NORTHERN TERRITORY GOVERNMENT

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Legislative Scrutiny Committee
Northern Territory Legislative Assembly
GPO Box 3721
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Via email: LSC@nt.gov.au

File reference: 38-F26-3341

Dear Mrs Carlson

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

I refer your letter dated 9 June 2026 requesting written advice on a range of matters relating to the Committees inquiry.

The Department of Children and Families' (the Department) responses are addressed in the document attached to this letter, and included the questions taken on notice at the public hearing on 5 June 2026.

Regards

Brent Warren
Chief Executive Officer

18 June 2026

Response to questions

Commencement

1. **Clause 2 provides that the Bill would commence on a day fixed by the Administrator by Gazette Notice no later than 11 May 2028.**

    a. ***When is it intended for each Part of the Bill to commence?***

It is intended that the Working with Children Clearance (WWCC) reforms (Part 3 of the Bill) will commence by Gazette notice in November 2026, subject to ongoing upgrades to digital infrastructure and agreements over data sharing with the National Reference Scheme with the Australian Criminal Intelligence Commission.

The Child Protection measures of the bill will commence on a date to be fixed by Gazette notice. This approach provides flexibility to ensure that operational readiness, stakeholder preparedness, and any necessary implementation and transitional arrangements are appropriately in place prior to commencement.

    b. ***Has consideration been given to delaying commencement of Part 2 of the Bill to enable time for implementation-related issues to be addressed?***

If passed, commencement of the Bill will be by Gazette notice which allows the flexibility to commence different Parts at different times, as the implementation is rolled out. This also allows for any implementation issues raised prior to commencement to be addressed.

It is standard drafting practice for the default date of commencement to be 2 years from the date a Bill is introduced in the Legislative Assembly. This ensures that legislation does not remain un-commenced. If any part of the Bill has not commenced prior to the default commencement date on 11 May 2028, it will commence on that day.

    c. ***How does the Department intend to address capacity-related issues prior to commencement of the Bill, including filling internal vacancies?***

The Department of Children and Families (the Department) intend to address staffing, processes and operational arrangements through implementation planning ahead of commencement.

If passed, commencement by Gazette notice provides flexibility to bring provisions into effect at different times, allowing the Department to take account of readiness and address any capacity constraints prior to relevant Parts commencing. This approach is designed to support a managed implementation, including allowing time to respond to resourcing needs if they are identified.

Objective of the Care and Protection of Children Act 2007

2. **Clause 4 of the Bill seeks to amend the objectives of the *Care and Protection of Children Act 2007* (the Act) to include 'wellbeing, safety, long-term stability and security'. What is the legal definition of 'security' in proposed section 4(a)?**

Not every word contained in a legislative instrument is required to be defined. The fundamental rule of statutory interpretation is that an instrument is explicated by applying the natural and ordinary meaning of the word with the intent imported from reading an instrument in its entirety, not by reading a provision in isolation.[1]

[1] *Amalgamated Society of Engineers v Adelaide Steamship Co Ltd* (Engineers Case) (1920) 28 CLR 129, 161-2.

If the natural and ordinary meaning of a word is not clear on its face, a dictionary will assist in identifying common use or the ordinary meaning.[2] The Macquarie Dictionary[3] defines security as "[f]reedom from care, apprehension or doubt; confidence."

The underlying intent of the Bill places greater emphasis on long-term stability and placement security for children in care, as evidenced by the best interest considerations at section 8(2)(c)-(e), which include: the child's need for stable and nurturing relationships, permanency in the child's living arrangements and the likely effect of the child of any changes in the child's circumstances. Further emphasis on placement security is evidenced by section 12B, which requires significant decisions for a child to ensure that the child will have stable living arrangements that meet the child's specific needs, that legal arrangements for the child's care provide the child with a sense of permanence and long-term stability.

By applying these rules of statutory interpretation, it is clear that the objective is to ensure that placement decisions for a child should prioritise stability and security to avoid perpetuating apprehension or anxiety due to uncertainty.

Application of Principles

3. **Proposed section 7(4) provides that the principles under the Act do not create, or confer on any person, any right or entitlement enforceable at law. What legal recourse do Aboriginal families have when the Department fails to adhere to the placement hierarchy?**

The Aboriginal Child Placement Principle (ACPP) does not currently operate as an enforceable, individual legal right for individuals or families in the Northern Territory (NT). It functions across jurisdictions primarily as a statutory framework and policy directive for Courts and child protection departments, rather than an actionable right that a parent can directly enforce or seek recourse for. The intent of proposed section 7(4) is to make the existing legal position clear that none of the guiding principles create or confer a right or entitlement that is legally enforceable. Other jurisdictions, such as New South Wales contain provisions to the effect of proposed section 7(4). The equivalent legislation in New South Wales, the *Children and Young Persons (Care and Protection) Act 1998* (NSW) at section 7 states: "the provisions of this Chapter are intended to give guidance and direction in the administration of this Act. They do not create, or confer on any person, any right or entitlement enforceable at law." The chapter referred to in section 7 of the NSW Act similarly includes the objects, principles and responsibilities (including the ACPP).

Additionally, the shift from rights-based language to language of principle proposed for Part 1.3 of the Act seeks to clarify this existing position and to avoid confusion about the intention of the principles as guidance for decision makers, rather than representing a policy shift.

Despite this, current section 140 permits a party to any Court proceedings under the Act to appeal to the Supreme Court against any order or decision of the Court (except for a temporary protection order). This provision is retained, and all families will continue to have access to this legal recourse.

Best Interest Principle

4. **Proposed section 8(2) sets out a hierarchy of matters that must be considered in determining what is in the best interest of a child. Many submitters stated the best interest assessment is complex and should be considered on a case-by-case basis.**

    a. ***What evidence supported the inclusion of a hierarchical best interest assessment?***

[2] *State Chamber of Commerce and Industry v Commonwealth* (1987) 163 CLR 329, 349.
[3] Macquarie Concise Dictionary (7th ed, 2017) 'security' def 2.

Best interest considerations that lack a structured priority can make the best interests principle subjective and difficult to apply consistently across diverse situations. The evidence base supporting this change is drawn largely from the *Family Law Act 1975* (Cth) which adopted a hierarchical list of best interest considerations in 2006. An example of this is the *Every Picture tells a story* report (2003)[4] by the Standing Committee on Family Affairs of the Federal House of Representatives shed light on cases of children suffering from child abuse in the care of their parents who were retained in parental custody because the best interests consideration in the *Family Law Act 1975* (Cth) did not emphasise child safety.

The *Every Picture Tells a story* report went on to serve as a catalyst for the *Family Law Amendment (Shared Parental Responsibility) Act 2006* (Cth) which adopted a hierarchical approach to best interests considerations similar to the provisions in the Care and Protection of Children Legislation Amendment (Every Child Matters) Bill 2026 in an attempt to resolve issues in the family law jurisdiction related to children being retained in the custody of abusive parents despite evidence of abuse. The *Family Law Amendment Act 2023* did make changes to the *Family Law Act 1975* to simplify the best interests considerations, which included removing the hierarchy for considerations. Critically, the *Family Law Amendment Act 2023* made amendments to the best interests principle to include that the Court must consider what arrangements would promote the safety of the child, similar to the prioritisation of safety in proposed section 8 of the Every Child Matters Bill.

It is important to note that the best interests considerations under section 60CC of the *Family Law Act 1975* only relate to decisions made by the Court in family law proceedings, whereas the best interest considerations under current section 10(2) of the *Care and Protection of Children Act 2007* and proposed section 8(2) relate to all decisions made under the Act about a child (including decisions made by the Chief Executive Officer (CEO) of the Department, authorised officers and the Court). The need for clear statutory guidance for decision makers is more acute in this broader administrative context, where many decisions are made by child protection practitioners without formal legal training, and who therefore require clear direction on how to identify and weigh relevant considerations, rather than in a court setting where judicial officers are trained to interpret and balance such factors as part of their role.

It was therefore determined that a hierarchical model is the most effective approach.

b. ***Does the proposed hierarchy limit any rights under the UN Convention of the Rights of the Child? If so, how?***

Article 3 of the *United Nations Convention on the Rights of the Child* (UNCRC) sets out that "in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration". The UNCRC does not provide guidance to states parties on how the best interests of a child should be determined, or what should be considered in determining the best interests of a child. Therefore, the creation of a hierarchy of best interests' considerations does not limit rights under the UNCRC.

5. Proposed section 8(2)(a) provides 'the need to ensure the safety of the child' is the highest priority in determining the best interest of a child.

[4] House of Representatives Standing Committee on Family and Community Affairs, *Every Picture Tells a Story: Report on the Inquiry into Child Custody Arrangements in the Event of Family Separation* (Commonwealth of Australia, December 2003)

a. ***What is the legal definition in child protection of 'safety' as it relates to section 8(2)(a) and does it have a different legal meaning from 'the need to protect the child from harm and exploitation'?***

Neither the current Act, nor the Every Child Matters Bill, seeks to create a legislative definition of "safety". This reflects the fact that "safety" is already a well understood and commonly applied concept, both in its ordinary meaning and in practice contexts. In its ordinary meaning, 'safety' represents the state of being free from physical, emotional or psychological harm or danger and functions as a wider, outcome focused concept that encompasses both the absence of harm and the presence of conditions that support a child's ongoing wellbeing. On the other hand, protecting a child from harm and exploitation is the active process of preventing, intervening and advocating against specific abuses, such as neglect, physical abuse, sexual abuse, emotional abuse and exposure to domestic violence. Both are included as separate considerations as they perform distinct but complementary functions in a best interests assessment.

b. ***Will cultural safety be considered as a component of ensuring the safety of Aboriginal children?***

Safety is not defined under the *Care and Protection of Children Act 2007*, despite being referred to in the current Act 53 times. Not including a strict legislative definition of safety allows the provisions to be reactive to the individual needs and circumstances of a child, including different 'domains' of safety relevant to them. In this way, cultural safety is not expressly excluded from this consideration for any child.

c. ***South Australia recently repealed a 'safety-first' model because it increased infant removals without improving wellbeing. Was consideration given to the experiences of other jurisdictions in developing proposed section 8(2)?***

In developing proposed section 8, consideration was given to the legislative provisions and experiences of other jurisdictions, as well as national approaches to the best interests principle such as in the *Family Law Act 1975* (Cth). The previous act in South Australia, the *Children and Young People (Safety) Act 2017* (SA) at section 7 stated that the safety of children and young people is paramount and that "the paramount consideration in the administration, operation and enforcement of this Act must always be to ensure that children and young people are protected from harm", with no mention of best interests.

Comparatively, the passed but not yet commenced *Children and Young People (Safety and Support) Act 2025* (SA) (referred to as the new SA Act) references both safety and best interests in the guiding principles.

The safety principle at section 10 of the new SA Act states that "It is a principle of this Act (the ***safety principle***) that children and young people are to be kept safe and protected from harm (and, despite any other provision of this Act, the safety of the child or young person must always be the priority in determining whether or not to remove a child or young person under section 87(1))".

The best interests principle is at section 11 of the new SA Act and states, among other things: "It is a principle of this Act (the best interests principle) that the best interests of each child and young person are to be upheld and effected in all decision making under this Act (and a reference in this Act to a particular decision being in the best interests of a child or young person will be taken to be a reference to the decision being made in accordance with the best interests principle)". Additionally, it states: "In determining whether a decision or action is in the best interests of a child or young person, the need to keep them safe from harm and the risk of harm, to protect their rights and to promote their development (taking into account their age and stage of development) must always be considered".

This illustrates that while the previous Act in South Australia prioritised safety, to the exclusion of best interests, the new SA Act continues a "safety first model", but with the inclusion of a best interests principle and considerations. It is also important to note that the new Act in South Australia has not come into operation yet and so remains untested at law or in practice. For this reason, whether the changes to the legislation in South Australia will result in improved outcomes for children cannot be quantified yet.

Both these models are distinct from the approach taken in the Every Child Matters Bill. The Every Child Matters Bill does not separate the concept of safety from the best interests of the child, as is the case in South Australia. Proposed section 8 of the Every Child Matters Bill retains the best interests of the child as the paramount concern in all decisions made under the Act. Proposed section 8(2) integrates safety as the first priority consideration when determining the best interests of the child. This ensures that due weight, regard and priority is given to the safety of a child when a decision is made by the Court, the CEO of the Department, an authorised officer (such as a child protection practitioner) or any other person exercising powers or performing functions under the Act.

6. **Proposed section 8(3) sets out other matters that <u>may</u> be relevant in determining what is in the best interest of a child, including the child's right to enjoy the culture and tradition of the child's family and community. Why were the matters outlined in proposed section 8(3) not included as core matters that <u>must</u> be considered in determining a child's best interest under proposed section 8(2)?**

During drafting, it was identified that the matters contained in proposed section 8(3) would not be relevant to all children in every decision made under the Act, and that some discretion was required as to whether these considerations were to be applied or not on a case-by-case basis. This ensures that where these matters are not relevant to the decision at hand, they are not required to be considered in determining a child's best interests.

7. **Existing section 10(2)(h) provides that, in determining the best interest of a child, the child's age, maturity, gender, sexuality and cultural, ethnic and religious background must be considered. What is the rationale for removing these factors from the matters that must be considered in determining the best interest of a child in proposed section 8(2)?**

Existing section 10 states that consideration *should* be given to the following matters in determining the best interests of a child, including at section 10(2)(h), the child's age, maturity, gender, sexuality, cultural, ethnic and religious backgrounds. During drafting of the Bill, it was identified that the matters contained in current section 10(2)(h) were already provided for by current section 10(2)(i) and section 10(2)(g) which capture the child's physical, emotional, intellectual, spiritual, development and educational needs, as well as other special characteristics of the child that warrant consideration. Additionally, as the threshold is changing from 'consideration *should* be given' to 'matters *must* be considered in the following order of priority', it was determined that the consideration should not be too prescriptive as to prevent discretionary consideration of any 'other special characteristics of the child' which could include the child's age, maturity, gender, sexuality, cultural, ethnic and religious background as relevant to the individual child and the decision being made.

8. **Proposed sections 8(2)(c)-(e) prioritise stability of relationships, permanency of living arrangements, and the effects of change in determining the best interests of a child. Noting that reunification of a child with the child's parents is subject to the best interest of a child, could these matters prohibit reunification even when parents have capacity and willingness to care for the child and reunification would not risk the safety of a child?**

Proposed sections 8(2)(c)-(e) in the Every Child Matters Bill already exist as best interests considerations in the current *Care and Protection of Children Act 2007*, at current sections 10(2)(e), 10(2)(f) and 10(2)(j). Reunification of a child with their parents remains a priority where it is safe to

do so. Whether reunification is in the best interests of a particular child is a decision that occurs and will continue to occur on an individual case by case level, after weighing up the best interest considerations in proposed section 8 and based on that child's needs and circumstances.

9. **Proposed section 8(2)(g) outlines that the child's 'physical, emotional, intellectual, spiritual, developmental and educational' needs must be considered when determining the best interests of a child. Proposed section 12B(3)(a) requires that when a significant decision is being made, the decision should ensure that the child's living arrangements will meet their 'physical, emotional, intellectual, developmental, educational and health needs'. What is the rationale for including spiritual needs in proposed section 8(2)(g) but not their health needs, and similarly, including their health needs in proposed section 12B(3)(a) but not their spiritual needs?**

The distinction reflects the different functions of the 2 provisions and the types of decisions they are intended to guide.

Proposed section 8(2)(g) is a general best interests consideration that applies to all decisions made under the Act. These considerations are deliberately broad and holistic, ensuring that decision-makers take into account the full range of a child's needs, including their cultural and spiritual wellbeing. The inclusion of spiritual needs at this level recognises that a child's identity, values and sense of belonging may be important across many types of decisions, not only those relating to living arrangements.

By contrast, proposed section 12B(3)(a) applies specifically to "significant decisions", which are defined as decisions likely to have a significant impact on a child's life, such as placing a child in care or placement arrangements. This provision is more targeted and focuses on whether an arrangement for a child will meet their core day-to-day and long-term needs, including their health needs. The explicit inclusion of health needs reflects the critical importance of ensuring that placements can adequately support a child's health over time. Importantly, these provisions are intended to operate together. All significant decisions are also subject to the general best interests considerations in section 8(2). This means that, in practice, decision-makers must consider both the matters in section 12B(3)(a) (including health needs) and the broader considerations in section 8(2), including spiritual needs, when making significant decisions.

