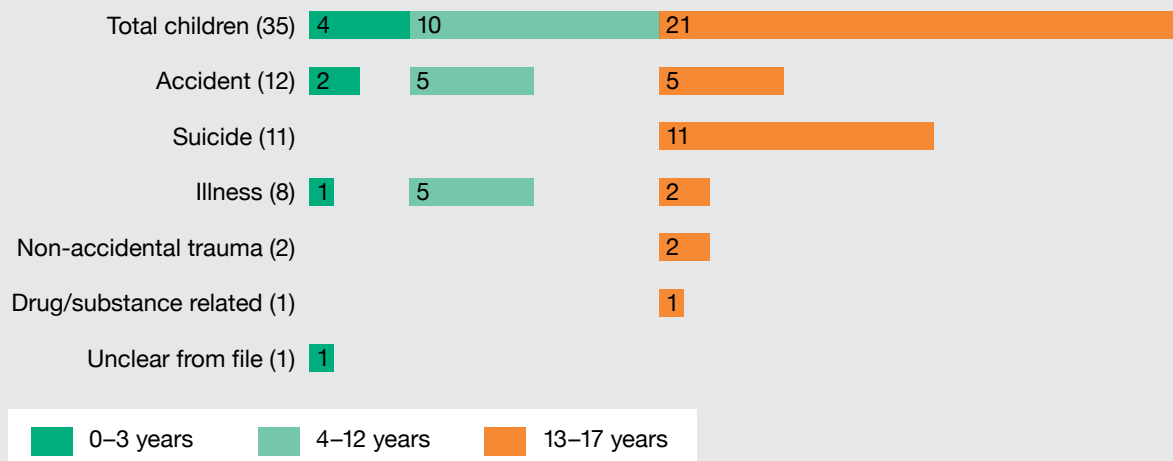


¹⁰⁰ Of the 35 inquiries reviewed, Child Protection progressed some intake reports past the investigation phase. Nine children were on protective orders at some point in their lives (sometimes multiple orders at different times) and for 11 children, Child Protection progressed reports to protective intervention at some point (sometimes multiple times). Six children with 20 Child Protection reports between them did not receive a protective assessment at any time. Despite this, overall there were 267 reports between the 35 children, with 67 per cent closed in intake, as discussed further in the chapter.

¹⁰¹ This inquiry did not obtain files from services other than The Orange Door and was therefore unable to analyse the effectiveness of service engagement with children and families other than the information contained in the Child Protection file.

¹⁰² The data presented in these graphs contains individual counts. However, the Commission is confident that the data is not identifiable as it relates to the sample of cases analysed for this inquiry, which was drawn from a substantially larger pool of child death inquiries completed over several years.

Figure 15: Age of death breakdown for number of cases, by cause of death¹⁰³



Involvement with Child Protection

Case study: Troy¹⁰⁴

Troy died at the age of 16. His death was drug related.

Troy was the fifth child in a large sibling group. He had come to the attention of Child Protection in his preschool years. Troy was the subject of 19 child protection reports, and 13 of these closed at intake, three closed following an investigation, three following protective intervention and one report closed following a protective order. There were also six section 38 consultations in relation to Troy and his siblings.

Concerns reported for Troy included significant family violence and neglect. In addition, there were concerns about Troy’s mother’s parenting capacity, with Troy taking on significant parenting responsibilities for his siblings, impacting his school attendance. The family experienced financial hardship and homelessness.

Child Protection did not consider cumulative harm in the context of a family who experienced intergenerational trauma and ongoing emotional and physical abuse. Many of the reports were closed without sufficient safety and protection being established. The pattern of referring the family to community-based supports, then closing the report, knowing that voluntary services had previously been unsuccessful in their attempts to engage the family meant the circumstances for Troy did not improve. There were missed opportunities for services to work together and provide specialised therapeutic support to a family experiencing significant vulnerabilities.

¹⁰³ The data presented in these graphs contains individual counts. However, the Commission is confident that the data is not identifiable as it relates to the sample of cases analysed for this inquiry, which was drawn from a substantially larger pool of child death inquiries completed over several years.

¹⁰⁴ This case study is based on a child death inquiry completed in 2025. The case is not one of the 35 included in the file review analysis for this inquiry.

Collectively, the 35 children and young people in the child death inquiries reviewed were the subject of 267 reports to Child Protection raising concerns for their wellbeing or safety, an average of eight per child or young person. The number of reports per child ranged from two (five children) to 28 (one child, whose first report was at the age of six days). Most children and young people (51 per cent) were the subject of between two and five Child Protection reports. Some, however, received a higher number of reports. Three were the subject of over 21 reports.

Figure 16: Number of cases by number of intake reports received over lifetime

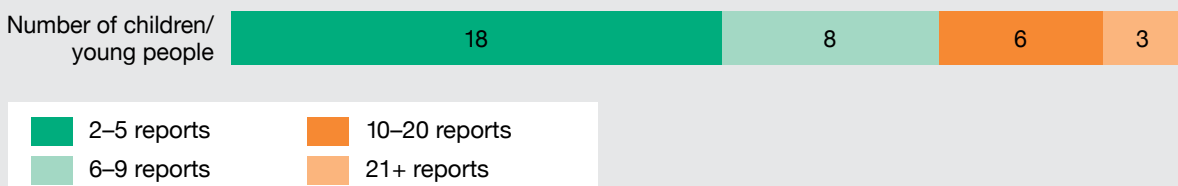
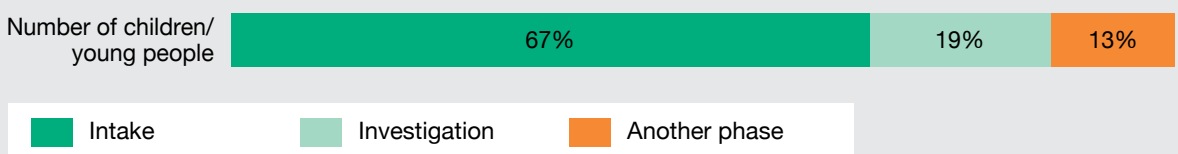


Figure 17: Number of cases by age at first intake report



Despite numerous reports for the children and young people, 67 per cent were closed by Child Protection in the intake phase, 19 per cent closed following an investigation and 13 per cent closed following protective intervention. The majority, 231 of the 267 reports in total (87 per cent), were closed in either the intake or investigation phase. Multiple re-reports for all children and young people concerned suggest that reports were closed prematurely and/or the service system was unable to engage or support the family to make a consistent positive change.

Figure 18: Proportion of cases by closure phase



Reported risk factors

‘Risk factors’ are indicators of harm (or likelihood of harm) for a child or young person. While acknowledging that each child and young person has a unique set of circumstances, in reviewing the 35 child death inquiries, it was apparent that all had multiple risk factors across their lifetime that often escalated over time. Most children (51 per cent) had experienced between six to nine coexisting risk factors for their health, safety or wellbeing. This highlights the vulnerability of children and young people in the cycle and the need for fulsome responses to protect their wellbeing.

The most common risk factors reported for these children were family violence, substance misuse¹⁰⁵ and mental ill health.¹⁰⁶ Often, at least two of these three risk factors were present, among others. This is consistent with *Lost, not forgotten*, which noted that most of the children who died by suicide ‘came from families where trauma was entrenched and compounded by the ‘toxic trifecta’ of family violence, parental mental illness and substance abuse issues’.¹⁰⁷ For the children and young people in the 35 cases analysed for this inquiry, there were some reported concerns that commonly presented together. For example:

- family violence and mental ill health for 14 children and young people
- family violence and substance misuse for 13 children and young people
- cumulative harm and neglect for 12 children and young people
- unsafe home environment and neglect for 11 children and young people
- neglect, inadequate parenting capacity and family violence for seven children and young people.

¹⁰⁵ This includes substance misuse by parent and/or the child.

¹⁰⁶ This includes mental ill-health of the parent and/or the child.

¹⁰⁷ Commission for Children and Young People, *Lost, not forgotten: Inquiry into children who died by suicide and were known to Child Protection*, Commission for Children and Young People, Melbourne, 2019, p.15.

Figure 19: Risk factors reported

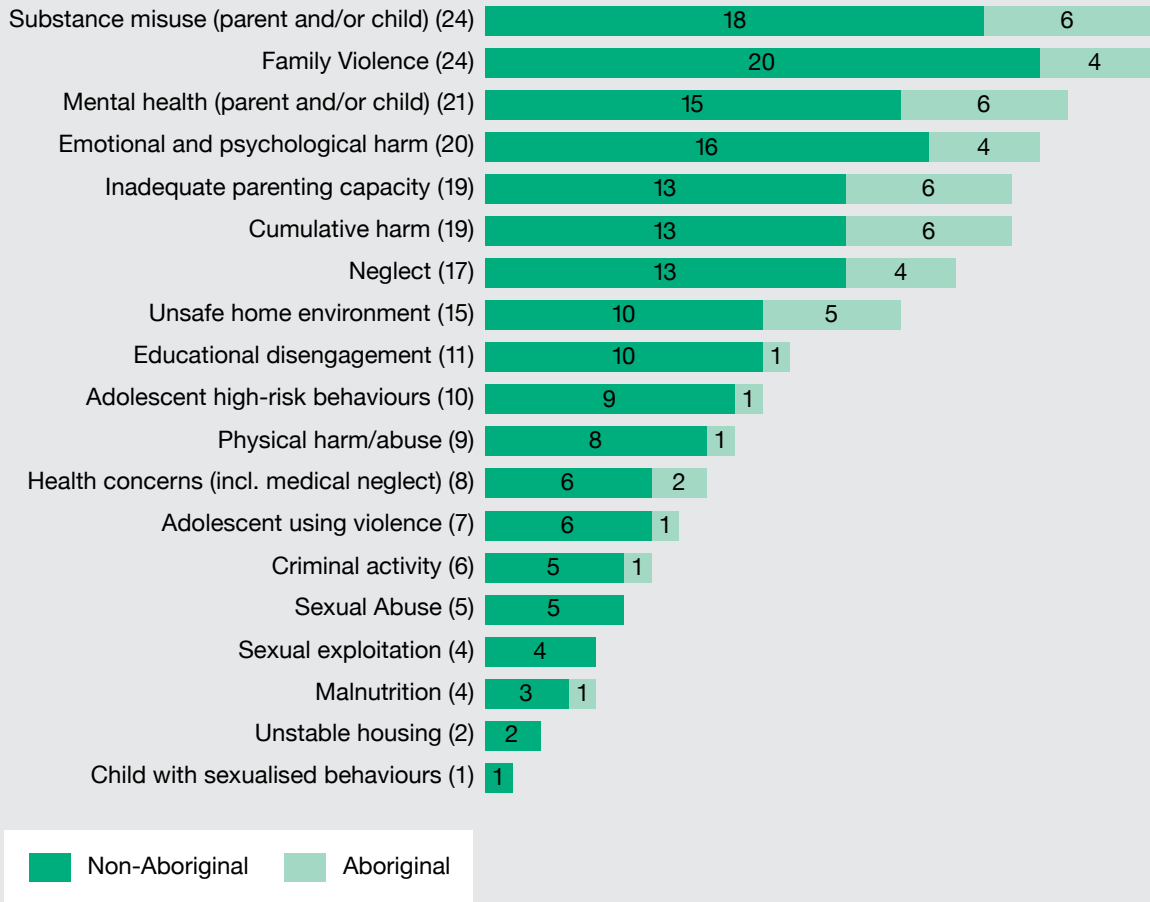
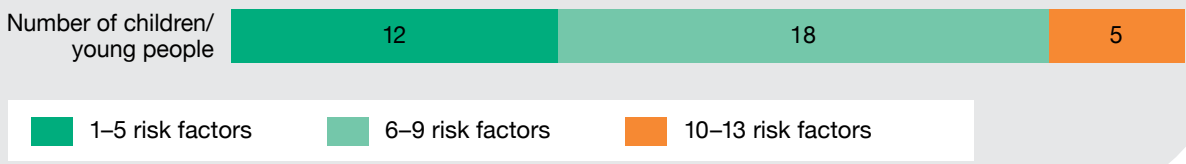


Figure 20: Number of children and young people by number of risk factors



Case study: Jacki¹⁰⁸

At the age of 15 years, Jacki died by suicide.

Jacki experienced at least 13 coexisting risk factors, including family violence, an unsafe home environment, unstable housing, neglect, parental substance misuse and mental ill health. Jacki had been the subject of 22 reports to Child Protection, the first when she was eight years of age, with multiple reports annually, the majority of which closed in the intake phase. Jacki experienced significant family violence and trauma from a very young age. Jacki lost her mother in her early teens. As a young child, Jacki required, but was not provided with, a child focussed therapeutic response to address her vulnerability and risk of emotional trauma, cumulative harm and exposure to chronic and entrenched family issues. There was no meaningful service engagement with Jacki and as she entered adolescence, her trauma manifested in significant behavioural difficulties including use of violence, self-harm, substance abuse, and emotional and mental health challenges. Child Protection closed 16 of the reports in the intake phase, investigated five reports, and made just one referral for family support at report 22.

Like Jacki, many of the adolescents who died by suicide did not receive early therapeutic care for unresolved trauma throughout their lives. The lack of early intervention was also evident more broadly across the files reviewed. Referrals from Child Protection were made in some cases and not in others. The referrals did not always communicate the risk factors adequately, nor did they consider previous unsuccessful referrals many times for the same family to the same service. This resulted in ineffective referrals as the service was unable to engage with the family or the family declined the service, leaving children at ongoing risk of adverse childhood experiences and trauma. Service engagement with children, young people and their families is discussed in greater detail in Chapters 4 and 6. The adequacy of Child Protection referrals is considered in Chapter 5.

Finding 4: Experiences of children and young people in child death inquiries

Many of the children and young people in the 35 child death inquiries analysed were the subject of multiple reports to Child Protection, commencing in their early years. Of these reports, 67 per cent were closed at intake and a further 19 per cent were closed following an investigation. The Commission observed that many of these reports contained information of real ongoing and/or escalating risk to the children and young people, with concerns commonly relating to family violence, substance misuse and mental ill-health. Notwithstanding this, Child Protection did not assess the children or young people to be at significant risk at the time of the report.

¹⁰⁸ This case study is based on a child death inquiry completed in 2019, and the case is one of the 35 included in the file review analysis for this inquiry.

Children and young people caught between the statutory and voluntary service systems

Throughout consultations, stakeholders shared their reflections on particular cohorts of children and young people who can become caught between the statutory and voluntary service systems. These cohorts include children and young people experiencing neglect, younger children, Aboriginal children and young people, children and young people with disability, and adolescents, especially those aged 15 to 17 years. Stakeholders' reflections – which are consistent with what the Commission sees in its inquiries – are outlined below. Children and young people experiencing family violence were also identified by stakeholders as vulnerable to this scenario, which is discussed further in Chapter 4.

Children and young people experiencing neglect

Neglect can lead to ongoing harm when the adults in children and young people's lives do not act on their needs. Neglect was a common theme in most of the files reviewed for the inquiry, where children and young people were exposed to longstanding chronic and entrenched neglect and the cumulative impact of this was harm. Stakeholders indicated that neglect is not always visible on a child or young person, and it is not typically an experience they verbalise, which can make it difficult for practitioners to identify as an area of concern. In some circumstances, there is clear evidence of neglect and yet, as evidenced in many of the Commission's child death inquiries, it is not always assessed by Child Protection to meet the threshold for statutory intervention. This is discussed further in Chapter 5.

Stakeholders also highlighted that there is often insufficient intervention for children and young people experiencing neglect.

Chronic neglect is a big issue. We receive repeat referrals that come through post-intake, which are often chronic neglect – three to 12 reports but when Child Protection assess, the risk threshold for them isn't high enough. But we see them come through multiple times with little change, they go through many support agencies and support types and still come back to Child Protection with the same concerns that were present at the beginning.... Being able to communicate that risk to Child Protection in a way that reaches a threshold where they see it, it just doesn't happen, and we just see these families cycling through.
(Community Service Organisation)

Experiences of neglect have profound and long-lasting emotional impacts on children and young people. It can lead to them experiencing low self-esteem, mental ill health, impact their ability to form healthy relationships with peers and lead to poor educational outcomes.¹⁰⁹

¹⁰⁹ Australian Institute of Health and Welfare, [Australia's children](#), accessed 3 November 2025; Australian Institute of Family Studies (2014) *Understanding child neglect*, Commonwealth of Australia, p.9.

Young children

According to the Department of Families, Fairness and Housing (DFFH), children under the age of one are less likely to be the subject of reports to Child Protection compared with older children. When they are reported, these reports are more likely to be investigated (59 per cent).¹¹⁰

Many of the children and young people in the child death inquiries reviewed came to the attention of Child Protection before the age of six (63 per cent or 22 cases). This is a particularly vulnerable cohort because children who are not regularly engaged with the voluntary services available (such as Maternal and Child Health [MCH] and early childhood education services) are less visible to services until they reach school age. The Commission acknowledges that DFFH has identified the visibility of younger children as a priority area in its Entry Pathways project¹¹¹, with a current focus on improving information sharing between MCH and child and family services and further work to enhance collaboration with MCH regarding referral pathways.¹¹²

Case study: Maddy¹¹³

Maddy died at age seven in a car accident.

Maddy lived with an intellectual disability and autism spectrum disorder. She was the subject of seven reports to Child Protection, the first when she was a few days old. Of the reports, six were closed at intake and one was investigated. The concerns for Maddy included poor parenting capacity, neglect, inappropriate physical discipline and threats of harm, lack of school attendance, and exposure to family violence.

Reports five to seven showed growing concerns for Maddy, including a lack of parental capacity to meet her needs, yet each report was closed, relying on The Orange Door and community services to respond. Service provision did not occur.

At the time of report seven, a referral was in progress to The Orange Door. There was also information that Maddy's parents had withdrawn her from school and were uncontactable. The Orange Door was experiencing a backlog and waitlist at this time.

Despite The Orange Door's assessment identifying several risks and concerns for Maddy, it determined that the concerns could be addressed by her school. This decision left Maddy and her family with no service provision, and the concerns for Maddy remained unaddressed.

¹¹⁰ Information provided DFFH to the Commission on 20 January 2025.

¹¹¹ In 2023, DFFH established a project team across several divisions to review and analyse children and families pathways to support for safety and wellbeing. Source: Information provided by DFFH to the Commission on 20 January 2025.

¹¹² Ibid.

¹¹³ This case study is based on a child death inquiry completed in 2025. The case is not one of the 35 included in the file review analysis for this inquiry.

Children and young people with disability

Children and young people with a diagnosed disability and/or complex medical needs made up 23 per cent (eight) of the 35 files reviewed for this inquiry with a further four children suspected of having a disability. Many who were diagnosed or suspected to have a disability died from illness (in five cases) and by accidents (in four cases). Children and young people with disabilities were also commonly identified by stakeholders as a cohort that is at risk of becoming caught in the refer and close cycle.

Child death inquiries highlight the increased vulnerability faced by children and young people with disability and/or complex medical needs. For the files reviewed, the most common risk factors included neglect, inadequate parenting capacity, family violence and cumulative harm. More broadly, the Commission observes in its inquiries that when responding to these risk factors, Child Protection appears to rely on the involvement of disability services without always considering their adequacy and what additional supports might be needed to address other risk factors, such as family violence. While disability services, including those funded through the National Disability Insurance Scheme (NDIS), have the primary role to support the child's disability and/or complex health needs, their role is not to address other risk factors.

Case study: Mia¹¹⁴

Mia died from illness at age 14.

Mia was a young person with complex disability who required a high level of support with communication, movement, feeding and self-care. She was one of several children in a family with multiple and complex needs.

Starting in her early years, Mia was the subject of multiple Child Protection reports that raised concerns relating to family violence, parental substance abuse and the parents' capacity to respond to their children's multiple and complex needs. The reports related to child disclosures of physical and sibling sexual abuse and provided detailed examples of chronic environmental and child neglect, including the lack of appropriate home-based disability support for Mia.

Child Protection closed most of the reports at intake with referrals to Child FIRST/The Orange Door, despite a pattern and history of services being unable to engage with the family. The Commission found that there was a distinct lack of focus on and understanding of Mia, and that she was receiving a poor quality of care and disability support at home. Further consultation and information sharing with relevant professionals was needed to determine the risks to Mia's safety and wellbeing.

¹¹⁴ This case study is based on a child death inquiry completed in 2025. The case is not one of the 35 included in the file review analysis for this inquiry.

Aboriginal children and young people

Aboriginal children and young people are significantly overrepresented in Victoria's child protection and out-of-home care systems.¹¹⁵ Aboriginal children and young people made up 20 per cent (seven children) of the 35 files reviewed for this inquiry, an overrepresentation commonly seen in the Commission's child death inquiry reports. A total of 35 Child Protection reports were received across this group of children and young people, 71 per cent of which did not meet the threshold for statutory intervention and were closed at intake.

Stakeholders from both community service organisations (CSO) and Aboriginal Community Controlled Organisations (ACCO) identified Aboriginal children and young people as being at greater risk of becoming caught in the refer and close cycle. Stakeholders spoke about Aboriginal children and young people and their families feeling distrust towards services and Child Protection and often experiencing culturally unsafe and insensitive practices. Stakeholders working in ACCOs indicated that Child Protection places an even higher level of risk for statutory intervention for Aboriginal children and young people due to concerns about adding to overrepresentation in the system.

