



22 May 2026

Legislation Scrutiny Committee
Committee Secretariat
GPO Box 3721
Darwin NT 0801

By email: LSC@nt.gov.au

Dear Committee,

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

We wish to provide a submission regarding the Care and Protection of Children Amendment (Every Child Matters) Bill 2026 (**the Bill**) currently under consideration by the Committee.

Who we are and how we help

By way of context, Katherine Women's Information and Legal Service (**KWILS**) provides free legal advice, representation, and community legal education for all women and gender-diverse people of Katherine and the Big Rivers Region, with a particular focus on assisting those who are navigating the practical challenges and trauma of domestic, family, and sexual violence, child protection intervention and intimate partner separation.

We operate in remote and very remote areas across 360,000 square kilometres. The clients we work with daily are generally dealing with a combination of systemic disadvantages and complex trauma that contribute to a risk of their children being brought to the attention of the child protection system. In 2024-2025, the women we worked with met the following Government vulnerability criteria:

- 81% identified as Aboriginal or Torres Strait Islander;
- 75% were from outer regional or remote communities;
- 95% were experiencing financial disadvantage;
- 99% were experiencing, or at risk of, domestic and family violence;
- 39% were single parents or carers;
- 12% were living with disability or mental illness; and
- 29% were experiencing homelessness.

At a foundational level, this demonstrates the significant and intersecting vulnerabilities surrounding these women, and the scope of support they need for them, and their children, to be safe and thrive.

Our recommendations to the Committee

For the reasons further explored below, we recommend that the Committee:

1. **Hold public hearings in relation to the Bill.** To make a strong and well-informed decision, the Committee needs to hear, understand, and consider:
 - The specific local challenges that will impede the efficacy of these changes for children, parents, families, and workers in remote and very remote parts of the Northern Territory.
 - The failed attempt to implement similar time-bound and permanency-focussed provisions in Victoria over the past 10 years. The Committee may wish to invite a member of the Victoria Legal Aid Family Youth and Children's Directorate, or authors of the Victorian Permanency Longitudinal Study¹ from the University of Melbourne to provide information;
 - The risk of this Bill imposing disproportionate impacts on women, who continue to adopt a primary role in the care of children. This includes the increased risk of women who have or are experiencing domestic, family or sexual violence, including coercive control and lateral violence, not turning to the system for help due to fear of child removal.

2. **Recommend to the Legislative Assembly that the Bill should be withdrawn or not passed.** This is because:
 - The Bill is based on a Victorian model that has been found to create more harm than good.
 - The Bill does not properly understand operational context or address systemic contributors and is likely to set families up to fail.
 - There is a high degree of risk of unintended adverse consequences due to the lack of appropriate safeguards in the Bill.
 - The practical realities of the Bill will create additional pressures on women, rather than addressing the systems that place women and children at risk.

Strong systems cannot exist without strong foundations

In early 2025, KWILS and others in the sector were invited by the Acting CEO of the Department of Children and Families to provide input into the terms of reference for a review of the *Care and Protection of Children Act 2007* (NT) (**the Act**). KWILS and the Katherine West Health Board Aboriginal Corporation (**KWHB**) provided a joint response. A copy is **attached** for the Committee to consider.

We took the view that maximum improvements in service delivery would be obtained if, instead of legislative amendments, the Department focussed on front-line service delivery, quality assurance and collaborative partnership improvements. While this legislative amendment itself aims to achieve more stability for children, we firmly believe the Department itself, its underpinning legislation, and the service sector that supports families and children, must first have that stability in order to provide it to those we seek to serve and protect.

1 Sarah Wise et al (2022) *Certainty for Children, Fairness for Families? Synthesised Research Findings from the Permanency Amendments Longitudinal Study*, University of Melbourne, accessed online at: < <https://www.yoorrook.org.au/additional-materials/sarah-wise-et-al-certainty-for-children-fairness-for-families-synthesised-research-findings-from-the-permanency-amendments-longitudinal-study-university-of-melbourne>>.