Role of Family

10. **Proposed section 12A appears to have the effect of lowering the threshold of removals, providing that a child must be removed from their family if there is a significant and likely risk of harm, rather than providing they may be removed only if there is an unacceptable risk of harm to the child.**

    a. ***What will constitute 'significant and likely risk of harm', and does this differ from 'an unacceptable risk of harm'?***

The test in section 12A has been amended to align with the language in related provisions, which provide guidance on what constitutes "significant and likely risk of harm", specifically:

Section 15 deals with harm to child, and states at subsection (1) that "Harm to a child is any **significant detrimental effect** caused by any act, omission or circumstance on:

(a) the physical, psychological or emotional wellbeing of the child; or

(b) the physical, psychological or emotional development of the child.

Section 15(2) provides guidance on causation of harm to a child, including:

(a) physical, psychological or emotional abuse or neglect of the child;

(b) sexual abuse or other exploitation of the child;

(c) exposure of the child to physical violence;

(d) exposure of the child to domestic or family violence."

Section 20 of the current Act provides guidance for when child is in need of care and protection, and relevantly states:

(a) the child has suffered or is **likely** to suffer harm or exploitation because of an act or omission of a parent of the child.

In *Re H. & Others* [1996] AC 563, the court discussed the use of the term likely in the context of a similar provision in English child welfare legislation: [L]ikely is being used in the sense of a real possibility, a possibility that cannot sensibly be ignored having regard to the nature and gravity of the feared harm in the particular case.

b. ***Will public guidance be available on factors that will be considered in determining 'significant and likely risk of harm'?***

Current public guidance[5] on child abuse provided by the NT Government informs the community about types of harm and how to report suspected child abuse, neglect or exploitation.

Importantly, this guidance reflects a different threshold to that applied by the Department in making statutory decisions. Mandatory reporters and members of the public are required to report where they reasonably believe a child has suffered or is likely to suffer harm or exploitation. This is deliberately a lower threshold to encourage early reporting of concerns.

By contrast, the threshold for statutory child protection intervention under the proposed Bill, such as removing a child from their family, is where there is a 'significant and likely risk of harm', which is a higher and more complex legal and professional standard.

Determining whether this higher threshold is met is the responsibility of professionally trained child protection practitioners, based on comprehensive assessments and evidence. Providing detailed public guidance on how to assess a "significant and likely risk of harm" could create confusion between these 2 thresholds and may inadvertently discourage reporting by leading community members to believe they must assess risk at a level beyond that required of them.

For this reason, public guidance will continue to focus on supporting early identification and reporting of concerns, while the application of statutory thresholds remains a professional responsibility.

c. What is the effect of changing the word 'may' to 'must' in context of proposed section 12A? Does the Department anticipate this will result in more children being removed from their families?

When used in legislation, the word "may" affords discretion, whereas the use of "must" specifies an obligation. Thus, the effect is that when a child protection practitioner forms a belief that there

[5] Northern Territory Government 'Child Abuse' < https://nt.gov.au/community/child-protection-and-care/child-abuse>.

is a significant and likely risk of harm to a child, the child must be removed to safeguard their safety and wellbeing.

Removing the subjective element of what an individual believes is unacceptable, and removing discretionary language ensures clearer consistent decision making.

The Department does not anticipate this will result in more children being removed from their families, and that opinion can only be formed by reading this provision in isolation and ignoring the introduction of early intervention mechanisms designed to support families before risks escalate.

11. Proposed section 12A has the effect of removing the requirement that, as far as practicable and consistent with the best interest of the child, the child should eventually be returned to their family and, instead provides contact between the child and their family should be encouraged and supported. What is the intention of this proposed amendment and how will it operate different to the existing provision?

When new provisions are added to an existing Act by and amending bill, the interaction of the new and existing provisions must be considered to avoid conflict and ensure clear intent and objectives.

The amendment in proposed section 12A reflects this need. The introduction of the proactive efforts principle, and timeframes for reunification and family finding, and achieving stability and certainty for a child may conflict with a child eventually being returned to their family, if it is not in the child's best interest.

In these circumstances, section 12A supports and encourages that contact between a child and their family is maintained, subject to the best interest considerations.

Aboriginal Child Placement Principle

12. Proposed section 12C seeks to replace existing section 12 and sets out principles that apply to Aboriginal children, with the effect of 'remov[ing] provisions relating to the Aboriginal Child Placement' Principle (ACPP) (Explanatory Statement, pp. 4-5).

a. *What evidence are the amendments based on that support the removal and de-prioritisation of various elements of the ACPP and the inclusion of the Universal Placement Principle under proposed section 12B?*

The Bill does not propose to remove elements of the ACPP from the Act, rather it has been moved and simplified under section 12B. Currently, the ACPP states that an Aboriginal child should, as far as practicable, be placed with a person in the following order of priority:

(a) a member of the child's family

(b) an Aboriginal person in the child's community in accordance with local community practice;

(c) any other Aboriginal person;

(d) a person who:

(i) is not an Aboriginal person;

(ii) but in the CEO's opinion, is sensitive to the child's needs and capable of supporting the child to develop and maintain a connection with the child's family, community, culture, traditions, language and country.

Under the new child placement principle, placement with a family member remains the priority. Notwithstanding that "an Aboriginal person in the child's community in accordance with local community practice" is not explicitly mentioned, kinship carers are captured under section 78(1)(a)(iii) and section 12C(3)(a) has the effect of prioritising kinship carers in close proximity to the child's community for an Aboriginal child. Similarly, where an Aboriginal child is placed with a non-Aboriginal carer, section 12C(3)(b) prioritises carers that will support the child to develop and maintain a connection with the child's family, community, culture, traditions, language and country.

The Bill proposes to remove "any Aboriginal person" from the Act as it is not appropriate to place a child in the care of "any person" based solely on the person identifying as belonging to a particular race group, and any person identified as a potential carer must be assessed as suitable. This is to avoid removing a child from a harmful environment, only to be subjected to further harm by their carer.

b. ***Is there any evidence that indicates that weakening Aboriginal family, kinship and cultural protections improves child safety outcomes? For example, can the Department provide specific case data or judicial rulings where the existing ACPP has directly prevented the Department from intervening to protect a child from an immediate and substantiated risk of harm?***

Firstly, the Bill does not have the effect of weakening Aboriginal family, kinship and cultural protections to improve child safety outcomes, and any opinion that it will have that effect is conjecture.

Secondly, the ACPP is relevant when a child is confirmed as being in need of care and protection and the Department is required to find an appropriate placement for the child. This should not be conflated with powers of the CEO to take a child into provisional protection or powers of investigation to substantiate a child has been harmed or is at risk of harm.

c. ***Has the Department assessed the potential intergenerational impacts of the amendments to the ACPP, including potential for accelerating pathways to long-term care?***

As explained above, amendments to the ACPP are minor, and do not change priority placement specific to Aboriginal children. On this basis, intergenerational impacts based on minor amendments are highly unlikely and speculative.

The Bill's emphasis on permanence and stability for children in care is based on numerous studies that highlight a lack of permanence and stability in a child's life can result in poor physical health, compromised brain function, inadequate social skills, mental health challenges and an increased risk of antisocial behaviour.

13. The Committee notes that the ACPP is currently integrated into the Department's *Placements Policy* as published on 15 January 2026.

a. ***Will the Placement Policy be updated to reflect the amendments proposed by the Bill? If so, will the ACPP be removed from the Placement Policy?***

The ACPP has not been removed from legislation so therefore will not be removed from the Placement Policy. As with any change in legislation the placement policy will be updated to reflect the placement hierarchy in the bill, should it pass.

b. ***Multiple submissions state that poor outcomes reflect failures of implementation and investment, not legislative barriers. What specific safety outcomes will be achieved by these legislative changes that cannot currently be achieved through better adherence to existing policy?***

The Bill will ensure that child safety is the paramount consideration. Refocusing the legislation on this principle will ensure that more children are protected from harm and exploitation. Further stability and security of placements and the need for permeance in the child's living arrangements will be operationalised. A child's right to enjoy the culture and tradition of their family and community will be safeguarded.

14. In proposed section 12C(2)(b), how will a person's significance to a child be assessed? Would a person of cultural authority or a member of their kinship group be of significance to a child?

The key word in this section is "significance" which defined by the Macquarie Dictionary is "importance". If the person of cultural authority or a member of their kinship group has an important relationship with a child, they may be given the opportunity to participate in a significant decision.

15. What is the rationale for removing the recognition of Aboriginal community-controlled organisations as having a major role, though self-determination, in promoting the wellbeing of Aboriginal children, as per proposed section 12C(1)? What evidence supported this change?

The wording in this section has been simplified to reflect modern drafting practices. The removal of the specific reference to Aboriginal community-controlled organisations reflects a drafting change rather than a substantive policy shift. The previous wording was considered to be largely declaratory in nature, providing recognition rather than creating a substantive legal provision containing any enforceable legal obligation or entitlement.

16. Clause 6 proposes to remove the requirement under existing section 12(2A) that, when a decision involving an Aboriginal child is made, the decision should be 'healing focussed and trauma informed'.

a. ***What is the rationale for removing this requirement?***

Terms such as 'trauma-informed' and 'healing-focused' are not legally defined concepts and can be open to interpretation. Embedding them in legislation may create uncertainty in their application and limit flexibility in how they are understood and operationalised over time, particularly as best practice in this area continues to evolve.

b. ***Is this principle enshrined elsewhere, for example, in departmental policy?***

The Department maintains an Aboriginal Cultural Security Framework which encourages healing and trauma informed practice in the work of the Department with Aboriginal children and young people.

c. ***Was consideration given to including this requirement in the universal placement principle under section 12B to require all significant decisions are healing focussed and trauma informed?***

These concepts are more appropriately reflected in Departmental policy, practice guidance and training frameworks, where they can be clearly articulated, regularly updated, and consistently applied by child protection practitioners. This approach allows the Department to ensure that decision-making is informed by contemporary, evidence-based practice in trauma and healing, without constraining the legislation with terms that may lack legal precision.

17. Clause 6 has the effect of changing the 'right' of a parent to participate in an administrative or judicial process for making a significant decision involving an Aboriginal child to an 'opportunity' as set out in proposed section 12C(2)(a).

a. What is the intention of this amendment?

This amendment aligns with the broader legislative intent of the reforms to the principles, which is to clarify that the principles are intended to guide decision-making rather than create enforceable legal rights. While this has always been the underlying policy intent, the amendment makes this position explicit to ensure consistent understanding and application.

In this context, the change of wording from 'right' to an 'opportunity' to participate reflects that parents should be given a meaningful opportunity to be involved in administrative or judicial processes concerning significant decisions about their child. This clarification provides greater legal certainty while preserving the existing practice of engaging families in decision making.

b. What is the legal and practical difference between the terms 'right' and 'opportunity'?

The Macquarie Dictionary defines 'right' as an adjective meaning fitting or appropriate. Similarly, the Macquarie Dictionary also notes an opportunity as a noun which denotes an appropriate time or occasion. Both terms are interchangeable in this circumstance. The use of the word opportunity better denotes the paramount principle of child safety.

c. What specific evidence or advice determined this amendment was necessary?

This amendment was informed by legal and policy analysis. In particular, it was recognised that the existing reference to a 'right' could give rise to ambiguity about whether the provision created an enforceable legal entitlement, rather than functioning as a guiding principle.

The change responds to this uncertainty by aligning the wording with the long-standing policy intent that the principles are not designed to create justiciable rights, but to guide decision-makers in exercising their functions.

d. How does this amendment give effect to the NT Government's Closing the Gap commitments on shared decision-making?

This amendment provides parents with an opportunity to participate in significant decisions, where appropriate to the safety and best interests of a child. The amendment actively supports the NT's commitments to shared decision making through inviting parents to be involved.

18. What is the practical effect of proposed section 12C(4)? Could it require a caseworker to prioritise a placement that better satisfies the universal placement principle in section 12B (for example, placement with a non-Aboriginal carer offering greater legal stability) over an Aboriginal kinship placement that would require additional Departmental support to achieve stability?

The effect of 12C(4) is that the considerations regarding Aboriginal children are subject to the Universal Child Placement Principle first. An Aboriginal kinship care placement would satisfy 12B(2)(b) of the proposed bill. This ensures that stability and permanence are priority considerations for all children, regardless of race.

19. Has the Department sought advice on whether removing race-based legal protections currently enjoyed by Aboriginal children constitutes a contravention of section 10 of the *Racial Discrimination Act 1975* (Cth)?

The Department does not consider that the Bill contravenes section 10 of the *Racial Discrimination Act 1975* (Cth) by removing race-based legal protections currently enjoyed by Aboriginal children

and has not sought corresponding legal advice. The Bill favours equality for all children in contact with the child protection system by ensuring uniform decision making.

Proactive Efforts

20. **Proposed section 12D(2) provides the CEO must take all reasonable 'proactive efforts' to reunify the child with the child's parents, or if reunification is not in the best interest of the child, with a family member within two years of removal. Several submitters raised concerns about the impact of strict statutory timeframes for reunification.**

    a. ***How was the two-year time limit determined, and what evidence was used to establish it as the most appropriate timeframe?***

Most children are successfully reunified within a year of entering out-of-home care (OOHC). Where reunification does not occur within the first 2 years, the likelihood of reunification significantly decreases.[6]

    b. ***How many parents currently in the system are on public housing waitlists, rehabilitation waitlists, or awaiting other services that cannot be accessed within a two-year timeframe?***

Persons on waitlists for public housing, rehabilitation waitlists or other services are not identified as being connected to the child protection system. This recognises that parents may have been referred pre or post a child protection intervention and may have been referred by other services. Waitlists for social housing in the NT can be found online through the NT Government website[7]. Further information regarding timeframes for social housing, or alcohol and other drug services will need to be sourced from agencies that deliver those services.

    c. ***Was consideration given to experiences of other jurisdictions, such as Victoria, where it was found that strict statutory timeframes for reunification contributed to permanent family separation?***

The Department has considered the experience of Victoria in the development of the Every Child Matters Bill. Research from the Australian Institute of Health and Welfare and other sources notes that the chances of successful reunification are substantially lower after a 24-month timeframe. The statutory timeframes proposed in the Bill are designed to support successful reunification and support the Department with a legislated timeframe. Further the measures are designed to provide support, stability and permanency for children in care, which is proven to increase the chances of success.[8]

21. **Many submitters highlighted the lack of adequate support services to implement the proactive efforts requirements in proposed section 12D.**

    a. ***What resources have been allocated to implement the proactive efforts requirements in proposed section 12D?***

The Department is opting for a staged implementation of the Bill in order to ensure adequate resources for operationalisation of the reforms.

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[6] Australian Institute of Health and Welfare, 'Child Protection in Australia 2023-2024', *Australian Institute of Health and Welfare* (Website, 24/03/2026), <https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2023-24/contents/about>.

[7] Northern Territory of Australia, 'Social Housing Wait Times', Apply for Social Housing (Web Page), < https://nt.gov.au/property/social-housing/apply-for-housing/apply-for-public-housing/waiting-list>.

[8] Australian Institute of Health and Welfare, 'Child Protection in Australia 2023-2024', *Australian Institute of Health and Welfare* (Website, 24/03/2026), <https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2023-24/contents/about>.

b. ***What mechanism exists for a family to seek compliance if the Department does not fulfil these obligations?***

The CEO is obligated to demonstrate pursuit and conduct of proactive efforts in an application for a protection order for a child and address why proactive efforts have been unsuccessful.

c. ***What safeguards ensure reunification decisions are rigorous, culturally informed, and free from bias rather than shaped by workforce pressure or administrative timelines?***

The Best Interests principle and the Universal Child Placement Principle will inform all decisions relating to a child's reunification. They ensure that reunification decisions are rigorous, culturally informed, and free from bias.

d. ***Has consideration been given to whether section 12D could have a disproportionate impact on families in remote areas due to lack of local services or housing?***

A child will not be removed from their family due to a lack of housing or services alone, a holistic assessment is always conducted. Furthermore, as part of the proactive efforts framework, the Department will ensure that local services are provided to address underlying concerns.