We're not against Child Protection. We feel there's lower expectations for Aboriginal children – survive rather than thrive. The politics of it don't matter, child safety trumps everything. We always act on it when there are concerns about harm to a child. If you think there's risk to a child, do something about it. (Aboriginal Community Controlled Organisation)

There are different risk assessments between Child Protection and services – we receive referrals with high levels of risk and then when working with families, we assess more risk. It's really hard to get Child Protection to hear that. They play the overrepresentation card. (Aboriginal Community Controlled Organisation)

Sometimes kids should be in care. When there's so many services involved over a long period of time and there's been no change. Although the overrepresentation of Aboriginal kids in care is obviously a huge concern for everyone. (Aboriginal Community Controlled Organisation)

¹¹⁵ Australian Institute of Family Studies (2020), [Child Protection and Aboriginal and Torres Strait Islander children](#), accessed 8 August 2025; Australian Institute of Health and Welfare (2025), [Closing the Gap targets: key findings and implications](#), Chapter 12: Child Protection, accessed 8 August 2025.

Case study: Nikki¹¹⁶

Nikki died in an accident at the age of two while she was unsupervised.

Nikki, an Aboriginal child, was the subject of six reports with five consecutive reports closing in the intake phase in the first two years of her life. The ongoing concerns for Nikki included significant environmental, physical and medical neglect, and concerns about inadequate parenting capacity. There was evidence that her older siblings were taking on a caregiver role for Nikki. Yet, Child Protection determined that the reports did not meet the threshold for statutory intervention.

The concerns escalated across the reports, including a lack of parental supervision of Nikki in and out of the home. The intake reports recorded the severity of the concerns for Nikki if the family did not engage with Child FIRST, and that any new report should proceed to investigation. But this did not occur. Child Protection did not consider the outcome of previous referrals to Child FIRST when formulating risk assessments, and there was no procedure for Child FIRST to report back to Child Protection about the lack of engagement with the family. It was only when a further Child Protection report was made that the outcome of the previous referral became apparent.

Adolescents

Broadly, the Commission's inquiries continue to identify adolescents as being in danger of falling between child and adult service systems and of being incorrectly perceived as better able to self-protect and avoid harm. This is particularly the case for young people aged 15 to 17, although we heard in consultations that younger adolescents are also vulnerable to this.

In the files reviewed, most of the young people came to the attention of Child Protection in their early years, but by the time they reached their adolescent years, they had experienced harm and trauma across their lifetime. By this time, there are often significant barriers to accessing youth specific and dedicated supports, particularly when they no longer live in the family home or their parent does not consent to them receiving targeted support and the availability of age-appropriate services is limited or non-existent.

The 11 adolescents who had been first reported to Child Protection in their early years had a total of 130 reports between them. The majority of these 130 reports (88, or 68 per cent) were closed at intake and 15 per cent (19) were closed following a child protection investigation. In just 22 per cent (24) of these report closures, there was evidence of a referral to a support service.

In consultations, stakeholders working in Child Protection, The Orange Door, child and family services, and family violence services also identified adolescents at high risk of being caught between the statutory and voluntary service systems. Several stakeholders raised that Child Protection often deems young people as self-protective and not in need of a statutory response – noting legislation restricts the acceptance of reports for those aged 17 years and over¹¹⁷ – and refers them to The Orange Door.

¹¹⁶ This case study is based on a child death inquiry completed in 2021, and the case is one of the 35 included in the file review analysis for this inquiry.

¹¹⁷ Except in circumstances where a young person is exhibiting sexually abusive behaviours and may be in need of therapeutic treatment. Source: Department of Families, Fairness and Housing, [Child Protection Manual: Therapeutic treatment reports and orders – advice](#), accessed 23 April 2026.

In the legislation, it's impossible for 16- and 17-year-olds who are high risk to get a court order. There's lots of problems that come from that. There are limitations about who will try and help someone at this age. Your hands are really tied. (Community Service Organisation)

Re-reports for the same children and the same families are starting much earlier. They're constantly on this roundabout because they don't meet the threshold for risk. And then when they're older, they're no longer seen as vulnerable as younger children. But very rarely did they receive their first report at an older age. (Community Service Organisation)

Child Protection request The Orange Door to manage risk because the young person is about to age out and enter the adult system. There is push and pull between the two systems. (Community Service Organisation)

There are no pathways for children experiencing family violence unless they're with a parent, especially older children. Child Protection won't open a report and there's a massive re-report rate. (Community Service Organisation)

There is nowhere to refer these young people. Family violence services won't accept them until they are 18 and there are limited spots in Adolescent Violence in the Home. (The Orange Door Practice Lead)

There is nowhere for these young people to go. They have intergenerational trauma, and they have no income. (Community Service Organisation)

Many of these young people are the subject of multiple reports because without intervention, the concerns for their safety continue to escalate. This is especially so for young people independently seeking support (unaccompanied by a parent). This might be because they can no longer live at home due to family violence, they live with the person using violence (the non-protective parent), or they live with a parent who is not engaged with a support service or consenting to their child receiving support. These young people are at higher risk of experiencing homelessness, with many leaving the family home to seek safety. As found in Melbourne City Mission's report, *Home in Mind: Improving mental health support for young people experiencing homelessness* many young people experiencing homelessness, face significant systemic barriers to accessing services, which compounds their vulnerability.¹¹⁸

¹¹⁸ Morgan, R., Dobson, D., Moore S., Browne, V., Simondson, K et al. (2025) *Home in Mind: Improving mental health support for young people experiencing homelessness*, Orygen and Melbourne City Mission, Melbourne, p.4.

Case study: Emily¹¹⁹

Since age 11, Emily has had significant Child Protection involvement in her life. Up until the age of 15, there were protective interventions in place to support her and her siblings at home and at one stage, she lived with a relative in an informal care arrangement. When Emily was 16, she was physically assaulted by another relative, and it was decided she could no longer live at home. In response, the service supporting Emily at the time organised for her to travel to Melbourne from her regional town on her own to seek help from a youth service to find accommodation. Emily was offered one night in a motel. After couch surfing for a while, Emily was placed by Child Protection in a hotel, where she lived on her own. Emily described the experience to the Commission as follows:

I was 16 and living on my own in a hotel. No family, no school, no one involved. I was getting myself to and from places, doing everything on my own...I was stuck there with nothing but a kettle. I made a cup of noodles every day. At this point, I just gave up on caring...I was drinking a shit tonne. I didn't really care, no one else did so why should I?

Case study: Marcus¹²⁰

Marcus' death at the age of 16 appeared to be drug related.

Marcus had been the subject of 18 reports to Child Protection, 14 of which closed at intake, two closing following an investigation and two at protective intervention. Marcus first came to the attention of Child Protection at the age of 10 with concerns of parental physical abuse, emotional harm and threats of harm. These concerns were recounted throughout many of the reports, which also referenced Marcus' mental health, suicidal thoughts, self-harm and substance misuse. At the age of 14 years, Marcus reported feeling unsafe living at home. While services involved with the family in the earlier reports were able to engage and work with the family, once they ceased their involvement, the family was unable to sustain long-lasting change. In some reports there was evidence of mental health support for Marcus, however, targeted supports to address the disclosures of abuse and family violence were absent.

By age 16, Marcus was living independently, but concerns for his substance use and suicidal ideation remained. During this time, Marcus was subject to five reports to Child Protection, all of which were closed in the intake phase based on an assessment that he had capacity to self-care and protect given his age and stage of development.

Marcus was case managed by an appropriate service at this time, however, more was required to respond to the cumulative impact of harm he experienced. Marcus' situation highlights the urgent need for further investment in tailored supports for young people unable to live at home due to family violence.

¹¹⁹ This young person shared her experiences with the Commission in a consultation for this inquiry.

¹²⁰ This case study is based on a child death inquiry completed in 2025. The case is not one of the 35 included in the file review analysis for this inquiry.

Child Protection's inability to provide a statutory response to young people aged 17 years, unless a protection order has already been granted, has been recognised as a long-standing service gap that needs to be addressed.¹²¹ At this age, young people, particularly those who are unaccompanied, are often not eligible for adult services and face significant barriers to accessing youth specific services.

In 2021, the Victorian Government attempted to increase the age at which it can accept Child Protection reports from under 17 years to under 18 years through the *Children, Youth and Families Amendment (Child Protection) Bill 2021*. The second reading speech reflected the purpose of this amendment:

*This will bring Victoria in line with all other jurisdictions in Australia, is consistent with other Victorian legislative provisions such as those relating to the Child Safe Standards and the Reportable Conduct and Child Information Sharing Schemes and reflects modern understanding of the age of a child. Importantly, it closes a service gap for 17-year-olds in need of protection.*¹²²

Unfortunately, the Bill lapsed, and this change was never enacted. The Commission considers it should be reintroduced in the Parliament of Victoria. Addressing this gap in the statutory system, alongside significant investment in youth specific services (discussed further in Chapter 4) would help address one of the common challenges for young people caught in the refer and close cycle.

Recommendation 1: Increase age of statutory intervention

That the Victorian Government amend the *Children, Youth and Families Act 2005* to increase the age at which statutory intervention can occur to protect a child, from under 17 years, to under 18 years, and provide additional resourcing to Child Protection to match any expected increase in demand.

¹²¹ Berry Street Y-Change, Youth Council Affairs Victoria, RMIT's Centre for Innovative Justice and Melbourne City Mission, *Pave the Way: Investing in the Safety and Futures of the Next Generation: Strong Foundations submission 2024*, Melbourne, p.22.

¹²² Victoria, [Parliamentary Debates](#), Legislative Assembly, 6 October 2021 (Danny Pearson, Assistant Treasurer).

Chapter 4: Centring children and young people

Chapter 4 at a glance

- Despite legislative and policy frameworks that support children and young people having a say in decisions that affect them, in practice, their voices are not consistently sought nor given weight in the decisions that impact them.
- Neither Child Protection nor The Orange Door and related services consistently engage with children and young people about their needs and experiences.
- Consequently, assessments, referrals and links into services are inadequately tailored to respond to their wellbeing, risk and safety concerns. This contributes to the system providing limited meaningful change in their experiences.
- Services are unclear about their authority to provide support to children and young people without parental consent. Other barriers to engagement include time pressure and insufficient confidence and expertise among practitioners.
- Family violence services specifically tailored for children and young people remains a critical service gap.
- The Victorian child and family system can do better to uphold the rights and safety of children and young people by embedding children and young people's participation consistently throughout the system.

They could listen. They could help. They could work with us to understand us. It is not like that. (Ben, 15)

The service system is not designed to support children, it's designed to support adults. It should be designed to support everyone according to their needs. Children should be seen independently of adults. (Community Service Organisation)

Chapter 4 explores the systemic barriers to engagement with children and young people, many of whom are caught in the refer and close cycle. It highlights the need to elevate the voices and participation of children and young people to ensure service provision recognises and prioritises their unique needs. This is critical to recognising that experiences and support needs differ between children and the adults in their lives, and among children and young people themselves.¹²³

Many children and young people are not receiving the help and support they need, and their experiences are lost in repeated cycles of administrative referrals that react to risk but lead to no pathway for recovery or lasting change. As illustrated in Chapter 3, ongoing exposure to harm can have devastating impacts on children and young people's lives. Further, despite legislative and policy frameworks that support children and young people having a say in decisions that affect them, in practice, they are rarely heard.

In this inquiry, children and young people told the Commission that their voices are not sought nor given weight in the decisions that impact them. Instead, all parts of the system often seek to address children's needs indirectly by working with their parents. Stakeholders also identified this. The perceived inability of services to speak to a child or young person, where age and developmentally appropriate, without the consent of a parent or carer was often raised. Other barriers, such as time pressures,

insufficient confidence and expertise among practitioners working in Child Protection, The Orange Door and services, and a lack of age-appropriate and relevant referral options were also cited as reasons why children and young people were not spoken with.

¹²³ Dimopoulos G, Cant H, Hew E, Aitken H, Adams M, Longhurst E, Simms L, Lonsdale M, Charman M and Wang D (2024) *Children's voices for change: A rights-based approach to understanding and implementing effective support for children and pre-adolescents as victim-survivors of family violence*, Southern Cross University, p.19.

Legislative and policy frameworks that elevate the voices and experiences of children and young people

In 2016, the Royal Commission into Family Violence identified that children and young people were the silent victims of family violence; that the service system did not recognise children as being victims of family violence in their own right; that there was a significant gap in targeted responses for children and young people; and that children's voices about their own experiences and needs were infrequently heard.¹²⁴ Since then, there has been a growing body of research calling for a cultural shift to acknowledge that a fundamental feature of effective service provision for children and young people is the centring of their voices.¹²⁵ Unfortunately, this is yet to translate into meaningful change where the specific needs of children and young people experiencing vulnerability are consistently supported in service provision.

The right of children and young people to be heard on matters that affect their lives is reflected in Article 12 of the *Convention on the Rights of the Child*. This, combined with several other rights in the Convention, are embedded in specific Victorian legislation and several policy frameworks. For example:

- The 'best interest principles' in the *Children, Youth and Families Act 2005* include that, in determining what decision to make or action to take in the best interests of the child, the child's views and wishes must be considered (if they can be reasonably ascertained), and they should be given such weight as is appropriate in the circumstances.¹²⁶

- Section 17 of the *Victorian Charter of Human Rights and Responsibilities Act 2006* enshrines the right of protection to families and recognises that every child has the right to be protected and treated in a way that takes into account their best interests. This section also recognises that children and young people can be particularly vulnerable because of their age.¹²⁷
- The 'participation' element in the Aboriginal and Torres Strait Islander Child Placement Principle ensures the participation of children and their parents and family members in decisions regarding their care and protection.¹²⁸
- Victoria's Child Safe Standards, introduced in 2016, require organisations that work with children and young people to actively embed child safety in organisational culture and governance. This includes ensuring that children and young people are empowered about their rights, participate in decisions that affect them and are taken seriously.¹²⁹

The frameworks in practice

Despite the legislative and policy basis for engagement, in the course of this inquiry it became apparent that children and young people's experiences and voices are, for the most part, invisible in the Victorian child and family system and that this is an underpinning factor in the inability of the system to make meaningful change in their lives. Practitioners in different parts of the system do not consistently make direct contact with children and young people. While it is not always appropriate to do so, many stakeholders raised concern that direct contact was not routinely occurring even when deemed best practice.

Consequently, service responses are not tailored to

¹²⁴ State of Victoria, *Royal Commission into Family Violence: Report and recommendations*, Vol II, Parl Paper No 132 (2014–16).

¹²⁵ Dimopoulos G et al *Children's voices for change: A rights-based approach to understanding and implementing effective support for children and pre-adolescents as victim-survivors of family violence*, Fitz-Gibbon, K. (2025) *Silence and inaction: Children and young people's experiences of violence and systemic failure in South Australia*, Report prepared for the South Australian Royal Commission into Domestic, Family and Sexual Violence, Sequire Consulting, Victoria, Australia; Fitz-Gibbon, K., McGowan, J. and Stewart, R. (2023) *I believe you: Children and young people's experiences of seeking help, securing help and navigating the family violence system*, Monash Gender and Family Violence Prevention Centre, Monash University, doi: 10.26180/21709562.

¹²⁶ *Children, Youth and Families Act 2005* (Vic) (CYFA), s 10(3)(d). Further, the 'decision-making principles' require the Secretary or a community service to consider the principle that 'the child and all relevant family members (except if their participation would be detrimental to the safety or wellbeing of the child) should be encouraged and given adequate opportunity to participate fully in the decision-making process'. See CYFA, s 11(f).

¹²⁷ *Charter of Human Rights and Responsibilities Act 2006* (Vic); Victorian Equal Opportunity and Human Rights Commission, [Right to protection of families and children](#), accessed 18 August 2025.

¹²⁸ SNAICC – National Voice for our Children, [Aboriginal and Torres Strait Islander Child Placement Principle](#), accessed 5 August 2025; CYFA, s 12(1)(b).

¹²⁹ *Child Wellbeing and Safety Act (2005)* (Vic), Part 6.

children and young people's needs and experiences, and interventions do not always directly address them.

Child Protection's engagement with children and young people

The Commission acknowledges the Victorian Government's efforts to embed children and young people's participation and voice in the SAFER children framework and practice guidance, in response to a recommendation in our past inquiry *Lost, not forgotten*.¹³⁰ Child Protection practitioners are also required to have direct contact with children and young people who are the subject of a report during the investigation phase to establish if they are in need of protection, either through observation or interview depending on their age and capacity.¹³¹ As heard throughout consultations, however, the extent to which this occurs in a routine and meaningful way is questionable.

In this inquiry, as in past inquiries, children and young people have consistently told us about poor engagement from Child Protection. They did not feel heard, nor that their voices and safety were prioritised. Concerningly, this issue appears to have persisted, despite the Commission's *Lost, not forgotten* inquiry identifying in 2019 'an absence of child-focussed engagement' that 'resulted in children's voices not always being heard by services, and their experiences often not being taken into account'.¹³² Some young people told us that Child Protection's engagement was completely absent:

No one from Child Protection ever spoke to me. This made me feel like I wasn't deserving of help and that there are other kids out there worse off than me. (Rohan, 21)

Child Protection never talked to me about what was going on when I was young. (Hannah, 21)

Others spoke about superficial engagement, or being treated like they did not matter. For some, this experience further compounded the harm they were experiencing at home.

Child Protection mirrored exactly how my parents treated me. (Chrissie, 23)

They don't listen to us. We don't get a say. We do get a 'voice'.... They get the message, but they don't have to do anything with it. So having a 'voice' doesn't mean much to be honest. Everyone has a voice. But it's about listening to it that makes a difference. (Ben, 15)

When asked about what they would like to change in the system, they said:

Focus on the kids. The system is so confusing, some people get great support with Child Protection, that's good. But it's not consistent. When focussing on the family, you need to focus on the parents and what they need but also the children, so you're seeing the family as a whole. Everyone in a family will have individual needs and experiences and trauma. (Jolene, Aboriginal, 23)

Listen more. Take us seriously. That Child Protection look at the individual, don't think we're going to turn out like our family. (Hannah, 21)

Kids need to be heard when we're trying to get help. (Charlize, 17)

¹³⁰ Recommendation 3: That the Department of Health and Human Services review and revise all foundational practice guidance, training and tools to embed children's participation in decision making during the investigation, protective intervention and protection order phases of Child Protection intervention. Source: Commission for Children and Young People, *Lost, not forgotten: Inquiry into children who died by suicide and were known to Child Protection*, p.22.

¹³¹ Department of Families, Fairness and Housing, [Child Protection Manual: Client visit policy](#), accessed 10 July 2025.

¹³² Commission for Children and Young People, *Lost, not forgotten: Inquiry into children who died by suicide and were known to Child Protection*, p.21.

Choice is about working with children and young people to help them see that this is your story, and you get to have a say in how it is told and what should happen. (Rohan, 21)

Young people need to be at the forefront of the decisions that are made about them. (Kate, 23)

Some children and young people highlighted the importance of engaging with children and young people as part of risk assessments:

Risk assessments without the direct voices of children and young people miss critical truths. Why do we believe that risk can be accurately measured without directly speaking with the children experiencing it? (Rohan, 21)

I personally think they should talk to the kids more, because most of the time they get taken because of allegations and stuff but no one genuinely knows what goes on unless you were there...So DFFH should start talking to children. (Melody, 14)

Echoing what we heard from young people, the Commission's child death inquiries identified that children and young people's voices about what they need were often absent, including disclosures of family violence not being considered or taken seriously by Child Protection.¹³³

Case study: Toby¹³⁴

Toby was an adolescent when he died from non-accidental trauma.

He was the subject of over 20 Child Protection reports, the first when he was a young infant. Most reports were closed at intake. Toby experienced a long history of significant family violence, instability of care, parental substance misuse and mental ill health. Toby voiced his concerns about his experience of significant family violence to Child Protection many times when he had the opportunity, but his voice was often lost. Child Protection did not adequately consider his experience, and Toby was not provided with a service response to address his trauma. As Child Protection continued to receive reports into Toby's adolescent years, he had started to display challenging and aggressive behaviour at school and was disengaging from education. Each report represented a lost opportunity to intervene and support Toby.

¹³³ Commission for Children and Young People (2024) *Annual report 2023–24*, Commission for Children and Young People, Melbourne, p.38; Commission for Children and Young People (2023) *Annual report 2022–23*, Commission for Children and Young People, Melbourne, p.53.

¹³⁴ This case study is based on a child death inquiry completed in 2024, and the case is one of the 35 included in the file review analysis for this inquiry.

