Aboriginal Medical Services Alliance NT

Madam CHAIR: On behalf of the committee, I welcome everyone to this public hearing into the Care and Protection of Children Legislation Amendment (Every Child Matters) Bill 2026.

I welcome to the table to give evidence to the committee, representative from the Aboriginal Medical Services Alliance, Dr Donna Ah Chee. Thank you for coming before the committee. We appreciate you taking the time to speak to the committee and look forward to hearing from you today.

This is a formal proceeding of the committee and the protection of parliamentary privilege and the obligation not to mislead the committee apply. This is a public hearing and is being webcast through the Assembly's website. A transcript will be made for use of the committee and may be put on the committee's website. If at any time during the hearing you are concerned that what you will say should not be made public, you may ask the committee to go into a closed session and take your evidence in private.

Could you please state your name and the capacity in which you are appearing.

Dr AH CHEE: Donna Ah Chee, Chief Executive Officer of AMSANT.

Madam CHAIR: Thank you, Dr Ah Chee. Would you like to make an opening statement?

Dr AH CHEE: Yes, please, Chair.

Good morning, committee. Thank you for inviting me here today to give evidence on the care and protection of children legislation amendment Bill.

Firstly, I would like to pay my respects to the Larrakia people, traditional custodians of the Garramilla, the sovereign lands on which we are meeting today, and to their elders past and present.

As I said earlier, my name is Donna Ah Chee and I am a proud Bundjalung woman from the far north coast of New South Wales, but I have lived on Central Arrernte country for about 40 years.

I am speaking to you today as the CEO of the Aboriginal Medical Services Alliance NT (AMSANT) which is the peak body for Aboriginal community-controlled health services in the Northern Territory. The Aboriginal community-controlled health sector is the largest provider of primary healthcare to Aboriginal people in the Northern Territory. Our sector delivers comprehensive primary healthcare in an integrated, holistic, culturally secure framework. As the peak body, AMSANT provides sector-wide leadership, advocacy and evidence-based advice to protect and uphold the health and wellbeing of Aboriginal people in communities. This includes Aboriginal children and their families.

AMSANT does not support the amendments to the *Care and Protection of Children Act* as set out in the Bill. We have made a written submission to this committee on this basis. As outlined, the Bill reflects a significant regression in the protection of the rights of Aboriginal children and families, dilutes established safeguards and risks further entrenching the over-representation of Aboriginal children in the child protection system.

The nurture and care of children is at the heart of Aboriginal culture for tens of thousands of years. Our diverse peoples raised healthy, reliant and creative children, and today many of our families still do. However, contemporary Aboriginal families have been profoundly affected by the processes of colonisation, including the dispossession and impoverishment of our communities, the forceable removal from their families and intergenerational effects, the suppression of culture and language and the ongoing experience of racism and discrimination.

Many Aboriginal families, particularly in remote communities, are struggling to deal with a range of environmental and social factors that seriously impact on their health and wellbeing. These factors are known as the social determinants of health. They include things like having an adequate income, employment, housing, nutrition and food security, education, social inclusion and the protective role of culture, language and country. Stemming from these social determinants the experience of disadvantage, poverty and exposure to domestic violence and alcohol abuse and the incarceration of family members are unacceptably common for Aboriginal families in the Northern Territory. Poor housing conditions and lack of stability in the child's home environment affect their physical and emotional safety, as can exposure to violence and abuse, and lead to poorer outcomes. Addressing these inequalities must be understood as a fundamental factor contributing to the involvement of Aboriginal children in the child protection system.

Comprehensive primary healthcare, the care provided by the sector AMSANT represents, defines its role not only in terms of the treatment of the illness but also includes health promotion and illness prevention, promotion of community and individual self-reliance and participation and intersectoral action to address the social determinants of health.

This is a bit of background that contextualises AMSANT's submission to this inquiry, and I will make a few key points to speak to more broadly why AMSANT does not support this Bill.

