

To the Scrutiny Committee,

I am writing to express my serious concerns about the Care and Protection of Children Legislation Amendment (Every Child Matters) Bill 2026. I am writing this submission as an experienced Social Worker and Family Therapist. I have worked in drug and alcohol treatment, adult mental health, child and adolescent mental health (including disability and neurodiversity), family therapy, homelessness, and have provided trauma therapy treatment for both adults and children. In my work I have presented evidence at court as an expert witness in Care and Protection matters on behalf of the Department. At the heart of my work is a deep commitment to children's safety and welfare, and the prevention and treatment of trauma. Below I have outlined some of my concerns about the Bill for your consideration.

Timeline for Reunification

I am extremely concerned by the arbitrary timeline this Bill establishes regarding reunification. This timeline is problematic as it does not reflect either the lengthy waitlists for services in the NT that are required to address many child protection concerns (treatment, support, housing), or the time it can take for people to undergo any personal recovery and change that may be needed. Mental health, trauma, and drug and alcohol issues are complex and recovery may not be achievable within the arbitrary timeline outlined by the Bill, but may be possible with more flexibility of time to allow personal healing, skill development, and access to support services. The wait for public housing in the NT is over 10 years in some areas, and therapeutic service waitlists range between lengthy in urban areas to services being non-existent for families in remote communities. Permanency of Orders disconnects children from the possibility of hope, and disempowers and discourages parents and families in the process of change and recovery.

Early Intervention Versus Early Policing

Early intervention to prevent harm is crucial, however there is a distinction between early intervention versus early policing. The introduction of Family Responsibility Agreements and Orders, and the lowering of threshold for investigation and intervention, are examples of early policing, in which families will be monitored to a higher degree, and penalised for behavioural issues including school-refusal and 'anti-social behaviour' which are often the result of unmet educational needs, poverty, and/or diagnosed or undiagnosed neurodevelopmental disabilities and mental health conditions. This approach will most likely increase parental stress, particularly amongst parents who may live with the intergenerational trauma of child removals, and parental stress can diminish parenting capacity, leading to poorer outcomes on child development. Parents may struggle to be attuned to their children's needs while living with the high stress of trying to navigate state intervention and the fear of losing their children who they love. Furthermore, children's nervous systems pick up on the nervous system state of their caregiver, and contagious stress is likely to be felt by the child. This state intervention may be counter-productive in aims to improve the child's life and care by placing additional burdens on under-resourced households.

On the other hand, genuine early intervention regarding school-refusal and behavioural issues looks like real investment in early diagnosis and treatment for neurodevelopmental disabilities and mental health conditions, including at the school level for early detection of symptoms, at the assessment and treatment level through resourcing tertiary child mental health and disability services, and through funding of disability-specific and/or flexible education supports, and upskilling and resourcing schools to better meet the needs of children with complex needs. Early intervention in reducing household stress also involves investment in providing families with access to safe, secure, and stable housing, by increasing housing stock and improving quality, alongside fully funding culturally grounded support services on a long-term basis as opposed to short-term cycles of pilot funding, and improving access to adult services for domestic violence, mental health, trauma, and drug and alcohol issues.

Consequences of Increasing Removals

This Bill risks increasing the number of children growing up in the care system. The lifelong consequences of child removals must be held in mind in any legislation relating to child protection. The existence of 'Cross Over' teams within child protection reflects the highly concerning pipeline for children in out-of-home care into the criminal justice system. I have provided therapy to adults who have been removed from their families as children who have shared experiences of a lack of sense of self and identity confusion, lack of trust in others and in institutions, along with symptoms of depression, anxiety, hypervigilance. Many experience a core lack of feelings of belonging, which in adulthood can play out in risk taking behaviour as part of connection seeking, difficulties maintaining employment, difficulties maintaining housing, and chronic challenges in interpersonal relationships. I have worked with adults who grew up in out-of-home care who in adulthood when experiencing homelessness repeatedly returned to rough sleeping despite multiple attempts at being housed, due to a core lack of feelings of internal safety and belonging. The consequences of this Bill will be lifelong in the lives of the children it impacts, and will likely contribute to the ongoing cycle of intergenerational trauma and multigenerational experiences of child removals. Child removals should be a last resort. Not because we need to be soft on harm, but because all elements of harm need to be considered as part of informed decision-making, alongside the potential for whole-of-family healing when adequate support and resourcing, not merely surveillance, is provided. Additionally, the cost to the NT Budget of this Bill in the long-term due to the lifelong impacts of removals will likely be significant.

The Bill prioritises the principle of permanency over connection with families of origin. Based on both my training as a Family Therapist and my experience working with people who have experienced removal from their parents, I understand the desire for closeness with families of origin as deep rooted, and disconnection from this creates a lifelong attachment wound. The strength of this pull is evident in the phenomena of children in care self-placing with their families of origin, which leads to families existing in a no man's land in which biological parents are the day-to-day caregiver but lack parental responsibility, with their parenting and authority having been undermined through the removal process which leads to challenges in boundary setting and containment in caregiving. This complex dynamic in which parents are systemically prevented from parenting to the best of their ability could be avoided by instead resourcing and

empowering parents to thrive with their children in their care, maintaining removal as a last resort action.

Closing The Gap Obligations

The Bill is also in conflict with the NT government's obligations under the Closing The Gap National Agreement, which outlines the commitment to reduce the rate of over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 45 per cent by 2031. The NT government is already lagging behind other states and territories on this target, and the implications of this Bill will likely only further increase the number of First Nations children in out-of-home care by its policing of poverty and disadvantage, which is more likely to be experienced by First Nations families. Furthermore, the changes to the Aboriginal Child Placement Principle in this Bill by deprioritising kinship placements will inevitably lead to an increase in Aboriginal children in out-of-home care.

Request and recommendations

As a Social Worker, Family Therapist, and concerned NT community member, I am calling for the Scrutiny Committee to recommend the Bill not proceed. This Bill attempts to make the complex simple, and in doing so will fail children and families, and will likely exacerbate harm.

If the Bill is to proceed, I strongly request that it at the very least goes to Public Hearings, as there has not been a sufficient opportunity for public scrutiny and input from experts in the field. Child development is complex, and expert input from paediatricians, child psychiatrists, allied health workers, and researchers, in addition to consultation with Aboriginal Community-Controlled Organisations, and advocacy groups which represent the voices of children in care, is crucial.

Thank you for your consideration of my above submission.

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