We agree with other views put forward to the Committee

We anticipate the Committee will receive many submissions regarding the Bill, and do not wish to duplicate feedback articulated well elsewhere. In that regard, we wish to expressly note our agreement with the views put forward by the following organisations:

- The Northern Territory Legal Assistance Forum (**NTLAF**), which has given a thorough and considered view on the reasons why the proposed changes are unworkable, and potentially harmful, in their operation.
- KWHB, who has particularly highlighted why significant legislative changes of this nature must be undertaken in collaboration and meaningful consultation with Aboriginal families, remote communities, Aboriginal community-controlled organisations, and frontline service providers. They have also clearly outlined their concerns regarding the disproportionate impact of these changes on people from remote communities.
- The Top End Women’s Legal Service (**TEWLS**), who refer to the experience of women in the current child protection system and the Bill’s exacerbation of existing gender-based inequity, as well as unanticipated cross-over and duplication with the Family Law system.
- The Aboriginal Medical Services Alliance Northern Territory (**AMSANT**), who highlight that the proposed amendments are inconsistent with the NT Government’s commitments under the *National Agreement on Closing the Gap*, and that critical role that all aspects of the Aboriginal Child Placement Principle play in creating safety for Aboriginal children.
- We also support the evidence-based comments made by our colleagues from Our Watch (established under the *National Plan to Reduce Violence Against Women and their Children* as the National evidence-based body for primary prevention of violence against women) and Australia’s National Research Organisation for Women’s Safety (**ANROWS**), who have an expert understanding of the connections between gender-based violence and the care and protection system.

These are all highly valuable perspectives from organisations who are heavily involved in front-line service delivery and research into best practice for achieving safety for women and children.

Additional concerns from KWILS experience

We recognise and support some of the underlying intentions of the Bill, namely that support should be provided to children and families as early as possible, and in particular, that proactive efforts should be made by the Department to address risk, prevent removal, and reunify children with their families.

However, our view is that these improvements can be made to the operation of the system within the existing legislative framework. **We are concerned that the legislative amendments put forward lack a proper understanding of how they will operate for families and communities in the Big Rivers region – and consequently they will, in reality, set families and children up to fail.**

We wish to draw some of these practicalities to the Committee’s attention from our experience working within the women’s legal, child protection, and domestic, family and sexual violence sectors in Katherine and the Big Rivers region.

Understanding the specific challenges Katherine and the Big Rivers region

In the Big Rivers region, the Department itself, and the service system supporting it (including legal, health and social services), is under enormous strain. A recent inquest into the death of a child in care in Katherine² (*Didbala*) highlighted that DCF Case Managers in the Big Rivers Region carry a “simply unachievable” caseload of 36 children, compared to around 12 in Darwin and Central regions.³ It highlighted that there were longstanding professional vacancies, at that time with 10 out of 38 professional positions unfilled.⁴ This is consistent with what we have observed and been told over time of an almost 40% vacancy rate in the DCF Katherine office. The Coroner found that:⁵

To be clear, when we are discussing unmanageable caseloads what we are actually talking about are highly vulnerable children in care (and their families) not getting the consistent support and attention that their situations deserve. The real impact of this is children missing out.

...

The consequence of staff vacancies and excessive caseloads in the Big River’s Region is that vulnerable children in the CEO’s care do not receive the case work they need or deserve. The child protection system in the Big Rivers Region is suffering a chronic crisis of Case Management neglect.

Where this is the starting point for the system, we are genuinely concerned about the ability of the Department to properly comply with the proposed expectations of “proactive efforts”. More importantly, we worry about the capacity of these overstretched workers to be able to take the steps required to support reunification of children and families within the rigid timeframes (an initial 6-month reunification-focussed period, and a maximum 2-year period overall) established by the Bill.

When similar “permanency-focussed” provisions were recently abandoned in Victoria, the Minister noted that: “*The journey of reunification is unique to a family unit – each journey to reunify a child with their parents may take a different period of time.*”⁶ In our experience, this is entirely true. There are many factors, most of them beyond the control of parents, that can have an impact on the timeliness of reunification. To explore a few:

- **The need for relationship building and parental willingness.**

The act of intervention or removal can create strong emotions of anger, grief and distrust. This requires deep relational work to rebuild trust with families before there will be readiness and willingness to collaborate on reunification. As mentioned in the Victorian Permanency Longitudinal Study (**the Longitudinal Study**):⁷

Child protection workers are meant to both be the people who remove children, and then they’re also in the lives of these families. Psychologically, mothers are forever

² *Inquest into the death of Didbala Anzac* [2025] NTLC 12.

