



Submission:

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

The Northern Territory Mental Health Coalition (The Coalition) is the peak body for community managed mental health services across the Northern Territory. We work in collaboration with a wide network of community mental health organisations, people with lived experience, their families and supporters. We advocate at the local and national level with a vision to give all Territorians an opportunity to have the best possible mental health. As a peak body, the Coalition ensures a strong voice for member organisations and a reference point for governments providing advice on all issues relating to the provision of mental health services in the Northern Territory.

On behalf of our members, we welcome the opportunity to make this submission regarding the Care and Protection of Children Legislation Amendment Bill. If further information or clarification is required, please contact our Chief Executive Officer, Geoff Radford on [REDACTED]

Background

The Coalition's policy positions are grounded in its policy position statements and the direct service experience of its member organisations, many of whom are funded by the Commonwealth and/or the NT Government to support children and families subject to child protection notifications, investigations, and interventions.

The Coalition supports the submissions of NTCOSS, NAFLS, NAAJA, SNAICC, the Office of the NT Children's Commissioner, and submissions by member organisations including Mission Australia, ARDS and Katherine West Health Board.

The Coalition notes the extremely compressed timeframe for consultation which has impacted the depth and breadth of this submission from our members, though considerable evidence from the NT has been used to inform the submission.

The Coalition has a longstanding stake in the Territory's child protection framework. Mental health is inseparable from child wellbeing. To be mentally well, a child must:

- be physically safe,
- have food to eat,
- a safe place to sleep,
- healthy relationships where you are not at risk, and
- a sense of belonging in their community.

The responsibility to ensure these foundations lies with both levels of government. For those children under the care and protection of the CEO of the Department of Children and Families, the evidence is clear:



- children who enter out-of-home care carry a disproportionate burden of mental health need;
- parents involved in child protection commonly present with complex mental health and trauma histories; and
- the workforce delivering these services operates under conditions of sustained psychological demand.

The Coalition has previously submitted to the Royal Commission into the Protection and Detention of Children in the NT, affirming the high rates of mental ill-health among Territory children, particularly Aboriginal and Torres Strait Islander young people, arising from disadvantage and unresolved intergenerational trauma.

The National Commissioner for Aboriginal and Torres Strait Islander Children and Young People has characterised the Bill as one that reduces obligations to actively pursue reunification and expands coercive and punitive powers over families, while structural issues and social determinants remain unaddressed.

Summary of Position

The Coalition's position in response to the terms of reference of the Legislative Scrutiny Committee, the draft Bill and Explanatory Statement, and relevant reference materials is:

a) The Bill should not pass.

b) The Bill should restore the Aboriginal and Torres Strait Islander Child Placement Principle; and be strengthened by:

- Requiring a funded, comprehensive mental health assessment and therapeutic care plan for every child subject to a notification within 30 days;
- Requiring mental health referral and support for parents subjected to child protection intervention within 14 days; and
- Amending Family Responsibility Agreement provisions to guarantee access to legal, advocacy, and culturally responsive therapeutic supports.

c) The Bill does not have sufficient regard to the rights and liberties of individuals, including under the United Nations Convention on the Rights of the Child (UNCRC), the UN Convention on the Rights of Persons with Disabilities (UNCRPD), and the UN Declaration on the Rights of Indigenous Peoples (UNDRIP).

d) The Bill should not pass without prior, genuine co-design with Aboriginal and Torres Strait Islander Territorians; it should be consistent with departmental review findings, the advice of statutory office holders including the Children's Commissioner and Anti-Discrimination Commissioner, and with National Agreement on Closing the Gap commitments.



Term of Reference (a): Should the Legislative Assembly Pass the Bill?

The Coalition's position is that the Legislative Scrutiny Committee should not recommend the Legislative Assembly pass the Bill in its current form. This position is grounded in the available evidence regarding child protection, mental health outcomes and the rights of Aboriginal and Torres Strait Islander children and families in the Northern Territory.

