Larrakia Nation Aboriginal Corporation

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 to the committee a representative from Larrakia Nation Aboriginal Corporation, Katrina Hill. 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 HILL: Katrina Hill, Family Services Manager for Larrakia Nation Aboriginal Corporation.

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

Ms HILL: Thanks for the opportunity to come and speak here. I would have preferred to have some company with me sitting here. Apologies from Michael and Victor, CEO and Deputy CEO. We did make a submission. I am the best person to talk about it at an operational and program level for what we do with the nation in terms of our Aboriginal carer assessment program and our DSS-funded child and family intensive support program, what those two programs do and what we see in those programs and how it impacts what is proposed here.

What Michael, Victor and I want to say quite strongly is that we do not see child safety and cultural safety as being exclusive; they are together. Cultural connection, connection to family and country, knowing your story and who your people are and your language—if language is spoken in the family—is fundamental to child wellbeing and safety. We know that from history. We also know that from what is happening now with the number of Aboriginal children—I say Aboriginal; I know there are Torres Strait Islander children as well, but primarily we are talking about Aboriginal children in the Territory—who are in out-of-home care and not placed with family.

We believe that rather than weakening the Aboriginal child placement principle, it should be strengthened. That is our primary point. We have some ideas about what Larrakia Nation could do in this space, and we are happy to have these conversations with government.

I noticed I had something put against my name to talk about the Aboriginal carer assessment program. I want to talk to that a little because it is a little program, but a significant and important program.

We are one of the organisations across the NT that is funded to deliver Aboriginal carer services. They talk about three phases. We are funded to deliver family finding, carer assessments and carer support. I only have a team of three, but they do some pretty remarkable work. We have a lot of issues, struggles and challenges in that program about making progress, particularly around carer assessments. A lot of that is to do with probity checks. I noticed there were some proposed amendments about Ochre Cards. I think that may be useful. There is probably a bit more of a conversation to be held about it, but we obviously need to have adequate checks in place when you are looking at placing children into a home.

I am looking at this year to date. We had 37 referrals for family finding. That would include sibling groups, so there might be more children than that number. I want to show you that out of that, one of the things that our team can do that we are not given by the department—quite often we are given a narrow family group—out of that 37 referrals my team has been able to identify 548 family connections for those children. That does not mean they will all become carers, because most of them will not be suitable or interested, or maybe the right people to care for the kids, but it is strengthening that relationship, knowing who I am and knowing where I am in the family. That is good work for the first year since we have had the Aboriginal carer services program.

The next stage of the program, which is care assessment, we have had I think 33 referrals for assessments for kinship carers; 12 of those have come from the department and 21 have come from our family finding work. That, for the first year, is ticked; previously it would have been more referrals coming from the

department. I think that is testament to the work that my little team can do through the networks and connections they have. They are all local Aboriginal people who are connected through school, sport, community and family, and they are able to explore and find family much better than some, unfortunately, case managers in DCF are able to do. We understand the pace at which they work and the caseloads they carry and all the rest of it. I wanted to highlight that.

We are progressing with—some of those care assessment referrals have not progressed for various reasons, and I will talk about that. Some of that is around the probity. Some of it is around housing. We often have family members who are willing to provide care but do not have housing or are housing insecure. They may be living in inappropriate homes, overcrowding or homes that are not fit—inadequate bedrooms or maybe there are serious maintenance or safety issues where the houses are, for instance, in renowned complexes like Litchfield Court or other places in Darwin and Palmerston.

Larrakia is already delivering other really good programs, small but significant: the CaFIS program I mentioned already, which is the Child and Family Intensive Support Program; obviously, there are our day and night patrols, which most people recognise Larrakia Nation for; and Maloerroe-ma, our new youth services program based at the Malak precinct in the little shopping village at the back there next to the alternative education service. We opened the doors earlier this year, but the number of children who have been coming in there—I cannot speak to that; I do not oversee that program—has been quite remarkable in terms of providing some crisis accommodation and the youth drop-in service for children as well as young people. It has been busy. Unfortunately, we are only able to provide that service for five nights per week because of funding. Because it is an all-night service, the funding did not quite stretch to seven days. We had to pull back on the Monday and Tuesday nights; we are open from Wednesday to Monday morning. That program is doing really well.

