



The Royal
Australian &
New Zealand
College of
Psychiatrists



Northern Territory Legislative Scrutiny Committee

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

22 May 2026

Excellence in equity in the provision of mental healthcare

Royal Australian and New Zealand College of Psychiatrists submission

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Acknowledgment of Country


We acknowledge the Traditional Owners and Custodians on whose lands we live, work, learn and play. We honour and respect Elders past and present, who weave their wisdom into all realms of life — spiritual, cultural, social, emotional, and physical.

Recognition of Lived Experience

We recognise those with lived and living experience of mental health challenges and distress, their chosen families, whānau (fah-no), carers and kin. Their contributions, diverse perspectives, insight, and courage keep us grounded and inclusive, and focused on humanity, healing, and hope. We strive to work in genuine partnership in all that we do, honouring their voices by centring their experiences and expertise.

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About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is the peak body representing psychiatrists in Australia and New Zealand. The RANZCP prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental healthcare.

The RANZCP is a bi national College with strong ties with associations in the Asia-Pacific region. The RANZCP has over 9000 members, including more than 6500 qualified psychiatrists.

The RANZCP Northern Territory (NT) Branch represents 35 Fellows and 32 trainees. This RANZCP NT Branch submission has been prepared in consultation with the Northern Territory Branch Committee members.

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

On 13 May 2026, the NT Government announced and introduced the Care and Protection of Children Amendment Bill (Every Child Matters) 2026 (the Bill), framed as a response to systemic failures in the child protection system highlighted by the death of Kumanjayi Little Baby. The key amendments include:

- The introduction of a 'Universal Principle' framing child safety as the primary consideration in all placement decisions, explicitly stated to apply irrespective of a child's cultural background;
- Structural changes to the ATSICPP, with a 'Special and Exceptional Circumstances' clause permitting courts to override it on safety grounds — a provision that does not exist in any other Australian jurisdiction;
- Reduction of short-term protection orders to a maximum of two years, after which children may be permanently placed under NT Government guardianship if reunification is not achieved;
- Expansion of Family Responsibility Agreements with enforced court orders and consequences for non-compliance;
- Guaranteed access to independent legal representation for children.

The RANZCP NT Branch acknowledges that some elements of the amendments, including independent legal representation and clearer timeframes, address genuine gaps in the current system. However, the overall legislative package as introduced raises serious clinical, ethical, and human rights concerns that we believe the NT Government has not adequately considered. Further, legislative reform without investment in wrap around supports, therapeutic care, kinship care, housing, disability support and early intervention may not reduce removals or detention rates.

Scope and Boundaries of Submission

This submission is intentionally limited in scope. The RANZCP NT Branch does not offer views on:

- Drafting choices in the Bill
- Changes to the Working with Children Clearance (WWCC) scheme

The Branch's focus is on responding to the key policy amendments, and providing psychiatric and clinical perspectives, guidance, and addressing critical service needs regarding mental health implications of the proposed amendments.

Overall Position

The RANZCP NT Branch acknowledges the intent of the Bill to improve child safety, parental accountability, and system responsiveness. However, the proposed reforms should not proceed in their current form, given the absence of sufficient consultation, the lack of clear evidence base, and lack of alignment with clinical, cultural, and human rights principles.

Introduction

The RANZCP NT Branch welcomes the opportunity to provide a submission to the Inquiry into the Bill. The recommendations in this submission are based on consultation with RANZCP NT Branch members

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including specialists in child and adolescent psychiatry, Aboriginal and Torres Strait Islander mental health, forensic psychiatry, and addiction psychiatry.

While we acknowledge the NT Government's stated commitment to improving outcomes for children at risk and share the community's profound grief following the tragic death of Kumanjayi Little Baby, the RANZCP NT Branch is deeply concerned that the proposed amendments, in particular the introduction of a new Universal Principle, which will override the [Aboriginal and Torres Strait Islander Child Placement Principle \(ATSICPP\)](#), risks causing substantial and long-lasting psychiatric harm to Aboriginal children, families, and communities.

Call for Pause and Reform Approach

The RANZCP NT Branch urges the NT Government to:

- Pause the legislative process to enable genuine and meaningful consultation and co-design with Aboriginal communities and peak organisations;
- Retain and strengthen the ATSICPP as a standalone, non-negotiable legislative protection;
- Implement the recommendation of the NT Children's Commissioner to commission an independent, trauma-informed review of the child protection system addressing systemic determinants including housing, mental health, family violence, alcohol and other drug services and availability of other wrap around mental health supports and services¹.
- Resource evidence-based culturally appropriate early intervention rather than expanding punitive orders and lowering removal thresholds;
- Urgently invest in Child and Adolescent Mental Health Services and Aboriginal Community-Controlled Health Organisations as primary protective systems for children at risk.

Psychiatric and Clinical Concerns

The RANZCP NT Branch recognises that children in care, or at risk of entering care, are a highly vulnerable group who require access to multidisciplinary supports and services. Specialist child and adolescent psychiatric expertise is essential to address developmental complexity, trauma exposure, neurodevelopmental disorders and suicide risk among young people, particularly in remote communities. Children in care commonly present with complex health and mental health needs relating to early adversity such as social disadvantage, parental substance use and misuse and intergenerational trauma. This is outlined in the [RANZCP Position Statement 59: The mental health needs of children in care or at risk of entering care](#) and the [RANZCP's Professional Practice Guideline 15: The role of the child and adolescent psychiatrist](#) which provide principles and guidelines for medical and health professionals, service providers, governments, and communities.