³ *Inquest into the death of Didbala Anzac* [2025] NTLC 12 at [105].

⁴ *Inquest into the death of Didbala Anzac* [2025] NTLC 12 at [106].

⁵ *Inquest into the death of Didbala Anzac* [2025] NTLC 12 at [103] and [107].

⁶ Victoria, *Parliamentary Debates*, Legislative Assembly, Wednesday 29 October 2025, p 4386 (Ben Carroll).

⁷ See footnote 1, at p 35.

affected when you remove their children... it's really hard on child protection workers to be relational and yet also make very hard decisions.

The Longitudinal Study also recognised that “*there was a widely acknowledged conflict between reunification timescales and parents’ timeframes (the time required for parents to overcome their difficulties or sustain change).*” A Judge in the care and protection jurisdiction in Victoria highlighted a timing pattern that is often observed in our experience in the Northern Territory:⁸

The problem with the two-year rule is that it doesn’t allow for the kindness of aberration. It just doesn’t allow it. It takes six months for a drug addicted parent to actually get themselves to the point where they merely realise they’ve got to do something, and then it’s another six months before they can get a bed in a facility, so that’s 12 months.

One of the most challenging dynamics we routinely must navigate in our work is trying to encourage our clients, who are experiencing grief, distrust and despair, to collaborate and communicate with workers who they perceive to have caused this emotional pain. It is not realistic to expect parents to move immediately from removal to positive change.

- **The realistic trajectory of recovery and healing processes in complex social contexts.**

The Longitudinal Study also recognised the reality that in cases involving substance use, or life-long mental health conditions (and we would add also in cases of complex or intergenerational trauma) it is natural for those conditions to wax and wane with other family stressors.⁹ The Alcohol and Drug Foundation points out that recovering from dependence can take time, and that relapses can be a feature of the recovery.¹⁰

In places like the remote Northern Territory, where poverty, domestic, family and sexual violence, homelessness, chronic health, and other stressors are significant, it is realistic to expect that recovery journeys will include setbacks from external pressures and events. The legislative scheme that governs the reunification of families must be flexible enough, with adequate judicial discretion, to provide for this. More importantly, there must be proper attention and investment given to addressing the broader structural and systemic contributors to the challenging experiences of families involved with the child protection system.

- **The turnover and availability of case workers.**

The turnover rate, daily tasks and workload of case workers make it extremely difficult for them to be available for children and parents.¹¹ A change in case worker causes delays while new case workers familiarise themselves with their new caseloads. Case workers are responsible for preparing care plans and cultural care plans, arranging access visits, arranging and approving significant medical

⁸ See footnote 1, at p 49.

⁹ See footnote 1, at p 49.

¹⁰ Alcohol and Drug Foundation, *Relapse*, accessed online on 22 May 2026 < <https://adf.org.au/reducing-risk/relapse/>>.

¹¹ *Inquest into the death of Didbala Anzac* [2025] NTLC 12 at [104] and [109].

assessments and extra-curricular engagements – to name only a few things. When they are working with children in remote communities, they may lose days at a time to travel.

This was recognised by the Coroner in *Didbala* – at one point, *Didbala* had 3 different case workers over 5 months. In our experience, this is not an isolated event. The impact on the child was described by the Coroner:¹²

It would have been exhausting for Didbala to try and keep track of her changing Case Managers (if she ever met them) and almost impossible to develop trust or rapport. The turnover must have been frustrating and was not conducive to the delivery of quality care.

The experience of parents who are trying to, or expected to, collaborate with case workers towards reunification with their children is the same.

While we recognise the valiant efforts made by case managers within their constraints, in our practice, it is extremely common to encounter significant delays in progress due to case worker turnover and availability. Similar experiences were recognised as a factor impacting on reunification timeframes in the Longitudinal Study.¹³

- **The impact of severe geographical isolation on the practicalities of reunification.**

Family reunification in a region as vast as Big Rivers is not as simple as it sounds. From a child's perspective, reunification needs to be gradual and feel safe for the change to succeed. What this generally looks like in practice is a progression from regular (ideally weekly or fortnightly) supervised access, to regular unsupervised access, to overnight access, and finally to full-time reunification.