Mental health needs of children in care

Children involved in the child protection system carry a substantially elevated burden of mental health need. NT-specific linked administrative data demonstrates that out-of-home care is associated with the highest risk of mental health hospitalisations among Territory adolescents, with Aboriginal and Torres Strait Islander young people over-represented throughout.

Research consistently shows that Aboriginal and Torres Strait Islander children have poorer mental health outcomes in out-of-home care and are less likely to receive adequate mental health support while in care.

The Bill does not address this. There is no provision for mandatory mental health screening upon entry to care, no requirement for a funded therapeutic care plan, and no enforceable commitment to trauma-informed, culturally safe services. Member consultation conducted by The Coalition in preparing this submission confirms the scale of this gap. Access to timely mental health assessment is effectively non-existent across much of the Territory: one member organisation serving a region of 162,000 square kilometres has a single mental health nurse available to provide initial assessment and support. Another member organisation reported waitlists of months for both children and adults across the Territory. These are not outliers, they reflect the baseline conditions within which the Bill's provisions will be required to operate, with no additional resourcing.

Parental mental health and the Family Responsibility Agreement framework

Parental mental health is a significant factor in child protection involvement. Untreated parental mental illness is one of the most consistent predictors of child maltreatment and child protection involvement.

Addressing it through accessible, funded therapeutic supports represents the most evidence-based route to reducing tertiary child protection responses, emergency presentations, and criminal justice involvement. The Bill's strengthened Family Responsibility Agreement (FRA) framework, with its emphasis on punitive response and compliance-based engagement, does not provide for therapeutic support that is essential to producing meaningful, sustained change for families experiencing mental illness.

A punitive, compliance-first approach without commensurate support is unlikely to improve outcomes for children and is likely to cause further harm and trauma. Member consultation confirmed that dual diagnosis (co-occurring alcohol and other drug use and mental illness) is prevalent among families engaged with the child protection system but frequently goes undiagnosed especially in remote areas, where specialist assessment services are unavailable and primary health care screening leaves major gaps. These families do not appear non-compliant with FRA requirements out of unwillingness; they appear non-compliant because the diagnostic and therapeutic infrastructure required to support compliance simply does not exist.



Delays in accessing mental health supports directly increase stress, reduce the window for early intervention, and compress the already limited time parents have under the Bill's proposed shortened protection order timeframes to demonstrate change. The proposed two-year maximum on short-term orders takes no account of therapeutic timelines, which for complex, trauma-related presentations routinely exceed this horizon. The Bill as drafted sets many families up to fail regardless of their motivation, stage of change or engagement.

A 2024 national analysis found that 8,140 Territorians aged 12 to 64 with moderate to severe mental illness receive no psychosocial support across the NDIS, NT Health, or PHN-funded services. The Bill does not close this gap; it increases the consequences of it. The NT government must urgently negotiate with the Commonwealth to fund adequate psychosocial supports to address this known gap.

Workforce sustainability

The workforce responsible for implementing the Bill's provisions is already operating beyond sustainable limits. Member consultation described remote community social workers simultaneously functioning as mental health practitioners, family violence specialists, AOD counsellors, community development workers, legal navigators, NDIS access workers, and cultural safety practitioners. This is not a workforce model, it is a structural failure that contributes to vicarious trauma, burnout, and the high staff turnover that itself undermines continuity of care for children and families. Legislation that adds compliance complexity without concurrent investment in the workforce will further destabilise this system.

Term of Reference (b): Should the Bill Be Amended?

If the Legislative Assembly is determined to proceed with the Bill, the Coalition recommends the following amendments.