Stakeholders from The Orange Door, child and family services, and family violence services also raised concerns about the lack of focus and action on the voices of children and young people by Child Protection:

*When there's the voice of a child in a referral from Child Protection and we can't get hold of the family, it concerns me that the child's said something and it goes nowhere. And this can be repeated in further referrals.... Isn't that the statutory role when a child is being physically abused. I just feel for children when they have a voice and nothing changes.
(The Orange Door Practice Lead)*

*Often there is no mention of the child or young person's voice in post intake referrals. I think Child Protection practitioners need more professional development. It has progressively gotten worse in the past few years.
(Community Service Organisation)*

*[Children and young people] are victims in their own right, but services aren't always designed in this way. This should be front of mind for Child Protection. Often it's not and we're constantly having to advocate for children.
(Aboriginal Community Controlled Organisation)*

The Orange Door's engagement with children and young people

The Orange Door has grown its focus on children and young people in recent years. In 2023-24, The Orange Door conducted over 176,000 client assessments, 99,722 of which were for children.¹³⁵ The Commission welcomes Family Safety Victoria's guidance materials developed by the Centre for Excellence in Child and Family Welfare and capability uplift sessions that aim to enable The Orange Door practitioners to centre children and young people in their work.

According to stakeholder evidence, however, the application of these guidance materials varies across The Orange Door sites. While strengthened information sharing, collaboration and coordination across services is benefiting children and young people, several stakeholders, particularly Community-based Child Protection practitioners, raised that more work is needed to strengthen The Orange Door's focus on listening and responding to the specific needs of children and young people. In the child death inquiry analysis, Child Protection made referrals to The Orange Door for eight families on 12 occasions. A review of The Orange Door files showed that in most cases, children and young people were not directly engaged through the assessment processes.

Inconsistencies in The Orange Door's engagement practices across the state was partly attributed by stakeholders to its operating model. Practitioners are employed by different Community Service Organisations (CSO) and Aboriginal Community Controlled Organisations (ACCO), all of which have their own policies and practices, management accountabilities and professional development opportunities. Consequently, there are differing priorities, expertise and approaches to working with children and young people among practitioners working in The Orange Door. This was deemed to impact The Orange Door's prioritisation of children and young people.

¹³⁵ Victorian Auditor-General's Office (2025) *The Orange Door: Follow-up*, Victorian Government Printer, Melbourne, p.5.

There is a variation in the responses we receive from home agencies. With some, the focus is on the adult rather than the child.
(Community-based Child Protection)

Anecdotally, we believe there are many missed opportunities to consult with children and young people.
(Community-based Child Protection)

There's a lot of talk about the adults but sometimes we have missed having a plan for each individual child.
(Community Service Organisation)

The Orange Door is very adult focused.
(Community-based Child Protection)

Unless a young person is self-presenting [to The Orange Door], we couldn't engage with them because we don't want to upset the relationship with the family.
(Aboriginal Community Controlled Organisation)

Further, as an assessment and brief intervention service with growing demand, there is limited flexibility in The Orange Door processes to engage with children and young people in a meaningful way.

We are very target driven. I am not sure how much time The Orange Door practitioners have to build rapport with a child or young person. I think the process and system overall works against our ability to include children and young people's voices.
(Community Service Organisation)

Children may not trust us as part of a survival mindset, and it takes time to build trust to hear from children about what they need...Child voice is a gap. It's constantly on our minds.
(Community Services Organisation)

Our processes don't allow us to provide support to children and young people. We need to move away from a systems approach to a more flexible, agile approach.
(Community Services Organisation)

We need more time. I wish I had a team of practitioners who could go out and talk to the child or young person. We need skilled practitioners to do this. We say children are clients but how are we really able to do this.
(The Orange Door Practice Lead)

Services' engagement with and service provision to children and young people

The Commission identified significant discrepancies in the capacity and willingness of CSOs and ACCOs to effectively engage with and provide services specifically to children and young people.

In discussions around consent, stakeholder views varied regarding services' authority to engage with a child or young person without their parents' permission, despite guidance materials indicating otherwise. This needs to be addressed. Further, within age and developmentally appropriate boundaries, children and young people who are seeking support independently should be able to access that support, even if they do not have the consent of their parents, especially if their parents have been causing them harm.

Principles underpinning consent:

There is no legislation specifying the age at which a person under 18 years of age can be supported by services without parental consent.

As a result, the concept of the ‘mature minor’ (also referred to as Gillick competence),¹³⁶ has been developed. This accepts that parents’ authority to make decisions for their minor children is not absolute but diminishes with the child’s evolving maturity.¹³⁷ A child or young person satisfies this test, and can give consent on their own behalf, if they have enough maturity, understanding and intelligence to understand the nature and effect of a decision.

In the school context, the Department of Education applies the ‘mature minor’ concept to assess whether a student under the age of 18 is mature enough to make their own decision about a particular issue. The guidance states:

*The law recognises that as children become older and more mature, they are more capable of making their own decisions about a wide range of issues including decisions about their education, healthcare and wellbeing. The law recognises that a young person may reach this stage before they are 18 years old, but there is no specific age when a young person may be sufficiently mature and capable of making their own decisions. These young people are referred to as ‘mature minors’.*¹³⁸

The guidance also outlines several factors that principals or other professionals can take into account to assess whether a child has sufficient maturity, understanding and intelligence to understand the nature and effect of a particular decision.

Stakeholders’ positions on consent were clearly informed by their respective employers’ policies. This issue has been recognised in research conducted by Melbourne City Mission in its report *Amplify: Turning up the Volume on Young People and Family Violence*. This report found organisations often adopt policies based on arbitrary age cut offs, rather than making decisions based on individual capacity. In the context of service provision, the research highlighted:

*...that most often a young person’s agency is not based on their individual capacity but rather an organisational policy based on age. For example, some organisations have determined that they will not provide access to their therapeutic or accommodation services without parental consent for young people under the age of 16 or 18. Without parental or guardian consent, some workers expressed concerns relating to duty of care obligations.*¹³⁹

In this inquiry, stakeholders working in CSOs and ACCOs expressed their inability to engage with children and young people without parental consent.

We can’t contact children without consent, we’re reliant on their parents and their willingness to engage with the service and to have the child involved.

(Aboriginal Community Controlled Organisation)

We don’t have the power to mandate parents to allow us to speak to their children.

(Community Service Organisation)

Among services, there is discretionary understanding of the mature minor principle and application of this...Limited suitable spaces to engage with children away from their parents is also a barrier.

(Community Service Organisation)

¹³⁶ Gillick v West Norfolk and Wisbech Health Authority [1986] 1 AC 112.

¹³⁷ Office of the Public Advocate, *Children under 18 years*, accessed 16 July 2025.

¹³⁸ Victorian Government, *Mature Minors and Decision Making*, accessed 21 October 2025.

¹³⁹ Corrie, T and Moore, S (2021) *Amplify: Turning up the Volume on Young People and Family Violence*, Melbourne City Mission: Melbourne, p.39.

Stakeholders identified the need to consider the developmental and cognitive capacity of children and young people to provide informed consent and to engage with services, although some indicated they felt uncomfortable engaging directly with children due to concerns that it would be harmful to the child.

I think it could be harmful and dangerous to have children spoken to by too many people in short periods of time.

(Community Service Organisation)

Contacting the child can be harmful for them. The less people working with children, the less traumatising it is.

(Community Service Organisation)

Regarding service provision, despite there being no legislation specifying the age at which a child or young person under 18 can access services without parental consent, the Commission heard from some stakeholders that children and young people cannot access services without it. Stakeholders raised concerns about how to support children and young people when their parents decline service involvement, or when children and young people seek help without their parents' knowledge.

It can be tricky for adolescents wanting support without parents. Service providers require parental consent. We're currently having the conversation about barriers to supporting these young people.

(Community Service Organisation)

Parents have to provide consent for their children to access services, even if the parent declines the service.

(Community Service Organisation)

Legislation doesn't allow service provision to children independent of their parents. Service agreements are set up this way. Where the child has the capability to do so, the barrier shouldn't be their age but where they are developmentally.
(Community Service Organisation)

If parents do not give consent, then we can't work with children. We've tried and we can't.

(Community Service Organisation)

The Commission also heard that children and young people living in joint custody arrangements with their parents are sometimes required under family court orders to have both parents consent to them receiving a service. Concerningly, in family violence situations, consent can be weaponised by the person using violence against their child, obstructing children and young people from receiving the appropriate support.

Children who are part of the family law system can fall between the gaps. Child Protection may not intervene when the courts are involved, and when both parents need to consent to a service for a child but one parent refuses.

(Community Service Organisation)

Families with children living in both households but there's opposing views about support needs and consent from both parties is required. This becomes difficult to deliver therapeutic responses to the child.

(Aboriginal Community Controlled Organisation)

In our program, we receive referrals for children needing emotional safety and recovery from family violence trauma. Consent from the offending parent is often a barrier to working with these children and young people... Family law court orders often state the consent is required from both parents and does not consider the needs of the child's recovery following experiences of family violence.

(Community Service Organisation)

Further, stakeholders raised the issue of insufficient confidence and skills among practitioners to effectively work with children and young people to assess and support their individual needs.

Practitioners' confidence is a barrier to have the required skills to work with children and young people. There's also the process of building trust and rapport with parents to feel confident for us to work with the children.

(Community Service Organisation)

Services are waiting for the child MARAM before they engage with children and young people. There's an overreliance on formal training on MARAM which can prevent workers from building skills through practice. Practitioners are using MARAM as an excuse, impacting our capacity to build skills, knowledge and confidence.

(Community Service Organisation)

A commonly held view was that the limited capacity and confidence of practitioners to support children and young people was the consequence of services' historic focus on adults, particularly those in the family violence sector.

Some [The Orange Door] staff from agencies with a strong female lens have been able to do some great child wellbeing work but these are very few.

(Community-based Child Protection)

In The Orange Door, everyone is seen as a client, including children and young people, but then when they're referred to a service, they become a family unit again. It's incredibly adult focused.

(Community Service Organisation)

There's a shift in seeing children as victims in own right – services haven't had much experience in this space...Challenges exist in dealing with children's behaviours that may come from living in a home with family violence and may require a child wellbeing service response. There's a huge demand. We need to upskill those services to work with children in the meantime.

(Community Service Organisation)

Some stakeholders spoke about working with families to facilitate engagement with and service provision to children and young people, particularly younger children.

There can be opportunities to role model to parents engagement with children during play and family meetings when there's time and it's tailored. There can be great outcomes in doing this work collaboratively with the family.

(Community Service Organisation)

It's dependent on relationship building. As you develop this, parents are more likely to be agreeable to spending time with their child. Parents may have fears and suspicions especially if Child Protection have been involved. This can be tricky.

(Aboriginal Community Controlled Organisation)

When consent isn't provided, we work smarter with families to engage with children, including building relationships and trust with parents to be able to speak to their children. Observational work is really important too. Going with the flow when visiting and the children may be saying things in the background, just a matter of going with it. We also might leave reading materials around the place for parents to read in their own time.

(Community Service Organisation)

The five-year evidence review into the Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM) highlighted that many practitioners were reluctant to engage directly with children, with many of the reasons echoing the evidence shared in this inquiry. The review reported that time pressures and caseloads meant efforts towards the adult were prioritised, and practitioners felt they had limited opportunities to engage directly with the child or young person. Others cited insufficient confidence and expertise to have those conversations and were concerned it may cause harm for children. For those working in family violence cases, some felt engaging with children and young people was not within the scope of their role or supported by their employer's policies.¹⁴⁰

Finding 5: Children and young people's voices are not sought or acted upon

Children and young people's voices are not sufficiently sought and acted upon in the Victorian child and family system. Neither Child Protection nor The Orange Door and related services consistently engage with children and young people about their needs and experiences. Consequently, assessments, referrals and links into services are inadequately tailored to respond to their wellbeing and safety concerns. This limits the capacity of the system to make meaningful change in their lives.

Finding 6: Services are uncertain about engaging with and supporting children and young people

A range of legislative and policy frameworks provide for children and young people to have their voices heard, understood and included. However, there is inconsistency, uncertainty and insufficient confidence amongst service practitioners about their ability to engage directly with children and young people (when it is age and developmentally appropriate) in relation to the help they need. Services are also unclear about their authority to provide support to children and young people without parental consent.

Bringing children and young people to the centre

Young people, especially those under the age of 18, are often not involved or spoken to at all because of perceived risk. By not including and speaking to children and young people, it is more of a risk to our safety, as workers, organisations and systems are missing such a big part of the story. It's true that there are often barriers, but...speaking with children and young people with a lived experience can be done safely and in an accessible and organic way. Children and young people can be straight to the point, there's no messing around – often it is adults' anxiety and not doing the internal work required that is the barrier to truly listening to and supporting us.¹⁴¹

Reform is needed to overcome the barriers that prevent the system from understanding and meeting the needs of children and young people who are experiencing vulnerability and harm in the refer and close cycle. They hold vital information that is directly relevant to assessing risk and identifying support needs—but they are not consistently provided with the opportunity to describe their experiences or articulate what they want. Young people are clear about the risks to them when their situations are not understood.

¹⁴⁰ Victorian Government (2023) *MARAM 5-Year Evidence Review Final Report, Family Safety Victoria*, Conducted by Allen & Clarke Consulting, p.151-152.

¹⁴¹ Berry Street, [Y-Change amplifies voices of young victim survivors of family violence](#), accessed 5 August 2025.

We are not hearing them, and too often, this leads to the system not protecting their safety and wellbeing.

The Commission firmly believes that the Victorian child and family system can work better to uphold the rights and safety of children and young people. In the first instance, this would entail embedding children and young people's participation, as established in Victorian legislation and policy, consistently throughout the child and family system. It requires practitioners to see children and young people not only as part of a vulnerable family or adjunct to a parent, but as affected parties in their own right, with their own needs. Direct engagement with children and young people must be established as a standard baseline practice, if the system is to become responsive to their lives.

Implementation of new guidance

The Commission recognises the work of Family Safety Victoria in developing Child and Young Person-focused MARAM practice guides, scheduled for release in 2026, to assist 'workforces prescribed under the MARAM framework to respond directly to children and young people as victim survivors of family violence and support their wellbeing'.¹⁴² The practice guides will, among other things, provide for a direct risk and wellbeing assessment of children and young people as victim survivors of family and sexual violence.¹⁴³ Further, the forthcoming Child and Young Person MARAM materials include a child and young person wellbeing assessment tool to assess and respond to wellbeing concerns. The Commission is of the view that this will enable practitioners to identify and respond to some of those chronic issues that often go unidentified within the refer and close cycle, such as cumulative harm and neglect, as well as other needs such as mental health.

The Commission awaits the final guides with interest and notes the critical importance of an operating model that allows the time and resources for fulsome implementation, and associated workforce training to build confidence and skill in engaging with children

and young people, to enable meaningful change. It will be critical to monitor how well the new guidance and tools support improved responses to children and young people's individual needs and safety.

While the new MARAM materials have the potential to more effectively identify the needs of children and young people, in many cases these needs cannot be met within the current service system due to critical service gaps and limited availability. As discussed later in this chapter, appropriate referral pathways are needed to effectively respond to the identified needs.

Providing clarity around parental consent

Clarity is required around the matter of parental consent. The inquiry found the interpretation of consent acts as a barrier to consistent age and developmentally appropriate engagement with children and young people about their experiences. Confusion exists across services about consent, with some identifying that legislation and service agreements place restrictions on services engaging with children and young people without parental consent, despite no legislation specifically covering this issue. This uncertainty is in turn impacting children's right to access child and family services and specialist family violence services.

To move beyond an adult-oriented service model, it is critical that the workforce can confidently determine when parental consent is and is not required and demonstrate the ability to have conversations with parents about possible supports to their children when parents decline service involvement for themselves.

The Commission also acknowledges the report, *Unsafe and Unseen: Spotlighting the needs and experiences of unaccompanied young people seeking shelter*, which identified that parental consent requirements can act as a barrier to young people¹⁴⁴ receiving support and recommended that statewide guidelines on parental consent be developed for all services working with unaccompanied young people,

¹⁴² Victorian Government, [MARAM practice guidance](#), accessed 13 July.

¹⁴³ Victorian Government, [MARAM practice guidance](#), accessed 13 July.

¹⁴⁴ The research conducted for this report considered the experiences of, and engaged with, young people who were between 14 and 24 years of age at the time of interview or where information about their experiences was captured indirectly in case studies.

including The Orange Door network.¹⁴⁵ More broadly, the report identified that:

[y]oung people regularly encounter a service system that is designed for adults and fails to account for the age and developmental stage of young people and the resources that they have available to them. Practical realities such as not having access to a safe email or working phone, identification documents or modes of transport often undermined young people's engagement with services.¹⁴⁶

These practical realities that limit opportunities for engagement were also evident in this inquiry.

Workforce development

Children and young people cannot be centred effectively in the system without an appropriately trained, skilled and confident workforce.

The Victorian Government should prioritise strengthening workforce capacity across the entire child and family system to effectively engage with and support children and young people experiencing child wellbeing and family violence matters.

The Commission is also of the view that there are opportunities across other systems, such as education and health, to review policies and practices to enable engagement and service provision to children and young people, where age and developmentally appropriate, in circumstances where their parents have declined service involvement.

Recommendation 2: Address uncertainty about engaging with children and young people

That the Department of Families, Fairness and Housing, in collaboration with child and family services and family violence services:

- identify and seek to remove actual and perceived barriers that prevent services from engaging directly with children and young people where age and developmentally appropriate, including:
 - clarifying the need for consent
 - supporting practitioners to discuss with parents how to support children and young people, where parents have declined service involvement for themselves
- establish a policy and practice response to engaging with and providing services directly to children and young people, where age and developmentally appropriate, when there is no parental consent
- strengthen workforce capacity to effectively engage with and directly support children and young people.

¹⁴⁵ Melbourne City Mission and Centre for Innovative Justice (2025) *Unsafe and Unseen: Spotlighting the needs and experiences of unaccompanied young people seeking shelter*, Summary report, p.39.

¹⁴⁶ *Ibid.*, p.22.

Processes within The Orange Door

Lastly, there are opportunities to strengthen The Orange Door's engagement with children and young people. The Commission commends Family Safety Victoria and The Orange Door for its increased focus on children and young people, including through the introduction of child-focused practice positions.¹⁴⁷

Clear guidelines exist in The Orange Door regarding engaging with children and young people:

Children and young people have the right to have a say in decision making processes that impact them and their views and wishes taken into account. Engaging children and young people provides practitioners with rich and valuable information about their experiences. This plays an important role in establishing safety and stability for them and in determining what support is required.¹⁴⁸

All children and young people in referrals must have their individual risks and needs identified and assessed through a child and young person wellbeing assessment. Practitioners complete these assessments through gathering information from various sources, and where 'deemed safe, reasonable and appropriate' this may include information taken directly from the child or young person in question.¹⁴⁹

However, as the inquiry heard, short term intake and assessment processes, along with high demand, can limit The Orange Door's engagement with them as individual clients. This needs to be prioritised in the service design of The Orange Door to ensure children and young people are adequately supported through child-focused and trauma-informed practices to express their needs, and for their views to inform decisions about supports.

Recommendation 3: Strengthen The Orange Door's engagement with children and young people

That the Department of Families, Fairness and Housing, in partnership with children and young people with lived experience, strengthen The Orange Door's Assessment and Planning processes to enable better and direct engagement with children and young people to ensure responses are targeted to their needs.

Limited critical services specifically for children and young people

There was literally nowhere for us to go to get support. And to put this into context, this was nearly five years post Royal Commission. It was a child's death that sparked the Royal Commission and nine years on, we've built a system around adults and forgotten to centre the child. (Rohan, 21)

As we saw in Chapter 3, family violence is a prevalent risk factor for children and young people in the refer and close cycle. Hearing children and young people's experiences is the first step to addressing the harm they experience. However, translating that recognition into meaningful changes to children and young people's lives is impossible without a comprehensive service response that supports them as individuals, rather than extensions of their parents or caregivers. This has been a constant criticism of the specialist family violence sector in Victoria.

Many children and young people living with family violence are subject to reports and re-reports to Child Protection, some of which are closed with referrals to The Orange Door but rarely is there effective service intervention. This is often because engagement with their parents or caregivers is unsuccessful or they do

¹⁴⁷ Victorian Auditor-General's Office, *The Orange Door: Follow-up*, p.3.

¹⁴⁸ The Orange Door, *Practice Resource – Child and Young Person, Wellbeing Assessment, Supporting Children and Young People's Participation*, February 2025, Page 4.

¹⁴⁹ Ibid.

not consent to their child receiving support, but it can also be because the referral pathways to services are extremely limited or non-existent.

The Commission acknowledges that while the Victorian Government has funded therapeutic interventions and counselling for children and young people in more recent years, there remains insufficient dedicated, specialised therapeutic services for them. Critical gaps are also evident for appropriate family violence crisis accommodation for children and young people across Victoria, particularly for unaccompanied young people seeking refuge, and for specialised family violence case management services. Where services exist, long waitlists present significant barriers to service accessibility.¹⁵⁰

In consultations, children and young people described not receiving any services, or getting caught on waitlists.