I guess what we see in CaFIS, which is early intervention work—we are working with families where children are in the home. Sometimes those referrals are coming from DCF, so there have been reports of concern. I think the key there is the intensive support and also strengthening and thickening the support networks for those families, whether that be repairing family relationships but also community relationships, helping them to navigate mainstream systems and also strengthening and repairing their own networks so that they can function better as a family, parent better, safely raise their children and keep them at home.

That program—small, little, changes, but quite remarkable with some of the progress we have seen with some families we work with. I guess what we are able to do, having a couple of little programs, is cross-referring to work together with patrols—I also run a tenancy support program. Sometimes there are tenancy issues, not surprisingly. There is poverty, housing insecurity and often most of the families that we work with are living in social housing.

MADAM CHAIR: Ms Hill, is that it? The members would probably like to ask some questions.

Ms HILL: Yes, I thought that.

MADAM CHAIR: Are you fine with that?

Ms HILL: Okay; that is fine.

MADAM CHAIR: Member for Drysdale.

Mr HOWE: Thank you, Ms Hill, for coming in today. You have spoken about a topic of real interest for me on this with your Aboriginal carer services.

The Bill aims to put into legislation early intervention, so trying to intervene in a family unit earlier. Do you see that as potentially a good thing with services like what Larrakia is doing?

Ms HILL: I do, but I am not sure, having read it, that I agree with—the family responsibility, I do not think that is an early intervention tool. I think that is a took after things are not going well. Early intervention is before that; it is around stepping in when there are little things like kids are not starting school—they are big things, actually—not going to preschool and maybe following up on health checks and things like that. Stepping in early.

It is not just our CaFIS program; we work with the children's development team, Danila Dilba Health Services, schools, FaFT and the family centre at Malak. It is all services working together and building those networks around a family.

Mr HOWE: Is Larrakia opposed to—yes, all those things are good, and I do not think anyone in this committee will disagree, but I guess for us at some point we are saying in the legislation intervention has to happen instead of just a child being removed from care, hitting that crisis point. The investment early—we have heard from witnesses across the board that that is what is needed. Is it still good to put in the legislation intervention before removal?

Ms HILL: I think removal needs to be last resort that you need to be doing.

In terms of asking me that specific question, can I take that and get a response from Michael and Victor on that. I think in terms of cultural authority, particularly Victor, as a Larrakia person …

Madam CHAIR: Ms Hill, are you happy to take that question on notice?

Ms HILL: I will.

Madam CHAIR: Member for Drysdale, can you please repeat it for Hansard.

Mr HOWE: The Bill seeks to place early intervention into legislation. Is it the view of Larrakia that is a good thing prior to removal?

J DAVIS: Could I add something to your question? Just clarifying early intervention as defined in the Bill, because I think it could mean lots of different things.

Mr HOWE: Yes, as defined in the Bill.

Madam CHAIR: It is his question, otherwise you can ask your question.

Mr HOWE: Now I would like to move into Aboriginal carer services. It sounds like you guys have quite an efficient team, with three people and the numbers you are achieving; that is quite good outcomes. We have heard there is a really big bureaucracy with the paperwork and that kind of thing. Could you elaborate on that? What I am trying to get at is how we can improve kinship care and the rates of engagement with kinship care. If you have recommendations that could improve that path, how that process is done.

Ms HILL: Some of the barriers are—I have already mentioned—housing and the probity checks. That is both a delay—currently, we are sending those probity checks for potential carers through DCF. DCF pay and they go through the BSU (Business Support Unit), so there are delays there. The second delay is SAFE NT around getting those things back.