22. Proposed section 12D(4) appears to enable the CEO to exercise discretion to determine what activities and actions 'proactive efforts' may include.

a. ***What activities or actions may the CEO consider to be appropriate 'proactive efforts' for the purposes of section 12D(4)(e)?***

Proposed section 12D(4) sets out a non-exhaustive list of activities that may constitute 'proactive efforts'. These include, for example, providing or facilitating access to support services and resources for the child and their family, considering alternative ways of addressing needs, undertaking activities to locate and engage family or community members, and utilising mechanisms such as family responsibility agreements, family responsibility orders, and mediation conferences.

In addition to these specified activities, proposed section 12D(4)(e) provides a broad, discretionary provision that allows the CEO to consider any other activity or action that is appropriate in the circumstances.

This structure is intentional. While the inclusion of specified examples provides guidance and clarity about the types of actions expected, the provision is not intended to be prescriptive or limit the scope of proactive efforts. Families have diverse and often complex needs, and the supports required to address underlying issues and achieve safe outcomes for children will vary significantly from case to case.

The inclusion of a broad, flexible provision ensures that decision-makers are not constrained by a fixed legislative list and can respond to the individual circumstances, strengths and support needs of each family, as well as evolving best practice. It enables the CEO to adopt tailored, culturally appropriate, and innovative approaches where necessary, beyond those expressly listed in the legislation.

In practice, this means that the listed activities operate as a foundation or baseline expectation, while proposed section 12D(4)(e) ensures that proactive efforts can extend to any additional actions reasonably required to support the child and their family toward safe and sustainable outcomes.

b. ***What is the purpose of enabling the CEO to exercise this discretion?***

From time-to-time activities or actions may promote reunification that are outside the proactive efforts framework. This enables such positive activities/actions to be assessed in line with the reunification timeline.

23. Many submitters drew the Committee's attention to the 'active efforts' framework in other jurisdictions, including New South Wales and Queensland. The Committee notes these models were recommended for the NT in the coronial *Inquest into the death of Baby G* [2024] NTLC 16.

a. ***Was consideration given to including an 'active efforts' framework in the Bill, including requiring efforts are 'purposeful, thorough and timely'?***

Yes, the inclusion of timeframes for proactive efforts is an accountability mechanism to ensure that the Department is undertaking proactive efforts in a purposeful, thorough and timely manner.

b. ***Why was this model not adopted in the Bill?***

The development of proactive efforts was inspired by Active Efforts models from other Australian jurisdictions, and the Bill adopts features of the New South Wales' model, which is evidenced by the inclusion of the requirement for the Department to demonstrate proactive efforts undertaken, when applying for a protection order.

24. Proposed section 130(1)(ca) requires the court to consider whether the proactive efforts made under section 12D in relation to a child were sufficient and appropriate in the circumstances.

a. ***What factors will the court consider when determining whether proactive efforts were sufficient and appropriate?***

The provision has been drafted broadly to allow the matters the court may consider when assessing whether proactive efforts were sufficient and appropriate will correspond to the family's individual circumstances and specific risks to the child that need to be addressed. An attempt to prescribe all relevant matters that a court might consider would result in the provision being overly prescriptive and/or limiting.

b. The amendments have the effect of removing the current requirement for the court to consider the matters outlined in section 42(4), including cultural responsiveness of services. Why was reference to section 42(4) removed in proposed section 130(ca) and can the court still consider the matters outlined in section 42(2)?

As explained in the previous question, section 130(ca) has been drafted broadly, so there are no limitations to the matters the court can consider when assessing proactive efforts made by the Department. It follows that the court can consider the matters provided in section 42(2) regarding the provision of services to families, and specifically whether services are culturally responsive.

Family Responsibility Agreements and Family Responsibility Orders

25. Proposed section 65D(1) provides the CEO must invite a parent of a child to enter into a family responsibility agreement if the CEO reasonably believes that an 'event of concern' has occurred, or is at risk of occurring, in relation to the child the child's family circumstances have caused or contributed to the event of concern or the risk of the event of concern, and the child's family circumstances may be improved by the agreement.

a. ***How will the CEO determine whether an event of concern is 'at risk of occurring'?***

The Bill amends section 32 to allow the CEO to make enquiries regarding a child's wellbeing, or to assess the effectiveness of, or compliance with a family responsibility agreement. Through these enquiries authorised officers can determine if an event of concern has occurred or is at risk of occurring based on the child and family's particular circumstances and emerging patterns of behaviour.

b. ***What modelling has been done on the increase in mandatory reports and investigations expected from the broadened 'event of concern' trigger?***

The mandatory reporting provisions contained in section 26 of the Act require a person to make a report to the Department when they believe on reasonable grounds that a child has suffered or is likely to suffer, harm or exploitation. This is a higher threshold than what is contemplated as an event of concern to trigger early intervention. Accordingly, the Bill does not require mandatory reports for events of concern or corresponding modelling that predicts an increase in child protection investigations. However, where a report for a child does not meet the threshold for a child protection investigation, but indicates there are events of concern, the child and family may be referred to the relevant division for family engagement.

c. ***How will the Department manage potential increase in workload from the broadened event of concern trigger?***

To continue the success of the Circuit Breaker program, the Department recognises the need for effective deployment of resources, which is why the Bill will commence in stages.

Proposed section 65D(6) defines 'event of concern' for the purpose of section 65D to include a child exhibiting criminal or anti-social behaviour, a school-age child not attending school, or an event that adversely affects a child's wellbeing.

d. ***What is the rationale for specifying 'a school age child not attending school' as an event of concern and how is the provision intended to operate in practice? For example, will the CEO be required to invite a parent to enter into a family responsibility agreement if they learned that a school-aged child planned to miss a day of school due to a family holiday?***

It is envisaged that a child would be referred by the Department of Education when their internal response to persistent truancy has been unsuccessful.

The event of concern trigger is not intended to prompt a response in unreasonable circumstances, such as a child missing one day of school.

b. How will this depart from existing thresholds for family responsibility orders made under section 140D of the Youth Justice Act 2005, which includes 'persistent truancy' as an example of the demonstrated behavioural problems?

An 'event of concern' is expected to be a lower threshold for people to report concerns regarding children before matters give rise to a child protection complaint. The intention behind introducing an 'event of concern' is for Family Responsibility Agreements (FRAs) to be an early intervention measure. The Parental and Family Responsibility (PFR) provisions promote the wellbeing of children by:

- increasing parental involvement and accountability
- addressing the needs of parents and improving parenting capacity and capability
- preventing an escalation to a statutory child protection or youth justice response.

c. What may constitute 'an event that adversely affects a child's wellbeing' for the purposes of proposed section 65D(6)?

Events that may adversely affect a child's wellbeing can be described as any action or inaction that has a negative effect on the wellbeing of a child such as missed medical appointments, untreated health issues, inadequate care or supervision. These events do not meet the threshold for child protection intervention but are indicators that the child and family may benefit from additional services and supports.

d. Will lack of stable housing or overcrowding be classified as 'an event that adversely affects a child's wellbeing'? If so, how will the CEO distinguish between such events and circumstances of poverty, housing stress or remote service exclusion?

Where lack of stable housing or overcrowding exists, the Department works with housing providers, including the Department of Housing, Local Government and Community Development, to assist families in resolving housing concerns. The Department assesses the situation first to consider the best course of action involving parents before considering next steps. Instances of poverty, housing stress or remote service exclusion will be identified through referral and follow-up enquiries. A family responsibility agreement may be a good tool for a family to leverage the Department's influence where a situation is adversely affecting their child's wellbeing.

26. Several submitters raised concerns that the provisions relating to family responsibility agreements and family responsibility orders may create risks victim-survivors of domestic violence.

a. *How does the Department intend to manage the risk that family responsibility orders will be used as tools of coercive control by perpetrators of domestic violence against non-offending parents?*

The Department will manage risks related to Domestic and Family Violence (DFV) consistent with the NT DFV Risk Assessment and Management Framework (DFV RAMF). While the Department has responsibility for making applications for Family Responsibility Orders (FROs) and will carry out this responsibility have regard to the DFV RAMF, FROs are court orders, and as such the Local Court has its own processes to manage risks associated with DFV in relation to court processes.

b. **Proposed section 65B requires any risk affecting children or families when exercising powers relating to family responsibility agreements to be managed in a way that is consistent with the NT Domestic and Family Violence Risk Assessment and Management Framework (RAMF). How is the RAMF intended to be applied in the context of proposed section 65B?**

Where the Department assess there are indicators of DV within a family, a FRA is not the only available response mechanism. The Department has alternative frameworks to assist the victim-survivor and children that can also be utilised in these situations, such as safety planning, engaging in the Family Safety Framework and addressing immediate safety risks.

c. ***Why does the Bill not include a similar requirement for powers relating to family responsibility orders to be managed in a way that is consistent with the RAMF?***

RAMF is not a legislative framework. As stated above, where the Department assess there are indicators of DV within a family, a FRA is not the only available response mechanism, depending on the circumstances. The Department can only pursue a FRO as a staged escalation mechanism where DV risks are mitigated. All enquiries for the purpose of Family Responsibility intervention will incorporate RAMF assessment as part of policy and procedures by the Department.

28. **Under proposed sections 102C(a) and (b), the CEO may apply for a family responsibility order if the CEO believes on reasonable grounds that a parent has refused to enter into, or has not complied with, a family responsibility agreement.**

a. ***How will the Department distinguish between refusal and inability to engage due to the non-existence of services, for example due to waitlists for services in remote areas?***

Early intervention through FRAs is intended to support and assist families, not set them up to fail. Section 65(5)(a) ensures this by obligating the CEO to ensure that any facilities or services reasonably required by a party to comply with the agreement are reasonably available to the party, before entering into an FRA. Section 65(5)(b) also requires the CEO to ensure that procedures are in place for the agreement to be regularly reviewed to assess the parties' compliance and capacity to comply with the agreement.

b. ***What evidence has formed the basis for the inclusion of section 102C(a)? Can the Department comment on whether this provision makes the 'voluntary' aspect of a family responsibility agreement redundant?***

Departmental data for the Circuit Breaker evidence that in 2025-26, 64% of Circuit Breaker cases were closed due to consent not being gained or refused, or other reasons including the family terminating services.

The introduction of FROs is a way to encourage families to work with the Department and services via staged escalation of accountability mechanisms. This will ensure that where parents and families withhold consent, they will still be held accountable for the care and supervision of their children and receive the help they need to change harmful behaviours before escalating to the point of requiring statutory child protection intervention.

This does not make the voluntary aspect of FRAs redundant, as the Department will attempt to engage with a family and work in partnership to gain an understanding of their circumstances and the outcomes they want to achieve, where possible.

29. **What research informed the inclusion of income management and banned drinker orders as available directions under a family responsibility order, and how does the Department justify using public-order measures as child-protection tools?**

Authoritative studies across Australia have confirmed that children with harmful parental alcohol use are more likely to progress through the child protection system, with higher odds of

investigation, substantiation and protective interventions based on a multivariable logistic regression analysis of 352,800 children in Victoria, Australia[9]. Another study of 38,487 child protection cases in Victoria found that caregiver alcohol abuse is a significant predictor of more intensive child protection interventions.[10]

A study in Western Australia demonstrated that children of mothers with an alcohol-use diagnosis are at significantly increased risk of child protection interventions[11] . Another authoritative study[12] demonstrates how parental alcohol use is linked to increased child protection interventions in Australia with over 10,000 children in the system due to carers' drinking.

Child Protection Enhanced Income Management (CPeIM) is a form of enhanced Income Management already available to the Department as an additional tool to support carers, children and young people. Under the *Social Security (Administration) Act 1999* (Cth) and the *Care and Protection of Children Act 2007* (NT), child welfare staff can refer individuals to CPeIM. As of 3 April, there were 96 participants in the NT on the enhanced CPIeM program. It also supports Strategic Initiatives under Priority 3 of the Reducing Crime Strategy – Holding parents and families to account.

The Department views CPIeIM as a tool that works best with other interventions to be effective; it is part of a holistic approach that provides individuals with the ability to plan, set limits and prioritise. It recognises that CPeIM alone does not resolve complex issues such as substance misuse and that additional support is necessary to address underlying challenges.

The Bill incorporates CPIeIM into early intervention practice as one of the methods to proactively address child wellbeing concerns without involving the statutory child protection or youth justice systems.

Finally, the use of public-order measures as child protection tools is reflective of the Bill's approach to put children's safety first in all decisions related to the child and consistent with its aspiration to intervene early and prevent unnecessary interactions of the child with the statutory child protection and youth justice systems.

30. At what point and by what mechanism can a family independently challenge a family responsibility agreement or order? What specific judicial or administrative remedy is available if the Department fails to provide promised services due to waitlists or workforce shortages?

An FRA is not legally binding, and should the CEO apply for a FRO claiming a breach of the agreement, the Court may dismiss it should that application not meet the requirements in section 102C.

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[9] K Smit, J Rintala, B Riordan, K Lee and A-M Laslett, 'Parental Alcohol Use and the Level of Child Protection Response in Australia' (2024) *Addiction* (November).

[10]Anne-Marie Laslett, Paul M Dietze and Robin Room, 'Carer Drinking and More Serious Child Protection Case Outcomes' (2023) *British Journal of Social Work* (October).

[11] K Hafekost, D Lawrence, C O'Leary, C Bower, M O'Donnell, J Semmens and SR Zubrick, 'Maternal Alcohol Use Disorder and Subsequent Child Protection Contact: A Record-Linkage Population Cohort Study' (2017) *Child Abuse & Neglect* (October).

[12] Anne-Marie Laslett, Janette Mugavin, Heng Jiang, Elizabeth Manton, Sarah Callinan, Sarah Maclean and Robin Room, *The Hidden Harm: Alcohol's Impact on Children and Families* (Research Study, Centre for Alcohol Policy Research, 2015).

Upon application for a FRO, the CEO is required to give a copy of the application and a written notice to the parents and provide a list of contact details for local legal service providers so that the parents can be represented in court and challenge the application should they wish to.

31. Proposed sections 65F(2) and 102E(3) provide the term of a family responsibility agreement or order must not exceed 12 months or extend beyond the day on which the child turns 18.

a. *What is the evidence informing the timeframes set out in the family responsibility arrangements?*

The timeframes for FRAs and FROs have been retained from Section 140E(2)(a) of the *Youth Justice Act 2005* (NT). However, the CEO may extend or replace the order via an application under section 102M.

b. *Prior to the repeal of the relevant provisions of the Youth Justice Act 2005 in 2021, in addition to these limitations, family responsibility orders could not be made for children under the age of 10 years. Why were similar restrictions not included in the Bill?*

The Family Responsibility Framework in the *Youth Justice Act 2005* (YJA) was drafted to apply to youth who were exhibiting criminal or anti-social behaviour (ASB) or were before the court charged with a criminal offence. Given that the age of criminal responsibility is 10 years old, FROs under the YJA were not applicable to children who could not be charged with an offence. For example, repealed section 140 G stated that a court inquiry could be commenced on application by the agency or by the police where the youth has been charged with an offence or has breached bail.

Comparatively, the revised FROs target a broader range of wellbeing concerns and are intended to operate as an early intervention mechanism to assist children and families before circumstances escalate to crisis point and require youth justice or child protection intervention.

32. Proposed section 65E provides a police officer may notify the CEO if: (a) a court makes a finding as a result of section 38A or 43AQ of the Criminal Code that a child cannot be held criminally responsible for an offence; or (b) a child in relation to whom a finding mentioned in paragraph (a) has been made is involved in subsequent police interactions or exhibits criminal or anti-social behaviour.

a. *What is the purpose of proposed section 65E(1)(a)?*

Section 65E(1)(a) allows police officers to make referrals to the CEO of the Department where a Court finds that a child or young person cannot be held criminally responsible for an offence and has subsequent involvement with Police. Currently, there is no legislative mechanism for these children and families to come to the attention of the Department for early intervention, meaning they often fall through the gaps. The referral process works to identify these children and families to the Department for consideration of whether an FRA or FRO might improve the child's family circumstances.

b. *What is the anticipated impact of proposed section 65E on court referrals?*

Modelling on impacts of court referrals is being worked through, and the local court has been briefed on the Bill. The Department does not anticipate court impacts will be significant.

