

Katherine Women's Information and Legal Service

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 the committee representative from the Katherine Women's Information and Legal Service, Brianna Bell. 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.

Ms BELL: My name is Brianna Bell. I am the Acting Principal Legal Officer at the Katherine Women's Information and Legal Service.

Madam CHAIR: Would you like to make an opening statement?

Ms BELL: Yes, Madam Chair.

Thank you for inviting KWILS to appear before the committee today. KWILS has, for almost 30 years, provided legal and support services to women in the Katherine and Big Rivers region which spans, roughly speaking, the middle third of the Northern Territory. We have helped thousands of women, with a specialised focus on domestic, family and sexual violence; family separation; and child protection problems.

Everyone wants children to be safe. This is the core vision of the child protection system and it is shared by the entire service sector that supports it. However, the legislation that governs the system is only one small part of it. Without the workers to administer it, the money to finance it, the carers available to take children in and the supports needed for families to address their difficulties, its aims can never be realised.

It is essential for the members of this committee and for all members of the Assembly who will vote on this Bill to understand how the current system operates and what these reforms will look like for the people living it. These realities cause us significant concern for how the proposed amendments will impact women; victim-survivors of domestic, family and sexual violence; and people in remote places like the Katherine and Big Rivers region. I wish to make some brief comments on these issues in addition to our written submission.

First, the impact on women. We stated in our submission that the reforms in the Bill would place additional pressures on women who are already doing it tough. It may not be commonly known that many care and protection cases in court go ahead without the father participating. This does not mean he is no longer involved with the family. Often the father's coercive control, violence or other problematic behaviour continues, even while the mother is fighting to stay connected with her children.

We are concerned that family responsibility agreements and their monitoring requirements may similarly progress only with mothers, placing further strain on these women, rather than keeping the behaviour of the person using violence squarely in view.

Aside from mothers, frontline workers will know that aunties and grandmothers can be the fiercest advocates for children removed by the department. Many of these strong women are employed, caring for other children and hold other significant roles in their community. They grieve deeply for children removed from their family and desperately want to bring them home.

Advocating for these women is an important part of our practice. They face practical challenges with engaging case workers, arranging regular visits and completing complex kinship care assessments. It can take time to navigate all this, and we worry that time limits may make these challenges insurmountable.

Next, the potential impacts for victim-survivors of domestic, family and sexual violence. The submissions made by the specialist women's safety and domestic, family and sexual violence prevention bodies, ANROWS and Our Watch, both suggest that these reforms should not proceed due to the risk of causing

further harm to women and children. We agree. We worry that family responsibility agreements and orders may become tools of coercive control. This is not far-fetched.

The Australian Institute of Health and Welfare reported earlier this year that for one in three women with children experiencing verbal abuse or threatening behaviour, the threats included causing the removal of her children. For a mother there is little more terrifying prospect.

Lastly, I wish to touch upon the critical nature of local context to the feasibility of the proposed legislation. If you were to consider the practicalities of a family responsibility agreement or reunification for a family in Beswick community over the last six months, a few practical limitations you would need to know include there are few people who own motor vehicles and have drivers' licences; the regular bus service to town has not been operating; taxis cost \$300 to \$400 each way; the road into community is often closed in the Wet Season when the river goes over the bridge, and it was closed for 27 days this year; there is no police station in the community and limited medical staff, and response times are frequently impacted by shift rostering and fatigue leave; the Bagala men's program operates on an outreach basis from Darwin for half a week each month; and the closest residential AOD facility is an hour away with a lengthy waitlist.

These circumstances are reflective of what we see women grappling with across the Big Rivers region every day. They demonstrate why there must be some flexibility within the system to meet the unique needs and experiences of families and fluctuating geographic realities. A rigid, timebound and compliance-based system will not succeed, as we have now seen confirmed in Victoria.

We urge the committee to recommend that the government withdraw the Bill or that the Legislative Assembly should not pass the Bill.

Mr YOUNG: Thank you for your opening statement and your submission.

The Women's Safety Services of Central Australia submission advocates that family responsibility agreements should be evaluated first before bringing them into this scheme. According to a media release last December, about 200 family responsibility agreements were made under Circuit Breaker, claiming that there had been dozens of referrals. The WoSSCA submission notes that despite internal policies encouraging referrals to family violence specialist support services, they have received none.

Are you able to provide the committee any further information about referrals and supports regarding compliance with the family responsibility agreements?