We all want our children to be safe. However, safety must never be used as a justification to remove rights, weaken protections or disregard the lessons of the past. There is no evidence nationally or jurisdictionally that supports the removal of the Aboriginal child placement principle as a means to support safety and wellbeing of Aboriginal children in the Northern Territory; rather, the operationalisation of the ACPP must be adequately resourced and implemented in a way that maintains fidelity to the principle. This must include provisions for Aboriginal-led decision-making and greater resourcing for and commitment to kinship care.

The data tells us the NT has the lowest rates of kinship care in Australia, with only 16.7% of Aboriginal children placed with Aboriginal relatives of kin, which is significantly below the national average of 32%. We have to ask why that is. Is it that the principle is not fit for purpose, or is it because it is not being implemented properly? My firm view is that it is the latter.

What we need to see, and this message would have come through loud and clear if there was a genuine in-depth consultation process with the Aboriginal community-controlled sector before this Bill was rushed through, is a strengthening of prevention and early intervention. What this means in practice is looking at what happens with families before a child is removed.

This means programs that are strength and evidence based, culturally safe, community-led and developed and situated within Aboriginal community-controlled organisations. It means parenting support programs that work with vulnerable high-risk families to build on their strengths while supporting them across a range of domains—which includes housing, alcohol and other drugs, and family violence, to name a few—to keep children safe at home. It means helping families to understand how the brain develops through their child's early years, ensuring there are services based across the NT providing screening, diagnosis, intervention and treatment for children with developmental vulnerabilities.

There are concerns that have been raised across the Aboriginal community controlled health sector in particular that some of these tools and frameworks used in the NT—for example, signs of safety—may, in fact, be underestimating the level of risk. While it is acknowledged that our out-of-home care rates may have seen a slight decline in the Northern Territory, how much of this is a result of this tool setting too high a threshold for intervention by underestimating neglect and cumulative harm?

We need to have tools and frameworks in prevention, early intervention and child protection that are evidence based and culturally validated for use with Aboriginal children and families. Aboriginal family-led decision-making is something that our sector has been calling for to be implemented across the continuum of the child protection system in the Northern Territory, not just at the pointy end when the statutory child protection system is involved and the child is removed.

In my closing words to the committee, please do not recommend this Bill to pass. I urge the committee to fully investigate the child protection system in the NT, including the assessment tool being used, before jumping to the conclusion that the Aboriginal child placement principle is the problem. I also urge the committee to engage in a genuine consultation process with the Aboriginal community-controlled sector to develop a broader and more appropriate response to addressing the safety of children and families in the Northern Territory.

Mrs ZIO: Thank you, Dr Ah Chee, for coming in today. We appreciate your submission and the time you have taken to talk to us today.

I agree that the Aboriginal child placement principle is not being operationalised properly. I have a concern about the language you used in relation to the ACPP, talking about it being removed. It is not being removed from the legislation at all. The priority for the draft legislation that is being proposed is that the safety of the child is the overarching principle when making decisions about placement of a child or the future of a child.

We all agree that children should remain safely connected to family, culture and community wherever possible. However, many of the children entering care today have already experienced significant harm before statutory intervention occurs. Do you accept that parliament also has a responsibility to ensure that

child protection legislation provides decision-makers with clear authority to prioritise safety and permanency when efforts to safely maintain children within their family networks have not succeeded?

Dr AH CHEE: I think we all agree that safety of the child is at the centre of this legislation. From AMSANT's perspective, the way we view this change to the legislation is, in effect, removing the Aboriginal child placement …

Mrs ZIO: Can I ask why you think that, given that it is still there?

Dr AH CHEE: Because it is called the Care and Protection of Children Legislation Amendment (Every Child Matters) Bill and there is no reference to the Aboriginal child placement principle, as I understand it.

Mrs ZIO: It is not in the last legislation either—no direct reference.

Mr HOWE: New section 8(3)(c) states:

> *the child's right to enjoy the culture and tradition of the child's family and community including the need to maintain ongoing contact with the child's family.*

That is in the Bill.