33. Proposed section 65D(5) provides that, prior to entering into a family responsibility agreement, the CEO must ensure facilities or services reasonably require by a party to the agreement in order to comply with the agreement are reasonably available to the party. Proposed section 65F(1) sets out the provisions that may be included in a family responsibility agreement.

a. ***How will section 65F(1) apply if a service is not available, appropriate or accessible for a family to engage in?***

Families subject of FRAs and FROs will be referred to providers currently used in the circuit breaker program including DFV, health, education, intensive family support, youth engagement and employment support services.

The Department has opened 9 Child and Family Centres (CFCs) in remote communities across the NT, including Alice Springs, Papanya, Katherine, Kalkarindji, Borroloola, Tennant Creek, Arlpara Wadeye, and Wurrumiyanga.

At these CFCs, service providers and non-government organisations deliver support programs in a culturally safe space as part of children and family intensive support and circuit breaker programs. Funding under the NT Remote Aboriginal Investment (NTRAI) agreement to has been allocated for additional CFCs to be opened in further remote locations across the Territory.

In most remote communities, the NT and Federal Governments have invested millions of dollars towards Aboriginal corporations providing support services to vulnerable children and families in the areas of social inclusion, emotional wellbeing, training and mentoring, behavioural change, mental health, alcohol and other drugs, youth diversion and family support.

In the bigger centres, the Circuit Breaker program incorporates structured brief interventions for young people, particularly those identified as an emerging risk.

Interventions include group-based and one-to-one educational sessions focused on:

- respectful relationships and consent
- emotional regulation and decision-making
- safe use of technology and social media
- help-seeking behaviour and connection to supports.

If appropriate services cannot be made available due to remote location, the Department will work with families and service providers to consideration of alternative options depending on the family circumstances.

b. ***Under existing section 140G of the Youth Justice Act 2005, facilities and services must be reasonably available 'in the relevant region'. Why was a requirement for facilities and services to be available in the relevant region not included in proposed section 65D(5)?***

Section 140G of the YJA has been repealed. However, section 140E(3)(a) of the YJA requires that, before entering into a FRA, the appropriate Agency must:

> Reasonably (have) available services reasonably required by the parent or parents to comply with the agreement are reasonably available to the parent or parents in the relevant region.

This was considered in the Bills development which is why section 65D(5) requires the CEO to ensure that all facilities and services reasonably required by a party to the agreement in order to comply with the agreement are reasonably available to the party, before entering into a family responsibility agreement, which has the same effect as section 140E(3) of the *YJA*.

34. Proposed section 65D(c) specifies that a CEO must invite a parent to enter into a family responsibility agreement only if the CEO reasonably believes that the child's family circumstances may be improved by the agreement. Proposed section 102C(c) does not apply this restriction to family responsibility orders. What is the rationale for not also applying this requirement to family responsibility orders?

Section 102D(c) requires an application for a FRO to specify the reasons the CEO considers the order and proposed directions necessary, which will invariably require reference to the child's family circumstances and the behaviours the directions seek to address.

35. **Some submitters raised concerns regarding the proposed provisions relating to the service of notices, including the potential impact on procedural fairness particularly for parents experiencing housing instability, parents with limited literacy, or families that are highly mobile (for example, Submission 117, p. 16). Can the Department comment on these concerns and how these risks will be managed?**

The Department will seek to ensure service is effected on relevant parties when they can be found. The proposed provisions allow for matters to proceed in situations where there is a need for action to be taken, and parents cannot be reasonably found. The Department understands parents may experience housing instability or their families may be mobile and will seek to work with them to ensure that service can be met.

Care Plans

36. **Clauses 12 and 13 would require a person (other than immediate family) to be of significance to an Aboriginal child before participating in the child's care plan or care plan review. For non-Aboriginal children, under the existing provisions of the Act, a person may participate because they represent the child's cultural group, even if they are not significant to the child. What is the rationale for this difference in approach?**

This was a drafting oversight and creating a disparity between Aboriginal and non-Aboriginal regarding who can participate in a care plan or a review of a care plan was unintentional. Persons participating in decision making, care planning or a review of a care plan should be a person of significance regardless of whether the child is Aboriginal or non-Aboriginal.

Short Term Parental Responsibility Directions

37. **Proposed section 128(1A)(a) provides that the court may specify a second short-term parental responsibility direction in relation to the child 'only if satisfied that there is a high probability of reunifying the child with the child's parents'.**

    a. ***How will the court determine that there is a 'high probability of reunification'?***

A high probability of reunification will likely be based on the best interests of the child and a range of interrelated factors which may include the steps the parents are taking to address the risks that resulted in the child needing care and protection, and efforts made to maintain contact and visits with the child.

    b. ***What percentage of cases does the Department project the court will determine there to be a high probability of reunification?***

The Department has not carried out projections, however; there are numerous case studies that indicate protracted attempts at reunification where the likelihood is remote. This has resulted in successive short-term orders and a cycle of perpetual uncertainty for the child.

    c. ***What review or appeal process is available to families to contest the Court's decision under proposed section 128(1A)(a)?***

Section 137 of the Act provides for a party to proceedings to make an application to vary or revoke a protection order.

38. The amendments to sections 123(1)(c) and (d) have the effect of shortening the maximum duration for short-term parental responsibility directions from 2 years to one year. Some submitters raised concerns that the one-year timeframe will not give parents and families sufficient time to address the long-term systemic issues they face and may lead to premature assessments of non-compliance (for example, Submission 92, p. 11). Can the Department comment on these concerns?

The maximum duration of 2 years for short-term parental responsibility directions seeks to combat the successive short-term orders that result in children being caught in a perpetual cycle of uncertainty regarding their placement arrangements, jeopardising the child's sense of security and wellbeing. When this occurs in a child's developmental years, the consequences tend to be detrimental for the child's cognitive and psychological performance in adulthood.

Authoritative research from the Harvard Medical School[13] highlights that Early Life Stress in a child can impede cognitive and affective function in adulthood. Subsequent research conducted[14] supports that early childhood stress and anxiety can severely impact psychosocial functioning in adulthood.

Turning to premature assessments of non-compliance: removing children is viewed as the last resort when all attempts to address the underlying issues affecting child safety and wellbeing have failed. The reduction of short-term parental responsibility timeframes from 2 years to 1 year will be supported with the proactive efforts framework and the Department providing all necessary supports to the families to address risks to the child.

Under the Bill's reforms, the CEO is legally obligated to demonstrate proactive efforts that were undertaken to address underlying conditions before applying for a protection order. If no proactive efforts were taken, the Court may issue a FRO instead, preventing the removal of the child. Where a child is placed on a protection order, proactive efforts will obligate the CEO to take all reasonable efforts to reunite the child with the family within 2 years.

Parties to Proceedings

39. Proposed section 125(2)(c) provides that where a child has been placed with a carer for more than 8 months, the carer may stand as a party to proceedings for a protection order.

a. *Why was 8 months prescribed as the timeframe?*

The 8-month timeframe has been prescribed based on the amount of time a child takes to form an attachment to their carer and the amount of time it takes for a carer to understand the needs of the child. This timeframe represents a stable placement for the majority of a short-term orders duration.

b. *What do 'carers' mean in the context of proposed section 125(2)(c)? For example, will the provision only apply to current carers, or will it also apply carers with whom a child has historically been placed?*

Carers in the context of section 125(2)(c) refers to section 78 of the Act, which is a placement arrangement where a child in the CEO's care is placed with a family member of the child or an individual approved by the CEO.

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[13] P Pechtel and DA Pizzagalli, 'Effects of Early Life Stress on Cognitive and Affective Function: An Integrated Review of Human Literature' (2011) *Psychopharmacology*.

[14] Y Chen and T Baram, 'Toward Understanding How Early-Life Stress Reprograms Cognitive and Emotional Brain Networks' (2015) *Neuropsychopharmacology*.

There is no requirement for a carer to be a current carer, which leaves it open for a child's previous and current carers to be a party which ensures that that court may be provided a holistic view of the child's circumstances and needs where applicable.

Legal Representation

40. Proposed section 143A(c) allows the court to hear an application for a permanent care order or a protection order with a long-term parental responsibility direction for a child, without the child being represented by a legal practitioner if the Court is satisfied that the matter should be heard as a matter of urgency.

a. ***Can you provide some examples of scenarios in which a permanent care order or a protection order with a long-term parental responsibility direction would need to be heard on urgency?***

The Department is unable to provide any examples of scenarios in which a permanent or long-term care order would be heard on urgency. This is not a practice that is utilised by the Department and requires significant mapping and work before a decision is made.

b. ***How commonly are such orders heard on urgency?***

The courts would not entertain such an application should be it made.

41. Proposed section 143A also provides that the Court can decide that a child has made an informed and independent decision not to be represented in the proceedings by a legal practitioner or that it is in the best interests of the child to proceed with the matter despite the child not being represented by a legal practitioner. How would the Court determine that a child has made an informed and independent decision?

The test for whether the Court can determine that a child has made an informed and independent decision comes from Gillick v West Norfolk and Wisbech AHA where a child's age maturity and understanding have to be considered. The case cites some guidelines (the *Fraser Guidelines)* for decision making for medical treatment (which can directly translate to child protection matters):

- the child is mature and intelligent enough to understand the nature and implications of the treatment
- it is possible to persuade the child to tell their parents or let the doctor tell them
- their physical or mental health is likely to suffer unless they get the advice or treatment
- the advice or treatment is in their best interest.

The Court will apply the Gillick *competency* in determining whether a child has made an informed and independent decision.[15] Further in South Australia, under legislation yet to be commenced, a child must be represented unless the court is satisfied the child has made and informed and independent decision not to be represented[16]

42. At the public briefing, the Department advised the Bill was in development for more than a year.

a. ***Who was consulted in developing the Bill? Specifically, was consultation undertaken with the Children's Commissioner, children and young people with experience in care, Aboriginal***

[15] *Gillick v West Norfolk and Wisbech AHA* [1985] UKHL 7.
[16] Children and Young People (Safety and Support) Act 2025 (SA) s119.

community-controlled organisations, Aboriginal legal services, peak organisations and/or Aboriginal carer services? If not, why not?

b. ***What form did consultation take?***

c. ***What changes were made to the Bill as a result of the consultation?***

The Department in May 2025 invited submissions from targeted Aboriginal organisations and legal stakeholders to inform the terms and reference and scope of the review for the *Care and Protection of Children Act 2007*. The invite specifically sought submissions on introducing an active efforts framework.

The Department received submissions advocating a legislated early intervention framework and an active efforts framework which was considered in the Bill's development regarding Parental and Family Responsibility and proactive efforts. Furthermore, the Department received a submission that advocated for the mandatory appointment of Independent Legal Representation for Children.

The Children's Commissioner has engaged with the CEO through regular monthly meetings.

Other

43. Has a formal Human Rights Compatibility Statement or Anti-Discrimination Impact Assessment been conducted in relation to the Bill?

Although a formal Human Rights Compatibility Statement or Anti-Discrimination Impact Assessment have not been conducted in relation to the Bill, ongoing assessment was carried out during the Bill's development to ensure that proposed provisions did not offend the United Nations Convention on the Rights of the Child (UNCROC), and commitments under the National Agreement on Closing the Gap.

The proposed reform measures related to Parental and Family Responsibility Reforms and proactive efforts align with the UNCROC, specifically:

Article 18 which states: "States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern.

The creation of a Universal Child Protection Principle aligns with Article 2 of the UNCROC, which relates to non-discrimination and provides that States Parties shall ensure that the rights set out in the UNCROC apply to all children within the jurisdiction, irrespective of a child or their parent's background, race, language, sex, or religion.

The proposed WWCC amendments align with Article 3 of the UNCROC on safeguarding the best interests of the child which states:

- Parties undertake to ensure the child has such protection and care as is necessary for their wellbeing, considering rights and duties of their parents, legal guardians, or other individuals legally responsible for them, and to this end, shall take all appropriate legislative and administrative measures.
- Parties shall ensure institutions, services and facilities responsible for the care and protection of children shall conform with standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.

In relation to Closing the Gap, the introduction of the proactive effort's framework and fortified PFR provisions support the NT Government in achieving commitments under the National Agreement on Closing the Gap to improve outcomes for Aboriginal people and support efforts to achieve the 17 socio-economic targets.

Proactive efforts are closely aligned with Closing the Gap Target 12, which requires governments and services to act early, proactively and in culturally safe ways to prevent removals, support reunification, and strengthen families.

The Parental and Family Responsibility reforms will contribute to meeting Target 11, that requires a reduction in the rate of Aboriginal and Torres Strait Islander young people in detention (10 to 17 years) by at least 30% by 2031. It is anticipated that by increasing parental accountability and intervening before escalation, children and young people will be diverted from detention while still providing appropriate mechanisms for behavioural change.

The principles currently contained within Part 1.3 of the Act largely align with commitments under the National Agreement on Closing the Gap and the proposed amendments to clarify that the operation of the principles do not impact this alignment. The proposed removal of the ACCP Hierarchy does not align with NT Government commitments under the National Agreement on Closing the Gap, however incorporating the ACPP hierarchy with the Universal Child Placement Principle provides a universal approach to placement for all children.

The WWCC amendments align with commitments under the National Agreement on Closing the Gap. It streamlines processes and addresses operational deficiencies with current legislative WWCC provisions.

44. How has the Department considered and reflected inquiries, reports, research and recommendations on concerns about the safety of children in care or children who have involvement with child protection?

During the Bills development, numerous inquiries, reports, research and recommendations were considered including, but not limited to:

- Royal Commission into Institutional Responses to Child Sexual Abuse (2017)
- Coronial Inquest into the Death of Baby G
- Departmental case studies of children in care
- Submissions received from stakeholders in May 2025
- SNAICC's family matters report (2025).

45. In her submission, the Children's Commissioner highlighted a 2023 Menzies cohort study of 14,972 NT adolescents, which found that out-of-home care was associated with 12.06-times higher odds of hospitalisation for mental health issues (Submission 40, p. 9).

a. *Has the Department reviewed this study?*

This study[17] was partially undertaken by a Departmental staff member and the Department is aware of the study. The Child and Youth Development Research Partnership (CYDRP) is funded by the NT Government and has representatives from each (frontline) agency attend. The Department has considered the study.

[17] B Leckning et al, Mental health-related hospitalisations associated with patterns of child protection and youth justice involvement during adolescence: a retrospective cohort study using linked administrative data from the Northern Territory of Australia, *Child Youth Service Review* (2023).

b. ***What modelling was done to predict rates of Aboriginal children being removed from their families if this Bill passes?***

It is not predicted that there will be either a significant increase or decrease to children in OOHC as a result of this Bill. It is intended that a focus on early intervention will prevent children from coming into care, sooner.

c. ***What is the projected increase in out-of-home care and residential care placements, and what is the associated cost estimate?***

It is not projected that there will be increases in either OOHC or residential care placements as a result of this Bill. Expenditure for child protection costs nationally can be located at Reporting on Government Services 16 Child protection services - Report on Government Services 2026 | Productivity Commission.[18] In 2024-25, real recurrent expenditure on all child protection services per child aged 0 to 17 years in the population was $1,943 nationally.

46. What modelling has been done on the true cost of implementing these reforms, including investigations, court proceedings, legal representation, residential care placements, and long-term out-of-home care?

Modelling of costs for implementation of reforms is currently being assessed. It is not projected that there will be increases in investigations, OOHC or residential care placements as a result of this Bill. It is anticipated that this Bill will strengthen delivery of family support work with children and families to achieve lasting safety for a child in their own home, or assist families address goals that will enable a child to be reunified into their care as safely and expediently as possible.

47. Has the Department assessed the practical operation of these reforms in remote communities where there are severe shortages in housing, disability supports, rehabilitation, mental health services, interpreters, legal services, and child protection staff?