Restoring the Aboriginal and Torres Strait Islander Child Placement Principle

The research is unequivocal that for Aboriginal and Torres Strait Islander children, connection to family, culture, and Country is essential for safety and wellbeing, it is not in tension with it. The Aboriginal and Torres Strait Islander Child Placement Principle exists because of the documented, devastating harm caused by disconnection from kin and culture. The NT already has the lowest rate in the country of Aboriginal and Torres Strait Islander children in out-of-home care placed with Aboriginal and Torres Strait Islander kin, at 17 per cent. Weakening the Principle further without addressing this systemic failure will increase harm, not reduce it.

Member consultation also disclosed a structural failure specific to the NT that is not reflected in the Bill's framing: DCF's current model of assessing safety through the lens of the nuclear family fails entirely to recognise Aboriginal and Torres Strait Islander kinship systems and the safety networks embedded within them. In Aboriginal and Torres Strait Islander kinship systems, extended family members naturally step in to care for children when immediate family cannot. This system is drastically undervalued by DCF. Children who could safely remain with kin within their community are instead removed to non-kin or non-Indigenous placements, perpetuating the very disconnection from culture and country that the research identifies as a primary driver of poor mental health outcomes. The Principle is already not upheld; the Bill proposes to formalise its subordination.

"Already as it stands, the Aboriginal child placement principle is not upheld by DCF. So to then make further amendments and to water it down, and not recognise the importance of culture and kinship and Country for these children is beyond discriminatory."



The Coalition recommends removal of provisions subordinating the Aboriginal and Torres Strait Islander Child Placement Principle to the Universal Principle, and substitution of strengthened, enforceable compliance obligations with independent monitoring and public reporting.

Mandatory mental health assessment and therapeutic care planning

The Bill should be amended to require a validated, culturally safe mental health and developmental needs assessment for every child upon entry to out-of-home care, completed within 21 days, with a funded therapeutic care plan within 30 days. Given the service gaps identified in member consultation, this amendment must be accompanied by an enforceable obligation on the NT Government to fund the services required to give it effect.

The same principle applies to the NDIS. Member consultation confirmed that the NDIS is not functioning in the Territory, exponentially so in remote. Diagnosis is extremely difficult to obtain remotely, requiring multiple specialist assessments before a paediatrician will sign off. Visiting practitioners often have no cultural safety training, are high-turnover, and provide disrupted, school-based service delivery with limited family engagement. Diagnosis-based access under the NDIS further excludes families whose need is defined by cumulative psychosocial disadvantage and intergenerational trauma rather than a single diagnosable condition. Any amendment requiring therapeutic care planning cannot rely on the NDIS as its primary delivery mechanism in the Territory context.

Mental health support for parents

Every parent subjected to child protection intervention experiences significant psychological distress and trauma. Where parental mental health conditions are a factor in that intervention, they must be addressed, not ignored or penalised. The Bill should be amended to require mental health referral and support for parents subject to child protection intervention within 14 days, with intervention plans and Family Responsibility Agreements reflecting therapeutic timelines. The following case study, drawn from member consultation, illustrates what happens in the absence of such a requirement.

“A mother had her children removed during a period of sorry business. Following removal, her mental health deteriorated severely, including suicidal ideation. DCF workers were so overstretched they could spend only around 10 minutes with her. She was unable to retain the information given to her about what she needed to do to have her children returned. A tenancy worker, not a trained mental health professional, sat with her to help her process and remember the information. Despite the acuity of her presentation, no referral was made by DCF, no mental health support was accessed, and no follow-up meeting was scheduled. The mother felt they had lost the care of their children forever.”

This case illustrates the compounding effect of the Bill's proposed approach: a parent in acute mental health crisis, unable to engage with FRA requirements, with no therapeutic referral, facing a system that will treat her non-engagement as non-compliance rather than as unmet need. The Bill proposes to formalise and expand this dynamic.

Family Responsibility Agreement provisions

It would be everyone's worst nightmare to lose their child to a system that further disconnects their child from culture and family. This does not just impact the mother and father, it impacts the whole community, because that child also



has cultural responsibilities and a role within the kinship system. Removal perpetuates intergenerational trauma beyond the immediate family unit.