Dr AH CHEE: I accept that, but, at the end of the day, where is the reference in relation to the Aboriginal child placement principle then—if we do not look at the legislation, underneath the legislation?

Mrs ZIO: Before we go to that, can you tell me where the provision has been removed from the legislation?

Dr AH CHEE: In effect, this change is actually removing that principle, is our view.

Mrs ZIO: Could you tell me where it has been removed? What exactly has been removed?

Dr AH CHEE: You tell me where it is in there.

Mrs ZIO: I can see it. I am just asking if you have a specific point in the previous legislation that has been removed from the new legislation.

Dr AH CHEE: In effect, how we have viewed this legislation …

Mrs ZIO: Okay, so there is no specific here; it is just how you have viewed it.

Dr AH CHEE: That is how we have viewed it, the interpretation of it.

J DAVIS: My understanding is that in the current Act section 10 places the need to protect the child as the highest paramount principle. That definition of 'protect' is broader than what is now proposed in terms of safety and it includes the Aboriginal child placement principle which does not override children's safety. We need to be very clear about that. We have heard that in evidence before the committee. Currently, it is in the current Act in section 10. My understanding, hearing from witnesses and submissions, is that safety is now being defined far more narrowly and that, therefore, creates a risk to Aboriginal children.

Member for Fannie Bay, I am not sure if that addresses what you were asking?

Mrs ZIO: No.

J DAVIS: Why not? Your question was where is it in the current Act and how is it being removed.

Mrs ZIO: In relation to the Aboriginal child placement principle, where has it been removed in the new drafted legislation?

Dr AH CHEE: I think there are a number of things that have been removed. One is …

Mrs ZIO: Is it specific to the Aboriginal child placement principle?

Dr AH CHEE: When you pull all these together, I think it actually waters down the Aboriginal child placement principle which in effect, in its implementation, is removing it. In relation to 12C(2)(a) and 12C(2)(b), it

replaces the right of a child and their family to participate in decision-making with merely an opportunity to participate. With removal of the right to family and community and children, the proposed amendment section 12C(3) removes the right of a child to be brought up with their own family, community and country. This directly undermines cultural safety and connection. Ambiguous harm threshold for removals—proposed section 12A(3).

I am sorry, I am not a lawyer, but this is our assessment of the change. When you put them all together, that is the point we are trying to make about what can be seen in effect as the removal of the Aboriginal child placement principle.

The other one is proposed section 12A(3) would require removal of a child where there is a significant and likely risk of harm without sufficient clarity as to how this threshold would be defined or applied. This creates risk of inconsistent and disproportionate removals. While we accept that we do not want to leave a child in harm's way and it needs to be acted on, it needs to be done in a way that there is consistency and does not allow for disproportionate removals.

Mr YOUNG: Thank you, Dr Ah Chee, for your time and your submission.

My question is about resourcing more broadly across child protection. Would you say this legislation is a smokescreen for actually properly funding and addressing the resourcing and capacity issues within child protection and more broadly to Aboriginal community-controlled organisations that work in the child protection space?

Dr AH CHEE: When there was the announcement for this change and that there would be an investment in early intervention around family support services—that is something that AMSANT has been advocating for a very long time. In fact, what we think needs to happen is the actual funds pooling of Commonwealth money and NT Government money and being clear what the program logic is for family support, so we get an evidence base to it and we put the investment where it is most needed and get consistency across the early intervention system through family support so that we do not have this sort of fragmented service system across the Northern Territory for family support services as an early intervention mechanism.

J DAVIS: Thank you, Dr Ah Chee, for coming today. If this Bill passes, these amendments pass in their current form, what do you see as the potential impacts on Aboriginal young people, say, five years into the future? What is the most important thing you think we as a committee need to understand about these amendments?

Dr AH CHEE: It moves us away from having Aboriginal families involved in the process. What we fear is that there will be a potential increase in Aboriginal kids not being placed with appropriate kinship care. Currently, there are different payments in kinship care than there is to non-Aboriginal carers, and that is being looked at. That is why AMSANT is urging the committee, before passing this legislation, for a thorough review of the childcare protection system so that we can once and for all get this right going forward. There is no disagreement with the government or our sector about the need to have children's safety at the core.

