

Submission on the Care and Protection of Children Legislation Amendment (Every Child Matters) Bill 2026

Submission to:

Legislative Assembly of the Northern Territory

Submitted by:

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Introduction

The Royal Darwin Hospital Paediatric Department, Women, Children and Youth provide healthcare to children and families across the Top End of the Northern Territory, servicing a population of approximately 178,000 people including families in Greater Darwin, remote communities and regional centres such as Katherine and Nhulunbuy.

We work alongside children, young people and families experiencing physical illness, disability, neurodevelopmental conditions, mental health difficulties, substance dependence, poverty, housing instability, domestic and family violence, racism, and cultural disconnection.

Royal Darwin Hospital also operates the Out of Home Care Clinic, which provides healthcare assessments and ongoing support in accordance with the National Clinical Assessment Framework for Children and Young People in Out-of-Home Care.

Royal Darwin Hospital Paediatric Department is deeply concerned about the Care and Protection of Children Legislation Amendment (Every Child Matters) Bill 2026.

While we support the importance of keeping children safe, we are concerned that the Bill significantly expands threshold for intervention, unfairly discriminates against vulnerable

families, will result in more child removal, prioritises permanency over culture, kin and Country and fails to address the underlying reasons for child protection involvement.

Lowering the Threshold for Intervention

We are concerned that the introduction of broad and subjective concepts including “wellbeing” concerns, “events of concern”, anti-social behaviour, and school attendance concerns this Bill lowers the threshold for intervention into family life.

In particular, proposed sections 102C(c)(i)-(ii) allow applications for family responsibility orders where a child’s “wellbeing is being adversely affected” and family circumstances may have contributed to that outcome.

The breadth of this provision risks expanding child protection involvement beyond circumstances of abuse or neglect into areas relating to the social determinants of health. Areas more appropriately addressed through health, disability, education and social support systems.

Similarly, proposed section 102E(1)(b) permits directions requiring parents to take or refrain from “any other action relevant to the effective care and supervision of the child”. This wording is extremely broad and creates substantial discretionary power without clear legislative limitation.

Issues such as behavioural concerns and poor school attendance can be indicators of family adversity, but can also be indicators that there are medical or neurodevelopmental conditions which aren’t being correctly assessed, and that support services for these conditions haven’t been made available or accessed. Placing a child in care doesn’t reverse anti-social behaviour, to the contrary - as paediatricians who are experts in child development, we have seen multiple instances where antisocial behaviour becomes exaggerated, and becomes more difficult to manage as these behaviours are often borne out of trauma. Poor school attendance similarly, isn’t reversed for children who are placed in care.

We know that many of the issues driving child protection involvement are closely connected to poverty, housing stress, service shortages and intergenerational disadvantage. We are concerned that the Bill risks increasing surveillance and coercive

intervention into the lives of families already struggling under significant social and economic pressure.

Concerns About Procedural Fairness and Compliance

Many of the families we work with experience very poor social determinants of health, have poor health literacy and struggle to navigate the current healthcare, social services and welfare systems. The proposed amendments place significant expectations on parents and caregivers who may:

- not understand the orders,
- not have the resources to comply,
- or not be adequately supported to engage with the system.

Although proposed section 102G(5) requires explanations to be given in a parent's preferred language or if it is not reasonably practicable to do so in the parent's preferred language – in a language and manner the parent understands. We remain concerned that many families experiencing disability, cognitive impairment, trauma, poor literacy, homelessness, or cultural and language barriers will struggle to meaningfully engage with these processes.

We are also concerned about proposed section 102H, which allows applications for family responsibility orders to proceed in the absence of parents in certain circumstances. In our experience, many families already struggle to engage consistently with complex government systems due to poverty, transport barriers, unstable housing and competing health crises.

Increased Pathways Toward Child Removal

We are concerned the Bill creates expedited pathways toward removal of children from their families.

Under proposed section 102L, where a parent is considered to have significantly contravened a family responsibility order and this is believed to adversely affect the child's wellbeing, the CEO must either apply for a protection order or seek variation or replacement of the order. Further, proposed section 121(1)(b) permits the Court to direct the CEO to apply for a protection order following a family responsibility order proceeding.

We are concerned these provisions create an escalation pathway whereby families unable to comply with complex orders due to poverty, disability or lack of support may rapidly progress into child removal proceedings. It is well established that families engaged with child protective services already have less healthcare engagement. By increasing coercive intervention, families may not seek help/services due to fears that engagement with services could escalate into child removal. This will lead to higher burden of disease within our already vulnerable populations. Reduced opportunities for early intervention will result in families presenting with complex problems, later down the track where the resources required will be more cumbersome.

Permanency and Reunification Concerns

We acknowledge the importance of permanency planning for children in out-of-home care. However, we are deeply concerned that amendments reducing short-term parental responsibility orders from two years to one year under section 123 and restricting repeat short-term orders under section 128 will result in earlier transitions to long-term care, reduced opportunities for reunification, and increased long-term separation from family and culture.

In our experience, permanency orders do not necessarily provide actual stability for children. Many children experience multiple placements and a long-term care order does not necessarily secure permanency for the child. This significantly disrupts attachment and results in a mental health burden.