Children in Care as a High-Risk Cohort

Evidence shows that children in contact with child protection systems frequently experience significant mental health and developmental challenges. The Office of the Children's Commissioner NT has reported 100% of children aged 10–13 in detention had prior child protection involvement, 94% had exposure to family violence and 77% had mental health needs or cognitive disability², illustrating the correlation between child protection involvement and adverse mental health outcomes.

Children in care require early access to comprehensive, multidisciplinary assessment and intervention to prevent further trauma (including by the service system). Comprehensive and early intervention

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approaches support children in care to reach their full psychosocial, emotional, physical and educational potential. Multidisciplinary teams including a psychiatrist, should provide assessments (including cultural assessments) and ongoing support that is evidence-based, trauma-informed and coordinated across agencies as part of early intervention approaches.

Disconnection from Culture and Country

The Australian Institute of Health and Welfare³ identifies mental health conditions and suicide are leading contributors to the burden of disease among young people in Australia and First Nations populations experience higher rates of suicide than non-Indigenous Australians⁴. Psychiatric evidence is clear that cultural connection is fundamental to the wellbeing of Aboriginal and Torres Strait Islander children and research demonstrates Indigenous cultures are fundamental to individual and community health and wellbeing⁵. Connection to family, culture and Country is protective of social and emotional wellbeing and mitigates trauma⁵. Conversely, removal and cultural disconnection are associated with increased risks of depression, anxiety, trauma disorders, self-harm and suicide.

The legacy of the Stolen Generations remains highly relevant in the NT. Evidence demonstrates forced child removal resulted in intergenerational trauma affecting mental health across generations, survivors and their descendants experience poorer mental health outcomes, including higher rates of suicide and substance use⁶, and these impacts are linked to disconnection from family, culture and identity⁷. There are recognised concerns that ongoing high rates of removal may replicate elements of these harms in contemporary systems⁷.

The RANZCP NT Branch notes the ATSCIPP was specifically designed to operationalise this evidence and preserve protective factors, though as Social Justice Commissioner Katie Kiss notes, “there is no aspect of the Child Placement Principle that accepts unsafe circumstances for any child or prevents child protection authorities from taking action to ensure children are safe”.

Governments should ensure services focus on strategies for prevention, early identification and non-institutional, culturally appropriate support for children who are in care or at risk of entering care. Given reports that in the NT over 80% of children out-of-home care are Aboriginal⁸, and of those children, only 16.7% are placed with relatives or kin⁸, reportedly the lowest kinship placement rate nationally, the RANZCP NT Branch emphasises the proposed legislative reform which will weaken elements of the ATSCIPP will likely increase disconnection from family and culture and increase the risk of negative outcomes and unintended negative consequences.

Structural Determinants and System Capacity

Mental health outcomes for children cannot be separated from broader social determinants, including housing instability, poverty, family violence and access to services. Specifically, the NT experiences significantly elevated rates of homelessness, well above the national average⁹ and high levels of structural disadvantage impacting child and family wellbeing. In this context, increased child removal rates will increase demand on already constrained Child and Adolescent Mental Health Services and remote mental health and crisis services.

The RANZCP NT Branch notes there is an immediate need for a Child and Adolescent mental health care team in Central Australia. The longstanding Mark Sheldon Remote Mental Health team (adult service) is regularly asked to see young people but lacks the specialist child and adolescent capacity. Youth in remote areas in the NT are commonly evacuated to Alice Springs Hospital in crisis; many of these are air evacuations which are traumatic for children and families, and resource intensive.

Punitive and Compliance-Based Measures

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Culturally grounded, family-based supports and connection have been shown to improve wellbeing outcomes². Whereas, punitive approaches risk disengagement from services, increased stress and instability and worsening mental health outcomes.

The expansion of FRAs and court-based FROs reflect a shift toward compliance-based approaches. Psychiatric evidence and clinical experience indicate families in the child protection system commonly experience mental illness, trauma and substance use disorders and these conditions require therapeutic and support-based responses to avoid unintended negative consequences of punitive approaches.

Concerns Regarding Process

The RANZCP NT Branch notes its concerns about the Independent Inquiry into systems designed to protect the Territory's children, noting the NT government is implementing recommendations from an inquiry headed by a former police Commissioner, with no Aboriginal involvement, and as reported by the Guardian¹⁰ is simultaneously eradicating child protection officers. The RANZCP NT Branch notes the Inquiry received widespread criticism of its terms of reference, including in the Guardian¹¹, which did not result in alternative approaches or recognition of learnings or evolving policy approaches from the past¹².

Conclusion

The RANZCP NT Branch supports the intent to improve outcomes for children. However, evidence demonstrates cultural connection is protective of mental health, removal and disconnection carry significant risks, intergenerational trauma remains a defining factor and system capacity is already constrained. Therefore, the RANZCP NT Branch is of the view the proposed legislative reforms risk unintended harm and need to be reconsidered.

The RANZCP NT Branch reiterates its call to pause the legislative process, undertake genuine consultation and co-design with local and Aboriginal communities and ensure reforms are evidence-based, trauma-informed, culturally safe and likely to improve outcomes.

As leaders in mental health, the RANZCP welcomes further consultation. If you have any queries regarding this submission, please contact the RANZCP NT Branch, via ranzcp.nt@ranzcp.org.

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