Ms BELL: I also was taken by that comment in the submission from WoSSCA. I found it surprising that a service that was designed to support vulnerable youth—including their family members—in their care, were not making referrals to specialist domestic, family and sexual violence services. When I read that comment I also reached out to check with some of the services in Katherine who provide similar services. The information that I got back from those services I was able to make contact with is that there have been no referrals from that program in our region. I can confirm that the Katherine Women's Legal Service has also not received any referrals from the Circuit Breaker Program. It is something we find surprising and concerning.

I also agree with what was in the WoSSCA submission that it seems to be a very sensible step to evaluate the long-term success of those family responsibility agreements before pulling them into this legislation. We do not know anything beyond the fact that 200 of them were made. We do not know what impact that had in the long term on the family. We do not know whether they were breached. We do not know whether they escalated in any way. We do not know whether they were used as a tool of compliance and created stress for parents and children or whether they felt supported. Those are important questions to understand if you are trying to bring them into a child protection system that is designed to support families early.

Mr YOUNG: I have a question about child protection services in Katherine that have historically faced a number of challenges from insufficient DCF staffing for case management; insufficient options for care placements, resulting in children's removal to Darwin; increased safety risks for children in care, with a greater involvement of the justice system; inadequate safety planning or continuity of service provision.

How will the Bill impact children and young people in Katherine? What should the government do to support greater flexibility for reunification? I am speaking about the Bill in its current form if it was to pass.

Ms BELL: Good question. Yes, I put in our submission quite a bit of information about the historical care and protection service sector staffing rates. I think I said there is a roughly 40% vacancy rate in the DCF Katherine region.

When you read the coronial decision I referenced in our submission, it is a heartbreaking story. We like to think that removing children from difficult environments and putting them into safe foster care homes will fix the problems. The reality is that does not always happen.

In Katherine and Big Rivers there are few foster care placements. Historically, we have seen a lot of children being placed in Darwin. It is not easy to drive four hours up the road to visit your child when you are from a remote community, that is assuming you are in Katherine.

The other thing I add is Katherine has also recently seen the closure of its only therapeutic residential care home run by CASPA. Children who need the most intensive care will now be sent to homes in Darwin.

Again, when you read the inquest decision for Didbala, one of the things discussed is the fact that if that young girl had a greater degree of connection with her family, it was probably the strongest factor in her mental health support. That was never facilitated by the department.

I do not wish to be critical of the care and protection department; they have an almost impossible job, as was referred to by the Coroner. The reality is with the number of children they are tasked to help and the number of jobs they need to do, they cannot be available for everybody, and children slip through the cracks and do not get the service they deserve.

It is, in my view, an oversimplification to say that because a child has been removed into care they will have better outcomes.

I hope I have answered your question. It was quite a long question.

Mr YOUNG: Yes.

Madam CHAIR: I have a follow-up from that one, from one of our earlier witnesses. People talk about early intervention and things like that. You are talking about high numbers, remoteness and accessibility. If children are assessed earlier for their needs—or assessed correctly, I suppose—depending on what they have been assessed as, do you think that would help set them on a better path and their numbers would decrease? Some of those numbers would start to decline if the children get the support services earlier.

Ms BELL: I absolutely agree with you. I think this comes to the heart of why I am saying it is important that everybody understands the realities of this.

No-one will argue with the fact that children will get a better outcome if people understand what is going on for them. There is such a high rate of undiagnosed disability in our communities. Behavioural problems frequently stem from disability. Of course, if we could have these children assessed, understand what is happening and how to best deal with it, they would get better outcomes.

What is concerning—I hope this has come through in some of the submissions from the medical professionals—is that paediatrics in Katherine is on an outreach basis. We do not have a paediatrician, let alone in remote communities. They might visit maybe once—I do not even know if they visit remote communities, to be honest, or whether children need to be brought into Katherine. For disability support services, to get access to an allied health professional under the NDIS there is a huge waitlist.

Even if a child is removed from their family and put into care because of challenging behaviours that might be connected with a disability, the department will not be able to get them assessed within six months anyway. The department will have the same access problems as the families do. Why not support the families to do it themselves? That is the concern.

To wrap that all up, yes, I 100% agree with you. One of the biggest concerns we have in Katherine and the Big Rivers region is that the availability of these services cannot meet the objectives of what this Bill is trying to do.

J DAVIS: Thank you, Ms Bell, for coming today and explaining some of the reality of what is happening outside our urban areas and what is available or not available for people.