I was in the system for like three or four years, fully involved. And they never really showed me anything except for, 'I feel bad for you. I'll go buy something for you out of my own pocket'. I didn't want that; I wanted to be helped.
(Emily, Aboriginal, 18)

I don't remember any services. I remember going to court a lot, going into respite and talking to lawyers. When I was living with my mum and even when I was in foster care, there were no supports. (Jolene, Aboriginal, 23)

I had a 10-week waiting list for [youth service] while I was on a welfare warrant. The cops pulled me aside and made a referral to [youth service]. I was 16, homeless and alone...This was the time for support, but the system missed it. (Kate, 23)

I worked up the courage to accept support and now I'm sitting on a waitlist.
(Bessie, young person)

Stakeholders, including a young person, spoke about the lack of services available to children and young people experiencing family violence, unable to access support unless they are with a parent.

The next time I reached out for support was when I was 16 and my life was nearly taken...This event led me to contact a specialist family violence service. When I worked up the courage to reach out to them, their first question was 'are you a perpetrator?'. Being 16, I was also told that I couldn't access help unless my protective parent wanted support. For 18 months, I wouldn't reach out to anyone else for help. (Rohan, 21)

A lot of these young people are coming through experiencing family violence or sexual exploitation. We don't have any services.
(Community Service Organisation)

For older children over 12, there is a lack of available programs for them to engage in. It just doesn't exist. (Community Service Organisation)

There are no pathways for children and young people unless they're with a parent, especially older children. (Community Service Organisation)

We also heard about gaps in housing and financial support for unaccompanied young people experiencing family violence-related housing instability or homelessness.

We have 16–17-year-olds leaving family violence at home and coming to The Orange Door where our only response is to send them to youth refuges, which are normally full in our area.
(Community Service Organisation)

¹⁵⁰ Dimopoulos, G. et al., *Children's Voices for Change: A rights-based approach to understanding and implementing effective support for children and pre-adolescents as victim-survivors of family violence*, p.5.

*Housing is also a real gap for unaccompanied minors who are well known in the system, especially if there is disability involved.
(Community Service Organisation)*

*Children in housing crisis or emergency accommodation – there is limited youth housing, and they cycle between friends, homes and refuges. There’s no income support for these children and young people.
(Community Service Organisation)*

*Young people experiencing homelessness are at risk – they might have a friend’s mum or someone who can help but it’s informal and there’s very little scrutiny and the young person is just lost to it because there’s no other options. No payments or formal supports and they just pull away.
(Aboriginal Community Service Organisation)*

*The service gaps are huge!
(Community Service Organisation)*

Victoria now has a model of care for young people who use violence in the home: the Adolescent Family Violence in the Home (AVITH) program, funded in each of the Department of Families, Fairness and Housing (DFFH) regions across the State.¹⁵¹ The Commission welcomes specialised support to children and young people in circumstances when they are using harm, recognising that this is likely a result of the child or young person being a victim-survivor of adult perpetrated violence.¹⁵² However, stakeholders indicated that this is often the only service option for children and young people experiencing family violence.

*There is a real challenge in The Orange Door for accessible services for children and young people, like free counselling. And outreach for young people – we only have an outreach service for adolescents using violence in the home but not much else.
(The Orange Door Practice Lead)*

*Our job is to find an appropriate pathway and that’s where we get stuck with the younger cohort. But if they need anything other than [adolescence violence in the home], then there aren’t options.
(The Orange Door Practice Lead)*

Finding 7: Critical gap in family violence services for children and young people

Family violence services for children and young people remain a critical service gap previously identified by the Commission. There continues to be inadequate specialised therapeutic services and case management services for children and young people. This, coupled with critical gaps in family violence crisis accommodation appropriate for children and young people, particularly for unaccompanied young people seeking refuge, impacts safety planning and the wellbeing of children and young people. Where services exist, long waitlists present significant barriers to service accessibility.

¹⁵¹ The Adolescent Family Violence in the Home program provides early intervention responses for adolescents who use violence through a coordinated response that supports a young person’s developmental and therapeutic needs and safety for the entire family. Source: Premier of Victoria, Hon Jacinta Allan MP, [More support to prevent adolescent family violence](#), media release, 31 October 2022.

¹⁵² Campbell E, Wall L, Respect Victoria (2023) *Adolescent Violence in the Home*, Melbourne: Respect Victoria, p.5.

While there is greater recognition that children and young people are victims in their own right, this is yet to be translated into meaningful service responses. In its *Strong foundations: Building on Victoria's work to end family violence* report, the Victorian Government identifies the important role of children and young people who have experienced family violence as agents of generational change.¹⁵³ Throughout the inquiry, we heard there is a significant gap in Victoria in dedicated, specialised therapeutic services for children and young people to address ways in which patterns of violence impact them. It is not enough to keep relying on interventions that focus only on behavioural change in parents and other adults in children and young people's lives. Without access within reasonable timeframes to specialised, age-appropriate services, there is little hope of changing the experiences of children and young people in the refer and close cycle, especially those experiencing family violence. Family violence is a key contributing factor to youth homelessness and while 29,114 young people needed long-term housing in Australia in 2024, less than four per cent received it.¹⁵⁴ This needs to be urgently addressed.

The Commission acknowledges the nation-leading and evidence-based work of Melbourne City Mission's Amplify Program, Australia's first dedicated family violence case management program for unaccompanied children and young people. It is critical that the Victorian Government fund and roll out this and similar models across the State, so that children and young people are not pushed through a system only to be met with the complete absence of specialised services at the other end. Currently, the system provides targeted intervention only when a child or young person starts using harm. To disrupt the cycle of trauma, earlier intervention is essential.

In addition to youth specific family violence case management, it is critical that broader case management support is available to other children and young people caught between the voluntary and statutory systems. In consultations, children and young people shared their experiences of feeling invisible in the child and family system, especially when Child Protection and services only focused on

the needs of their parents or caregivers. This invisibility and experiences of risk can be further heightened when parents decline service involvement for themselves and their children. Youth specific case management offers children and young people the opportunity, where age and developmentally appropriate, to be supported by a specialised case manager who can help them work towards their goals and connect them to other tailored supports.

Recommendation 4: Fund specialised programs and supports for children and young people

That the Victorian Government address critical service gaps in age-appropriate and specialised programs for children and young people experiencing vulnerability, especially victim-survivors of family violence. This should include establishing, where appropriate, and funding:

- **increased availability of specialised, accessible therapeutic counselling services for children and young people to reduce high waitlists across the state**
- **increased availability of appropriate family violence crisis accommodation for children and young people who need it, particularly those seeking safety on their own**
- **youth specific family violence case management programs, such as Amplify, state-wide across DFFH regions**
- **state-wide youth specific case management for other priority cohorts, such as Aboriginal children and young people.**

¹⁵³ Department of Families, Fairness and Housing (2023) *Strong Foundations: Building on Victoria's work to end family violence*, State of Victoria, p.33.

¹⁵⁴ Youth Off the Streets, [Youth homelessness in Australia](#), accessed 21 October 2025.

Chapter 5: Responding to children and young people in the statutory system

Chapter 5 at a glance

- Demand on the Child Protection system is rising, with the number of reports to Child Protection increasing by 23 per cent between 2022 and 2025.
- It is widely observed that increasing demand and complexity in cases is impacting the ability of Child Protection practitioners to conduct comprehensive risk assessments.
- There are existing initiatives in place that aim to provide earlier support to children, young people and their families and prevent contact with the child protection system. Further efforts to intervene earlier and reduce demand are critical.
- As a result of demand pressure, gaps in Child Protection risk assessments and referrals, and poor communication between Child Protection and The Orange Door, mean risk may not be adequately understood and cases can be prematurely closed.
- The families of children and young people at significant risk are often referred to services instead of being met with investigation and a statutory response to protect the child or young person.
- The service system is ill-equipped to deal with the level of risk, and children and young people are left without the necessary interventions to ensure their safety and wellbeing.

*An earlier intervention can make a huge difference in some cases. Sometimes that one intervention makes the difference in a report or another report being made down the track.
(Community Service Organisation)*

Chapter 5 considers the impacts of demand on Child Protection responses to children and young people at risk of harm, including on decision-making and practice. It also considers the need for early and preventative avenues to ensure Child Protection has the capacity to respond to the children and young people who need it.

Early intervention is critical to reducing the prevalence of child maltreatment. This is widely recognised, including by the Victorian Government, which committed \$1.1 billion in the 2024-25 State Budget to the Early Intervention Investment Framework (EIIIF).¹⁵⁵ The need for early intervention and prevention ‘to reduce vulnerability and equip children and young people to reach their full potential’¹⁵⁶ was set out 10 years ago in *Roadmap for Reform: Strong Families, Safe Children*, and remains a core principle of the Department of Families, Fairness and Housing’s (DFFH) reform work.

Child Protection plays a critical role in intervening when child maltreatment emerges. It investigates concerns for the safety and wellbeing of children and young people and intervenes to address protective concerns. For children and young people in the refer and close cycle, whose circumstances may not represent the highest risk of immediate harm, ever-increasing demand on the child protection system means opportunities for earlier Child Protection intervention are often missed. It also suggests that earlier opportunities for intervention have been missed by the broader service system.

Once a report is made to Child Protection, resource constraints and practitioner caseloads often impact

Child Protection involvement, as cases with more acute risk are prioritised. Most intake reports are closed, with many cases referred to the voluntary system. For the children and young people in our analysis of child death inquiries (Chapter 3), we found that closure in the intake phase was often premature and successful service intervention did not occur, resulting in re-reports and an escalation of risk.

The impact of increased demand and complexity in the system

The number of reports to Child Protection increased by 23 per cent between 2022 and 2025, with the proportion of reports investigated by Child Protection remaining stable at around 30 per cent and then increasing to 34 per cent in 2025.¹⁵⁷ The Commission heard in consultations, however, that the complexity of issues experienced by families has increased. It is promising that the investigation rate increased in 2025 (from around 30 per cent of all reports in previous years to 34 per cent of all reports in 2025), likely made possible by the reduced rate of growth in reports to Child Protection in 2025. More time is needed to determine whether this will continue.

According to DFFH, between January to June 2024, 68 intake practitioners were available to work per day where they received 563 reports daily.¹⁵⁸ Resourcing is evidently outweighed by demand. These practitioners need to quickly assess large numbers of reports every day and are understandably limited in how many cases can progress to investigation given the capacity of investigation and case management teams within Child Protection areas.

¹⁵⁵ The Victorian Government’s EIIIF helps to guide early interventions to improve the lives of Victorians and deliver better outcomes across the service system by reducing pressure on acute services. The investment is estimated to generate benefits from improved client outcomes for Victorians across a range of different cohorts, including families whose children are at risk of being placed in care. Source: Victorian Treasury and Finance, *Early Intervention Investment Framework*, accessed 17 July 2025.

¹⁵⁶ Department of Families, Fairness and Housing, *Roadmap for Reform: Strong Families, Safe Children*, accessed 17 July 2025.

¹⁵⁷ Information provided by DFFH to the Commission on 1 July 2025 and 20 February 2026.

¹⁵⁸ Information provided by DFFH to the Commission on 11 February 2025.

Many stakeholders raised that increasing demand pressure is impacting Child Protection's risk assessments and decision-making. Discussed further in Chapter 6, the capacity of the voluntary system to effect sustainable changes in families presenting with serious risk can be challenging. From stakeholders' perspectives, as a result, the voluntary system sits with greater levels of risk.

*The risk is greater in the community...[t]his is to alleviate pressure in Child Protection. What we think should sit with Child Protection now sits with community.
(Community Service Organisation)*

*The risk threshold is higher than what it was two years ago.
(Aboriginal Community Controlled Organisation)*

Child Protection will often close in high-risk situations. This means that the responsibility sits with the service, which it is not always equipped to deal with it. (Community Service Organisation)

*It would improve things if Child Protection investigated more reports with child disclosures, especially physical harm, rather than these [referrals] coming to The Orange Door.
(The Orange Door Practice Lead)*

Strengthening early intervention opportunities for children and young people

Stronger early intervention and prevention initiatives could help reduce pressure on the child protection system and improve – for children, young people and their families – access to the right service at the right time to address their needs. Over time, by addressing needs earlier, this could free capacity within Child Protection to progress a greater proportion of higher risk reports to investigation and statutory intervention. Opportunities for early intervention – to better support children and families, and to reduce pressure on the child protection system – exist at various points across the child and family system.

Direct referrals to the voluntary system

Within universal services such as schools and health services, directly linking children, young people and families with the voluntary system, where appropriate, can prevent them from encountering the child protection system and reduce the reliance on Child Protection as a triage service, especially for families with wellbeing concerns.

In Victoria, schools are the highest reporters to Child Protection, accounting for over a third of all reports in 2023-24.¹⁵⁹ This is to be expected given the greater visibility of children and young people in these environments and that professionals working in the education system are mandatory reporters under the *Children, Youth and Families Act 2005*. However, with reports from schools increasing by 59 per cent from 2019-20 to 2023-24, this is driving a substantial proportion of demand in the child protection system.¹⁶⁰

Reports from schools are less likely to be investigated, with a conversion to investigation rate of approximately 25 per cent in 2024-25.¹⁶¹ These reports have an eight per cent lower conversation to investigation rate than total cases across all reporter types. According to DFFH, two in three reports from professionals (including professionals in schools) to Child Protection could have been referrals to The Orange Door or

¹⁵⁹ Information provided by DFFH to the Commission on 11 February 2025.

¹⁶⁰ Ibid.

¹⁶¹ Information provided by DFFH to the Commission on 13 April 2026. The Commission acknowledges that in many cases, reports from schools that are closed in intake are closed with the rationale that school wellbeing is involved and schools can monitor the child's wellbeing.

services, which effectively delays children and families accessing supports. It is also of the view that '[t]he high number of child protection reports, rather than child wellbeing referrals, from professional reporters is significantly influenced by their internal guidance and policies that focus on their mandated reporting responsibilities'.¹⁶² This is most evident in schools where there appears to be a lack of clarity around entry pathways and services,¹⁶³ an issue the Commission raised in its systemic inquiry, *Let us learn*:

*There are also opportunities for wellbeing teams to build their expertise in supporting vulnerable students through early intervention and referral pathways to local family services through The Orange Door when required. The type of support provided should be tailored to the specific needs of the school community, but also specialise in early intervention and community service navigation.*¹⁶⁴

In *Let us learn*, the Commission recommended that the Department of Education (DE) strengthen the understanding school staff have of Child Protection, The Orange Door and community services.¹⁶⁵ With the statewide rollout of The Orange Door, DFFH and DE have been working on a joint initiative since early 2024 to refresh guidance to support schools to assist children, young people and their families to access the right service support at the right time. This has included determining the appropriate actions schools need to take to:

- identify child abuse
- support students through their school
- refer to community services
- report abuse to authorities.¹⁶⁶

The Commission understands that as part of this initiative, a 'Professional reporter and referrer information hub' has been created to improve the reporter's experience 'by simplifying both access to, and provision of, existing information *before* they complete a report or referral'.¹⁶⁷ It is anticipated that the information hub will reduce demand on Child

Protection and The Orange Door as it will enable reporters to 'self-service for information'.¹⁶⁸

The Commission welcomes the joint initiative and proposed information hub, recognising the critical role that schools have in promoting the safety, health and wellbeing of children and young people, particularly those experiencing vulnerability. In consultations with children and young people, several spoke about feeling supported at school when things were not going well at home.

They would take me into an office and ask why I didn't have lunch and if I needed help or what was happening at home. I would tell them everything. They would help with hampers and uniforms but that was all they could do. (Charlize, 17)

My support worker through school. She was trying, she was working with me and was my biggest advocate. (Emily, Aboriginal, 18)

I was really close to the wellbeing lady...She would spend one-on-one time with me, which was great. It was a really nice space with her. (Ellie, Aboriginal, 15)

Children and young people also spoke about not feeling supported at school, which for some was particularly distressing when they disclosed to a staff member that they were experiencing harm.

School could have helped, talk to us and reassure us that we were going to be safe. They could have been more supportive. (Tara, 20)

¹⁶² Information provided by DFFH to the Commission on 20 January 2025.

¹⁶³ Ibid.

¹⁶⁴ Commission for Children and Young People (2023) *Let us learn: Systemic inquiry into the educational experiences of children and young people in out-of-home care*, Commission for Children and Young People, Melbourne, p.191.

¹⁶⁵ Ibid.

¹⁶⁶ Information provided by the Department of Education to the Commission on 10 April 2026, based on its PROTECT guidance published in March 2026 available at: <https://www.vic.gov.au/protect>.

¹⁶⁷ Department of Families, Fairness and Housing, [Professional reporter and referrer information hub](#), accessed 18 May 2026.

¹⁶⁸ Information provided by DFFH to the Commission on 6 June 2025.

After I told the teacher, I was taken into the school's boardroom. I sat at a big, oval-shaped wooden table opposite the teacher and the deputy principal. I felt so alone. I told them what had happened. The silence afterward was deafening...I wondered in that moment if they understood the gravity of what I had just shared. I remember thinking to myself 'do they even believe what I'm saying?', 'do they understand how much it has taken for me to tell them these things?'. I should have felt heard and believed in this conversation, but I didn't. I felt as though I was being interrogated. (Rohan, 22)

I was in year six and I was starting fights. I had just moved to the school and I was very isolated. I didn't feel supported at that school, they never asked me why I was doing these things. I was screaming out for help but was met with suspicion and judgement. A lot of assumptions were made but no one was asking me what was happening. They just contacted my mum. After this would happen, the risk at home got worse because she thought I was outing her. (Kate, 23)

The recent report, *Silence and Inaction: Children and young people's experiences of violence and systemic failure in South Australia* was informed by interviews with young victim-survivors of family violence.¹⁶⁹ These interviews revealed similar experiences at school to the children and young people consulted for this inquiry, including missed opportunities for school staff to offer meaningful support when children and young people made disclosures to staff. The *Silence and Inaction* report identified the need for strengthening school-based responses:

It underscores the urgent need for schools to move beyond procedural compliance and to embed trauma-informed, proactive, and child-centred approaches that recognise signs of harm early and respond with child-centred compassion, consistency and care.¹⁷⁰

Let us learn recommended that DE work to ensure that Victorian Government schools adopt a whole school approach to trauma and embed trauma-informed practice throughout their school environments.¹⁷¹ As part of the work to support earlier intervention in schools, the Commission urges action on this recommendation, which will help drive appropriate responses to, and supports for, children and young people who disclose experiences of harm. It will also be essential to provide explicit advice to schools about how they should support these students.

The Commission also suggests that, building on the newly launched 'Professional reporter and referrer information hub', there should be an avenue for professionals from a range of services to consult about a child or young person's situation (without being required to share the child's identity) to determine whether a Child Protection report is needed, or another course of action would be more appropriate. This, together with other supports, will enable children and young people experiencing vulnerability and their families to receive the right support at the right time through improved service access pathways. It is critical that professionals in all systems that interact with and support children and young people, beyond those working in the child and family system, are equipped with the knowledge and confidence to refer families to the voluntary system for support when needed. In turn, more efficient reporting to the statutory system will enable resources to better target high risk matters.

¹⁶⁹ Fitz-Gibbon, K. (2025) *Silence and inaction: Children and young people's experiences of violence and systemic failure in South Australia*, Report prepared for the South Australian Royal Commission into Domestic, Family and Sexual Violence, Seque Consulting, Victoria, Australia.

¹⁷⁰ *Ibid.*, p.61.

¹⁷¹ Commission for Children and Young People (2023) *Let us learn: Systemic inquiry into the educational experiences of children and young people in out-of-home care*, Commission for Children and Young People, Melbourne, Recommendation 14.

Recommendation 5: Schools to better support children and young people experiencing vulnerability

That the Department of Education provide strengthened guidance, developed with children and young people with lived experience, on how educators and other school staff can support children and young people when they disclose that they have experienced harm.

Recommendation 6: Create a point of contact for professionals to seek advice

That the Victorian Government fund the establishment of an appropriate point of contact to allow professionals to seek advice about how to support children and young people for whom they hold concerns. This advice function should aim to improve the quality of reports to Child Protection and referrals to services, and build capability across service systems.

Other early intervention initiatives to reduce Child Protection involvement

Throughout the inquiry, the Commission heard about early intervention initiatives that aim to provide targeted and timely support to children, young people and their families to prevent escalation in risk and reports to Child Protection. If implemented effectively and widely, the Commission is of the view that such initiatives can reduce reports to Child Protection and support meaningful change earlier in children and young people's lives. Services to which Child Protection frequently refers families, which are discussed in Chapter 6, also have a critical role in addressing concerns and preventing re-reports to Child Protection.

Connecting Families

Connecting Families is the prevention and early intervention service stream included in the new 'family services platform' developed by DFFH (discussed further in Chapter 6). It is accessible to families through universal services and supports families to address their emerging needs via several prevention and early intervention programs. These include Early Help Family Services (discussed next), supported playgroups, and parenting advice and education services.¹⁷²

Early Help Family Services

Early Help Family Service (EHFS) is an early intervention program that provides tailored support to families to meet their individual needs and aims to strengthen their capacity to provide safe and nurturing environments for their children.¹⁷³ Through this tailored and timely support, the program can prevent issues escalating to the point where statutory intervention is needed.

The EHFS program is delivered throughout Victoria by community service organisations (CSO) and Aboriginal Community Controlled Organisations (ACCO) in partnership with universal services, such as schools, early childhood services and health services. Family Services practitioners are embedded in the universal service site, and they work together to support

¹⁷² Information provided by DFFH to the Commission on 7 August 2025.