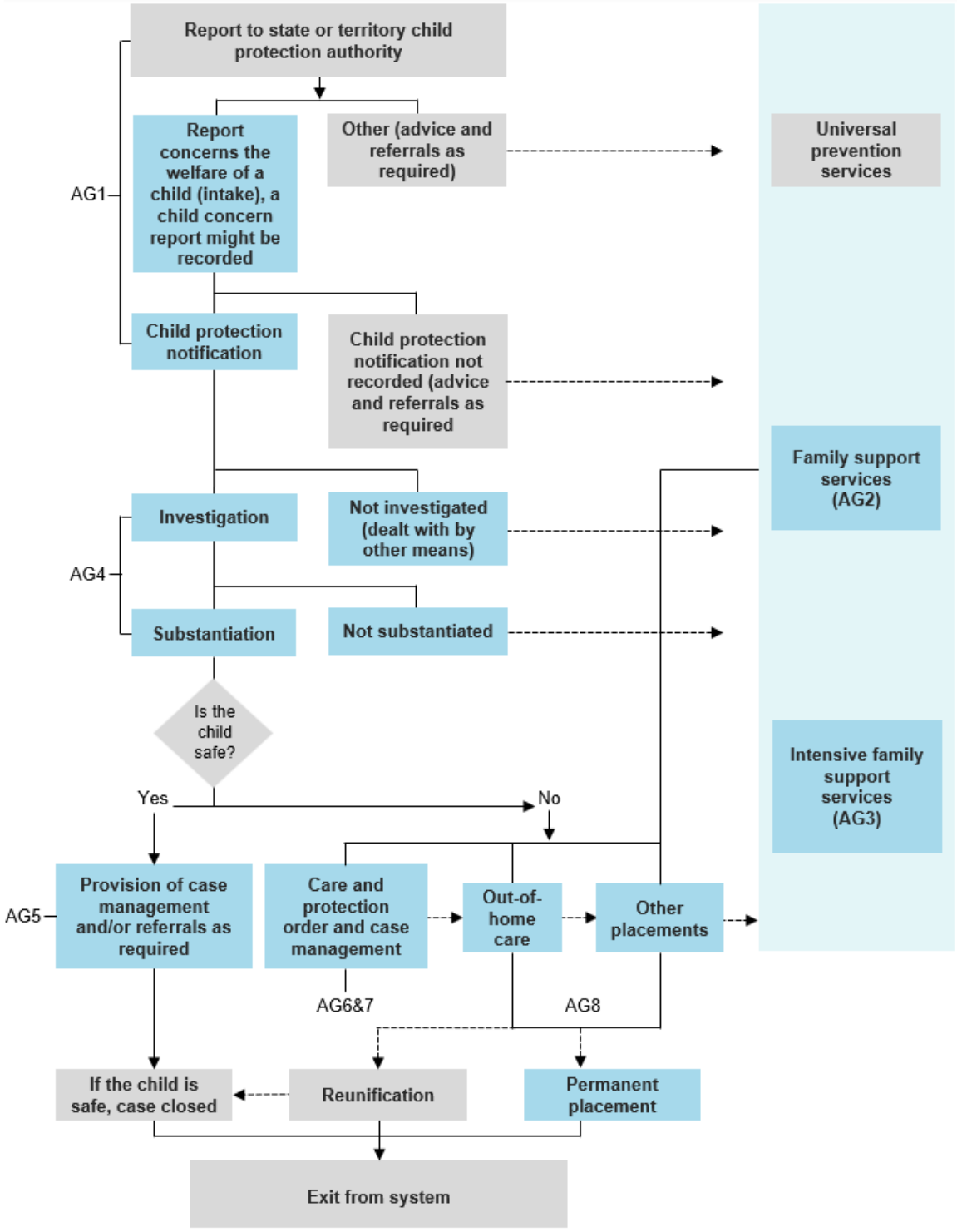
Assessment of practical operation in remote communities is being carried out as part of broader implementation planning.

What steps are currently involved in placing a child in care and who is involved, including any internal or inter-agency committees?

Nationally, child protection follows a similar model of investigation and assessment[19]. Each matter is individual and is responded to depending on the needs and safety of the child and supports required for parents and caregivers.

The Department can engage with multiple stakeholders to make informed decisions about a child, and partner with members of a family's natural network to support the safety of a child in the family home. This can include parents, grandparents, aunts and uncles. Depending on the other services working with a family, the Department will be a member of a care team for a child which can include DFV services, mental health services, counsellors, health professionals, disability services, tenancy support services, youth justice services. The Department will also work in partnership with Aboriginal community-controlled organisations and community leaders

[18] Productivity Commission, 'Child Protection Services', *Report on Government Services 2026* (Web Page) <https://www.pc.gov.au/ongoing/report-on-government-services/community-services/child-protection/>.
[19] Productivity Commission, 'Child Protection Services', *Report on Government Services 2026* (Web Page) <https://www.pc.gov.au/ongoing/report-on-government-services/community-services/child-protection/>.



48. How many notifications has the department received during 2024-25 about harm to a child in care? How many children did those notifications relate to?

The Department has received a total of 423 notifications about harm to a child in care. The notifications related to a total of 366 children. Sixty-one (61) children were subject to a s84A substantiation of harm.

49. How many notifications has the department received during 2024-25 that are considered 'multiple notifications' for a child in care? How many children did those notifications relate to?

The above numbers indicate that there were 66 multiple notifications for children in care. Specifics regarding how many children the multiple notifications relate to was unable to be gathered in the timeframe set for these answers by the Committee.

Questions taken on notice

Please provide vacancy rates for the DCF regions for the previous 5 years

This is an incomplete response. Vacancy rates are available from 1 January 2024 to 31 January 2026. The request for further historical data has been made to Department of Corporate and Digital Development and will be provided to the Committee in due course.

Vacancy Rate	as at 01/11/2024			as at 01/05/2025			as at 5/11/2025		
Region	Total Positions	Actual Vacant	Vacancy %	Total Positions	Actual Vacant	Vacancy %	Total Positions	Actual Vacant	Vacancy %
Barkly	30	15	50%	30	11	37%	30	10	33%
Big Rivers	91	40	44%	91	40	44%	101	28	28%
Central Australia	135	59	44%	134	53	40%	139	36	26%
Greater Darwin	180	85	47%	180	76	42%	159	53	33%
Arnhem	42	17	40%	41	24	59%	-	-	-
Top End	65	33	51%	65	29	45%	-	-	-
Top End and[1] Arnhem	-	-	-	-	-	-	105	46	44%

[1]*Top End and Arnhem teams were joined under one region for the 5/11/2025 reporting period.*

Please provide data on attempts at reunification that have caused serious harm

Currently the Department captures data relating to substantiations of harm for children in the care of the CEO. There is no report currently available to link reunification efforts resulting in serious harm of children in care.

The Department reports '*Concerns for the Safety of Children in Care'* as part of Estimates every year. In 2025 the figure table below shows that for the Estimates reporting period, 59 children were identified as having s.84A substantiated investigations.

Table 1: s84A investigations where harm was substantiated by placement type

Placement Type	2023-24 Actual to 30 June 2024		2024-25 to 31 March 2025	
	Number of Substantiations	Unique Children	Number of Substantiations	Unique Children
Family and Significant Other	1	1	6	6
Foster	5	4	10	10
Intensive Therapeutic Residential Care	1	1	6	6
Purchased Home Based Care	9	9	35	35
Residential Care Other	1	1	2	2
Total	**17**	**16**	**59**	**59**

The Office of the Children's Commissioner provided a deeper analysis report, *Monitoring Harm in Care 2026*. Pages 37 to 42 detail percentages rather than actual figures. Please see attached Annexure A.

OFFICE OF
THE CHILDREN'S
COMMISSIONER
NORTHERN TERRITORY

Report Date: May 2026

MONITORING HARM OF CHILDREN IN CARE 2023/24 – 2024/25

Protecting the best interests of Territory children

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Acknowledgements

The Office of the Children's Commissioner (OCC) respectfully acknowledges the Traditional Owners and custodians throughout the Northern Territory (NT) and their continuing connection to land, water and culture. We pay our respects to Elders past and present and value the role their children and young people play as future community leaders.

Content warning

The OCC acknowledges that the content of this report may cause distress or be triggering for some readers. To talk to someone or seek support contact:

13 Yarn (13 92 76) Lifeline (13 11 14) Kids Helpline (1800 55 1800).

Terminology

While this report uses the term 'Aboriginal', we respectfully acknowledge that Torres Strait Islander people are First Nations people living in the Northern Territory. The use of the term 'Aboriginal' should be read to include 'Aboriginal and Torres Strait Islander' peoples. Indigenous is used when it is the title of a report, quotation or program.

List of abbreviations and definitions

A list of abbreviations and definitions can be found in appendix A.

Suggested citation

Office of the Children's Commissioner Northern Territory, *Monitoring Harm to children in care report 2023-24 & 2024-25* (2026).

Introduction

The Northern Territory Children's Commissioner is an independent statutory officer appointed in accordance with the *Children's Commissioner Act 2013* (the Act).

The Commissioner is supported to fulfil their statutory responsibilities by a small team of staff who form the Office of the Children's Commissioner (OCC).

The Act articulates the functions, powers and responsibilities of the Children's Commissioner, which include (among others) a function to monitor the ways in which the Chief Executive Officer (CEO) of the Department of Children and Families[1] (DCF) deals with suspected or potential harm, or exploitation of children in the CEO's care.[2] To fulfil this function, the OCC reviews information and data provided by DCF against relevant legislation, policies and practice guidelines.

Historically, this monitoring has occurred through the collection, analysis, and presentation of notifications, investigations and substantiation data along with targeted case audits in the OCC Annual Report. Due to condensed timeframes between data provision from DCF and publication of the OCC Annual Report, it was determined that harm in care data would need to be the subject of a standalone report, to enable more fulsome and deeper data analysis.

In 2023-24, the OCC were unable to complete a full review of substantiated harm in care notifications[3] prior to publishing the OCC Annual report due to the delayed receipt of a large volume of notifications from DCF in bulk; curtailing the ability for the OCC to source the case audit file information and meaningfully analyse these records together with the data. Given this, the 2023-24 data is now being presented alongside the 2024-25 analysis in this report.

[1] In October 2024, the Department of Children and Families (DCF) responsible for providing statutory care and protection service in the Northern Territory replaced the Department of Territory Families, Housing and Communities (TFHC). This report will refer to DCF as the responsible agency.
[2] *Children's Commissioner Act 2013* (NT), section 10(1)(f).
[3] Section 84C of the Care and Protection of Children Act 2007 (CaPCA), sets out that on completion of an investigation finding harm in care has occurred, the CEO must 'as soon as practicable' report the matter to the Children's Commissioner.

Purpose and scope

This report fulfils certain statutory responsibilities of the Commissioner and reflects a limited assessment of how DCF deals with suspected or potential harm, or exploitation of children in out-of-home care (OOHC), including compliance with relevant legislation, policy and practice guidelines. The report provides an overview of DCF data trends relating to alleged and substantiated harm to children in OOHC across multiple years and presents findings of an audit undertaken into service provision to vulnerable children who had harm substantiated while in the care of DCF CEO during 2023-24 and 2024-25 financial years (the reporting period).

Methodology

In accordance with a notice to access (NTA) information pursuant to section 35 read with section 10(1)(f) of the Act, DCF provided data to the OCC to enable the Commissioner to monitor the ways in which the CEO deals with suspected or potential harm to, or exploitation of, children in the CEO's care.[4]

Part one of this report analyses broad OOHC data provided by DCF for the reporting period and previous years. Data analysis within this section of the report includes demographics, number of children in OOHC, where the children are living in OOHC and other relevant details.

Part two of this report (substantiated harm in care (HIC) audit) presents analysis of records provided by DCF for all children who had a substantiated HIC episode reported to the OCC for the reporting period. These records included:

1. Notification Record
2. Intake Assessment
3. Child Protection Investigation Report
4. Investigation and Safety Assessment Report

The OCC audit undertook an analysis to assess the following domains:

[4] *Children's Commissioner Act 2023* (NT), section 10(1)(f).

- Demographics of children who were subject to a substantiation of harm or exploitation while in care
- Type of harm substantiated
- Type of placement the child was in at the time the harm took place
- Person believed responsible for perpetrating the harm
- DCF compliance with required response timeframes prescribed in DCF policy and procedures.[5]

Limitations

The Department of Children and Families advised the OCC that certain data sets were unable to be provided in 2022-23, due to changes incurred through the implementation of the new case management system for child protection (CARE); this is reflected in report data where no 2022-23 data was available for particular data sets.[6] Ongoing challenges in the provision of certain data sets have been reported by DCF with regard to their ability to extract requested data across subsequent time frames from the CARE system; and how this can be meaningfully compared and contrasted with data extracted from the previous system. As a result, the ability for the OCC to undertake an accurate comparative analysis of data extracted from the two systems over multiple years has been impacted; specific comparison issues are raised throughout this report.

The OCC has been unable to obtain from DCF data of the integrity, completeness or year-on-year comparability required for confident statistical reporting. That inability is itself a finding adverse to the Department under section 10(1)(f) of the *Children's Commissioner Act 2013*. To address it, the OCC has manually collated, from individual case files, the data underpinning the substantiation findings in Part 2 of this report. That data independently verified by the OCC, is the dataset on which the OCC's primary findings rest, and data the reader is encouraged to rely on. Where DCF-provided data is reproduced in this report (principally in Part 1), it is reproduced as advised by DCF and is identified as such; readers should attach to it the weight DCF's own data-quality acknowledgements warrant.

[5] At the time of this analysis the relevant policy was Department of Children and Families, DCF Intranet (formerly TFHC), *Procedure: Responding to safety and wellbeing concerns for children in care*, version 3.0 (2022).
[6] Territory Families, Housing and Communities, *Annual Report 2022-23* (2023), 24.

In contrast, the data relating to substantiations of harm to children in the care of the CEO in the 2024-25 reporting period was manually collated from individual case files to improve confidence and veracity in these data sets.

Background

Children have the right to grow up in a safe environment with adults who care for them and in a way that promotes and safeguards their healthy development and provides them with the best opportunities in life.[7]

A child temporarily or permanently deprived of their family environment or in whose best interests cannot remain with family, is entitled to special protection and assistance by child protection services which should ensure alternative care for the child. Article 20 of the United Nations Convention on the Rights of the Child recognises that removing a child from their family environment requires special attention in order to enhance a child's ability to live a fulfilled life, take into account their lived experience and vulnerabilities and prevent institutional and/or system violations of such rights.[8]

Preventing further harm or ill-treatment of children in care is a central tenet for child protection services, notwithstanding the historical traumas and intergenerational impact of forced separation of Aboriginal children from their families experienced through the Stolen Generations.

When a child is assessed as in need of alternative living arrangements due to safety concerns, child protection services have a duty of care to prioritise the child's physical, mental, social and health needs. Ultimately, child protection services are responsible for prioritising the safety, wellbeing and healthy development of children within institutional systems, structures, policies and legislation. The United Nations guidelines for the Alternative Care of Children outline that where the child's own family is unable, even with appropriate support, to provide adequate care for the child, or abandons or relinquishes the child, the State is responsible for protecting the rights of the child and ensuring appropriate alternative care and to ensure the supervision of the safety, well-

[7] United Nations, *Convention on the Rights of the Child*, GA/RES/44/25 (entered into force 2 September 1990) Articles 3, 6, 19, 20, and 25.
[8] United Nations, Committee on the Rights of the Child, *General comment No. 13: The right of the child to freedom from all forms of violence*, CRC/C/GC/13 (2011) 12-17; United Nations, Committee on the Rights of the Child, *General comment No. 14: On the right of the child to have his or her best interests taken as a primary consideration*, CRC/C/GC/14 (2013); United Nations, *Guidelines for the alternative care of children*, A/RES/64/142 (2010).

being and development of any child placed in alternative care and the regular review of the appropriateness of the care arrangement provided.[9]

The *Care and Protection of Children Act 2007* (CAPCA) outlines the objectives of child protection services to promote the wellbeing of children, including to protect them from harm and exploitation and to maximise the opportunities for children to realise their full potential, and to ensure anyone having responsibilities for children has regard to those objectives.[10] The DCF Child in Care – Practice Guidance, the purpose of which is to assist practitioners follow best practice approaches and to apply case management processes and responsibilities for all children in care:

1. reinforces that the CAPCA 'provides the Department of Children and Families (the Department) with the statutory responsibility of safeguarding and monitoring the wellbeing of children who are in the care of the Chief Executive Officer (CEO)';
2. acknowledges that 'entering care and being in care can be challenging and confusing for children at different points throughout their early childhood, school years and adolescence. It is important that the child feels safe and secure in their placement and in any respite, placements arranged for their care'; and that
3. 'practitioners should consider that children in care are among the most vulnerable children in the NT and that as representatives of the CEO, Practitioners need to plan, advocate, and support the child as any parent would.'[11]

When a child is removed from their family and placed in out-of-home care they are especially vulnerable because of the trauma they have already faced. It is widely accepted that all children and young people in care have experienced some level of trauma in their lives. Trauma can impact a range of areas including a child or young person's development, emotional regulation, communication skills, relationship quality, memory functioning, and behaviours.[12]

[9] United Nations, *Guidelines for the alternative care of children*, A/RES/64/142 (2010) https://documents.un.org/doc/undoc/gen/n09/470/35/pdf/n0947035.pdf.
[10] *Care and Protection of Children Act 2007*, Part 1.2.
[11] DCF Child in Care - Practice Guidance, version 2.0, April 2025.
[12] DCF Child in Care – Practice Guidance, version 2.0, April 2025.