I have a quick question about legal system capacity. The Bill amendments require two additional parties—a child and their carer—to be legally represented. I think you said in your submission that legal services in Katherine are already stretched and conflicts of interest are common. What happens in practice when those parties cannot get representation? What would an unrepresented parent in a child protection proceeding in a remote community or in Katherine look like?

Ms BELL: It would likely vary. I will speak from my general experience working in the sector in Katherine over the last 10 or so years.

If a parent was unable to get representation, my view is that probably one of two things would most likely happen. Either they would not participate in the proceedings because of the way it is run; the words that are used and the things that are talked about probably would not make a lot of sense—the other concern I have is that there is some work being done in the legal space at the moment about trying to make the child protection system or the court process itself more trauma informed and sort of a domestic violence safe space. At the moment in Katherine, the courthouse has no ability to separate victim-survivors and persons who use violence. What is required is to come into one room, sit almost next to each other—sometimes when people have full no-contact DVOs against each other—and be in this environment where they might be asked questions or need to make decisions about their children with the coercive control and the violence right in their face. It is really important.

Also, the legal representatives can help them navigate those processes, and sometimes question and help them understand some of the longer-term impacts and how the process works. It is a complicated system.

J DAVIS: You said up-front, as everyone who has appeared before us and all of us agree, the safety of children is paramount. I think you said the issue is not about the law; it is about how the system is operating. We heard from many witnesses and in many submissions that there are issues with resources. You highlighted how much more acute that is where there are less resources available.

If these amendments were to pass in their current form without additional resourcing, are there any specific risks you identify with that?

Ms BELL: Absolutely. Probably the greatest concern I have is if there will be lowered thresholds and more notifications being made about children, I worry whether that work pressure will make other things fall between the cracks. The system, in terms of infrastructure and capacity, already sees kids falling through the cracks all the time in a big way. I would hate to see anything happen that might make that worse.

The other comment I make—my apologies if this does not immediately answer your question—is I see the risk with the limit on the number of short-term orders that can be made for kids. Essentially, if you cannot show us that you will be able to reunify in six months, it is off the table. That is a scary concept for families. A lot of people in our region are worried about that because, even if we do have a support service available in our community, all it takes—and I think there is one provision in the Bill that says before the family responsibility agreement can be made, the CEO needs to make sure that services are reasonably available. The service might be available at the time the agreement is made, but all it takes is for one person in our region to resign and that whole service cannot operate for months at a time until that position can be filled because we do not have five workers in an office; we generally have one. Service availability can fluctuate, and it is important that parents who are making genuine efforts do not get penalised because the support systems surrounding them cannot meet what they need. Flexibility has to be there.

I hope I have answered your question.

Mrs ZIO: Thank you for coming today.

I will respond to a couple of statements you have made. You talked about there being no referrals in the Katherine region from Circuit Breaker and I have received advice that is not correct. There have been two DV support referrals, 10 school-related referrals and six to other supports, so I wanted to clarify that position.

Another thing you said was making the assumption that we think that putting kids in out-of-home care is the solution. We know that is not what we want to happen. We do not want kids to be in out-of-home care; we want them to stay with their families. I do not think anybody in this room would disagree with that. We know that the family environment in the Northern Territory for a lot of families is not that. We want safe environments. We want them to be able to thrive, get good food, get sleep, not be exposed to violence, but that is not the case with a lot of these families that we are talking about.

As an aside, I know we have had lots of conversations within our government about making sure that we are working with service providers and government departments to improve these resource situations we are talking about across the Territory. I look forward to working further with agencies and service providers to make sure that we can improve the bureaucratic resource struggles that we have, but those struggles will be there whether we implement and pass this legislation or not. That is not going to change.

One of things I did want to talk about is your submission does argue that the reunification journeys are unique and should not be constrained by rigid timeframes. I think that sometimes timeframes put in place make people push to make changes quicker rather than leaving it open. Can you explain what parliament should say to a child who spends years in uncertainty? It is not about the adults. What would you say to a child who spends years of uncertainty while adults attempt to address the issues such as addiction, violence, homelessness and chronic instability? At what point do the rights of the child to safety and permanency outweigh the need to provide additional timetables?

Ms BELL: Good questions. I think it is difficult to step into a child's mind when you do not know what their actual day-to-day experience is. I could make a few comments.

Thank you for clarifying the Circuit Breaker referral statistics. That was information I did not have, so that was useful.

Coming back to your question, a few things I will say is, first, if the department is resourced enough to be doing a really great job for the child, they should still be having a degree of continuity and ongoing connection with their families. There should be regular access. They should be going to visit their family in community.