¹⁷³ Mackillop Family Services, [Early Help Family Services](#), accessed 6 August 2025.

families to access specialist services and participate in activities that support wellbeing.¹⁷⁴ Locating EHFS in universal services and places well known to families can enable better engagement.

Child Protection case conferencing at intake

When a report is made to Child Protection, Intake practitioners may convene an intake case conference where required and appropriate. According to the Child Protection Manual, a case conference may be appropriate where several professionals and services are already involved with the family and there is differing information or opinions about the nature, cause or seriousness of protective concerns, and differing views about how the situation should be managed. It may also be appropriate if the Family Violence Multi-Agency Risk Assessment and Management (MARAM) Framework assessment determines a rating of serious risk or that immediate protection is required, but the outcome of the intake risk assessment is to close.¹⁷⁵

The Commission rarely observes evidence of intake case conferences in its child death inquiries and acknowledges that conducting them can be challenging in the context of demand pressure. However, when conducted, they can more accurately identify the most appropriate responses to children, young people and their families, particularly those with complex needs. They also enable professionals to share and seek information, identify risk issues and plan for the support, monitoring and review of risk issues, be it through either the voluntary or statutory systems.¹⁷⁶

Our Place

Our Place is a holistic, place-based approach to supporting the education, health and development of children and families in communities experiencing disadvantage by utilising the universal platform of a school. The Our Place approach was developed by the Colman Education Foundation and is now delivered at 12 sites in partnership with the Victorian Government, local service providers and community groups. Community facilitators work at the sites to help children and families connect to early childhood, education, allied health and wellbeing services.¹⁷⁷

An evaluation of EHFS delivered at Our Place found consistent agreement that the services led to positive and meaningful short-term impacts for families in the initial 12 months of the trial. This included an increased awareness of and participation in support services, resulting in positive changes for families, including enhanced parenting skills and confidence. The evaluation recommended EHFS be extended and expanded.¹⁷⁸

Aboriginal Child Protection Diversion trials

In 2021, four Victorian ACCOs developed several program trials to divert children, young people and their families away from Child Protection into culturally safe supports delivered by ACCOs. The purpose of the program trials was to bridge the gap between Aboriginal families and access to culturally safe and relevant services, with the intention to prevent Child Protection investigations involving Aboriginal children and young people.¹⁷⁹ The program trials included:

- Aboriginal-Led Case Conferencing Trial (ALCC) by Victorian Aboriginal Child and Community Agency (VACCA) from September 2021 to September 2022
- Garinga Bupup Trial – providing case support where there were concerns about an unborn child

174 Department of Families, Fairness and Housing (2024) *Early Help Family Services: Operational guidelines and performance framework*, State of Victoria, Melbourne, p.7.

175 Department of Families, Fairness and Housing, [Child Protection Manual: Case conferences – advice](#), accessed 6 August 2025.

176 Department of Families, Fairness and Housing, [Child Protection Manual: Case conferences – advice](#), accessed 6 August 2025.

177 Victorian Government, [Our Place](#), accessed 17 December 2025.

178 Our Place Evaluation Team (2023) [Emerging findings report: Evaluation the Early Help Family Services Trail at Our Place](#), accessed 9 August 2025.

179 Wise, S. & Brewster, G. (2022) *Seeking Safety: Aboriginal Child Protection Diversion Trials Evaluation Final Report*, University of Melbourne, p.6

– by Bendigo and District Aboriginal Cooperative (BDAC) from November 2021 to August 2022.¹⁸⁰

The evaluation of the program trials demonstrated strong effectiveness for the ALCC and the Garinga Bupup programs in diverting Aboriginal children and young people from Child Protection investigation. The ALCC trial had a 78 per cent diversion success rate, and Garinga Bupup had a 63 per cent diversion success rate, equating to a \$5 and \$2 return on every \$1 invested respectively.¹⁸¹

The evaluation recommended full implementation of the trial. The Commission understands VACCA has received *Victorian Stronger Families Closing the Gap* funding to expand the ALCC to all metropolitan Melbourne areas and is seeking funding opportunities to expand to Ovens Murray and Inner Gippsland. BDAC continues to operate the Garinga Bupup program, providing wrap-around support and culturally safe services to Aboriginal and/or Torres Strait women and their unborn babies, and extending support up to six months after the birth.¹⁸²

Bringing up Aboriginal Babies at Home

The Victorian Aboriginal Child and Community Agency, in partnership with the Department of Social Work at the University of Melbourne, designed the Bringing Up Aboriginal Babies at Home (BUABAH) program to support women who are pregnant in the Bayside Peninsula Area. The focus of BUABAH is to build mothers' capacity to meet their infants' needs, keep them safe and achieve the best outcomes for families. The broader goal of the program is to reduce the likelihood of Aboriginal newborns and infants coming into contact with the child protection system.¹⁸³ The pilot evaluation found a decrease in Child Protection intervention following birth, and recommended BUABAH be fully implemented and expanded. VACCA has subsequently expanded BUABAH to north and south metropolitan Melbourne, utilising existing family services funding.

Finding 8: Initiatives to reduce demand on Child Protection

There are some initiatives in place that directly seek to drive down demand for Child Protection and provide support earlier to children and their families.

¹⁸⁰ The other trial program was the Aboriginal-Led Aboriginal Family Decision-Making During Open Investigation Program Trial by Goolum Goolum Aboriginal Cooperative and the Njernda Aboriginal Corporation. The evaluation did not demonstrate the same diversion success due to redesign and delayed implementation, however, pre-conditions for long-term diversion outcomes included in the program logic were evident, as were core components linked to program effectiveness. Source: Wise, S. & Brewster, G. (2022) *Seeking Safety: Aboriginal Child Protection Diversion Trials Evaluation Final Report*, University of Melbourne, p.6.

¹⁸¹ Ibid., p.7.

¹⁸² Information provided to the Commission by BDAC on 10 March 2026.

¹⁸³ Victorian Aboriginal Child Care Agency (2023) *The Early Years Strategy*, p.20.

Premature closure and other signs of pressure in the child protection system

With few initiatives to address families' needs early and prevent their progression into the child protection system, demand on Child Protection remains unsustainable. Through its analysis of child death inquiries and stakeholder consultations, the Commission identified a number of recurring issues in Child Protection's practice that are likely linked to resource limitations. Gaps in risk assessments, the quality of referrals, and limited communication loops between Child Protection and The Orange Door are significant factors impacting the premature closure of cases, leaving children and young people at risk of harm.

Child Protection risk assessment frameworks and application at intake

The SAFER children framework (SAFER)¹⁸⁴ and the MARAM Framework¹⁸⁵ aim to support Child Protection practitioners to assess risk and determine an intervention response. The effective application of SAFER and MARAM depends on several factors, including Child Protection practitioners having sufficient time and manageable workloads; factors that are known to be an ongoing challenge given the increasing demand on the child protection system.

For reports made to Child Protection, the statewide intake service is responsible for conducting initial risk assessments, where intake practitioners are required to reach a reasonable professional judgement to inform decision-making on a report's classification

within three days. Intake practitioners must also adhere to other policy requirements including:

- three reports about a child in 12 months: if a report is the third consecutive report received in a 12-month period, it must be investigated if the previous two reports have not been investigated, unless the deputy area operations manager or their delegate assesses that an investigation is not necessary.¹⁸⁶
- five reports in a child's lifetime: if a fifth report is received about a child and no investigation has occurred, a detailed case review of the child protection history should be considered with a specific focus on cumulative harm.¹⁸⁷

In conducting risk assessments, Child Protection practitioners consider the unique circumstances for each child, including the risk and protective factors that are present, to reach a decision about whether a child is at significant risk of harm.

The quality of Child Protection's risk assessments is key to informing whether statutory intervention is required and the subsequent decision-making and planning for children, young people and their families. As reflected in the case studies below, high quality risk assessments can support appropriate responses to children, young people and their families.

¹⁸⁴ The SAFER children framework commenced as the new risk assessment framework for Child Protection practitioners in November 2021. It was developed by the Department of Families, Fairness and Housing to strengthen guidance in relation to the risk assessment process. Child Protection practitioners use SAFER to guide their risk assessment and to inform their decisions in response to that risk. Source: Department of Family, Fairness and Housing, [Child Protection Manual: SAFER children framework guide](#), accessed 18 June 2025.

¹⁸⁵ MARAM became the legislative risk assessment framework in 2018 for organisations in contact with people experiencing family violence. Child Protection became a prescribed MARAM organisation in 2018, and on 20 November 2021, MARAM for Child Protection was aligned with the SAFER children framework. Source: Victorian Government, [Family Violence Multi-Agency Risk Assessment and management Framework](#), accessed 18 June 2025.

¹⁸⁶ Department of Families, Fairness and Housing, [Child Protection Manual: Receiving, registering and classifying a report](#), accessed 20 July 2025.

¹⁸⁷ Department of Families, Fairness and Housing, [Child Protection Manual: Receiving, registering and classifying a report](#), accessed 20 July 2025. Note: There is slightly different advice in another section of the Child Protection Manual, which indicates that when 'a report is the fifth report to be received about a child in their lifetime, and it is assessed that the report should not be classified as a protective intervention report, the child protection practitioner, supervisor and team manager and an independent reviewer should consider a detailed case review of the child protection history for that child with a specific focus upon issues related to cumulative harm.' Source: Department of Families, Fairness and Housing, [Child Protection Manual: Re-reports – advice](#), accessed 1 August 2025. The Commission understands DFFH is in the process of reviewing these two pieces of advice.

Case study: Marie¹⁸⁸

Marie died at the age of 13 by suicide. Marie was the subject of two child protection reports. The second report was received within two weeks of report one closing. Both reports were closed in the intake phase, however, Child Protection identified the escalating risk in Marie's self-harming behaviour in report two and its level of response increased accordingly. This included Child Protection speaking to the family, liaising with many services including Victoria Police, and the school, hospital and mental health service. Child Protection confirmed that a safety plan had been developed between the family and the services, that counselling appointments had been arranged for Marie and that the intensive support services were in place to support Marie and her family. It was at this point that Child Protection appropriately advised the services that it would close its involvement.

Case study: Zara¹⁸⁹

Zara died from an accident at age five. Zara and her siblings were the subject of two reports to Child Protection. The first report included concerns of family violence and was closed at intake. The second report included information of escalating risk, concerns of family violence and substance misuse by the father. Family members were also reported to be fearful of the father. Throughout its involvement, including the investigation and protection order phase, Child Protection continually updated its risk assessment and altered its actions and responses in accordance with the presenting and escalating risk factors. The SAFER assessment was comprehensive and clearly outlined the risk issues, with every decision carefully considered. The case plans and actions were targeted to addressing the risk issues, and Child Protection liaised closely with support services to ensure that the father was complying with the case plan, continually holding him to account.

However, the Commission's child death inquiries have consistently identified gaps in risk assessments over many years – mostly in the intake phase – and has found that:

- information is often viewed in isolation, leading to cumulative harm and pattern and history of harm not being adequately considered
- inadequate information gathering to support risk assessment and inform decision-making
- inaccurate reflections of the severity of harm

¹⁸⁸ This case study is based on a child death inquiry completed in 2022, and the case is one of the 35 included in the file review analysis for this inquiry.

¹⁸⁹ This case study is based on a child death inquiry completed in 2024. The case is not one of the 35 included in the file review analysis for this inquiry.

- a lack of consideration of the outcome of previous referrals when considering further referrals and case closure.

The consequence of these gaps in risk assessment is that reports are prematurely closed in the intake or investigation phases. For the 35 cases reviewed for this inquiry:

- children and young people were the subject of 267 reports in total
- 67 per cent of reports were closed at intake
- 19 per cent of reports were closed at investigation.

In the Commission's 2023–24 Annual report, we identified inadequate assessment of risk in 28 cases¹⁹⁰ and in our 2024–25 Annual report, 18 cases¹⁹¹. In the five years to 30 June 2025, we made 21 recommendations to DFFH about the need to improve risk assessment practice in child death inquiries. Most commonly, these recommendations relate to improving risk assessment practice in the context of family violence, cumulative harm, infants and adolescents. In response, DFFH has identified the role of SAFER in strengthening Child Protection practitioners' risk assessments. The Commission acknowledges the potential benefits of SAFER and understands that embedding the framework is an ongoing process that requires monitoring and resourcing. SAFER is currently being evaluated by DFFH. Given how critical risk assessment is to Child Protection practice, it is essential that the evaluation's findings and recommendations for improvement are acted upon as a matter of urgency to realise the full benefits of SAFER.

Case study: Penny¹⁹²

Penny died by suicide at the age of 16. Penny was the subject of seven reports to Child Protection, the first when she was of primary school age. The reports revealed a progressive escalation of risk that included possible sexual abuse, poor mental health, self-harm, substance misuse and high-risk taking behaviour. The first four reports were closed in the intake phase, two in protective intervention and the seventh report closed in the investigation phase. However, the presenting concerns in each report were not considered in the context of earlier reports. Consideration of cumulative patterns of harm was notably absent from the risk assessment process.

A key finding in the Commission's *Lost, not forgotten* inquiry was that Child Protection conducted episodic risk assessments that focused on imminent harm but did not identify and respond to risks of cumulative harm.¹⁹³ Six years on, this remains an issue. In this inquiry, stakeholders consistently told us that cumulative harm did not meet the threshold for statutory intervention. Stakeholders commonly identified that children and young people experiencing cumulative harm, particularly those that had been exposed to ongoing neglect, are often caught in the refer and close cycle.

We need greater clarity on risk relating to cumulative harm – the threshold is very unclear. (Aboriginal Community Controlled Organisation)

¹⁹⁰ Commission for Children and Young People (2024) *Annual report 2023–24*, Commission for Children and Young People, Melbourne.

¹⁹¹ Commission for Children and Young People (2025) *Annual report 2024–25*, Commission for Children and Young People, Melbourne.

¹⁹² This case study is based on a child death inquiry completed in 2022, and the case is one of the 35 included in the file review analysis for this inquiry.

¹⁹³ Commission for Children and Young People, *Lost, not forgotten: Inquiry into children who died by suicide and were known to Child Protection*, Commission for Children and Young People, Melbourne, 2019, p.20.

Child Protection understand risk definitions in the manual but not necessarily what's on the ground. In defining cumulative harm for a child, there'll be lots of concerns from different services involved in a child's life, but it doesn't fit with Child Protection's definition...and the only thing services can do is case note the issues. (Community Service Organisation)

The threshold for Child Protection reports is getting higher. Cases of neglect, cumulative harm and disability are missing out on support and slipping through the gap. They need ongoing support. (Community Service Organisation)

[Children and young people] falling just below the threshold, such as when there's an absence of physical harm, this can place them at risk of falling through the gaps. Cumulative harm is hard to provide in court in the absence of clear evidence. And it would have to be a case of severe neglect for Child Protection to become involved. (Community Service Organisation)

Child Protection's lens is on family violence and drug use. Chronic neglect and cumulative harm are not core focuses. Cumulative harm is really hard to prove in the statutory system. (Aboriginal Community Controlled Organisation)

For cases that progress to the protection application stage, while Child Protection makes recommendations to the Children's Court of Victoria about the identified need for protection and appropriate care arrangements, the final decision rests with the court. The Commission acknowledges the evidentiary challenges in cases involving cumulative harm and neglect.

Finding 9: Impact of high demand on Child Protection practice and decision-making

The Commission observes that high demand on the child protection system, some of which is caused by increasing complexity in reported cases, impacts the ability of Child Protection practitioners to conduct comprehensive risk assessments at intake, and subsequent decision-making. This is particularly evident in cases involving neglect and cumulative harm and is consistent with what the Commission finds in its child death inquiries and what it heard from stakeholders in the service sector.

In most of the 35 child death inquiries reviewed for this inquiry, children and young people were exposed to recurring risks and vulnerabilities. For many children and young people, the risk factors were evident across multiple Child Protection reports and were ongoing or escalated over time, resulting in children and young people experiencing significant, cumulative and prolonged harms.

This is a common concern identified in the Commission's child death inquiries more broadly, as reflected in our annual reports. We have consistently raised the issue of Child Protection's assessment and response to the experience of cumulative harm of children and young people. We have also highlighted the need for professional development for practitioners to better understand, identify and respond to cumulative harm.¹⁹⁴

Child Protection's existing guidance, set out earlier in the chapter, aims to prompt consideration of cumulative harm where there are repeated reports to Child Protection. This advice encourages intake practitioners to consider progressing a case to investigation based on the pattern of risk and harm, when it might otherwise be decided not to investigate. However, the Commission frequently sees in its child death inquiries that this advice does not lead to

¹⁹⁴ Commission for Children and Young People (2024) *Annual report 2023–24*, Commission for Children and Young People, Melbourne, p.38; Commission for Children and Young People (2023) *Annual report 2022–23*, Commission for Children and Young People, Melbourne, p.60; Commission for Children and Young People (2020) *Annual report 2020-21*, Commission for Children and Young People, Melbourne, p.40-42; Commission for Children and Young People (2020) *Annual report 2019-20*, Commission for Children and Young People, Melbourne, p.33-34.

strengthened responses; instead, decision-making is usually episodic. There appears to be a gap between guidance and practice, and analysis is required to determine whether there is a broader issue in relation to application of advice about identifying and responding to cumulative harm.

Recommendation 7: Enhance assessments of cumulative harm

That the Department of Families, Fairness and Housing:

- evaluate the extent to which SAFER is supporting Child Protection practitioners to effectively assess cumulative harm, with a view to making any necessary changes to strengthen policy and practice
- develop an approach to the ongoing monitoring of practice and decision-making in relation to cumulative harm.

Managing risk across the child and family system

*There's a huge gap in referrals. In one case, there was ten years involvement with Child Protection and the referral had three dot points. We don't ever get MARAMs from Child Protection despite family violence being a huge risk, which the service then holds. This really affects staff. Then we battle with Child Protection because they've assessed it as closed and they're not willing to re-assess. Something is going to happen to the child, and we feel out-of-depth to support them. Child Protection is not hearing that.
(Aboriginal Community Controlled Organisation)*

With evidence that the voluntary system is carrying high levels of risk, stakeholders working in The Orange Door, child and family services and family violence services identified several barriers in relation to the interface between the statutory and voluntary systems that prevent the provision of timely and effective interventions for families in need.

A disconnect between Child Protection, The Orange Door and services is apparent, caused by limited opportunities for collaboration and feedback. This disconnect is evident in referrals received from Child Protection, the inability of practitioners working in The Orange Door and services to effectively advocate for reports to stay open or to gather more information from Child Protection, and those same practitioners not proactively informing Child Protection of referral outcomes. In the meantime, children and young people are left to carry risk themselves without intervention and support.

Child Protection referrals lack relevant information and are not based on engagement with families

Many stakeholders advised that Child Protection's referrals were often incomplete, lacked relevant information and were made without informing families. Stakeholders also indicated that risk assessments contained in Child Protection referrals varied in quality and consistency. While some are comprehensive and reflect the experiences of the child or young person and their pattern and history of harm, others are narrowly focussed on immediate incidents and are episodic.

Child Protection referrals are not rich and not necessarily aligned with client needs...Referrals can sometimes contain less information than needed. (Community Service Organisation)

*[There is] a lack of information about current risks for children in referrals, but rather previous interventions have been copied into the new referral.
(Aboriginal Community Controlled Organisation)*

Referrals sometimes minimise risk of family violence. (Community Service Organisation)

There is no accurate information outlining risk issues that led to Child Protection intervention. Referrals are sometimes dulled down. Our people go out and risk is far greater than referral states. (Community Service Organisation)

We're all time poor. It would be good to spend time working on relationships [between Child Protection and The Orange Door], but because we're so busy, we don't have capacity to do it. (The Orange Door Practice Lead)

The Commission heard that when referrals lack information in risk assessments, there can be unknown or perceived safety concerns for The Orange Door and other service staff, with many choosing not to undertake home visits. This was even in cases where children were known to be in the home and likely experiencing risk.

It is difficult for us to seek further information about a family if a referral is missing information when Child Protection has already closed the report. While we can use Community-based Child Protection, this can take time. They only have limited capacity and power in this space. (Aboriginal Community Controlled Organisation)

When there is incorrect or outdated information in referrals, this can make it difficult for me to assess before I go out to the family. (Aboriginal Community Controlled Organisation)

Referrals don't come with information. This is a constant issue with Child Protection. I'm not prepared to put my staff at risk if we don't have all the information in the referral...Information about whether a client is Aboriginal or their cultural background is not always included. Referrals don't talk about exposure to family violence, trauma, etc. (Community Service Organisation)

Up until 30 June 2025, the Child Protection intake report was used as the referral document for The Orange Door. Now, referrals include Child Protection's intake risk assessments (SAFER and MARAM). It is positive to note that this new referral process will include information about the child or young person and their family's identified support needs and the purpose of the referral, which the Commission heard was previously lacking. With the new process, the Commission understands that Child Protection practitioners will use their professional judgement to determine the historical information to be included in the referral. This will need to be carefully monitored to ensure all critical information is passed onto The Orange Door, child and family services and family violence services.

The Commission heard that demand and workforce issues in Child Protection impacted practitioners' capacity to respond to requests for further information and queries regarding risk. This was identified as delaying the provision of support to children and young people.