In a context where there are limited out of home care placements available in remote communities and in Katherine, many children removed from families in the Big Rivers region can end up in foster care placements in Darwin. Practically speaking, this means that family access with the child involves:

- A day of travel to where the child is living;
- Overnight accommodation;
- A day of travel to return home.

Costs wise, for many families who do not have independent means of transport or driver licences, this can mean the Department needing to logistically arrange and pay for flights, buses, taxis and accommodation. For families, who are also being expected to take the time to address the challenges in their lives and re-establish stability for the child to be returned, this means needing to take those steps with the additional pressure of losing 2-3 days a week or fortnight to have access with their child. This can impede program participation, employment, and medical treatment. The alternative is not to have access with the child – which is damaging to both the child's wellbeing and ongoing sense of connection and identity, as well as a detrimental setback to the overall reunification process.

¹² *Inquest into the death of Didbala Anzac* [2025] NTLC 12 at [104]

¹³ See footnote 1, at p 40-41.

- **Severe weather and seasonal impacts.**

Many communities experience seasonal flooding which can cause road damage or closures and impact their ability to travel out of their community for extended periods of time. In times of natural disaster (usually flooding and cyclones), communities can be evacuated disturbing normal family routines, and travel to Katherine or Darwin can be impossible due to road damage and closures.

In addition, it is common for Government service workers, including workers from the Department of Children and Families, to be re-deployed to support emergency responses. This can also have an impact on the workflows and capacity for case workers to make progress on reunifications.

These are important events that can cause weeks or months of disruption to a reunification plan. It is important that the system has enough flexibility for families to be able to get back on track after events of this nature.

KWILS held community information sessions about the Bill in Katherine on 20 May 2026, to help our community better understand what has been proposed, and to hear some perspectives from the community on the changes. Some of the additional concerns we heard from our community include:

- Some foster carers for Big Rivers children in Katherine are RAAF members placed at Tindal. In addition, Katherine generally has a high worker turnover, and it is common for caring families to relocate interstate. Our community is deeply concerned about the possibility that with an increased focus on permanency in the Bill and a de-prioritisation of connection to family, culture and community, it will be more common for interstate relocations to be approved – effectively making reunification or ongoing connection impossible.
- There is a significant lack in service availability, skill and continuity that impacts on families’ ability to access the help and support they need. For example, we heard stories of repeated changes in counsellors causing additional traumatisation, and support letters not being possible due to professionals not working with families for a long enough period. We heard of critical gaps in young mothers and babies residential support facilities, transitioning out of care facilities and supports, and family-based residential rehabilitation facilities.
- We heard concerns about expectations being made of parents under Family Responsibility Agreements and Family Responsibility Orders, where the same expectations and pressures are not placed on foster carers – who are instead provided with significant additional financial and practical supports to achieve the wellbeing needs of the children in their care. This is a justifiable concern – such circumstances are often encountered working in this sector and have also been expressly recognised by the NT Coroner.¹⁴
- Some community members spoke of how the Bill does not recognise the practical limitations of parents when it comes to things like school attendance. Particularly in cases such as undiagnosed disability and school-based bullying – parents can often have very little, if any, influence over the experience of their children during school hours. If the education system is not set up to help address these issues, then parents will naturally struggle to encourage their children to participate.

¹⁴ *Inquest into the death of Baby G* [2024] NTLC 16 at [92].

If we want to set families and children up for success in a system of this nature we need to do more than just set expectations – we need to invest heavily in the practical things that will make them achievable, and that involves ensuring there is a good understanding of local gaps and needs.

Risks of disproportionate burden on women

As a Women’s Legal Service, we have deep exposure to the lived experience of women who have been struggling with complex family issues, including the care of children. We also consider it is highly important not to lose sight of the role gender inequality continues to play in families, communities and society, and consequently, where the realistic burden of these legislative amendments will likely fall.

According to the *Story of our Children and Young People* initiative by the Northern Territory Government and the Menzies School of Health Research, about 1 in 4 families with children under 15 years old are single parent families. Of these, more than 8 in 10 single parent families (83%) have a woman as the head of the family.¹⁵

In this context, the Bill should be understood not only as child protection reform, but as a law that will operate directly on mothers, grandmothers, aunts, kinship carers and women’s authority within family and community life. While framed around child safety, the Bill risks creating a new model of family regulation that places additional pressures on women, rather than addressing the material and structural conditions that place women and children at risk.