For any child removed from their family, the alternative out-of-home-care placement for the child should meet their evolving needs and be an environment in which they are nurtured, supported and kept safe. Out-of-home-care placements and provision of care services should not only actively prevent further harm but also enable children to heal and grow in a safe environment.

Further, children in care who are especially vulnerable such as those living with disability, mental illness, alcohol and other drug use and/or are culturally or linguistically diverse require specialised, therapeutic and developmentally appropriate supports to mitigate risk of further harm.

In accordance with Part 2.2 of the CAPCA, DCF have a responsibility to ensure that all children are aware of their rights while in care in line with the 'Charter of Rights for children and Young People'.[13] Children's safety closely aligns with their awareness of their rights and a commitment from child-related institutions to promote, educate and adhere to those rights.[14]

The CREATE Foundation, the peak organisation for the voices and experiences of children in care, developed the 'Charter of Rights for Children in Care' in collaboration with DCF to which the DFC CEO and their delegates must adhere.[15] Among other elements, the Charter outlines that children living in out-of-home care 'have the right to feel safe and protected – this means you [child] should always feel safe, you [child] never have to worry about not being safe, that's the adults' job.'

On 30 June 2025, there were 889 children living in OOHC. Of these, 90% of children were Aboriginal and/or Torres Strait Islander (Aboriginal).

The overrepresentation of Aboriginal children in OOHC remains consistently high.

[13] *Care and Protection of Children Act 2007*, Part 2.2.
[14] Australian Human Rights Commission, *National Principles for Child Safe Organisations* (2019) https://childsafe.humanrights.gov.au/national-principles/about-national-principles.
[15] *Care and Protection of Children Act 2007*, Part 2.2, Division 1A, section 68A (2).

Table: Number of children in OOHC by Aboriginality 2020 – 2025[16]

"Ensuring that Aboriginal and Torres Strait Islander children are safe from harm and are able to thrive by remaining connected to their family, community and culture is a key focus of governments and community leaders."[17]

The National Agreement on Closing the Gap includes specific targets to which state and territory governments have committed. They include that Aboriginal children are not overrepresented in the child protection system, and that Aboriginal children thrive in their early years, among other social, health and wellbeing targets. A recent study found 'although Aboriginal children make up 43% of NT children, they comprise 82% of children in contact with child protection services and also have higher rates of hospitalisations and lower rates of school attendance.'[18]

Children and young people (children) with disability are over-represented in the child protection system and in OOHC in Australia,[19] and the NT reflects this over-

[16] Data provided by DCF of the children in OOHC as at 30 June for each respective year.
[17] Australian Institute of Health and Welfare, *Child Protection Australia 2022-23, Introduction and policy landscape* (2025) <https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2022-23/contents/aboriginal-and-torres-strait-islander-children/introduction-and-policy-landscape>.
[18] L Roper, V Y He, O Perez-Concha, S Guthridge, *Complex early childhood experiences: Characteristics of Northern Territory children across health, education and child protection data*, PLoS One Volume 18 (2023).
[19] Zhiming Cheng , Massimiliano Tani, Ilan Katz, *Outcomes for children with disability in out-of-home care* – accessed 28 July 2026.

representation with at least 53% of children in OOHC as at 30 June 2025 living with disability.[20] While not inevitably more vulnerable to child sexual abuse, the Royal Commission into Child Sexual Abuse heard that Aboriginal and Torres Strait Islander children, children with disability and children from culturally and linguistically diverse backgrounds were more likely to encounter circumstances that increased their risk of abuse in institutions, reduced their ability to disclose or report abuse and, if they did disclose or report, reduced their chances of receiving an adequate response.'[21] In addition, some systemic risks apply to all out-of-home care settings, such as placement instability, frequently shifting care arrangements and the higher likelihood that children in care, having been separated from their families and friends, will lack external support networks. These factors, together with frequent changes in caseworkers, mean that children in out-of-home care are more likely to be isolated and with few, or sometimes no, adults they can trust. Without a rapport with trustworthy adults, children are less likely to disclose sexual abuse and other concerns.[22]

Defining harm to children in care[23]

Harm in care (HIC) refers to the *"abuse of children (including those at risk of abuse) aged under 18 who are in out-of-home care, on third party parental responsibility orders, or on other orders that transfer full or partial parental responsibility for the child to an authority of the state or territory. It can involve physical abuse, sexual abuse, emotional abuse and neglect."*[24]

Children in care face numerous vulnerabilities that can make them susceptible to various forms of harm, including physical, emotional, and sexual abuse, as well as neglect and exploitation. OOHC itself appears to present risks to children whose vulnerability is exacerbated by isolation from their families, communities and peers and the instability of the settings in which they live.[25]

[20] This is a conservative figure given data reported by DCF as 'no disability' includes children who have not been assessed.
[21] Royal Commission into Institutional Responses to Child Sexual Abuse, Final Report - Volume 12, Contemporary out-of-home care, 2017, 3.
[22] Royal Commission into Institutional Responses to Child Sexual Abuse, Final Report - Volume 12, Contemporary out-of-home care, 2017, 15.
[23] Also referred to as 'Abuse in Care' but for the purpose of this report will be referred to as 'Harm in Care'.
[24] Australian Institute of Health and Welfare, Child Protection Australia 2022-23, *What is abuse in care* (2025) https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2022-23/contents/safety-of-children-in-care/new-substantiations-for-children-in-care.
[25] Royal Commission into Institutional Responses to Child Sexual Abuse, Final Report - Volume 12, Contemporary out-of-home care, 2017, 88.

Part 1 – Alleged Harm to children in care in the NT

Concerns relating to the safety and wellbeing of a child in care includes all forms of physical, sexual, emotional harm and neglect.

All concerns for the safety and well-being of a child in the care of the CEO, regardless of their placement type, must be thoroughly assessed in order to:

- address immediate safety concerns for the child in care to mitigate risk of harm;
- establish whether harm has occurred and what appropriate actions need to be undertaken;
- determine if the placement arrangement remains suitable for the child or if an alternative arrangement needs to be sourced; and
- determine what type of response is most suitable and what actions may be required to resolve the child protection concerns.[26]

The CAPCA outlines two mechanisms to respond to notifications of concerns which meet the required thresholds relating to the safety and wellbeing of children in OOHC:

Care Concerns – Power to inquire under section 83B of the Act:

Where a report indicates 'that the care provided to meet the child's needs is not consistent with the carer's obligations as defined in s13 of the *Placement Regulations 2010*',[27] with a response timeframe of 3 to 5 days and allocated to the work unit responsible for case management of the child for further action.[28]

[26] Department of Children and Families, DCF Intranet (formerly TFHC), *Procedure: Responding to safety and wellbeing concerns for children in care*, version 3.0 (2022).
[27] Being regulation 13 of the *Care and Protection of Children (Placement Arrangement) Regulations 2010*.
[28] At the time of this analysis the relevant policy was Department of Children and Families, DCF Intranet (formerly TFHC), Procedure: Responding to safety and wellbeing concerns for children in care, version 3.0 (2022).

Allegations of Harm in Care – Power to investigate under section 84A of the Act:

DCF Central Intake must record a report of concerns if the report indicates that:

- the child has suffered, is suffering, or likely to suffer harm, or exploitation and the alleged harm or exploitation involves the actions or in actions of the carer, members of the carer's household or staff member of an out of home care provider; or

- there is recurrence or emerging patterns of concerns that may significantly impact on the child's emotional, physical and/or psychological development; and/or

- the allegation relates to the sexual abuse and/or exploitation of the child in care by anyone.

The report is 'screened in' to 'proceed to investigation' with a response time frame of 24 hours or 3 days and allocated to the relevant regional investigation team or the Child Abuse Taskforce for action.
If urgent action is required to secure the child's safety, an urgent co-ordination meeting can be convened to plan for an immediate response.[29]

Reported concerns regarding the safety and wellbeing of a child in care do not meet the threshold for a s84A or s83B response because they:

- do not constitute harm or exploitation to the child; and/or

- are not related to the level of care provided by the Carer.

The reported concerns are provided to child's Practitioner to address as part of ongoing case management to avoid escalation of the concerns. Examples may include a child being consistently late for school, wearing second hand school uniforms or in ill-fitting clothes.[30]

[29] Department of Children and Families, DCF Intranet (formerly TFHC), *Procedure: Responding to safety and wellbeing concerns for children in care*, version 3.0 (2022).
[30] Department of Children and Families, DCF Intranet (formerly TFHC), *Procedure: Responding to safety and wellbeing concerns for children in care*, version 3.0 (2022).

Concerns for wellbeing (section 83B)[31]

The decision to commence a section 83B inquiry is made when there are concerns affecting or likely to affect the child's wellbeing that however do not constitute concerns regarding harm to the child. Examples of concerns relevant to an s.83B Inquiry may include:

- restricting, preventing or consistently not supporting a child's contact with and connection to family, community and cultural or kinship ties;
- derogatory comments made relating to the child or the family's race, culture, ethnicity, religion, sexuality, gender or similar;
- discipline that is not age and/or developmentally appropriate;
- inadequate age-appropriate supervision of the child;
- inappropriate behaviour modelling by the carer including substance misuse;
- physical environment in the carer's home is potentially unsafe or unhygienic;
- verbal interaction with the child that is offensive, intimidating or degrading;
- child is engaging repetitive anti-social behaviour and the carer is demonstrating a recurrent pattern of not actioning agreed strategies to mitigate against recurrence of the behaviour;
- inadequate responses to meeting the child's individual needs;
- measures used to restrain or contain a child outside guidelines for best practice, refer to Use of Restraint guidelines;
- preventing the child from participating in specialised care and treatment that is recommended for their needs and development;
- Carer not working co-operatively with the Department to deliver the care required to meet the child's individual needs.[32]

[31] The s.83B practice guidance for DCF staff during this reporting period was initially articulated in the Procedure: Responding to safety and wellbeing concerns for children in care, version 3.0 (2022) and subsequently superseded by a standalone practice guidance - Department of Children and Families, Section 83B Inquiries, Practice Guidance, Version 1.0, 27/06/2024. Given it is a more detailed and up to date procedure, the content in this report relating to s.83B practice has been drawn from the latter. A 2026 guideline has also now been implemented, which includes additional criteria, however, was not assessed for this report.
[32] Department of Children and Families, *Section 83B Inquiries, Practice Guidance*, version 1.0 (2024).

NOTIFICATIONS RECEIVED ABOUT CONCERNS FOR THE SAFETY & WELLBEING OF CHILDREN IN CARE

	2020-21	2021-22	2023-24	2024-25
Section 83B notifications	972	1325	93	98

*In 2022-23 DCF could not provide the OCC with the full year's data relating to s.83B notifications. A portion of data was provided for the shorter period 1 July 2022 to 25 March 2023[33] prior to the introduction of the new CARE system. Given this, the OCC determined not to publish this data (for the shorter period) alongside completed data sets (12 months inclusive) as part of the year-by-year comparison, table above.

Remarkably, the data indicates a 92% decrease in reported care concerns about the wellbeing of children in care from 2021-22 to 2023-24, a trend which continued in 2024-25.

In relation to this significant decrease in notifications received, DCF advised the OCC that a current system bug prevents more than one s.83B workflow from being open at one time. When a notification is received that requires action under s.83B and there is an open s.83B workflow, the new or additional worries are 'incorporated into' and addressed in the earlier child in care case. The practitioner case managing the child in care case is notified. The OCC questions that this could be the sole reason for such a significant reduction in notifications which would indicate that an extremely high proportion of children have an open s.83B workflow, which in of itself would be of great concern.

The OCC are deeply concerned about the reliability and veracity of the data in 2023-24 and 2024-25 and relatedly DCF's inability to accurately and consistently report on notifications relating to safety and wellbeing concerns for children in care. Accurate and available data is necessary not only for DCF to fulfill their responsibility for the safety, health and wellbeing of children in care, deliver effective service responses and identify opportunities for systems improvement, but also critical to oversight bodies

[33] DCF data to OCC for 1 July 2022 to 25 March 2023 was 767 notifications of s83B concerns about a child in care.

meeting their legislated role to monitor and assess how DCF manage concerns about the safety and wellbeing of children in their care.

Given the poor quality of data over recent years relating to how DCF monitor the safety and wellbeing of children in care through s.83B inquiry functions, the OCC is unable to undertake a meaningful analysis of the data.

Alleged harm and exploitation to children in care (section 84A)[34]

A s.84A child protection investigation (CPI) is commenced when an Intake Assessment indicates that a child in care has suffered, is suffering; or is likely to suffer harm or exploitation.

When establishing whether harm or exploitation has had a detrimental effect on a child as per the Act, the Central Intake Team (CIT) considers whether there is an emerging pattern of concerns that may significantly impact on the child's emotional, physical and/or psychological development.[35]

'Harm to a child' and 'exploitation of a child' are defined in the CaPCA:

Harm to a child – is any significant detrimental effect on the physical, psychological or emotional wellbeing or development of the child and can be caused by:

- physical, psychological or emotional abuse or neglect of the child;
- sexual abuse or other exploitation of the child;
- exposure of the child to physical violence;
- exposure of the child to domestic or family violence.[36]

Exploitation of a child - includes sexual or any other forms of exploitation of the child, including:

[34] The s.84A practice guidance for DCF staff during this reporting period was initially articulated in the Procedure: Responding to safety and wellbeing concerns for children in care, version 3.0 (2022) and subsequently superseded by a standalone practice guidance - Department of Children and Families, Section 84A Investigation and Safety Assessment, Practice Guidance, Version 1.0, 27/06/2024. Given it is a more detailed and up to date procedure, the content in this report relating to s.84A practice has been drawn from the latter.
[35] Department of Children and Families, *Section 84A Investigation and Safety Assessment, Practice Guidance*, version 1.0 (2024).
[36] *Care and Protection of Children Act 2007*, section 15.

- sexual abuse of the child; and
- involving the child as a participant or spectator in any of the following:
    - an act of a sexual nature;
    - prostitution;
    - a pornographic performance.[37]

NOTIFICATIONS OF ALLEGED HARM OR EXPLOITATION TO CHILDREN IN CARE

The OCC notes that an allegation that does not substantiate is not equivalent to no harm having occurred. Child protection substantiation requires reasonable cause to believe harm has occurred (or is likely) – a standard which, in OOHC, is frequently defeated by the very factors that make children in care vulnerable: instability of placement, fragmented caseworker contact, isolation from family and friends, and the inability of very young or non-verbal children to disclose. A rising rate of alleged harm is, on its own, an indicator that something has changed in the care environment, the visibility of harm, or both; neither possibility is benign. The data set out below should be read with that in mind.

In 2023/24, 13% of children in care had at least one notification of alleged harm during their OOHC placement; in 2024/25 this figure rose to 29% of children in care having at least one notification of alleged harm whilst in care. [38]

[37] *Care and Protection of Children Act 2007*, section 16.
[38] Data provided by DCF of children subject to one or more Notifications relating to harm in care within 2024-25; Percentage calculated using 'Children in at least one out-of-home care or other supported placement during the year' data published in ROGS 29 January 2026 https://www.pc.gov.au/ongoing/report-on-government-services/community-services/child-protection/ accessed 5 March 2026.