Child Protection is very under the pump and there's a lack of workers. Because of this, The Orange Door isn't always receiving responses in a timely way from Child Protection. (Community-based Child Protection)

Another factor impacting the effectiveness of referrals is whether families know about the report to Child Protection and are aware of the referral. Stakeholders told us that families being referred to The Orange Door without knowing their children had been the subject of a report to Child Protection makes it more difficult for The Orange Door to engage them. According to the *Child Protection Manual*, a task for case practitioners for wellbeing reports closed at intake is to 'contact the family if required to provide advice or referral to appropriate services'.¹⁹⁵ With referrals to The Orange Door, at a minimum, a letter must be sent to the family advising of the referral, unless there is a family violence

¹⁹⁵ Department of Families, Fairness and Housing, [Child Protection Manual: Receiving, registering and classifying a report](#), accessed 21 July 2025.

risk.¹⁹⁶ According to DFFH, where Child Protection identifies significant child wellbeing concerns that do not meet the threshold for statutory intervention, there is a policy, practice and capacity gap in ‘communication and engagement with parents/carers regarding the report [between] child protection and The Orange Door’.¹⁹⁷

Stakeholders expressed that cold calling clients in these situations makes it difficult to engage with families.

*Eight out of ten families won't have received a letter. And we're also relying on people to have a good understanding of what's in the letter and what it all means.
(Aboriginal Community Controlled Organisation)*

The Commission heard that engagement with families could be improved when Child Protection speaks openly with families about their role and the purpose of any referrals they might make. Encouraging families at this early stage to engage with voluntary services may see a better uptake from families.

*A phone call from Child Protection would be really helpful. It's not that complex to call a family and ask them if they'd like some help.
(Aboriginal Community Controlled Organisation)*

The Commission agrees that it may be beneficial for Child Protection to more readily contact families before closing a report at intake, especially to discuss appropriate support options to inform referrals to The Orange Door or a child and family service.

Finding 10: Effectiveness of referrals from Child Protection to voluntary services

Stakeholders identified that Child Protection referrals to voluntary services often do not contain all the information the services require, that they are based on and contain risk assessments that vary in quality and consistency, and that the severity of harm is not always accurately reflected. They are also often made without the family's input or knowledge of the report to Child Protection. These factors – which can be the result of limited time, information and scope of practice at intake – were said to impact the effectiveness of referrals from Child Protection to voluntary services. Further, child death inquiries often find that referrals appear to be made without due consideration to the effectiveness of previous referrals.

Responding to evidence of significant risk in referrals

Some stakeholders indicated there are different understandings of risk and needs across Child Protection, The Orange Door and services, which impacts collaboration and support for children and young people. This is recognised by DFFH as a complex service design issue needing to be addressed.¹⁹⁸

*We don't have common language among the different points of the system regarding risk – we have highly experienced staff across [service] in all programs who are very equipped to identify risk for individuals, families and children. Why is our definition not congruent to Child Protection's definition of risk?
(Community Service Organisation)*

¹⁹⁶ The Child Protection manual states that where it is not appropriate to contact the family, the rationale should be documented on CRIS. Source: Department of Families, Fairness and Housing, [Child Protection Manual: Receiving, registering and classifying a report](#), accessed 21 July 2025.

¹⁹⁷ Information provided by DFFH to the Commission on 20 January 2025.

¹⁹⁸ Information provided by DFFH to the Commission on 20 January 2025.

There are challenges with collaborating with Child Protection when there's a different view on risk and Child Protection saying there's not enough risk for intervention.

(Community Service Organisation)

Where The Orange Door is concerned about the risk level or for the safety and wellbeing of a child or young person following a referral, practitioners can consult with Community-based Child Protection to inform risk assessment and decision making.¹⁹⁹ This is referred to as a section 38 consultation under the *Children, Youth and Families Act 2005*.²⁰⁰ The Commission heard that the utilisation of Community-based Child Protection in The Orange Door varies across Victoria, particularly regarding the use of section 38 consultations to assess risk. This variation was said to be largely dependent on the size of The Orange Door site and also the relationship between Community-based Child Protection, The Orange Door and partner agency staff.

When there is disagreement between services and Child Protection, services will liaise with Community-based Child Protection, but they can't make a different decision to their colleagues. It's really tricky. Community-based Child Protection have their hands tied when intake's made the decision. Families then come back either through another Child Protection report or an L17 but then it's the same process of refer and close. It's very common. (Aboriginal Community Controlled Organisation)

With Child Protection intake referrals, Child Protection provide goals that are not safe with what is presenting in the referral...These are some of the challenges, it is a one-way process. If we can't reach the family, we can't provide this information back to Child Protection because they have closed. You have to go back through Community-based Child Protection.

(The Orange Door practice lead)

Case study: Caleb and Hannah²⁰¹

Two preschool aged children who died in an accident were the subject of four Child Protection reports, raising concerns about significant environmental, developmental and medical neglect. Child Protection closed the first two reports at intake with referrals to The Orange Door. Two section 38 consultations followed where the Community-based Child Protection practitioner conducted a joint visit to the family with The Orange Door practitioner. The Community-based Child Protection practitioner identified significant concerns of physical, developmental and environmental neglect for the children and made a further report to Child Protection that conveyed these significant risks. This report did not result in statutory intervention, with Child Protection assessing that the concerns did not meet the threshold of risk.

¹⁹⁹ Community-based Child Protection practitioners play a key role in The Orange Door and contribute to the Screening, Intake and Triage (SIT) function and to support partnerships between Child Protection, The Orange Door and Integrated Family Services. Community-based Child Protection also play an important role in providing earlier and more effective interventions for children, young people and their families. Source: The Orange Door, *The role of Child Protection in The Orange Door: Factsheet*, January 2025.

²⁰⁰ *Children, Youth and Families Act 2005* (Vic), s 38. When deemed appropriate, Community-based Child Protection can open a Child Protection report and fast track it to the most appropriate Child Protection team for investigation, therefore by-passing Child Protection intake. Source: The Orange Door, *Case Consultations: Statewide operational guidance*, January 2025.

²⁰¹ This case study is based on a child death inquiry completed in 2025, and the cases are two of the 35 included in the file review analysis for this inquiry.

Stakeholders also spoke more generally about trying to advocate for Child Protection to keep reports open in cases where they deemed the risk too high for them to manage, particularly when they have gathered additional information through their own screening and assessment processes.²⁰² The Commission acknowledges that in these instances where services deem that risk is too high for them to manage, children and young people are shouldering the primary burden of that risk.

There's a reliance for the voluntary service system to hold and manage risk but even when we can articulate the need for statutory intervention, they won't accept it.
(Aboriginal Community Controlled Organisation)

There has been some positive work but overall, in the last six months, there's been push back for collaboration with Child Protection, especially with re-referrals. We identify that a therapeutic response isn't enough because the risk is too high. It's been quite noticeable.
(Community Service Organisation)

Child Protection won't assist because the case is open with [Service] but we're doing as much as we can to help the family and nothing's changing. We made a report to Child Protection, and it went to investigation, but nothing's changed for the children in the meantime.
(Aboriginal Controlled Community Organisation)

The risk is being missed. [Services] are picking up a lot more risk and advocating to Child Protection to assess risk and investigate again.
(Community Service Organisation)

It's a tricky space for our family services as there's too much risk for us to hold. We make reports back to Child Protection but they're still not being picked up because the risk isn't deemed high enough.
(Aboriginal Controlled Community Organisation)

When we gather more information, Child Protection won't change their decision based on this. We have to go back through Community-based Child Protection.
(The Orange Door Practice Lead)

Several stakeholders, especially those working in family violence services, identified the limited capacity to collaborate with Child Protection in circumstances where children and young people and their families were subject to re-reports and re-referrals.

We really see this when Child Protection closes and re-refers to The Orange Door even when we're asking for collaboration between Child Protection and agencies. Even when families have had several previous service responses but there's no change and the same patterns occurring in the family. There's still push back from Child Protection when requests for collaboration are sought.
(Community Service Organisation)

Communication between The Orange Door and Child Protection is poor. If we're not intentional about this, we end up working in silos. A good process would be a direct communication pathway.
(Community Service Organisation)

Risk to children is understood differently across the child and family system, with many stakeholders in The Orange Door and services indicating that they were holding risk that they think belongs in the statutory system. While different parts of the system use different frameworks for assessing risk, there is an

²⁰² The Commission acknowledges that these judgements about risk to children are based on different risk assessment frameworks. While Child Protection uses SAFER to assess risk, The Orange Door and other services do not.

opportunity to better align these frameworks, develop a shared understanding of the threshold for statutory intervention, and promote greater role clarity between the statutory and voluntary systems.

Recommendation 8: Communicate a clear threshold for statutory intervention

That the Department of Families, Fairness and Housing communicate the threshold for statutory intervention in a way that ensures a shared understanding of risk, and associated roles and responsibilities, among Child Protection, The Orange Door, child and family services and family violence services.

Notifying Child Protection of referral outcomes

Practitioners in The Orange Door and services do not routinely notify Child Protection when they have been unable to engage or make contact with clients in referrals from Child Protection. In the Commission's child death inquiries discussed in Chapter 3, there was little evidence of services proactively reporting back to Child Protection when contact with a family had been unsuccessful. In many cases, Child Protection only became aware of non-engagement when it received a re-report. Further, despite a family having a history of not engaging with The Orange Door, Child Protection still proceeded to make a further referral to The Orange Door or another service and closed the report at intake.

As part of its Entry Pathways project,²⁰³ DFFH identified a lack of consistent and embedded feedback loops on outcomes of reports and referrals between Child Protection, The Orange Door, child and family services, and family violence services, which has led to unclear accountability for final decision making, and 'follow-up' on client engagement.²⁰⁴ The

Commission believes that the lack of formal feedback loops between Child Protection, The Orange Door and connected services on the outcomes of reports and referrals adversely impacts the service system's ability to effectively respond to future risk indicators. Child Protection's assessments of risk should always include information about previous referral outcomes for families, a point the Commission made in *Lost, not forgotten: Inquiry into children who died by suicide and were known to Child Protection*:

*This will enable patterns of non-engagement to be identified earlier, and consideration given to providing a more assertive approach, including the possibility of statutory intervention where risks are assessed as significant.*²⁰⁵

The Commission welcomes DFFH's advice that The Orange Door and Child Protection are developing a feedback loop to ensure that outcomes of referrals from Child Protection to The Orange Door are shared.²⁰⁶

Finding 11: Communication between the statutory and voluntary systems

Community-based Child Protection practitioners are embedded within The Orange Door as a point of connection between the two services. Further opportunities remain to strengthen communication mechanisms and feedback loops between the voluntary and statutory service systems. Services told the Commission they often felt unable to effectively seek further information about a referral from Child Protection or discuss cases they deem too high-risk. Services also do not proactively communicate referral outcomes to Child Protection.

²⁰³ In 2023, DFFH established a project team across several divisions to review and analyse children and families pathways to support for safety and wellbeing. Source: Information provided by DFFH to the Commission on 20 January 2025.

²⁰⁴ Information provided by DFFH to the Commission on 20 January 2025.

²⁰⁵ Commission for Children and Young People, *Lost, not forgotten: Inquiry into children who died by suicide and were known to Child Protection*, p.69.

²⁰⁶ Information provided by DFFH to the Commission on 28 October 2025.

Strengthened referral and communication pathways would enable more targeted and timely support to children, young people and their families. Prior to making a referral, Child Protection should seek to discuss appropriate support options with families. As discussed in Chapter 6, this early engagement would support better engagement between the family and the service that they are then referred to. Referrals from Child Protection must be complete and of high quality, with a clear indication of the purpose of the referral, particularly in circumstances where previous referrals have not resulted in engagement with the family. Referrals should acknowledge the outcomes of previous referrals and the expected outcome of the new referral.

The establishment of formal communication avenues between Child Protection, The Orange Door, child and family services, and family violence services would also help to strengthen referral pathways. This would allow critical information about referral outcomes to be shared, including whether engagement with families has occurred, whether high demand will delay service provision and broader likelihood that risk to the child or young person will be addressed. This can then be used to inform Child Protection's response to any future reports received about a child. Where non-engagement with a family or delays in service provision occur, it is critical that services have clear advice about when a further report to Child Protection is required to enable an updated assessment of risk to the child or young person.

An important tool to facilitate improved information sharing and risk monitoring across different parts of the child and family system is better integrated client management systems, especially between Child Protection and The Orange Door.

Recommendation 9: Strengthen referral interface across the child and family system

That the Victorian Government provide resourcing to enable the Department of Families, Fairness and Housing to strengthen the referral interface between Child Protection, The Orange Door, child and family services and family violence services by:

- **conducting a 12-month trial to determine the feasibility and benefits of Child Protection engaging with parents during the intake phase to inform them that a report was made and that a referral will be made for support**
- **requiring that Child Protection referrals contain a rationale for the referral, particularly when previous referrals have not resulted in successful engagement with the family**
- **introducing a formal feedback loop between Child Protection, The Orange Door and services to communicate the outcomes of reports and all referrals, including family engagement with, and participation in, services**
- **providing clear guidance for The Orange Door and services about making a further report to Child Protection when a referral has not resulted in engagement with the family (due to service capacity constraints or a family being uncontactable or declining support) and service involvement is deemed critical for child safety.**

In the interim, that the Department of Families, Fairness and Housing take steps to progress these elements within existing resources.

Recommendation 10: Integrated client information management systems

That the Victorian Government provide funding to improve and integrate client information management systems to enhance information sharing and the visibility and monitoring of risk.

Enabling an effective child protection system

Efforts are underway to address demand pressure on the child protection system, and it is critical that professionals in all systems, including education and health, be supported to more readily refer families to the voluntary system when issues first arise, to facilitate access to the right supports at the right time. This will minimise some families' contact with the statutory system and enable resources in the statutory system to better target high risk matters. Importantly, intervening earlier will also minimise the complexity of the issues children, young people and their families face in their lives and drive improvement in their life outcomes.

There are ongoing challenges to ensuring intake practitioners have sufficient time and manageable workloads, and this requires continued attention. The Victorian Government's investment and implementation of the recommendations in this chapter are critical to enhancing intake's practices in risk assessments, referral processes, and communication with other parts of the child and family system. There may also be opportunities for another part of the system to complement or perform the intake function on behalf of Child Protection, an option not examined in this inquiry but worth considering in the future.

The Commission is also of the view that in addition to investing in the recommendations in this inquiry, Child Protection should be funded to enable investigation of a higher number of reports. For some families caught

in the refer and close cycle, referring them to the voluntary system is not resulting in positive and sustainable changes to their and their children's lives. The data also demonstrates that when families are referred to The Orange Door from Child Protection post-intake, they are more likely to engage and receive a targeted response compared to families referred in the intake phase.²⁰⁷ While the Commission acknowledges that some of these changes will place further pressure on the system in the short term, overall the changes will lead to efficiencies in the longer-term by reducing re-reports to Child Protection.

²⁰⁷ Eighty-six per cent of clients in referrals made after intake were either allocated to a core service or referred to a broader service, and only one per cent declined a service and a further two per cent could not be contacted. In contrast, 12 per cent of clients referred in the intake phase were allocated or referred to a service and 58 per cent of clients either declined a service (35 per cent) or could not be contacted (22 per cent). Source: Information provided by DFFH to the Commission on 20 February 2026.

Chapter 6: Responding to children and young people in the voluntary system

Chapter 6 at a glance

- Demand on The Orange Door is growing. Under pressure, practitioners must prioritise cases based on risk and need, meaning timely support to some families can be delayed.
- Family violence and child wellbeing concerns can be interconnected in Child Protection referrals to The Orange Door, but more work is needed to provide an integrated service response.
- Almost half of all clients in Child Protection referrals do not receive a direct intervention from The Orange Door due to either declining a service or not being contactable.²⁰⁸
- Stakeholders identified that The Orange Door's attempts at contact – which include a minimum of three attempted phone calls, text messages and/or letters – are inadequate to facilitate successful engagement with families.
- There is a need for greater communication and flexibility in The Orange Door's engagement with children, young people and families to support effective service connection and engagement, as this is contributing to the refer and close cycle.
- Long waitlists and service gaps lead to further delays in addressing risk for children and young people.
- Across the child and family system, a mismatch between demand and available resources is perpetuating the refer and close cycle, often leaving children and young people without help.

²⁰⁸ As outlined in Chapter 2, when case closure reasons relate to clients declining service, clients disengaging, being unable to contact clients, or where contact is deemed unsafe/inappropriate, 'systems work' – which includes information gathering and sharing (in line with information sharing legislation) – is often undertaken and recorded; Source: Information provided by DFFH to the Commission on 20 February 2026.

Chapter 6 considers the capacity of The Orange Door, child and family services and family violence services to respond to children, young people and their families when risk is present and to foster lasting change.

In the child and family system, The Orange Door, child and family services, and family violence services are critical to ensuring that children, young people and families referred from Child Protection receive timely and effective support. These services are voluntary; that is, families must agree to participate. As we have seen, in 2025, two in five clients referred by Child Protection received a targeted intervention from The Orange Door and nearly half did not receive any direct intervention due to either declining a service or being uncontactable. Engagement with families facing multiple and complex issues can be challenging. Yet, as previously discussed, this raises questions about not only the suitability of those referred to engage in a voluntary service, but also about the effectiveness of The Orange Door's current methods and processes for engaging and working with clients to ensure their needs are met or referring them to an appropriate service.

Further, when it comes to referring into services, there is a dearth of choice. The Victorian system is in high demand, waitlists are endemic, and there are few specialist service options to meet the needs of children, young people and their families.²⁰⁹ Even when the will is there – when a family is ready to engage – the system may have very little to offer them or the children and young people in their care. As the refer and close cycle shows, the limited capacity of services to deliver interventions that foster meaningful change leaves children and young people in harm's way. This is often when Child Protection receives a re-report about a child or young person.

The role of The Orange Door in supporting children, young people and their families

Throughout consultations, stakeholders highlighted the benefits of The Orange Door, describing it as a unique model that brings together different services to assess and respond to the needs of clients. The Commission heard it has a strong focus on formal collaboration and information sharing across services and has provided a recognisable entry point to services for people experiencing or using family violence and/or who need support with the care and wellbeing of children and young people. This is reflected in the growth of self-referrals to The Orange Door, which increased by 113 per cent from 2022 to 2025.²¹⁰

The benefit of The Orange Door is the multidisciplinary approach and having broader information from different services about the family group.
(Community Service Organisation)

There are 100 pathways to support, we just need to find the one that people are comfortable with and that's not too confronting.
(Aboriginal Community Controlled Organisation)

Other commonly identified benefits of The Orange Door is its brokerage offerings and capacity to accept referrals, rather than restrict them, in circumstances when there has been a backlog.

Our brokerage can be a really helpful way to support families. Call us up and have a crack – and this message is spreading through the communities.
(Aboriginal Community Controlled Organisation)

²⁰⁹ Victorian Council of Social Services, [VCOSS 2025 Victorian Budget Submission](#), accessed 18 August 2025.

²¹⁰ Information provided by DFFH to the Commission on 20 February 2026.

*When Child FIRST was in operation they could go into restrictions, however, The Orange Door holds onto a back log.
(The Orange Door Practice Lead)*

Through its inquiries, the Commission sees examples of The Orange Door working proactively and collaboratively to connect families with the support they need. In some cases, The Orange Door meets with families to speak about referrals and the concerns that have been reported, then links the family with appropriate supports before closing the case. In an example of good practice that came to the Commission's attention, The Orange Door was unable to contact a family in relation to a referral it received. The Orange Door then successfully identified the young person's school and worked collaboratively with it to ensure the young person was well supported through school wellbeing and other services.

As noted in Chapter 2, however, only 41 per cent of clients referred to The Orange Door by Child Protection end up being referred to a service or having their needs met by The Orange Door.²¹¹ There are many factors that contribute to The Orange Door's ability to effectively engage families, including it being voluntary in nature and demand that exceeds capacity.

Demand for The Orange Door

Since its inception, demand on The Orange Door has substantially increased, resulting in many sites across Victoria employing demand management strategies at different times.²¹² The Commission acknowledges that many of The Orange Door sites do not currently have a backlog or significant waitlists.²¹³ However, several stakeholders shared their experiences of demand in The Orange Door. One advised it is no longer appropriate to use the term 'demand management' as The Orange Door is constantly in demand. This is evident in the growth in self-referrals alone. Another stakeholder spoke about an external team having to come in to assist in reducing the waitlist in their area, and another site reducing their waitlist to under 1000.

A recent Victorian Auditor-General's Office (VAGO) report identified that the Department of Families, Fairness and Housing (DFFH) has not updated the demand management strategy since 2020, aside from The Orange Door COVID Pandemic Demand Management Plan in 2022. The Orange Door still uses both plans.²¹⁴ In its report, VAGO stated that 'in the absence of a single, fit-for-purpose demand management strategy or plan, there is a risk that practitioners address demand differently in each area'.²¹⁵ The Commission acknowledges this finding, noting the varied practice to address high referral numbers reflected in consultations and site visits to The Orange Door. The Department of Families, Fairness and Housing advised VAGO it is reviewing the COVID plan in response to a recommendation made in 2023 by the Commission in a child death inquiry, and has further advised the Commission that it is developing a statewide approach for demand management strategies in The Orange Door. The Commission welcomes this work.