Legal system capability in Big Rivers

Lastly, we wish to highlight that legal services in the Big Rivers Region are already stretched, and conflicts of interest preventing them from being able to assist clients are common. With two additional parties requiring representation under the Bill (the child and carer), there is a high degree of risk that the legal service system in Katherine will not be able to provide the required services. We anticipate this will result in higher rates of unrepresented litigants and parties being represented by practitioners outside the region who may not have a comprehensive understanding of local contexts.

Further comment

We hope that these comments and observations are of assistance to the Committee. If the Committee would like any further information from KWILS or would like to arrange for a member of our team to appear at a Committee hearing, please do not hesitate to contact me, or Brianna Bell on [REDACTED].

Yours Sincerely

[REDACTED]

Hannah George
Chief Executive Officer

[REDACTED]
[REDACTED]

¹⁵ Northern Territory Government and Menzies School of Health Research (2021) *Story of Our Children and Young People: Big Rivers 2021*, accessed online at <<https://cmc.nt.gov.au/media/docs/generational-change/story-of-our-young-people-2021/2021/Big-Rivers-Story-2021.pdf>>.

1 May 2025

Department of Children and Families
Attention: Karen Broadfoot, Acting Chief Executive Officer
GPO Box 37037
WINNELLIE NT 0820

By email: CAPCA.Review@nt.gov.au
Copy to: DCF.OfficeofCEO@nt.gov.au

Dear Ms Broadfoot,

SUBMISSION – REVIEW OF THE *CARE AND PROTECTION OF CHILDREN ACT 2007 (NT)*

Thank you for your letter dated 3 April 2025, which was separately received by the Katherine Women's Information and Legal Service (**KWILS**) and Katherine West Health Board (**KWHB**) in identical terms outlining the current plans for the Department to review the *Care and Protection of Children Act 2007 (NT)* (**CAPCA**). This letter is our response to your invitation to provide a submission on the proposed review.

A PARTNERSHIP SUBMISSION

By way of context, KWILS is a community legal service which provides free legal advice, representation, and community legal education for women and non-binary people in Katherine and the Big Rivers Region, with a particular focus on assisting people who are navigating the practical challenges and trauma of domestic, family, and sexual violence, child protection intervention and intimate partner separation.

KWHB is an Aboriginal community-controlled organisation which provides high quality, culturally secure primary health care and health-related programs to Aboriginal communities in the Katherine West region. KWHB's key objective is to improve health and wellbeing outcomes for all people in the Katherine West region, and does so by providing community-led, evidence-based programs and services that support all aspects of health, including spiritual, cultural, emotional and family wellbeing.

Our two services operate in remote and very remote areas, collectively spanning approximately 360,000 square kilometres, with our service delivery focussed on being trauma-informed and culturally-appropriate. We prioritise the safety and wellbeing of women and families at all times, and strive to centre their experience in our advocacy.

Over the last six months, KWILS and KWHB have been developing a health justice partnership, one aspect of which is to collaborate with respect to submissions of this nature - bringing our respective fields of expertise and knowledge of front-line impacts together to provide well-informed and evidence-based views to researchers and policy makers working in areas that impact our mutual clients.

OUR KEY ASK: PRIORITISE FRONT-LINE IMPROVEMENTS AND A STABLE OPERATING FRAMEWORK

For the reasons outlined further below, we submit **the core consideration for the Department within its proposed review should be maintaining a stable operating framework for the sector, while focussing heavily on front-line service delivery, quality assurance and collaborative partnership improvements** which will deliver better outcomes for children, families and communities.

THE CHILD PROTECTION SECTOR NEEDS STABILITY

The last 10 years have seen the child protection sector, including broader stakeholders such as legal and health services, grappling with a rapid and significantly changing regulatory and administrative landscape. In 2016, the Royal Commission into the Protection and Detention of Children in the Northern Territory was commissioned, delivering its final report in November 2017. The recommendations triggered a raft of legislative changes undertaken in three tranches through a collaborative law reform process well attended by representatives from the health, justice and Government sectors. These reforms resulted in significant improvements to CAPCA around how families are communicated with, and how core principles, such as the Aboriginal Child Placement Principle, are embedded.