Family Responsibility Agreement provisions must be amended to guarantee access to independent legal and advocacy assistance before and during the Agreement process, and to require the concurrent provision of culturally appropriate, trauma-informed therapeutic support. An Agreement entered into under conditions of acute distress, without legal advice and without therapeutic support, is not a meaningful accountability mechanism, it is a compliance trap.

Term of Reference (c): Sufficient Regard to Rights and Liberties?

The Coalition submits that the Bill does not have sufficient regard to the rights and liberties of individuals, assessed against the United Nations Convention on the Rights of the Child (UNCRC), the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), the UN Declaration on the Rights of Indigenous Peoples (UNDRIP), and Australia's domestic obligations.

For Aboriginal and Torres Strait Islander children, Articles 8, 29, and 30 of the UNCRC recognise the right to preserve cultural identity and to enjoy their own culture. The UN Committee on the Rights of the Child has previously expressed specific concern about poor implementation of the ATSICPP and its impact on these rights. The Bill's modification of the ATSICPP risks further eroding them. The effect, as publicly described, is to create racially differentiated protections that reduce the enforceable rights of Aboriginal and Torres Strait Islander children relative to non-Aboriginal children in equivalent circumstances. This raises serious questions of consistency with the Racial Discrimination Act 1975 (Cth) and Australia's international obligations. The NT Children's Commissioner has noted publicly that existing legislation already positions the best interests of the child as the paramount concern; the Bill's primary effect is therefore not to strengthen child protection for all children but to weaken the specific protections that apply to Aboriginal and Torres Strait Islander children.

For parents and families, the expanded coercive provisions of the Family Responsibility Agreement framework engage the right to family life recognised under the UNCRC and the International Covenant on Civil and Political Rights. Coercive compliance requirements without commensurate support are not proportionate and are likely to operate disproportionately against families experiencing mental illness and other complex needs, particularly in remote communities where diagnostic and therapeutic services are effectively absent.

For people with disability and mental illness, the UNCRPD requires that people with psychosocial disability are not disadvantaged in accessing services and supports. The Bill's silence on the 8,140 Territorians aged 12 to 64 with moderate to severe mental illness who currently receive no psychosocial support constitutes a failure to address an identified rights deficit that the Bill will compound.

The Bill was developed without meaningful consultation with affected communities. This does not meet the standards required under the National Agreement on Closing the Gap or the UNDRIP. The Coalition notes that the provision of independent legal representation for children is consistent with Article 12 of the UNCRC and commends its inclusion.

Term of Reference (d): Sufficient Regard to the Institution of Parliament?

The Coalition submits that the Bill, and the process by which it was developed, does not fully reflect the standards expected of legislation presented to the Legislative Assembly for scrutiny. Specifically:



- The Bill was introduced before the findings of the concurrent departmental review are available;
- Independent statutory officers with specific remit in this area have publicly called for the process to be paused;
- The consultation afforded to stakeholders was manifestly inadequate – some reporting as little as 48 hours to respond to reforms of this significance;
- The Bill is in tension with existing intergovernmental commitments under the National Agreement on Closing the Gap; and
- The National Aboriginal and Torres Strait Islander Children's Commissioner has noted that it is misleading for the NT Government to state that these reforms would have prevented the events that prompted them, given that no review has yet concluded.

The Coalition notes that member organisations consulted in the preparation of this submission are also making their own submissions to the Committee. This sector-wide response, prepared in an extremely compressed timeframe, itself demonstrates the depth and breadth of concern about the Bill's provisions and process.

Conclusion

The Bill in its current form is not consistent with the evidence base, fails to address the mental health and intersecting social determinants of child protection in the Territory, and weakens rights-based protections for Aboriginal and Torres Strait Islander children. The Coalition urges the Legislative Scrutiny Committee not recommend the Bill be passed as currently drafted and to commit to an evidence-based, co-designed process that places the mental health, cultural safety and rights of Territory children at its centre.



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