NOTIFICATIONS RECEIVED ABOUT ALLEGED HARM AND EXPLOITATION OF CHILDREN IN CARE

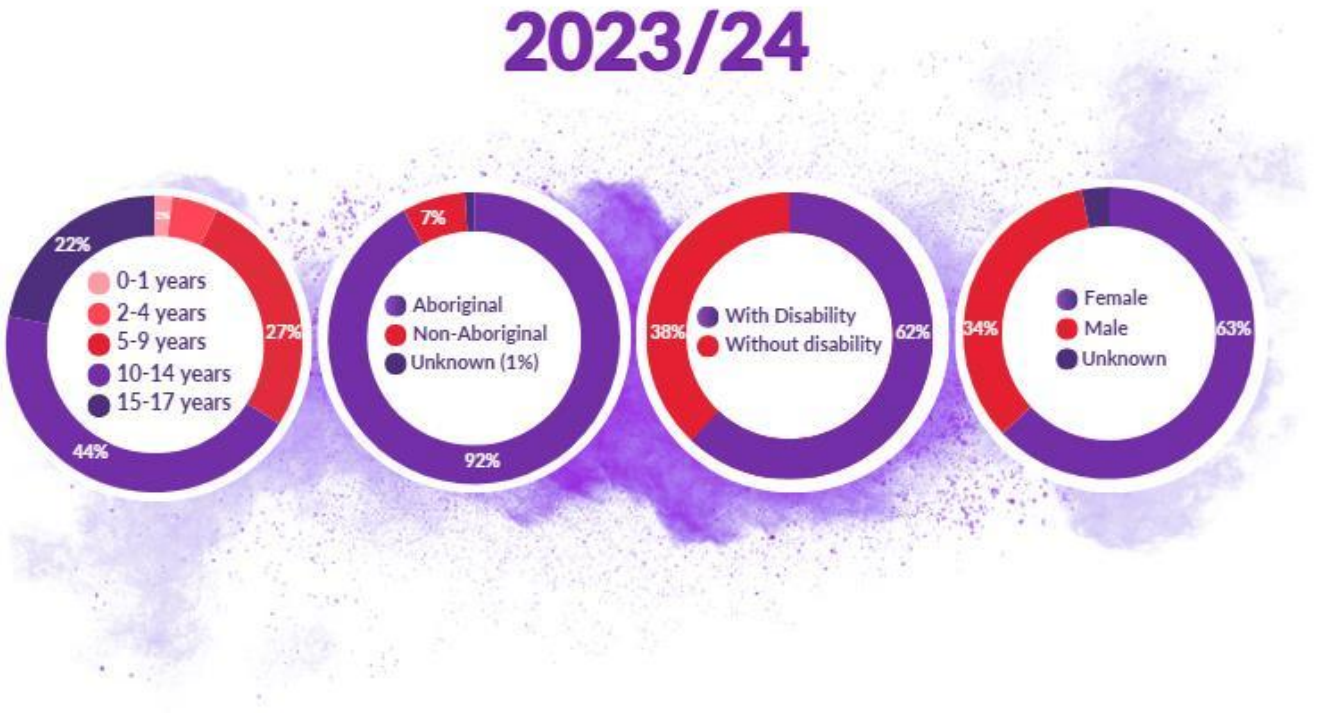
	2020-21	2021-22	2023-24	2024-25
Section 84A notifications	204	203	156	416

DCF advised the OCC that:

1. the 23% decrease in s.84A notifications of alleged harm to children in care from 2021-22 to 2023-24 is likely attributed to the overall reduction in notifications received and investigations completed in 2023-24; and
2. that in relation to the increased number of notifications in 2024-25:
    - in June 2024 the agency implemented the s.84A Child Protection Investigation (CPI) practice guidance, which formalised and standardised the identification of investigations involving children in care. Although categories of s.84A investigations were available in CARE from March 2023, consistent use across Child in Care and Intake teams did not occur until the guidance was released; and
    - the primary driver of the increase is the re-classification of Child In Care investigations, meaning matters that were previously recorded as general CPIs or not investigated where concerns were not directly linked to the 'Carer' or 'Placement type' are now appropriately captured as s.84A notifications.

Given the June 2024 policy change which expanded the scope of Child in Care investigations, the OCC accepts that this will have impacted the number of s.84A notifications; however, it would not be expected to see continued increases in future years as a result of this change.

Who are the children subject to HIC Notifications?



*DCF did not provide 2024/25 demographic data or rationale for lack of data provision.[39]

Multiple notifications of alleged harm to children in care[40]

The OCC is extremely concerned that 243 children in care in 2024/25[41] were the subject of more than one notification of alleged harm or exploitation and urges DCF to undertake a comprehensive review of services provided to this cohort of highly

[39] The OCC requested 2024-25 demographic data from DCF 2 September 2025. DCF was unable to provide it within the timeframes set out in the agreed reporting schedule and provided it on 12 May 2026, five business days after the final agency response was due and at a point at which incorporation would have required structural changes to the report. The data has been retained and will be analysed in the next reporting period. The late provision is itself recorded as a Tier 6 data-integrity matter at p 53.

[40] Data provided by DCF of children subject to one or more Notifications relating to harm in care within 2024-25. Percentage calculated using 'Children in at least one out-of-home care or other supported placement during the year' data published in ROGS 29 January 2026 https://www.pc.gov.au/ongoing/report-on-government-services/community-services/child-protection/ accessed 5 March 2026.

[41] Data provided by DCF of children subject to one or more Notifications relating to harm in care within 2024-25.

vulnerable children to identify opportunities to improve the safety and wellbeing of these children in the care of the CEO.[42]

WHERE WERE CHILDREN SUBJECT TO HIC NOTIFICATIONS LIVING?

Placement type	2019-20	2020-21	2021-22	2023-24
Boarding School	0	0	1	1
Family and Significant Other	1	34	10	11
Foster	62	77	23	35
Intensive Therapeutic Residential Care (ITRC)	N/A	1	0	14
Other Living Arrangements	2	6	4	16
Purchased Home Based Care (PHBC)	28	43	59	64
Residential Care Other	24	42	21	15
Total	117	203	118	156

Table: Number of s.84A notifications of alleged harm in care received by placement type

DCF advise that: 'A breakdown of notifications by placement type in 2024/25 cannot be reliably provided at this stage due to complexity in how placement information aligns with the timing and context of a notification'. DCF later sought the OCC not publish the 2021-2024 data comparison advising the data is not comparable 'as the data may represent a child's placement at the time of substantiation or at the end of the reporting period, which is unlikely to align with the timing of the alleged harm'. This

[42] Data relating to multiple notifications for children in care was not provided for the 2023/24 period.

request was made by DCF on 12 May 2026, after the due date for final agency response on this report. As stated in the limitations section of this report, the data must be interpreted with caution and supplemented with the OCC audit data. Relevantly on pages 39-40 where the OCC audit anaylsis demonstrates Foster Care and Purchased Home Based Care (PHBC) as the highest proportion by placement type of children suffering harm in 2024-25.

While no useful comparisons can be made of the year by year data to compare and contrast due to limitations outlined on page 7, the data shows consistently high representation of s.84A notifications for children residing in Purchased Home Based Care (PHBC) with this placement type having the highest number of notifications in the two most recent years when full data was available, 2021-22 and 2023-24. In the OCC Annual Report 2023-24, we reported that the Royal Commission into the Protection and Detention of Children in the Northern Territory recommended that the Department reduce its reliance on purchased home-based care and progressively shift placement of children in care to family-based and kinship arrangements, with PHBC retained only as a short-term option.[43] Subsequent NT Government commitments, including the TFHC 'Transforming Out-of-Home Care' strategy committing to phase out PHBC by December 2021 – go further than the Royal Commission's recommendation and remain unmet.

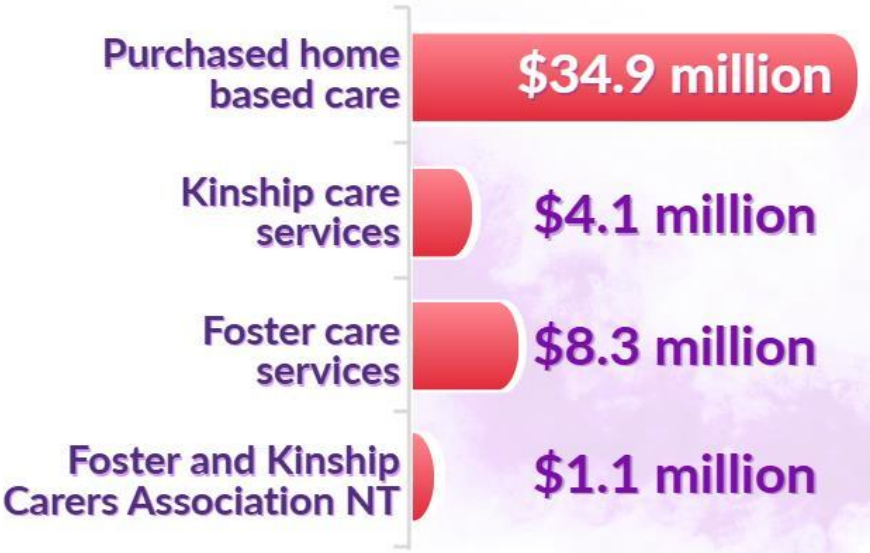
PHBC is designed to be a short-term placement care option for children with carers akin to paid long term childcare, as such it is extremely costly. PHBC has been criticised for diverting funds away from foster and kinship care which would increase the options and availability of placing children closer to family, in stable and suitable homes with DCF support and oversight. The Royal Commission found that PHBC was a contributing factor in driving low kinship and foster carer registrations given the inequitable payment scheme for carers.

TFHC's Transforming Out-of-Home-Care in the NT strategy committed to phasing out PHBC by December 2021. This would mean that new children coming into care would

[43] Royal Commission into the Protection and Detention of Children in the Northern Territory, Final Report – Volume 3A, 2017, 147; Recommendations 33.9- the Northern Territory Government phase out the current model of purchased home-based care over a 24 month period.

not be placed with PHBC and that some placements would continue with the view to finding a more suitable environment where appropriate."[44]

Despite this commitment, the OCC continues to see year on year increases in the number of children in PHBC placements. As the OCC has continued to report,[45] DCF has failed to achieve their goal of phasing out PHBC with $34.9 million in funding allocated from the 2023-24 budget[46] in comparison to much smaller budgets for kinship and foster carer supports:



This funding disparity is in conflict with the NT governments commitments under "Safe and Supported – National Framework for Protecting Australia's Children 2021-31" and associated Action Plans; and recommendations outlined in SNAICCs "Aboriginal and Torres Strait Islander Child Placement Principle Active Efforts Implementation Plan: A guide to support implementation."[47]

[44] Office of the Children's Commissioner, *Annual Report 2023-2024* (2024), 43.
[45] Office of the Children's Commissioner, *Annual Report 2023-2024* (2024), 44.
[46] These figures were publicly released in parliament – Legislative Assembly of the Northern Territory, Hansard record, No 593, Response to written question (2024).
[47] Office of the Children's Commissioner, *Annual Report 2023-2024* (2024) 43.

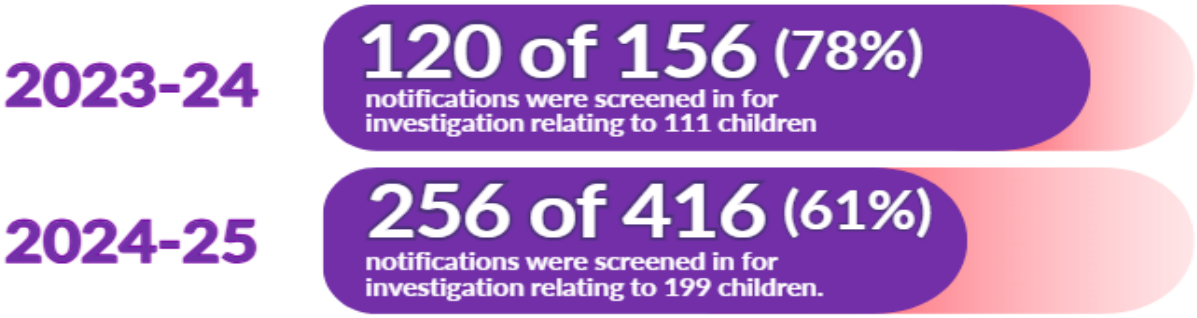
DCF responses to allegations of harm or exploitation of children in out-of-home care

DCF assess the level of harm and risk to a child using different tools. DCF respond to s.84A notifications in one of two ways:

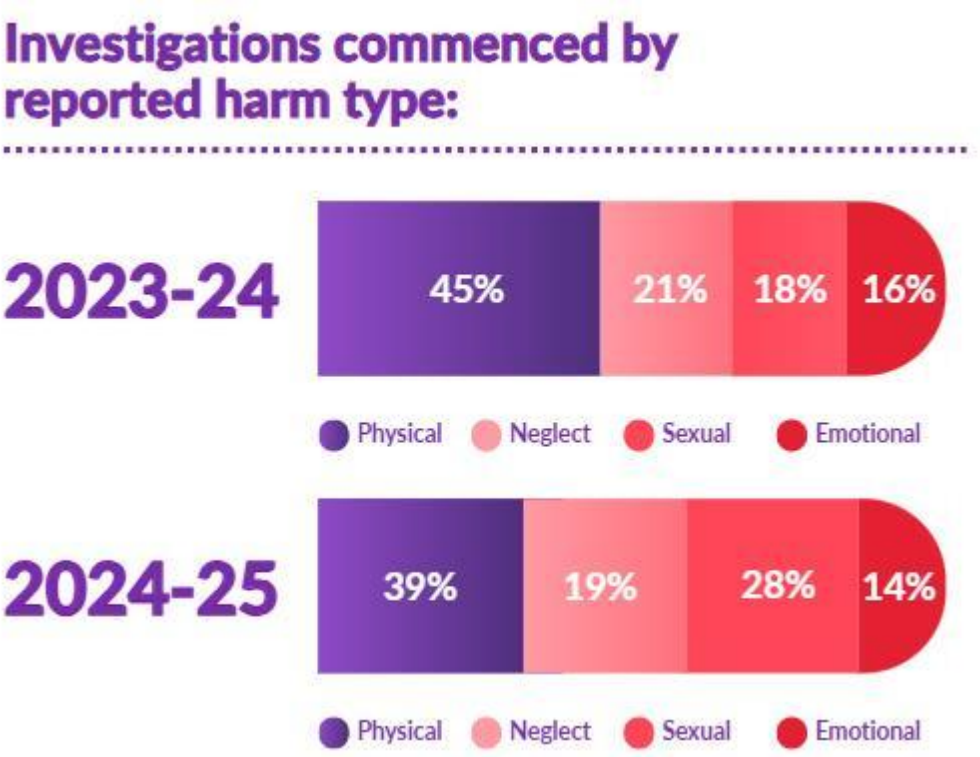
1. Screen in: proceed to investigation. Where the child protection report meets the criteria for investigation it is screened in for further investigation.[48]
2. Screen out: no further action. Where the child protection report does not meet the criteria for investigation, it is screened out.[49]

DCF procedure: *Responding to safety and wellbeing concerns for children in care* provides practical guidance on information to be assessed at intake when determining if a report about alleged harm to a child in care meets the threshold to screen in for an investigation, essentially an assessment of indications that a child in care may have suffered, is suffering; or is likely to suffer harm or exploitation.[50]

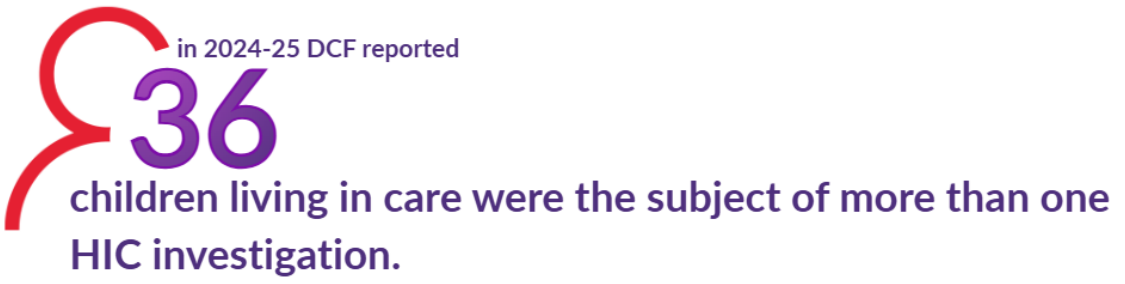
This report focuses on the harm-in-care matters that proceeded to investigation, on the timeliness of those investigations, and on the outcomes substantiated. The decision points immediately preceding those investigations, the screen-in / screen-out decisions at intake, will be the subject of a separate forthcoming OCC review which will examine the supporting evidence for those decisions in detail. The boundary between the two pieces of work has been adopted to permit each to be undertaken in proper depth.