Around this time, core operating methods shifted to use of the Signs of Safety Framework, and in 2019, the Department of Children and Families formally commenced a five-year roll out of the overarching Safe and Together Framework (together with Signs of Safety and Signs of Success Practice Frameworks). The new operating frameworks have been described as:¹

... a paradigm shift in DCF's child protection practice, from DFV-destructive practice towards DFV-informed practice... It is primarily defined by policies and practices that focus on child safety and wellbeing, recognise survivor strengths, hold perpetrators accountable, and see DFV intervention as a core part of the child protection practice.

As front-line service providers, we recognise the implementation of these Frameworks as a significant and critical step towards positive child protection outcomes (in combination with other measures such as ACCO partnership, referred to further below). However, it is important to keep them within the context of an under-resourced Department (operating at almost 40% vacancy rate)² and a sector with a very high rate of employee turnover. The consequence of this is a core need to focus on workforce strategies, including retention, training and organisational culture development to ensure these Frameworks have a real opportunity to succeed.

In the second half of 2024, two coronial decisions were published containing recommendations relevant to the child protection sector - *Inquests into the deaths of Miss Yunupinu, Ngeygo Ragurk, Kumarn Rubuntja and Kumanjayi Haywood*³ (referred to below as the DV Inquest) and *Inquest into the death of Baby G*⁴ (referred to below as Baby G). In the DV Inquest, the Coroner recommended that an audit should be conducted into the implementation of the Safe and Together Framework, to ensure the roll out has

¹ *Inquests into the deaths of Miss Yunupinu, Ngeygo Ragurk, Kumarn Rubuntja and Kumanjayi Haywood* [2024] NTLC 14 at [539].

² *Inquests into the deaths of Miss Yunupinu, Ngeygo Ragurk, Kumarn Rubuntja and Kumanjayi Haywood* [2024] NTLC 14 at [527].

³ [2024] NTLC 14.

⁴ [2024] NTLC 16.

been effective and complete.⁵ We support this recommendation and urge the Department to consult proactively and deeply with key service users and stakeholders, including KWILS and KWHB, as part of the quality assurance aspect of the audit to ensure that on-the-ground service delivery is matching the expectations of the theoretical framework.

As key stakeholders in the sector, we wish to ensure that there is continuing Government support for the Department by prioritising stability and resourcing, rather than new tranches of legislative reform. We are concerned that a significant legislative review at this point may trigger further operational shifts which may disrupt the positive progress that has been made in the sector in recent years.

THE NEED FOR FRONT-LINE IMPROVEMENTS

Notwithstanding the improvements in recent years, we still regularly encounter situations where child protection services do not align with procedural expectations or legislative standards. Our experience is consistent with the findings of SNAICC in its January 2025 review (referred to further below as the SNAICC Report).⁶ Some examples are outlined briefly below.

- **Failures to deliver services in a culturally-appropriate and/or trauma informed manner (including meaningful engagement with families).**

We frequently encounter situations where child protection practitioners have operated in a manner that fundamentally misconstrues, and at times, exacerbates the challenges being experienced by parents. The case of Baby G demonstrated multiple examples of these kinds of failures, which we observe often in practice.⁷

In our experience, interpreters are rarely used and appropriate family members are not included in meetings, impacting upon the ability of parents and broader family to fully understand and engage with the protection concerns, safety planning and/or care planning for the child involved. As a result, we frequently see the development of poor safety plans that do not meet the needs of the family, and consequently, families do not understand them or adhere to them. In those cases where a workable safety plan is made, there is often no capacity to facilitate a review when circumstances change (such as when a person using violence returns to community on release from prison).

- **Limited support for families utilising “family way” care arrangements.**

For families who have shown the strength and capability to establish their own “family way” care arrangements for children at risk of harm, there is often limited practical support provided to strengthen and sustain the family unit. When a parent or another family member takes the child, family carers are often advised that their primary option for response is to involve the police. Additionally, there remains a notable disparity between the general supports (such as access to

⁵ *Inquests into the deaths of Miss Yunupingu, Ngeygo Ragurk, Kumarn Rubuntja and Kumanjayi Haywood* [2024] NTLC 14 at [543] (Recommendation 14).