Most importantly, growing demand on The Orange Door impacts the provision of timely and appropriate supports to children, young people and their families. High levels of demand on The Orange Door mean that practitioners assess families based on risk and need.

²¹¹ Ibid.

²¹² For the purposes of this inquiry, the Commission requested further information about demand management strategies from DFFH, including the number of sites implementing them, the location of these sites and how long the strategies were in place. However, it was not available as it is not centrally or routinely collected from across The Orange Door sites.

²¹³ Information provided by DFFH to the Commission on 13 October 2025.

²¹⁴ Victorian Auditor-General's Office (2025) *The Orange Door: Follow-up*, Victorian Government Printer, Melbourne, p.29.

²¹⁵ Ibid, p.30.

The Commission heard that while clients in referrals will receive an initial assessment, there can be delays to them receiving an intervention. In these circumstances, clients are monitored for changes to risks and need.²¹⁶ Further, while The Orange Door does not provide case management, some families are held in 'active engagement'²¹⁷ for longer than expected when services are at capacity and there is nowhere to refer clients onto. This practice was identified as 'clogging up the system' but deemed necessary to ensure families remain supported and their risk monitored while awaiting allocation to a core service.

[The Orange Door] Practice Leads are often doing this advocacy work and it's been quite tough. The push and the pull – the pressure to close because we are an intake service but ethically, we tend to work outside of scope quite a lot. This causes other families to be waiting for intake and assessment while we work with families because we've received the pushback from Child Protection.

(Community Service Organisation)

Sometimes we provide short term case management. It's not in scope but sometimes we have to do that as we're holding risk until a service picks the referral up.

(Aboriginal Community Controlled Organisation)

The Commission also heard that due to demand on The Orange Door and services, especially those providing specialist family violence programs, clients are sometimes referred to an inappropriate service just to ensure continued oversight of the family. This was identified as not always safe or helpful for clients, and a contributing factor to children and young people being the subject of re-reports to Child Protection as the protective concerns were not being adequately responded to by appropriate services.

[Sometimes] we refer to a service that might not be suitable, but it can at least sit with the family for a little longer.

(Community Service Organisation)

We see inconsistency and desperation around clients being referred for a service that may not be safe or appropriate. There's a pressure to close from The Orange Door's perspective but then the clients fall through the gaps and return.

(Community Service Organisation)

Integrated family services are being used in lieu of family violence services due to family violence services being at capacity.

(Community Service Organisation)

The Orange Door often take clients off long family violence waitlists and offers them integrated family services.

(Community Service Organisation)

Finding 12: Impact of high demand for The Orange Door on service provision

Since its inception, demand on The Orange Door – a critical gateway to other services – has increased substantially. This impacts the provision of timely and appropriate supports to children, young people and their families, with practitioners often required to make decisions about which families are at greater risk and require an immediate response.

²¹⁶ Information provided by DFFH to the Commission on 13 October 2025.

²¹⁷ Once the assessment and planning stage of a client's journey is completed, some clients will be waiting to be connected from The Orange Door to an external agency. Where agreed with the external agency, these clients will be actively engaged by The Orange Door and their case routed to the Active Engagement queue to reflect this stage of their journey. When a client is being 'actively engaged', the assessment and planning practitioner will keep the client on their case load until case closure. Source: The Orange Door (2024) *Service Plan: Statewide operational guidance*, State of Victoria, p.6.

The Orange Door's response to family violence and child wellbeing concerns

Several stakeholders indicated that in periods of very high demand for The Orange Door, referrals involving family violence are prioritised over referrals containing child wellbeing concerns, many of which come from Child Protection, as immediate safety risks must be mitigated.

[A barrier to The Orange Door supporting children and young people in Child Protection referrals] is the sheer volume coming through and the backlog of The Orange Door referrals... We're so heavily under-resourced, we're competing between Child Protection and L17 referrals and the things police bring to us, whereas we hope that Child Protection may have dealt with some of the initial risks before sending the referral across. (Community Service Organisation)

I would suggest that it would be a rarity to get a referral without a high level of family violence... these are prioritised. Those referrals without family violence keep getting trumped. We don't see them because they then disengage. (Community Service Organisation)

The Orange Door has to prioritise immediate safety, even if there are child wellbeing concerns. Safety needs to be stabilised first before we can look at child wellbeing. (Community Service Organisation)

For those families left waiting for a response, it can prevent them receiving an earlier intervention that would potentially minimise future contact with Child Protection. Stakeholders also raised that there can be an escalation of risk (which is monitored by The Orange Door)²¹⁸ while families wait for a response or the family no longer wants to engage with The Orange

Door or service when the time comes, and the opportunity to directly intervene is missed. The Commission is concerned about the lack of visibility of children and young people in these referrals to The Orange Door, the escalation of risk that may occur for them, and the likelihood of them becoming the subject of re-reports to Child Protection.

As the establishment of The Orange Door was a key recommendation of the Royal Commission into Family Violence, there has been a broad perception that it is a family violence service. A key finding of The Orange Door's first evaluation was, 'The Orange Door is perceived as a family violence-focused initiative by child wellbeing practitioners, and focused effort is needed to integrate child wellbeing and family violence services'.²¹⁹ The Commission heard that while it is highly beneficial to have both family violence and child and family service streams under the one model, there remains extensive work to improve the integrated service response to clients. The Commission understands that work to update the guidance on integrated practice in The Orange Door is underway.²²⁰ This is critical given the often-interconnected nature of family violence and child wellbeing concerns but challenging if the services themselves do not offer an integrated service response.

What we need is a dual service delivery between family service and family violence and it can happen, but capacity and demand mean there is limited service capacity to do it. (Community Service Organisation)

The Commission's *Lost, not forgotten* inquiry identified that for most reports to Child Protection with family violence concerns, there were also concerns relating to cumulative harm; physical, environmental or medical neglect; parenting capacity; and children living in unsafe environments.²²¹ This was also evident in our review of child death inquiries. Evidence presented to the Royal Commission into Family Violence also indicated that 41 per cent of Child FIRST

²¹⁸ Information provided by DFFH to the Commission on 13 October 2025.

²¹⁹ PwC (2019) *The Orange Door 2018 evaluation* Family Safety Victoria, p.v.

²²⁰ Information provided by DFFH to the Commission on 13 April 2026.

²²¹ Commission for Children and Young People, *Lost, not forgotten: Inquiry into children who died by suicide and were known to Child Protection*, Commission for Children and Young People, Melbourne, 2019, p.14-15.

and 34 per cent of family service cases had family violence flagged in the database.²²²

A common theme among stakeholders is that the focus on child wellbeing is still in its infancy in The Orange Door,²²³ particularly among family violence service practitioners working there. Concerningly, there was a view that some practitioners working in The Orange Door were reluctant to work with fathers in child wellbeing referrals.

The Orange Door has a strong focus on family violence, which no one argues against, but it's very adult focused and there's limited oversight of, or attention to, wellbeing issues.
(Community Service Organisation)

The Orange Door struggles with supporting fathers as caregivers...We need to try to understand the role of fathers as a caregiver. This is where we require a child wellbeing lens to provide better parental support to the child.
(Community-based Child Protection practitioner)

Some [of] The Orange Door staff from agencies with a strong female lens have been able to do some great child wellbeing work but these are very few.
(Community-based Child Protection practitioner)

In contrast, some family violence practitioners spoke about services in The Orange Door becoming conflated and the shift in focus on child wellbeing encroaching on family violence services' capacity to specialise. The Commission also heard that families that had been identified as needing family violence support would sometimes not consent to an allocation to a family violence service but would to a child wellbeing service. This was also identified as a concern for child wellbeing service practitioners with less experience to effectively respond to family

violence issues, despite child wellbeing services having responsibilities under MARAM to provide family violence responses and ensure MARAM alignment to support the families they engage with.²²⁴

There are issues when there's family violence risk, but parents are choosing to remain in a relationship. This can impact service involvement with the [person using violence] still in the home. Family services don't feel equipped to deal with their behaviour...This is a risk when it's a voluntary service but also wanting to maintain safety for the family.
(Community Safety Organisation)

Sometimes where family violence is present but the family doesn't consent to family violence services they give it to child wellbeing. But there's family violence risk and family services have to address safety before doing the other work...This then leads to blockages.
(Community Service Organisation)

With some referrals, there are wellbeing concerns for the children [as well as family violence concerns], but the victim-survivor isn't ready to address the family violence, or it'll place them at further risk at that time. This impacts capacity to address wellbeing concerns.
(Community Service Organisation)

²²² State of Victoria, *Royal Commission into Family Violence: Report and Recommendations*, Vol II, Parl Paper No 132 (2914 – 16), p.145.

²²³ The Orange Door induction program comprises a focus on child wellbeing in several training requirements and additional optional modules. Source: Information provided by DFFH to the Commission on 13 October 2025.

²²⁴ Information provided by DFFH to the Commission on 13 October 2025.

This plays out regularly where the family aren't going to take on family violence case management. Maybe the person using violence is in the home, so it comes to us but probably does require a family violence response. We aren't a family violence funded service, but we're expected to take on this work. We do have some highly skilled staff who understand family violence and follow MARAM, but there are heaps of challenges. (Community Service Organisation)

Finding 13: The Orange Door's responses to family violence and child wellbeing concerns

Given the often-interconnected nature of family violence and child wellbeing concerns, more work is needed to ensure that both issues are better understood and receive more integrated responses within The Orange Door and among relevant services.

The Orange Door's engagement with children, young people and their families

As a voluntary service, effective engagement from The Orange Door is critical to children, young people and their families receiving a service response. When The Orange Door is unable to effectively engage with a family, this becomes another missed opportunity to directly intervene. In many cases, it will be followed by a re-report to Child Protection and then a re-referral to The Orange Door. Effective engagement with clients is therefore critical to minimising children and young people being caught in the refer and close cycle.

When referred to The Orange Door, engagement can occur directly between practitioners and clients during the Assessment and Planning phase. This is where practitioners build on the information gathered at the Screening, Identification and Triage (SIT) phase and undertake service planning with clients to identify family violence risk²²⁵ and wellbeing issues, and prioritise their support needs.²²⁶

The data from DFFH indicates that almost half of all clients in Child Protection referrals do not receive a direct intervention from The Orange Door due to either declining a service (27 per cent) or not being contactable in the first place (18 per cent). Clients referred by Child Protection are more likely to decline a service or not be contactable compared to the other referral types, including self-referred clients and clients who are referred by other professionals. This is reflective of people's readiness to engage in support, which needs to be considered within the context of a voluntary service.²²⁷ As discussed in Chapter 5, stakeholders also indicated that The Orange Door's ability to effectively engage with families is influenced by whether Child Protection informs families they are being referred to The Orange Door. These challenges are recognised by DFFH, identifying non-engagement as a key need to be addressed in its Entry Pathways project:

²²⁵ The Orange Door Practitioners must conduct a MARAM assessment for each child and adult who has been identified or is suspected of experiencing family violence. Source: The Orange Door, *Service Plan: Statewide operational guidance*, July 2024.

²²⁶ Needs assessments support clients to identify what they want to achieve, including the child's best interests, the services the client wants to help them achieve their outcomes, and how they will access and engage with these services. This is supported by practitioners utilising the Family Violence Information Sharing Scheme, Child Information Sharing Scheme, CIP, MARAM and BICPM. Source: The Orange Door, *Service Plan: Statewide operational guidance*, July 2024.

²²⁷ Information provided by DFFH to the Commission on 13 October 2025.

There is a tension between identification of child wellbeing concerns not meeting threshold for statutory intervention, and unsuccessful engagement or inability to contact parents/carers [by The Orange Door and services]. A subset of whom have a pattern and history of non-engagement across multiple reports and referrals.²²⁸

The Commission acknowledges the challenges of engaging with families who are experiencing multiple and complex risk factors. This was evident in the Commission's analysis of child death inquiries, where Child Protection referred eight of the 35 children and young people to The Orange Door. The files demonstrated the complexity of their cases, with extensive histories of Child Protection involvement, multiple co-existing harms and ongoing or escalating risk. Despite these challenges, the Commission maintains that effective engagement is the responsibility of the system rather than individual clients. The file reviews showed that The Orange Door never directly engaged with the eight children and young people referred from Child Protection, and engagement with families was inconsistent.

Case study: Sarah²²⁹

Sarah died at the age of 15 years by suicide.

Sarah came to the attention of Child Protection in her early teens with a further report in her later adolescent years. The first report related to concerns about parental substance misuse. The second report related to the deterioration of Sarah's mental health, noncompliance with medication, self-harming, suicide attempts, challenging behaviour and disengagement from school. Child Protection closed both reports at intake and made an enhanced referral to The Orange Door following the second report. However, The Orange Door was unsuccessful in its attempts to engage with the family and as a result Sarah also missed out on the opportunity to receive support.

The Orange Door operational guidance on case closures requires a minimum of three attempts to directly contact a client before closing the case.²³⁰ The attempts must be on different days, at different times and not on successive days to maximise the opportunities for engagement. The attempts can include phone calls, voice messages and/or text messages where it is assessed as safe to do so, and a letter sent to the client offering support.²³¹ These methods can be passive, and impersonal, compared to some of the other engagement methods described by Aboriginal Community Controlled Organisations (ACCO) in The Orange Door and Aboriginal Access Points (see below). Several stakeholders identified that the current 'three strikes' approach is inadequate to facilitate successful engagement with families.

²²⁸ Information provided by DFFH to the Commission on 20 January 2025.

²²⁹ This case study is based on a child death inquiry completed in 2021, and the case is one of the 35 included in the file review analysis for this inquiry.

²³⁰ The Orange Door, *Case closure: Statewide minimum requirements*, December 2024.

²³¹ Information provided by DFFH to the Commission on 13 October 2025.

Some services [in The Orange Door] are still stuck in the three calls and close the case. It can be hard for families, especially those experiencing mental health and substance use issues. We as a team are really persistent and try to work out why they're not engaging.
(Aboriginal Community Controlled Organisation)

Three calls from a private number and when they don't pick up, we're saying they're not engaging.
(Aboriginal Community Controlled Organisation)

There are many reasons why people don't answer a call. This is not enough to close a case...There's a lot of pressure to close cases. The Orange Door then becomes more of a call centre model rather than an outreach model.
(Community-based Child Protection practitioner)

Calling from a private number is a huge issue. We're very big on using our work mobiles, leaving messages and giving people an opportunity to engage.
(Aboriginal Community Controlled Organisation)

Engagement with Aboriginal children, young people and their families

Throughout consultations, positive engagement techniques were shared by ACCOs when working with Aboriginal children, young people, and their families. They acknowledged that they had greater flexibility compared to other partner agencies working in The Orange Door and when attempting to engage with families. This included allowing for gradual building of rapport, maintaining a relationship in the period between referral and service connection, and using particular communication methods to strengthen engagement. The results were evident in The Orange Door engagement data, with 17 per cent of Aboriginal clients declining a service compared to 28 per cent of non-Aboriginal clients, and 14 per cent of Aboriginal clients uncontactable compared to 18 per cent of non-Aboriginal clients.²³²

The Commission heard that many families mistrust the service system and fear the removal of their children, and to make progress, services must take time to build trust and relationships with families. Aboriginal Community Controlled Organisations advised that a family not answering three calls from an unknown number should not constitute a reason to close a case. Rather, ACCOs indicated they personally introduce themselves to families in text messages and often receive a response as it gives people the opportunity to consider the message and make contact when they are ready. Aboriginal Community Controlled Organisations also spoke about not using the automated phone service and using a mobile phone with the number visible, in addition to building connections with families through attending community events and becoming a familiar and trusted presence.

The Commission heard that flexibility in the way ACCOs operate in The Orange Door upholds self-determination and ensures a culturally safe and appropriate response to Aboriginal clients.

²³² Information provided by DFFH to the Commission on 20 February 2026.

We've built that flexibility up over time. We have good relationships with Aboriginal families so even when they're not ready to engage at that point, they come back when they are.
(Aboriginal Community Controlled Organisation)

Having Aboriginal teams in The Orange Door and having flexibility in how we work has been really beneficial for Aboriginal families. Otherwise, The Orange Door can be a little too prescriptive for them.
(Aboriginal Community Controlled Organisation)

It's important to educate the family about our role in working and collaborating with them – that can really help. What works – be curious to their needs, get to know them and be open to working on the family's schedule. Ultimately, we need to meet the family where they're at.
(Aboriginal Community Controlled Organisation)

These reflections on practice demonstrate the potential benefits of adjusting the operating model to allow for a more flexible, gradual, and assertive approach to engagement, which would be highly beneficial to Aboriginal and non-Aboriginal children, young people and their families. It is also important for the voluntary system to recognise the difference between contacting and engaging with a family, particularly those referred by Child Protection. These families may already feel that they have been monitored, which could influence their willingness to initially engage with The Orange Door. While the Commission acknowledges the need for a balanced approach to contacting clients in the voluntary system, for some clients, the very nature of engagement needs to be different and may require a nuanced approach, particularly for those children and young people at risk of cumulative harm or escalating risk.

Finding 14: Effectiveness of The Orange Door's engagement methods

The typical approach to service engagement by The Orange Door is limited in its effectiveness, particularly for families with complex needs, and families may benefit from greater communication and flexibility in the engagement process. There may be lessons from the engagement techniques used by Aboriginal Community Controlled Organisations, which tend to have more positive engagement outcomes.

Recommendation 11: Strengthen The Orange Door's engagement methods

That the Department of Families, Fairness and Housing strengthen The Orange Door's approach to attempting engagement with families, to include more flexible and assertive methods.

Aboriginal Access Points (Journey Walker)

The Aboriginal Access Points are Aboriginal designed and led family violence services intended to complement The Orange Door, with two currently in operation in Victoria.²³³ The Aboriginal Access Points assist Aboriginal people to connect with specialist family violence services in a culturally safe and responsive way, and provides another avenue for children, young people and families to access services early in the voluntary system. The Access Points are fully staffed by Aboriginal people, including 'Journey Walkers' who walk alongside community members experiencing or using family violence as they enter and navigate the family violence service system.²³⁴ The Commission heard that the benefit of Journey Walkers is that they can hold families until they have engaged with a service, and that through early or a brief intervention, can prevent an escalation in risk and reports being made to Child Protection.

There are no service period constraints. If it takes a couple of months to build rapport then so be it, it's as long as it takes. We're working with people that have been messed around so it takes a while to rebuild trust. And there's no strings attached to the support.

(Journey Walker program practitioner)

We have flexibility to work with families with a broad criteria of eligibility. It's very community based rather than clinical social work. We try to embed self-determination and self-respect with our clients, there's no shaming families.

(Journey Walker program practitioner)

The Commission acknowledges the importance of the Aboriginal Access Points as an Aboriginal designed, led and staffed service and strongly encourages the establishment of other similar service types to support more Aboriginal children, young people and their families across Victoria. The Commission heard in consultations that a strong Aboriginal Response Team

in The Orange Door can build the capability of the non-ACCO workforce to support Aboriginal clients in a culturally safe way. However, Aboriginal families can be reluctant to engage with or seek support from The Orange Door because of the presence of Child Protection and the fear of its involvement in their lives. The Orange Door was identified as lacking cultural safety in this regard.

There's a lack of cultural safety until they're referred from The Orange Door to [ACCO]. Statutory involvement is incredibly traumatising... Consenting to a service is often saying yes for the fear of saying no. And they aren't fully informed of what it involves. (Aboriginal Community Controlled Organisation)

This issue was also raised in the *Yoorook for Justice* report:

Cultural safety is particularly important for services that act as the 'front door' to specialist help. For example, Yoorook heard that Aboriginal women may not use the Orange Door (the entry point to child and family services and family violence services) as that service includes government child protection staff. This means women do not seek help or seek it later. This creates a major blind spot for the early intervention end of the child protection system and also for the family violence system.²³⁵

The Commission understands that VACCA commissioned a scoping project to explore the potential for a specific Aboriginal model for triage and response in place of Aboriginal Response Teams within The Orange Door. This initiative responds to ongoing concerns raised across various forums about the challenges faced by ACCOs, including VACCA, in delivering Aboriginal Response Teams within the mainstream multi-agency model at The Orange Door. The project seeks to understand the level of interest among ACCOs in an alternative model, and to identify the barriers, enablers, and resource requirements for its potential development. Ernst & Young has been engaged to lead the work, with governance support from a range of ACCO partners. The project is being

²³³ Department of Families, Fairness and Housing, [New Aboriginal Access Point service commences](#), accessed 11 February 2026.

²³⁴ VACCA, [Walking alongside families affected by family violence](#), accessed 11 February 2026.

²³⁵ Yoorook Justice Commission (2023) *Yoorook for Justice: Report into Victoria's Child Protection and Criminal Justice Systems*, p.129-130.

undertaken independently and is not linked to any government-funded deliverables.