We have been doing a lot of work on this. My team are extremely good and have fostered very good relationships with the department. They are in the office every fortnight, in the Casuarina office, for half a day every fortnight to help progress some of these things. Sometimes that stuff just does not change things either, though. It is about building relationships with the case managers as well to get updates et cetera.

As we know, and you have possibly heard this from previous people here, the turnover of departmental staff and also that DCF now at the front line has such a high level of, I guess, new migrant workers in those roles, and what that means for Aboriginal families and carers in terms of navigating and contacting people, particularly where there is constant changes of staff and very unfamiliar names and often a language barrier.

Mr HOWE: Is it your view that there is a point in time where a child does need to go into care? Is there a threshold where you believe it is necessary for a child to go into care?

Ms HILL: Child safety is paramount, of course. If a child is being harmed or a child has been harmed, then yes.

Mr YOUNG: Thank you, Katrina Hill, for your submission.

I have a question regarding the Aboriginal child placement principle. We have seen the majority of submissions oppose the Bill and express their concerns about weakening the Aboriginal child placement principle. What is your experience working with the departments to look at kinship carers and implementing the Aboriginal child placement principle with the department? Many stakeholders are stating that it is not being implemented as it should and as it states in the Bill.

Ms HILL: I know the layers of problems and complexity here. I think what has changed over time—can I just say, I have been a case worker in the department 2006 to 2009. I worked in remote and Katherine region. I know. I have removed children, but I also know how we use to work with families. We used to do a lot more family support work so we understood families. I think we had a lot more relationship building with families, so where there were concerns, we were already working with the family, knew extended family and knew who the decision-makers were in the family.

The way and the numbers of reports the department receive now and the time that case managers have to work with families—clearly, from what we are getting from our family finding referrals, they do not know the families. They do not know the families the children have come from. They will probably know mum and dad, and that is good, but they often do not even know grandparents or the extended family beyond that. Those are some real challenges.

Sorry; can you go back to the question? I am a bit nervous.

Mr YOUNG: That is all right. From your submission, you had grave concerns about the Aboriginal child placement principle. Many people have stated that there is lack of resourcing within the department to actually implement the Aboriginal child placement principle.

Ms HILL: Or understanding of it, I think—very quick to say, 'It is a concept', but it is not. Look at the number of children who are in kinship care placements compared to how many Aboriginal children—you guys will be aware of the stats more than me—are in out-of-home care. How many are placed with kinship? It is very low. There is a whole lot of reasons that has been difficult. I do not think Aboriginal carer services have been supported and set up from the get-go and resourced to do this work really well.

The numbers that we are working with are quite small; we could be doing a lot more. We are not funded adequately. There has been a lot of teething. There were some recommendations made from the review a few years ago to work on those reforms. The department fell away a bit. It has come back again; they have a new team in place which seems to be generating some momentum towards progress.

There are things like none of my team have ever been trained to do assessments. For me, assessments are not just question and answer; it is assessing. It is a judgement you are making about a care placement for a vulnerable child who has been removed from their parents to go into a new home. We have not had the direction and support from the department around funding that to do some specific training. Over time, my team have got better at it. I am a social worker, and I have done assessments in the past myself. I have also done training. I have been able to support them in developing that a little, but it is piecemeal. Other carer services across the NT have reached out to our team to support them in training them. I say no, we cannot because we have not had formal training yet, but it is something we would like to build on.

There are those things that are difficult. Even the use of templates and referral forms—they are departmental ones. We often get calls from the department case managers, saying, 'Can you send us a referral form?' and we are like, 'They are your forms. They should be in your CARE system or your portfolio of forms and documents'. A lot of the case managers just do not know where to get things from.

My team used to go quite regularly to the new staff induction days and do a presentation on our program. That was really good because it highlighted and put it in front of mind for new case managers, but that stopped. I am not sure; I think the training has changed. I think they are doing less face-to-face time now and more online. I am not sure about that. That is what we are working with all the time.