⁶ *Reviewing Implementation of the Aboriginal and Torres Strait Islander Child Placement Principle: Northern Territory 2021-2023*, SNAICC, January 2025 <accessed online at <https://www.snaicc.org.au/resources/reviewing-implementation-of-the-aboriginal-and-torres-strait-islander-child-placement-principle-northern-territory-2021-23/>>.

⁷ See, e.g. *Inquest into the death of Baby G* [2024] NTLC 16 at [52]-[54] and [69]-[70].

respite care) offered to formal foster carers compared to those available to parents, kinship carers, or extended family members providing informal care.⁸

- **Disconnection of children from family, community and culture.**

The level of disconnection that we observe between children who have been placed into out-of-home care and their families, communities and country is profound. These children infrequently return to their communities to visit country and family. They return for occasional funerals, and very little else. Aboriginal children in out-of-home care rarely return into kinship or family care. We are commonly asked for help by family members who have not heard from or about a child in care for years, notwithstanding making their best efforts to contact them or seek information.

Our experience in this regard is consistent with the SNAICC Report, which found that 76.8% of Aboriginal children in out-of-home care did not have cultural support plans (as at 30 June 2022) and only 23.8% were in kinship placements as at 30 June 2023 – a figure which has steadily dropped since 2021.⁹

- **Limited strategies to address practical and systemic disadvantages.**

In our interactions with child protection workers, we frequently encounter situations where questionable judgments are made about the capability or intentions of parents due to practical challenges connected with issues such as remoteness, poverty, disability and homelessness. Examples of the kinds of judgment or expectation that we encounter with respect to the families we work with can be seen in the case of Baby G,¹⁰ and are further discussed in the SNAICC Report.¹¹

OPPORTUNITIES TO PARTNER AND COLLABORATE WITH ACCOs

In raising the above examples, we acknowledge that many are heavily influenced by a lack of resourcing within the Department, which the Department has informed stakeholders publicly has sat at around 40% staffing in the Big Rivers Region for the last 18 months (at least). There is a very small number of Aboriginal community engagement staff stretched across the Big Rivers Region. For case workers who travel significant distances, this increases already high caseloads, escalates risk and shortens the timeframes to work with families – often impacting the ability to build connections with family, develop their understanding of the matter and collaborate in an appropriate manner with extended family to make decisions.

The Department began funding KWHB for early intervention services around 4 years ago, recognising the opportunity for better capacity and cultural safety for an existing remote ACCO to deliver this service to Aboriginal families. Since being funded by DCF, KWHB's relationship with child protection workers has improved significantly, and there is an improved understanding on both sides of how we can work together in a culturally secure way for the benefit of children and families. Keeping in mind that this initial period was drastically disturbed through Covid-19 and severe regional flooding, we are eager to continue

⁸ See, e.g. *Inquest into the death of Baby G* [2024] NTLC 16 at [92]. This is also discussed in the SNAICC Report (see above note 6) at p 21.

⁹ Above note 6 (SNAICC Report), at p 6, 18-19 and 24 (Connection, cultural support plans and placement).

¹⁰ See, e.g. *Inquest into the death of Baby G* [2024] NTLC 16 at [129]-[132].

¹¹ Above note 6 (SNAICC Report), at p 9-12 (Social determinants of child protection involvement).

exploring practical ways for KWHB to ease the pressure on the Department’s under-resourced workforce through increasing the capacity of Aboriginal community-controlled early intervention services.

We note that such measures to deepen collaboration and partnership with remote ACCOs would be consistent with Priority Reform 2 of the Closing the Gap Agreement and a recommendation of the DV Inquest¹² to provide additional funding for existing and developing community-based approaches to child welfare (such as the Mikan Child Protection Reference Group in East Arnhem¹³).

We urge the Department to consider proactive strategies to achieve change in front-line service delivery areas such as those outlined above, rather than focussing its efforts on further legislative change. This approach would have greater and longer-term practical impact for children at risk.

THE “ACTIVE EFFORTS” FRAMEWORK

We note the consideration of whether the principle of “active efforts” should be incorporated into CAPCA was recommended by the Coroner in Baby G.¹⁴ We applaud the Department for acting upon recommendations made within the Coronial jurisdiction.