The work is designed to be inclusive and consultative, with a strong emphasis on stakeholder engagement to ensure a wide range of voices are heard. While the project is being led by VACCA, it is intended to support a broader collective ACCO effort to explore more culturally safe and effective service delivery models for Aboriginal communities. The findings will help inform future advocacy and dialogue about the design of family violence responses. The project is expected to conclude by the end of June 2026.²³⁶

The role of Community-based Child Protection in strengthening engagement in The Orange Door

The role of Community-based Child Protection practitioners in The Orange Door was discussed in Chapter 5 in the context of assessing risk to a child. They have a pivotal role in supporting The Orange Door practitioners to provide early and effective intervention to families, including when Child Protection intake makes an enhanced referral to The Orange Door.²³⁷ Enhanced referrals are made when Child Protection assesses at intake that the concerns and needs of the family are complex and require an enhanced approach.²³⁸ Six per cent of Child Protection referrals to The Orange Door were enhanced referrals each year from 2022 to 2025.²³⁹

Community-based Child Protection practitioners can assist The Orange Door practitioners to conduct joint phone calls, meetings or home visits to support their engagement with families in enhanced referrals. Several stakeholders spoke about the benefits of these joint home visits in encouraging families to engage with The Orange Door. In 2025, clients in enhanced referrals were more likely to be allocated to

a core service (18 per cent) compared to clients in non-enhanced intake referrals (12 per cent) and less likely to decline a service (27 per cent) compared to clients in non-enhanced intake referrals (36 per cent).²⁴⁰

In February 2025, due to a change in Child Protection policy, Community-based Child Protection joint home visits were temporarily suspended. The Department of Families, Fairness and Housing reinstated joint visits on 18 August 2025,²⁴¹ although they were suspended at the time that stakeholder consultations took place for this inquiry. At this time, the suspension was commonly identified by stakeholders as adversely impacting effective engagement with families and risk assessments.

We find joint home visits by Community-based Child Protection practitioners to be very useful as it encourages the family to work with Integrated Family Services whilst trying to keep family out of Child Protection. If these joint visits cease it will have a huge impact on supporting families... Through joint visits you can see a lot more than one person does and pick up safety concerns. (Community Service Organisation)

With families who have a history of not engaging, we would have previously...done a joint Community-based Child Protection visit but these are currently on pause. (Community Service Organisation)

²³⁶ Information provided by VACCA to the Commission on 28 April 2026.

²³⁷ The Orange Door practitioners are required to consult with Community-based Child Protection when a referral is received directly from Child Protection intake who have assessed that it may require involvement from Community-based Child Protection, as in an enhanced referral. Source: The Orange Door, *Case Consultations: Statewide operational guidance*, January 2025.

²³⁸ The basis for an enhanced referral is when there is significant concern for the wellbeing of the child, the consequence of harm is assessed as concerning or significant and the probability of harm is likely; and the concerns about harm or likely harm to the child's safety, stability and development is significant; but the involvement of community supports is assessed as the most appropriate action to address the concerns and prevent further involvement by Child Protection; and it may have been assessed that the family have a willingness and capacity to engage with services. Source: Department of Families, Fairness and Housing, [Child Protection Manual: Intake outcomes – advice](#), accessed 21 July 2025.

²³⁹ Information provided by DFFH to the Commission on 19 February 2025.

²⁴⁰ Ibid.

²⁴¹ Information from DFFH to the Commission on 20 November 2025.

The change in the way that Community-based Child Protection is operating, with no joint visits, will impact risk assessments in The Orange Door and engagement with family before allocation. (Community Service Organisation)

The Orange Door staff are less confident in engaging with families. [With the policy change] Community-based Child Protection practitioners now can't build that skill in The Orange Door staff. We've also lost the ability to support The Orange Door to engage directly with children and young people. (Community-based Child Protection practitioner)

The Commission heard that with the suspension of the joint visits, The Orange Door's engagement with families reduced. In a consultation, a Community-based Child Protection practitioner advised that they requested on three occasions for The Orange Door to actively engage a family, however, due to perceived worker safety issues and the family not answering calls, this did not occur. The Commission heard that without joint visits, more cases would be closed, and fewer children and young people and their families would receive support. The Commission strongly supports the resumption of this critical collaborative work.

The Commission also heard there is a lack of clarity in The Orange Door regarding the process for handling enhanced referrals. The Orange Door's operational guidance advises when The Orange Door must consult with Community-based Child Protection regarding enhanced referrals, including what should be considered when engagement with a family does not occur or in relation to a suitable plan to mitigate risks to the child or young person.²⁴² However, beyond this advice about consultation, there is no guidance on the process that The Orange Door must undertake regarding receipt of enhanced referrals, including engagement methods to be used. The Commission

notes that DFFH is currently reviewing the operational requirements between The Orange Door and Child Protection, which may provide further clarity about responding to enhanced referrals.²⁴³

[Child Protection] Intake would have an expectation about what should occur versus what The Orange Door is willing to do, and Community-based Child Protection is stuck in the middle. There is a lack of clarity regarding what an enhanced referral is and what should take place. There are pockets of teams in The Orange Door that would determine a referral isn't an enhanced referral and that it's Child Protection's business...they'd either move it back to Child Protection or work on the referral on their own rather than with Community-based Child Protection. (Community-based Child Protection)

Every The Orange Door has a different enhanced referral iteration. There is some space for The Orange Door to make their own assessments around risk, noting that risk is fluid. If a parent engages, there isn't always a role for Community-based Child Protection. But Community-based Child Protection can also help when there isn't engagement and can assist to build capacity of The Orange Door to do that. (Community-based Child Protection)

²⁴² These consultations will involve The Orange Door practitioner, the Team Leader/and or Practice Leader, Community-based Child Protection and any other The Orange Door practitioner working with the family/case group. The case consultation will focus on the safety and wellbeing of the children, appropriateness of case-closure and any actions required ahead of closure. Where the child(ren) are Aboriginal and/or Torres Strait Islander, the Aboriginal Practice Leader, must be included into the consultation. Source: The Orange Door: *Case Consultations: Statewide operational guidance*, January 2025.

²⁴³ Information provided by DFFH to the Commission on 13 April 2026.

Finding 15: Joint home visits between Community-based Child Protection and The Orange Door

A temporary suspension on conducting joint home visits between The Orange Door and Community-based Child Protection Practitioners from February to August 2025 impacted engagement with families. The absence of joint visits resulted in limited opportunities for practitioners to draw on each other's professional perspectives to provide a more integrated risk assessment and response. The Commission acknowledges that joint home visits recommenced on 18 August 2025.

Finding 16: Responses to enhanced referrals to The Orange Door

There is a lack of clarity about the process for responding to enhanced referrals, including engagement methods to be used.

Recommendation 12: Improve guidance for responding to enhanced referrals in The Orange Door

That the Department of Families, Fairness and Housing strengthen the enhanced referral process to include clear guidance for The Orange Door on the process of responding to enhanced referrals, including the importance of making every reasonable effort to allocate them to a service, and the role of Community-based Child Protection in joint work.

The role of services in supporting children, young people and their families

An overarching theme in the evidence gathered for this inquiry is the growing demand on child and family services and family violence services to support children, young people and their families across the statutory and voluntary systems. This is occurring in the context of increasing complexities that families are experiencing.²⁴⁴ The insufficient capacity of services to 'deliver the intensity and duration of response required in a timely manner' is also recognised by DFFH.²⁴⁵ While The Orange Door plays an important role in initially engaging clients, assessing their support needs, and referring to appropriate services, it is ultimately the responsibility of those services to support clients to effect change and to make family life better.

According to DFFH, family services investment in 2024-25 met a third of demand and investment in service hours in Integrated Family Services has increased by only 17 per cent since 2015-16.²⁴⁶ New funding has been primarily allocated to strengthening targeted responses to children and young people at elevated risk of entering care, which has grown by 193 per cent since 2018-19.²⁴⁷ This funding is accessed only post intake,²⁴⁸ highlighting the gaps in funding to services that support children, young people and families referred to The Orange Door and services at intake. Many of these children and young people are the subject of multiple reports to Child Protection.

The immense challenge for the child and family system is to intervene early with effective support to children and young people and/or their families when needs first arise while also responding effectively to the complex needs of families who are experiencing intergenerational adversity. Both are critical to ensuring that children and young people are safe and healthy. However, demand continues to outstrip supply in Victoria, and creates untenable pressure on

²⁴⁴ Information provided by DFFH to the Commission on 8 May 2025.

²⁴⁵ Information provided by DFFH to the Commission on 20 January 2025.

²⁴⁶ Information provided by DFFH to the Commission on 13 October 2025.

²⁴⁷ Information provided by DFFH to the Commission on 20 January 2025 and 13 October 2025.

²⁴⁸ Information provided by DFFH to the Commission on 20 January 2025.

the child protection and the child and family service system.

This was a common theme in stakeholder consultations, particularly those working in child and family services and family violence services, who identified the impact of a stretched service system on helping families to make positive and sustainable changes to their and their children's lives. Stakeholders spoke about lengthy waitlists, which was largely attributed to demand outstripping supply but also the growing complexity of issues that families are experiencing and the need for prolonged intensive supports.

We need more resourcing. We haven't anticipated the rise in demand over time. (Community Service Organisation)

The complexities of what we're dealing with is a lot harder and the work is more challenging compared to ten years ago. A lot of services have long waitlists. (Community Service Organisation)

We're not funded enough to do the work and for families to receive timely services. Our waitlist sits at three to six months. Sometimes in that time, circumstances completely change. (Community Service Organisation)

Some people can be sitting on the waitlist for six plus weeks which can impact engagement. As a result, we're having to keep families open for longer in order to engage the families. This then becomes a never-ending cycle. We all sit with 110 or 200 hour-plus families, which reduces to pick up lower risk cases. (Community Service Organisation)

We have a tension where we juggle with how long we sit with families with high needs or burn staff out by taking on too many cases. (Community Service Organisation)

Some stakeholders indicated that, like The Orange Door, services found that attempting to engage and support clients in referrals can be challenging, especially in circumstances when Child Protection directly made the referral. Many clients referred by Child Protection are not ready or willing to accept a service intervention in the voluntary space.

We're having to grapple with holding clients who are not engaging or close with them to support a family that is wanting to work with us. (Community Service Organisation)

The clients coming through from Child Protection are not necessarily volunteering freely for family service programs so that comes with complexity. (Aboriginal Community Controlled Organisation)

The Commission also heard about the challenges for services when working with families who want to address different needs to those detailed in the referral. Given the voluntary nature of the service provision, stakeholders spoke about the importance of supporting families on their terms to build trust in the service and long-term engagement. Stakeholders also identified the need to meet specific material needs for families before beginning work on addressing families' protective concerns. However, this can become problematic when services have time constraints in their service agreements.

The Commission heard that services require time and flexibility to gain the trust of families and work through concerns that may be longstanding. For example, a service may identify that a family requires support to build parenting capacity, or counselling for family violence. However, the family may indicate they only want support to clean the house and to receive food and transport assistance. To build trust with a family, services may initially focus on the needs identified by the family, but doing this gradually reduces the amount of time and money available per client. By the time professionals have built trust to start work on the reported concerns, resources are diminished, and the case is closed. It is acknowledged that while there is flexibility within current service agreement arrangements to provide more sustained support, the

overall system capacity impacts on services ability to provide prolonged support.

We're a voluntary service, so the priority areas for the family might be different to what has been identified as a risk or concern in the referral. We try to work on a bit of both, to be client led but also work on what the practitioner has identified. (Aboriginal Community Controlled Organisation)

When they come in, they keep us at arm's length. And then once rapport is built, it is almost time to close. We then reinforce mistrust in services. There's no flexibility built into our funding, no promoting self-determination and getting families to this point in their own time. We don't have the time or the resources. It takes a long time to do this work. (Aboriginal Community Controlled Organisation)

The Commission welcomes the recent work of DFFH to strengthen and modernise child and family services through a new family services platform with the following interconnected service streams:

- **Connecting families** for families with emerging needs
- **Strengthening families** for families with cumulative or escalating needs
- **Restoring families** for families with significant, enduring needs.

Features of the platform include clear primary connection points for each stream, such as The Orange Door for the Strengthening families stream and Child Protection for the Restoring families stream, in addition to the ability for support hours to be adjusted in line with changing needs. For Aboriginal families, ACCOs are a primary connection point across all three service streams. It is intended that the platform will be implemented from July 2026.²⁴⁹

Finding 17: Under-investment in family services

Family services investment in 2024-25 only met a third of demand. Investment in service hours has varied across service streams, but for Integrated Family Services it has increased by only 17 per cent since 2015-16. This is resulting in lengthy waitlists for families and impacts services' capacity to provide supports that match the intensity required for families. Consequently, services are less able to help families make positive and sustainable changes in their children's lives.

²⁴⁹ Information provided by DFFH to the Commission on 7 August 2025.

Investing in an effective service system

The refer and close cycle that many children and young people known to Child Protection are caught in is the result of a struggling child and family system that has high demand. This report has demonstrated that both the statutory and voluntary parts of the system experience high demand, as indicated by the consistent rise in Child Protection reports and an increase in referrals to The Orange Door. This has resulted in several The Orange Door sites adopting demand management strategies to reduce waitlists, and demand for services outstripping supply. When demand is unable to be met, difficult decisions about prioritisation must be made and this adversely impacts Child Protection through re-reports, as well as the capacity of the child and family system to respond adequately to families. The impact on children and young people has not been measured in this inquiry but is seen and experienced by them, their families and services.

There is room for further improvement in practice and system design across all parts of the system. Some of these improvements will require associated funding to enable effective implementation and ultimately address the key drivers of demand. As discussed in Chapter 5, in the child protection system, for example, funding to strengthen certain policies and practices will enable more considered responses to reports, especially when there has been limited engagement with families in the voluntary system following previous reports and referrals.

Significant investment in child and family services and family violence services remains critical to ensure that children and families receive the early support and intervention they need before risk escalates, and that referrals from and to different parts of the system result in the provision of appropriate levels of support. Ideally, children, young people and families should be able to access services as the need first emerges, or is identified, whether that be through Child Protection, The Orange Door, or services. As explored in Chapters 3 and 4, it is critical that the unique perspectives and experiences of children and young people are directly sought and addressed, and that they can easily access services to help them manage, heal and recover from their experiences. Investment

must support this to become the expected level of care for children and young people.

The Commission is of the view that once implemented, the new family services platform will enable more equitable, effective and sustainable service delivery to families but only if funding to these services exceeds or at least matches demand. This level of investment is urgently needed.

Recommendation 13: Increase investment in child and family services and family violence services

That the Victorian Government increase the availability of child and family services and family violence services to support timely access, reduce waitlists and work towards meeting demand, including ensuring age-appropriate, flexible service provision for children, young people and families.

Appendix 1: Inquiry information sources



Consultations with children and young people

The Commission received evidence from 30 children and young people who had been the subject of a Child Protection report/s and were involved with the child and family system, through consultations and survey responses. Consultations were guided by the Commission's *Child and Youth Engagement Framework*.²⁵⁰

Co-design of consultations and surveys with the Commission's Youth Council and Youth Engagement Officers

We worked in collaboration with the Commission's Youth Council²⁵¹ and Youth Engagement Officers to design and test our consultation and survey questions. Wellbeing check-ins were incorporated into consultation processes at appropriate intervals to ensure children and young people felt supported throughout the consultation.

Consultations focused on children and young people's experiences with Child Protection and other support services when they felt unsafe at home. The questions covered four areas:

- 1) awareness of Child Protection and support services
- 2) the types of support that children and young people received
- 3) the change that may have come about from Child Protection and/or service involvement
- 4) what needs to change to better support children and young people to feel safe.

Informed consent to participate in consultations

Prior to each consultation, each child and young person was informed about the purpose of the inquiry, the consultation process and how the Commission would use the information they gave us. Participants had the option of having a support person present

during the consultation and were informed they could withdraw at any time.

All children and young people who participated in our consultations provided their consent. The consent process followed the requirements of the National Statement on Ethical Conduct in Human Research. Interviewers also made their own determination on a case-by-case basis about whether the child or young person was able to provide informed consent.

One-on-one conversations were the preferred consultation method for most children and young people who participated, and the majority were conducted in person. A small number were conducted by phone or video conferencing where it was not possible to organise a meeting or if that was the child or young person's preference. Consultations were conducted by two Commission staff.

Every child and young person who participated in a consultation was given a gift voucher in recognition of their time.

Survey

Children and young people with Child Protection and/or service involvement were invited to participate in a survey available on the Commission's website. The survey asked similar questions to those used in the consultations and children and young people who filled it out were given a gift voucher in recognition of their time.

Overview of consultation and survey participants

Children and young people ranging in ages from 12 to 26 participated in the inquiry.

Seven (23 per cent) of the children and young people were Aboriginal.

Ten (33 per cent) lived in metropolitan Melbourne and 20 (67 per cent) lived in regional locations.

Seven (23 per cent) identified as male, 22 (73 per cent) identified as female, and five (17 per cent) identified as LGBTIQ+. Five (17 per cent) were living with a disability.

²⁵⁰ Commission for Children and Young People, *Child and Youth Engagement Framework*, accessed 8 August 2025, <https://ccyp.vic.gov.au/children-and-young-people/youth-engagement/>.

²⁵¹ The Commission's Youth Council comprises a small group of young people with diverse experiences, aged between 15 and 24. The Youth Council brings youth voice and a lived experience lens into the Commission's work, and is central to shaping our priorities and helping ensure our inquiries engage effectively with children and young people.

Table 2: Consultation participants, by age

	Count	Per cent
12-17	15	50%
18-25	14	47%
Older	1	3%
Total	30	100%

Table 3: Consultation participants, by gender

	Count	Per cent
Male	7	23%
Female	22	73%
Non-Binary	1	3%
Total	30	100%

Table 4: Consultation participants, by Aboriginal, disability, LGBTIQ+

	Aboriginal		Disability		LGBTIQ+	
	Count	Per cent	Count	Per cent	Count	Per cent
Yes	7	23%	5	17%	5	17%
No	16	53%	17	57%	20	67%
Unsure	6	20%	7	23%	5	17%
Not stated	1	3%	1	3%	0	0%
Total	30	100%	30	100%	30	100%

Table 5: Consultation participants, by metropolitan/rural

	Count	Per cent
Metropolitan	10	33%
Regional	20	67%
Total	30	100%

Limitations in consultation and survey data

The Commission acknowledges the following limitations in the information provided through the consultations with children and young people:

- Participants did not always answer questions across all domains. This was due to children and young people being invited to discuss issues of importance to them that they felt comfortable discussing.
- The Commission aimed to talk to an even spread of children and young people across metropolitan and regional areas, although we spoke to more living in regional areas because we spent time in a regional town as part of our broader consultation strategy.
- A higher number of females responded to the Commission's request to participate in the consultations and survey, resulting in an uneven representation of female and male participants.

Consultation with stakeholders

The Commission conducted consultations with various stakeholders, many of whom work in The Orange Door and others that receive referrals either from Child Protection or The Orange Door. Consultations took place with the following stakeholder groups:

- Aboriginal Community Controlled Organisations
- Community-based Child Protection practitioners
- Child and family services
- Family violence services
- The Orange Door Practice Leads.

The consultations were tailored to each groups' area of experience or expertise. Questions sought to elicit a combination of information and opinion on the issues covered under the inquiry's terms of reference. Quotes used throughout the report have been de-identified, referring only to the participant's organisation type and role.

In addition, the Commission visited three sites of The Orange Door, where staff met with local departmental and Child Protection representatives, Hub managers and agencies working in The Orange Door sites. As part of these visits, Commission staff were presented with de-identified case studies of children, young people and their families who had been referred from

Child Protection to The Orange Door for a service response.

Review of child death inquiries

For this inquiry, the Commission selected a sample of child death inquiries completed between the years of 2019 and 2025 where the child was the subject of two or more Child Protection reports, where reports were closed at intake or investigation, referred to support services, and where there was an escalation of risk. The Commission reviewed files held by DFFH on its Client Relationship Information System (CRIS) for each child. In cases when Child Protection made a referral to The Orange Door, these files were also reviewed and incorporated into the analysis.

The Commission also identified a further five relevant child death inquiries completed in either 2024 or 2025 for the purpose of creating case studies, to illustrate the Commission's continued identification of the issues discussed in this inquiry.

Quantitative analysis of departmental data and review of policies and guidance materials.

For this inquiry, the Commission received quantitative data from Child Protection regarding reports and report outcomes and The Orange Door regarding referrals and referral outcomes from 2022 to 2025.

We also reviewed DFFH policies and guidance materials relevant to the operation of Child Protection and The Orange Door in protecting and supporting children and young people and their families. Where documents were not publicly available, they were received upon request to DFFH from the Commission.



COMMISSION FOR CHILDREN
AND YOUNG PEOPLE

Commission for Children and Young People logo

The logo represents our vision for all children to be strong in health, education, culture and identity, and face the world with confidence.

The people are connected, equal in size and importance, and there is a fluidity that binds them together.

The mission of the Commission is for all young Victorians to achieve these goals.

The symbol is a Koori design created by Marcus Lee for the Commission.

The Commission respectfully acknowledges the Traditional Owners of the country throughout Victoria and pays respect to the ongoing living cultures of First Peoples.



COMMISSION FOR CHILDREN
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