People come in with a great commitment and energy around supporting Aboriginal carer services. I feel like it has got better in the last six months with the new team. We are in a good place here in the greater Darwin region in that we have some good people in the department to engage with. When you get down to Katherine, maybe Alice Springs and other places, it is far more challenging for Tangentyere and Kalano and all the other mob who are doing—Julalikari, and Yalu in East Arnhem—Aboriginal carer services as well. They have a lot more challenges. We hear that when we meet with them. We have bimonthly …

Mr YOUNG: Do you have grave concerns about the current drafting of the legislation if it was to be implemented, that it will not address child safety? Specifically with the weakening of the Aboriginal child placement principle that is currently being put into this Bill, would you have grave concerns around that and that it will compromise children's safety?

Ms HILL: Already Aboriginal families have a great level involvement in their lives. I think it puts more involvement in their lives in a not good way. What Michael, Victor and I—particularly Michael is very strong on this. They are not separate; cultural safety and child safety are like this.

What we are seeing from the department now too is the lack of cultural planning when children are coming. These are some of the things that we ask for when we get an assessment referral: essential information records, which is just what carers would be getting if they were having a child placed in their home; copies of the cultural plan if there is a reunification plan in place—we ask for those things. I think rather than asking for them—because often we are not getting them—we should be involved. Aboriginal carer services should be involved in those activities. We do not currently have capacity to do that, but that would make a big difference. Organisations like Larrakia, Tangentyere and some of the bigger organisations have the capacity in the future to do that kind of thing. I think we should be far more involved in it.

J DAVIS: Thank you, Katrina, for coming in today and for the work that you are doing and for a really concrete example of how kinship care can be supported. We have heard a lot about that.

You said in your submission that focus on the intervention and permanency pathways creates risks without investment in supporting people on the ground to do the work at the front end. We have heard that if this Bill passes in its current form, there will be an explosion of Aboriginal children in out-of-home care. Could you comment on how the work you do will impact on Aboriginal children?

Ms HILL: Sorry, Justine, that was …

J DAVIS: Sorry; it was too long a question. We have heard that if this Bill passes, it will result in an explosion of Aboriginal children being placed in out-of-home care. Do you have any comments on that?

Ms HILL: Yes, I am just trying to imagine how it could be worse, but, of course, things can always be worse. It is already pretty awful. It really saddens me because some of the other work we have done with SNAICC—we did a project last year in June—with young people in out-of-home care and their care experiences and their understanding of the out-of-home care standards.

One of the things that came up constantly with the young people—they were all around the 15, 16 age group; one of them was 17 and about to age out of care—was the planning around what happened when they were care leavers. All of them were terrified about their futures because they had not had ongoing connection with family. Some did not even know who their family were. They found their mum through Facebook. The stories were heart-wrenching.

One little boy was in a high-cost care placement, and he knew that he would have to leave that placement. It was coming up to three months, but there had been no planning with the department about his ongoing care or what was happening when he turned 18. He just knew that he would exit to homelessness because he had no strong connection with his family.

Sorry; does that …

Madam CHAIR: One more tiny question.

J DAVIS: I know we have gone over time, but the one most important thing you think we need to understand in looking at this Bill—our job is to look at the Bill and make recommendations if there are. From the work that you do, what would be the key thing that you think is important for us to understand?

Ms HILL: For me, the difference that the real early intervention work makes. That is where the investment—the early intervention work, the difference that makes for families and the trajectory of children remaining with their parents when there is support in place. That they have a system of support—we support them to build that, so they have something to fall back on because for a lot of these families, they have no scaffolding; all their family members are living in poverty and living in similar circumstances. That early intervention work and the investment there is key. Children want to be with their family.

Yes, I hope I have …

Madam CHAIR: Thank you, Ms Hill, we have actually run out of time. Thank you very much for coming before the committee.

The committee suspended.