This recommendation was made in response to several important gaps identified in Territory Families’ attempts to make such “active efforts” in that case, in a context where those efforts were outlined and expected under Departmental policies and procedures. Active efforts in that case would have involved taking steps such as (but not limited to):

- Conducting a thorough and objective consideration of all available evidence, and ensuring that all decisions and action are based on evidence.
- Developing a relationship with the child and/or family, recognising their strengths and collaboratively developing plans to address concerns and avoid the need for the child to enter out-of-home care.
- Taking steps to assist parents to address issues that may be impacting on their care of their children (in the case of Baby G, for example, assisting with housing applications and priority placements, temporary accommodation, respite care, and connecting with support networks).
- Exploring less intrusive intervention options with the family.

It was submitted by NAAJA, and accepted by the Coroner that:¹⁵

... in order for a practice of “active efforts” to be prioritised and enforced by Territory Families, it should be enshrined in legislation similarly to the Children and Young Person (Care and Protection) Act 1998 NSW ...

¹² *Inquests into the deaths of Miss Yunupingu, Ngeygo Ragurk, Kumarn Rubuntja and Kumanjayi Haywood* [2024] NTLC 14 at [547]-[555] (Recommendation 16).

¹³ More information available online at <<https://ntcoss.org.au/wp-content/uploads/2019/08/04-MIKAN-presentation-August-2019.pdf>>, accessed on 24 April 2025.

¹⁴ [2024] NTLC 16 at [125]-[128] and [136].

¹⁵ *Inquest into the death of Baby G* [2024] NTLC 16, at [125]-[126] and [128].

Territory Families, on the other hand, argued that a better course would be to ensure frontline staff receive appropriate training (including refresher training) and support to ensure these efforts are made, and committed to doing so.¹⁶

Our view is that such legislative change, while undoubtedly an improvement in accountability, will only create truly beneficial outcomes for children and families when it is accompanied by adequate resourcing and positive culture change within the sector.

If the Government wishes to consider introducing "active efforts" then our recommendation is that legislative amendment is deferred until such time as the Government can facilitate broad sector consultation and a working group to consider the purpose and best manner of implementation. The working group should have representatives of the ACCO sector, the legal and health sectors, as well as the Department. Proper regard should be given to the views of the sector and working group in the final formulation of any proposed legislative amendment.

Front-line administrative improvements through enhanced resourcing, training, capacity building and collaborative partnerships (particularly with ACCOs) must remain a priority and investment focus of this Government to achieve positive outcomes.

AMENDMENTS PROPOSED IN THE CARE AND PROTECTION OF CHILDREN AMENDMENT BILL 2025

Lastly, we note your letter of 3 April 2025 states that the broader review of CAPCA will incorporate the amendments already proposed to s 12 of CAPCA in January this year. In that regard, we wish to reiterate the position expressed by:

- KWILS (as a member of the Child Protection Legal Assistance Services) in the letter of submission dated 17 January 2025.
- SNAICC in its letter of submission dated 17 January 2025.
- APONT in its letter of submission dated 17 January 2025.

We recommend that any intention to proceed with these amendments must involve further consultation with the sector - including a clear and frank explanation of the specific kinds of situations the Government is trying to address. This explanation is critical to ensuring that we, as a sector, can meaningfully contribute ideas and expertise towards solutions for the concern being addressed by the Bill.

CONCLUSION

It is apparent to us from our work that improvements can be made to the operation of the child protection system that will benefit children and families across the Northern Territory. However, the nature of these improvements do not lie in legislative amendment – rather, progress can be achieved by increasing workforce capability, solidifying sector-wide operating models, and improving service delivery through expanding collaboration and partnership with the Aboriginal community-controlled sector. We urge the Government to focus its efforts and resources in that way.

¹⁶ *Inquest into the death of Baby G* [2024] NTLC 16, at [127].

Thank you for providing us with the opportunity to contribute our views on the proposed review. We are enthusiastic to assist in any future operational or legislative review, as we, like you, are highly invested in better outcomes for Territory children, families and communities.

Yours Sincerely



Hannah George
Chief Executive Officer



Simon Cooney
Chief Executive Officer