The uncertainty should exist in context—you know, they should still be doing those things. I think what was useful, I quoted at length in our submission from the Longitudinal Study and I provided a copy to the committee through the secretary. I encourage the committee to read it because it talks about all the different types of—you might say certainty or stability; it is same same. There are many different types of stability. Uncertainty might not only be about where they are living.

Also, children who are placed in long-term placements, if they cannot find a long-term foster carer, they can still be moving around from place to place. Just by putting somebody into a status of legal certainty, which is one of the types of certainty—they might get legal certainty that they will be a child in care now, but that does not necessarily mean they will be staying with this one particular family now.

It is difficult to answer your question because there are so many variables involved. It is a difficult question to answer.

Mrs ZIO: Thank you for that; I appreciate it. I agree with you that it does not create certainty in their stability, if that makes sense?

Ms BELL: Yes.

Mrs ZIO: That is something that needs to be worked through, obviously, more with the matching of placements and stuff, if that is going to happen.

Much of your submission focused on the practical difficulties of reunification, including staff shortages, geographical isolation, housing instability, trauma recovery and service availability. Those challenges are real, but should children be expected to stay in a system that continually puts them at risk for long periods of time whilst we try to fix all of those other things?

Ms BELL: When you say 'stay in the system', do you mean stay in those parents' care or in ...

Mrs ZIO: I did not mean the system; I meant in an environment.

Ms BELL: We are talking about reunification, which means they have been removed, so they are in out-of-home care already. Sorry; now that I have clarified the context, maybe you could repeat your question for me?

Mrs ZIO: Probably my delivery was not all that good.

We have the issues with housing, trauma and all of those things. If a child is in care and they are reunified with family, is there a risk that prioritising the reunification into a family environment that is still not stable—

I am trying to figure out how I ask this question. Has anybody else got a question? I can get it right in my head, and I will come back.

Madam CHAIR: It is probably a good chance for the Member for Drysdale to ask something.

Mr HOWE: A common theme I have been asking witnesses is improving kinship care. If you would like to put on the record anything you would like on that topic that we, as a committee, can take.

Ms BELL: About improving kinship care?

Mr HOWE: Yes.

Ms BELL: The thing that concerns me most about kinship care is the complexity of the process and, in my view, largely because of resourcing, the inability of the department to be really proactive about that for each and every child.

Again, I can be corrected if my understanding of the internal workings of the department are not crystal clear, but my understanding is that it is a reasonably small unit that is responsible for doing those assessments and they cannot even necessarily travel out to all the different communities where they need to go all the time. There is a big reliance on the goodwill of other services to print off and deliver paperwork. Then there are families—the aunts and grandmothers I was talking about—who are receiving these big bundles of paperwork that use all of these difficult words. It is not an easy thing to sit down and complete, and they have to do it by themselves, not next to a worker who is helping them through it.

The other thing I have probably noticed the most in practice—and I understand why this is the case, because the department bears a significant legal responsibility for these children and if you have parental responsibility and you make the wrong call, the buck rests with you. So I understand why there are conservative and rigid policies about what the criteria are for approval. When you look at the practical realities of what is needed to get kinship care approval—Ochre Cards in the house, criminal history checks of everybody in the house, overcrowding in the house—again I understand the reasons why, but when you look at that context you can understand why the rates of kinship care approval are really low.

In my practice I have at times had much more success with going before a judge and being able to convince the judge that there are enough safety measures and protections available in that household that the child can be safe because the judge can make that call, but the departmental workers cannot because if they do not follow their checklist and something goes wrong, it is their fault.

I would recommend a re-examination of the resourcing and the procedures for the kinship process because it is far more difficult to get through that process than people think. Often the assumption that is made by people, like the case managers working with kids, is that the relatives do not care enough to push themselves to get through the process. The reality is that it is a very complicated and lengthy process.

I am concerned the process cannot be finished within the six months that is going to be allowed under this Bill. In Katherine we recently had notification back when we sought an update on a kinship care assessment that the team was not going to be able to have the capacity to complete it—full stop. It is worrying.

Mr HOWE: You are not the first; it has been a common theme today. Thank you.

Madam CHAIR: Member for Fannie Bay, your question?

Mrs ZIO: I cannot figure out how to get out what I want. Maybe somebody tomorrow can answer my question.

Madam CHAIR: Thank you, Ms Bell, for coming before the committee.

The committee suspended.