Aboriginal Child Placement Principle

We are deeply concerned about the impact of the Bill on the Aboriginal Child Placement Principle. Although the Bill references Aboriginal placement principles under section 12C, the overall structure of the amendments prioritises broader permanency and placement stability principles under section 12B.

With almost 90 per cent of substantiated child protection matters in the Northern Territory involving Aboriginal and Torres Strait Islander children, any weakening of cultural placement protections carries profound consequences. The Aboriginal Child Placement Principle is not merely a placement preference. It is a safety framework grounded in decades of evidence demonstrating the importance of cultural continuity, kinship connection, identity, language, and community belonging. AIHW data has demonstrated that the Northern Territory has among the highest rates of Aboriginal child removal in

Australia while simultaneously recording low levels of compliance with the Aboriginal Child Placement Principle. From our clinical experience, children disconnected from family, culture, kin and country frequently experience profound long-term trauma, worsening mental health outcomes and increased vulnerability throughout adolescence and adulthood.

We are particularly concerned that the Bill's increased focus on permanency and long-term care pathways may result in more Aboriginal children being separated from kinship systems and cultural supports earlier and for longer periods. The consequences of these disconnections are not theoretical. We request the Committee consider the findings of the:

- Coronial Inquest into the death of Didbala Anzac [2025] NTLC 12; and
- Coronial Inquest into the death of Yakamurra [2022];

both of which highlight the devastating impacts that dislocation from kin, culture and country can have on Aboriginal children and young people, including severe psychological harm and suicide.

We also remain concerned that kinship carers continue to be substantially under-resourced despite repeated evidence demonstrating that kinship placements generally produce better cultural, emotional and developmental outcomes for children than non-familial care arrangements.

Without substantial investment into supporting kinship systems and Aboriginal community-controlled services, these reforms risk further entrenching intergenerational trauma and cultural disconnection.

Failure to Adequately Invest in Early Intervention

Although the Bill introduces requirements for “proactive efforts” under section 12D and requires evidence of such efforts under section 122, these obligations will not meaningfully protect families without substantial investment in housing, disability supports, mental health services, rehabilitation, family violence services, and integrated early intervention systems.

Many families in the Northern Territory currently cannot access the services they need.

Specifically, there remains no adequately resourced multidisciplinary neurodevelopmental diagnostic service in Darwin capable of meeting current demand. The current wait time to

see a Paediatrician through the Royal Darwin Hospital is approximately 18–24 months. While wait times for allied health assessments are similar and neuropsychology services are extremely difficult to obtain. The system is also fragmented with families needing to resource multiple professionals through multiple pathways. Furthermore, once children have had an assessment, support services through NDIS or other allied health services are rarely available at the intensity required for appropriate intervention and treatment, and in our experience, most people are then on lengthy wait-lists to be able to access meaningful therapy; which is amplified for children and families living in remote Aboriginal communities. We know that early identification and treatment of children with disability reduces disability and knock on effects of poor mental health down the track.

Many children whose behaviours may later become characterised as anti-social behaviour, poor supervision, school refusal, or wellbeing concerns are in fact children with autism, ADHD, intellectual disability, FASD, trauma-related disorders, or severe unmet mental health needs.

The Bill risks responding to disability and trauma with coercive intervention rather than therapeutic support.

We are also concerned that the Bill represents a missed opportunity to invest in evidence-based early intervention systems that are known to reduce both child protection involvement and long-term government expenditure. The Minderoo Foundation's Cost of Late Intervention (COLI) Report estimates that Australian governments spend approximately \$22.3 billion annually responding to youth crises and late intervention needs. Of this, approximately \$10.2 billion is spent on child protection and out-of-home care systems alone. The report demonstrates that costs associated with out-of-home care and crisis intervention continue to rise substantially when governments fail to invest early in prevention, family support, disability services, housing stability, healthcare access, and therapeutic intervention.

We are concerned that the proposed amendments will increase the number of children entering long-term out-of-home care without addressing the underlying drivers bringing families into contact with the child protection system in the first place. We need to move from the mindset of a child welfare to a child wellbeing system.

Without substantial investment in prevention and integrated care systems, the economic and human costs of out-of-home care will continue to escalate.

Conclusion

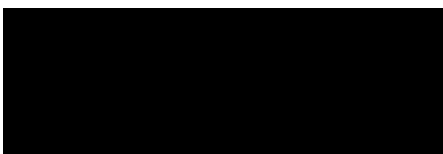
Royal Darwin Hospital Paediatric Department supports the importance of child safety and recognises the need for effective child protection systems. However, we do not believe this Bill adequately addresses the underlying drivers of child protection involvement in the Northern Territory.

We are concerned the Bill:


- lowers the threshold for intervention into families, particularly those experiencing vulnerabilities;
- increases pathways into long-term care;
- weakens practical protections for cultural connection;
- fails to adequately address poverty, housing instability and service shortages;
- fails to adequately address limited access to neurodevelopmental assessment and disability support services;
- and risks causing further harm to already vulnerable children, families and communities.

We are concerned these reforms risk increasing both the human and economic costs associated with long-term out-of-home care while failing to adequately invest in the evidence-based early intervention systems known to improve child and family outcomes.

Your sincerely,



Dr Katherine Jarosz
Paediatrician



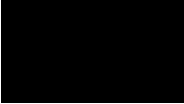
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