Mr HOWE: I have a follow-up question on the different payments you mentioned. Can you expand on that? Please educate me on how that works.

Dr AH CHEE: My understanding—I do not know the detail, but there is some work being done on this. I sit as an APO NT rep on the Children and Families Tripartite Forum which is a committee of the NT Executive Council on Aboriginal Affairs, which is co-chaired by Minister Edgington and the APO NT Chair. This has come up in the TPF about the need to review these payments because it is a barrier to kinship carers taking on the responsibility of interim removal of a child who has been identified as needing to move to safety. It is an inequity in the payment system that promotes kinship carers because of the obvious cost of living and taking on additional responsibilities that needed to be looked into, and that work is currently underway by the TPF.

Mr HOWE: Is this a way to encourage families? I am not aware of this space.

Dr AH CHEE: Kinship carers.

Mr HOWE: I am genuinely asking because it has been a line of questioning from me in this inquiry about how do we improve kinship care. We are hearing from foster care representatives as well. What are some of the improvements that can be done that you see opportunity for—I know we are going outside this Bill, so apologies, Madam Chair—that could improve kinship care?

Dr AH CHEE: One barrier that has been identified is this need to review the current payments. Anecdotally, we are being told that there is a difference in the payments. That is something that the TPF is looking into. That is a barrier that needs to be seriously investigated.

J DAVIS: That is something we can get more information on.

It is well established we all agree children's safety needs to be front and centre. That is what everyone is working on. We need to be doing something about children's safety. These amendments say that is their intent. What we have heard from you is that there are some concerns about these amendments, not only in relation to the Aboriginal child placement principle but also in section 12A(3) and other parts of the Bill.

In AMSANT's view, will the proposed amendments make children safer?

Dr AH CHEE: I do not think so. I think that the current Bill—I bring my point back. It is the implementation of the current legislation. We cannot see what these changes will do to make children safer in that sense. We have to put investments into those areas that I talked about earlier.

I heard the previous witnesses and the questioning about the early identification and diagnosis for children with developmental vulnerabilities. The only place in the Northern Territory that has a comprehensive child and youth assessment and treatment service is at Congress in Alice Springs. AMSANT has been advocating to have that evidence-based program implemented across the Northern Territory so that these early developmental vulnerabilities can be identified and appropriate treatments put in place and supports for those families.

Mrs ZIO: To follow up on one of your earlier points you raised. On the Department of Children and Families foster care current payment rate website, it says that all carers, whether a foster, family or kinship carer related to the child, they receive the same Standard Age Carer Payment. No matter what position you are in, if you take a child into foster care, you receive the same standard. There is no differentiation there.

Dr AH CHEE: That is not my understanding. My understanding, in the TPF, is that there is a need to look at the kinship payments that are being made. That is what is currently being looked into, as I understand it.

Mrs ZIO: I am just looking at the website. It says they all receive the same Standard Age Carer Payment.

Mr YOUNG: I am sure you have probably seen the recent report released by the Office of the Children's Commissioner and the findings in that report regarding harm to children in out-of-home care. Do you have concerns with the way the current Bill has been drafted, and if it is passed, that there will be extra pressures on out-of-home care, further harming children?

Dr AH CHEE: Sorry, can you put that question again?

Mr YOUNG: Yes. If the Bill is to pass in its current form, would you be concerned that children going into out-of-home care, their safety would be compromised, given the report that was released from the Office of the Children's Commissioner where it stated that around 30% of children in out-of-home care, the serious notifications with the department?

Dr AH CHEE: Given the release of that report, I think that needs to be taken into consideration. If that report is saying that it has been identified that there is an increase in harm, I think the committee needs to take that report into consideration when they make their decision.

Madam CHAIR: Thank you, Dr Ah Chee, for coming before the committee.

The committee suspended.