[48] Department of Children and Families, DCF Intranet, *DCF procedure: Contact records, notification and intake assessment* (2023) 23-24.
[49] Department of Children and Families, DCF Intranet, *DCF procedure: Contact records, notification and intake assessment* (2023) 25.
[50] Department of Children and Families, DCF Intranet, *Procedure: Responding to safety and wellbeing concerns for children in care*, version 3.0 (2022).



*** investigations into alleged harm in care**



Timely commencement of alleged harm in care investigations

DCF assign screened in s.84A notifications proceeding to investigation a priority rating based on the level of risk to the child and urgency of response required.

When an Intake Assessment outcome is recorded as 'Commence CP Investigation' there are two response priorities for s.84A investigations:

- Priority 1 – Within 24hrs where there are significant concerns for the immediate safety of the child in care, or other children in care who are in the same placement and the reported concerns require an immediate response; or
- Priority 2 – Within three days for all other matters.[51]

[51] Department of Children and Families, *Section 84A Investigation and Safety Assessment, Practice Guidance*, Version 1.0 (2024).

In response to a request for a breakdown of the percentages of s.84A investigations commenced within the required timeframes across the two categories, DCF provided the below:

*Note - This 2023/24 figure does not align with the total number of HIC investigations commenced in the period.

It is noted that the above return produced by DCF of 2023/24 investigations said to have commenced within Priority 3 and 4 categories is not in accordance with the strict timeframes in DCF practice guidance that specifies only two priorities for s.84A (Priority 1 and Priority 2), and therefore all priority 3-4 cases would not have commenced within the 24-72 hour requirement. This is concerning, particularly for cases that relate to alleged harm or exploitation occurring within the place of care as it may result in a child remaining within an unsafe placement for up to a period of ten or more days while waiting for a DCF response.

Compliance with this practice guidance improved significantly in 2024/25 with only 1 of the 256 commenced investigations being categorised outside of the Priority 1 or 2 categories.[52]

During 2023-24, 20% of s.84A notifications that proceeded to investigation did not commence within their allocated timeframe. This was an improvement on the most recent available data prior to this year in 2021-22 in which 33% of investigations did not commence within their allocated timeframe.[53]

Concerningly, the above data response provided by DCF fails to account for 46% of harm in care investigations said to have commenced in 2024-25, demonstrating further

[52] DCF advise that this single case was categorised as priority 3 as it was linked to a general child protection investigation.
[53] Office of the Children's Commissioner, Annual Report 2021-22 (2022).

DCF data systems limitations. When queried about the omission, DCF advised the following in relation to this issue:

'The apparent discrepancy arises because the table reports on two different stages of the CPI process, which are not expected to align numerically:

1. "Investigation commenced" - refers to the point at which a CPI workflow is initiated in CARE (with allocated priority level). This indicates that the investigation has been formally registered in the system.

2. "Assessment Commenced within timeframe" and "Assessment Commenced outside timeframe" refers to when a practitioner has actively commenced the investigation/assessment work (i.e. evidence gathering and assessment activity).

As a result, the number of investigations commenced in CARE will exceed the number of assessments commenced within or outside timeframe. This reflects operational realities, including:

a) Prioritisation based on risk and severity,

b) Resourcing and workload pressures, and

c) Timing gaps between workflow initiation and practitioner action,

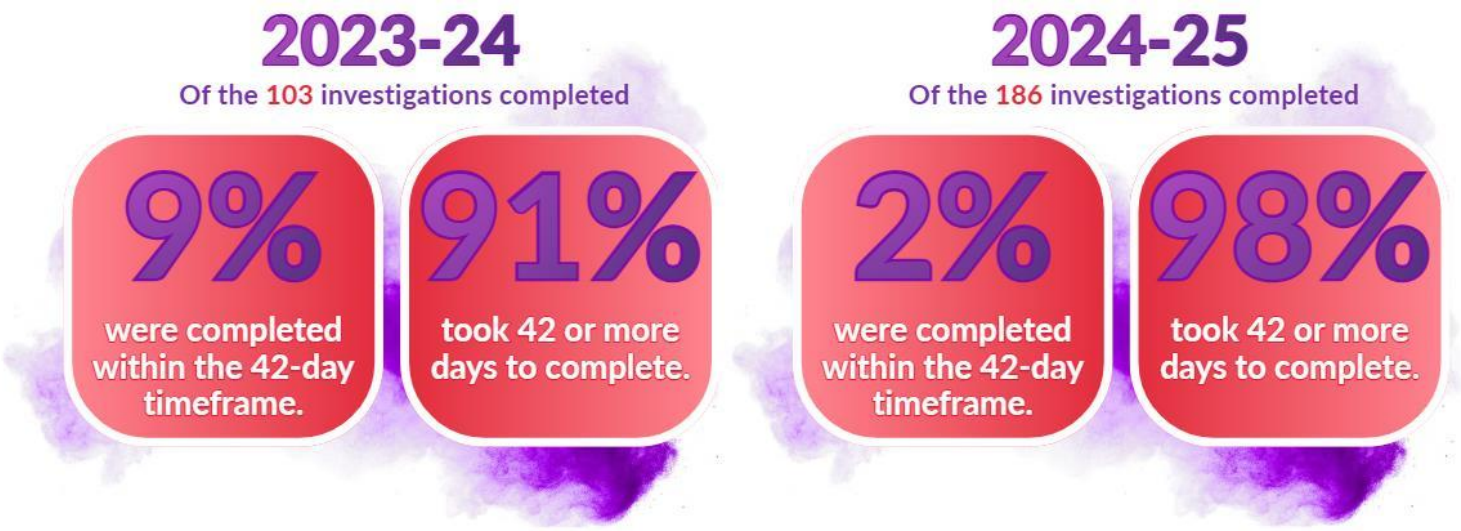
d) Notification received in previous reporting period and commenced within the new reporting period.

Accordingly, the two assessment measures are a subset of investigations commenced and are not intended to reconcile directly to the total number of investigations initiated.'

The OCC is dissatisfied with this response given the agency are unable to quantify timeframes for the commencement of almost 50% of the HIC s.84A investigations in 2024-25. This is a significant data gap and does not allow the OCC or the agency to understand staff compliance with strict DCF mandated timeframes set to ensure swift responses to allegations of harm or exploitation to children in the CEO's care or subsequent opportunities for improvement.

Timely completion of alleged harm in care investigations

Once a decision to investigate a s.84A notification is made, the workflow is assigned to a work unit who is responsible for commencing the Investigation and Safety Assessment (ISA). An ISA is considered to have commenced when a (DCF) Authorised Officer has completed the investigation plan or begun gathering information to inform the assessment and recorded it in the case management system as a case note, form or document. The ISA must be completed within 42 calendar days of the commencement date.[54]



The 2024-25 investigation completion data aligns with the OCC analysis of substantiated harm in care cases presented later in this report which evidenced that none of the 58 substantiated harm in care cases were completed within the requisite 42 day timeframe.

[54] Department of Children and Families, *Section 84A Investigation and Safety Assessment, Practice Guidance*, version 1.0 (2024) 13.

CASE STUDY - Example of positive response practice

13yo girl with extensive child protection history living in ITRC placement disclosed sexual abuse by someone known to her (non-relative) outside of her placement. Given the seriousness of the alleged harm the matter was screened in for investigation and allocated a Priority 1 urgency rating (investigation to commence within 24 hours) with DCF identifying 'an immediate response is required to ensure her safety'. The investigation commenced on the same day as the disclosure, meeting the urgency rating requirement. Immediate and ongoing safety planning was completed with the child, DCF staff and her placement staff who were identified as protective (no change to placement). The person believed responsible for the harm was arrested by Police within days of the disclosure. The DCF investigation was formally completed within 47 days, 5 days outside of the 42 day requirement and substantiated sexual, emotional and physical harm occurring. Additional counselling supports and care planning was also undertaken.

Part 2 - Substantiated harm to children in care

Notifying the OCC of substantiated harm to children in care

It is a requirement under s.84C of the CAPCA, that the CEO DCF notify the Children's Commissioner 'as soon as practicable' in all cases where a child protection investigation has substantiated that the child has suffered harm or exploitation while in the CEO's care.[55]

In 2023-24, the OCC received and reviewed 17 matters where harm or exploitation was substantiated in relation to a child in care, in 2024-25 this increased to 58 notifications of substantiated harm or exploitation of a child in care.

Due to DCF systems limitations, several data sets presented in the following section has been manually collated from the notifications of substantiated harm provided by DCF to the OCC and therefore not directly correlated with DCF data presented earlier in the report.[56]

Three figures in this Part should be read together. First, the absolute number of children who suffered substantiated harm in care: 20 in 2023-24 and 57 in 2024-25. Second, the substantiation rate – the proportion of completed investigations that found harm: 20% in 2023-24 and 31% in 2024-25. Third, the year-on-year change in the number of children: 185%. The year-on-year change is, in part, attributable to better classification of harm-in-care matters under the s.84A practice guidance introduced in June 2024. The first and second figures are not.

During 2023-24, 21 of the 103 (20%) s.84A investigations substantiated that harm had occurred to 20 children in care. Subsequently one matter relating to 4 children was ultimately overturned and therefore has not been included in this analysis.

[55] *Care and Protection of Children Act 2007*, s.84C.
[56] DCF and OCC have identified that often data provided by DCF does not align with the substantiated harm notification data provided to the OCC throughout the financial year. Processes are underway to identify why these discrepancies exist and strategies to resolve and ensure the integrity of both data and notification processes.

Of the 186 s.84A investigations DCF report were completed in 2024/25 OCC analysis indicates that 58 investigations substantiated harm (31%) to 57 children in care. This is a significant increase from the previous financial year; a 185% increase in the number of children in care who have experienced substantiated harm and/or exploitation. DCF advise that:

> *'this increase is primarily due to the implementation of s.84A practice guidance, improved recognition and recording of HIC-related matters involving children in care, changes in notification requirements, and strengthened reporting pathways have resulted in a greater proportion of investigations being appropriately classified as HIC in 2024–25. As a result, cases that may previously have been recorded under general CPI or not classified as HIC are now more consistently captured.*
>
> *This increase therefore reflects improved identification, classification and transparency, rather than a deterioration in child safety outcomes.'*

The Department advises that the 2024-25 increase reflects improved classification rather than a deterioration in outcomes. The OCC accepts that part of the 2024-25 increase reflects improved identification and recording. That, however, does not diminish the seriousness of what the data now shows. Improved classification reveals harm that was always present but previously unrecorded – it does not create new harm. On the same data, 57 children in care were the subject of substantiated harm in 2024-25, the substantiation rate is 31% of completed investigations (up from 20% in 2023-24), and the absolute number of children with multiple alleged-harm notifications rose to 243. None of those three figures is an artefact of classification practice. The Commissioner will continue to monitor whether the headline year-on-year change reflects sustained reporting improvements or sustained system failure, but neither possibility justifies inaction: the first means children were being harmed in the past and we were not seeing it; the second means harm is increasing.

The OCC analysis indicates the following characteristics of children who were subject to substantiated harm or exploitation while in the care of the CEO: Aboriginal children continue to be removed from their families, kin and communities at disproportionate rates to non-Aboriginal children. In the NT, Aboriginal children are removed at a rate 12.2 times more than non-Aboriginal children, it is unsurprising therefore that they are also significantly over-represented among the group of children who have been harmed while living in this system.

Growing up connected to family and community helps children to establish their cultural and social identity, build language skills and, sense of belonging. Supporting Aboriginal children to grow and understand themselves in the context of country and kin is connected to their healthy development and wellbeing. The consequences of removing an Aboriginal child from these foundational support structures can cause lifelong harm.

The Aboriginal Child Placement Principle is a decision-making framework to enhance and preserve Aboriginal and Torres Strait Islander children's connection to family and community, and sense of identity and culture if they come into contact with the child protection system. The Aboriginal Child Placement Principle recognises the importance

of Aboriginal children's connection to family, community, culture, language and country and asserts that self-determining communities are central to supporting and maintaining those connections. It guides child protection legislation, policy, and practice in Australia.[57]

The previous NT Government committed to the Aboriginal Child Placement Principle by embedding it into legislation through the Care and Protection of Children Act 2007 (the CaPCA). However, the full implementation of the Child Placement Principle has not reached the level of active efforts seen elsewhere, nor are active efforts explicitly enshrined in legislation, limiting operational effectiveness.[58]

As at 30 June 2025 DCF report only 11% of all children in care[59] (90% of whom were Aboriginal) were in an out of home care placement with family or a significant other person in their lives. For Aboriginal children placed with non-Aboriginal carers the Aboriginal Child Placement Principle, Connection element outlines the importance of ensuring that Aboriginal and Torres Strait Islander children in out-of-home care are supported to maintain and strengthen links to family, community, culture, language and Country. This element is critical for all Aboriginal children in care, and especially for those placed away from their communities. Connection is supported through culturally appropriate care planning, regular family and community contact and opportunities to participate in cultural life.[60]

The Secretariat of National Aboriginal and Islander Child Care (SNAICC) concluded in its 2025 review of the NT's implementation of the Aboriginal and Torres Strait Islander Placement Principle that:

> *In examining the progress of the NT Government towards implementing the full intent of the Aboriginal and Torres Strait Islander Child Placement Principle, this review has found that overall significant reforms are still needed, along with sustained increases in investment in the ACCO sector. This is due to the ongoing disproportionate over-representation of Aboriginal and Torrs Strait Islander children in the NT's OOHC system.*

[57] Office of the Children's Commissioner, *Aboriginal and Torres Strait Islander Child Placement Principle Factsheet* (2025)
[58] SNAICC, Reviewing Implementation of the Aboriginal and Torres Strait Islander Child Placement Principle Northern Territory 2025, accessed 11 March 2026: https://www.snaicc.org.au/wp-content/uploads/2026/02/Reviewing-Implementation-of-the-Child-Placement-Principle-NT-2025.pdf.
[59] DCF have not provided ATSI breakdown for this data set.
[60] https://www.snaicc.org.au/our-work/child-and-family-wellbeing/child-placement-principle/ accessed on 11 March 2026.

The Royal Commission into the Protection and Detention of Children in the NT recommended much needed reforms for the sector. However, the NT Government has not gone far enough in implementing the recommendations of these through the 10-Year Generational Strategy, contrary to the active implementation of the Child Placement Principle.

Rather, the NT Government's proposed amendments to the Care and Protection of Children Act 2007 (NT), to allow for courts and the DCF to exercise greater discretion to ignore the Child Placement Principle, raise significant concerns about the NT Government's commitment to both the Child Placement Principle and to reducing the rate of Aboriginal and Torres Strait Islander children in OOHC. If implemented, these legislative amendments would represent a significant backwards step towards addressing over-representation.[61]

[61] SNAICC, Reviewing Implementation of the Aboriginal and Torres Strait Islander Child Placement Principle Northern Territory 2025, accessed 11 March 2026: https://www.snaicc.org.au/wp-content/uploads/2026/02/Reviewing-Implementation-of-the-Child-Placement-Principle-NT-2025.pdf.

Case Study - ATSICPP

A group of siblings were placed with the same carer for an extended period. During this time, multiple notifications were made to DCF alleging culturally unsafe carer behaviour including discriminatory conduct and restrictions on the children's ability to maintain connection to their community and culture. The subsequent investigation found substantial evidence that over a lengthy period, the carers did not ensure the children's cultural and emotional needs were being met, and which assessed this as 'likely to significantly impact the children's emotional and psychological development'. Emotional harm was substantiated with the carer identified as the person responsible for the harm.

The behaviour of the carers was found to have:

- contravened the National Standards for Out of Home Care, specifically:

a) Standard 3: Aboriginal and Torres Strait Islander communities participate in decisions concerning the care and placement of their children and young people.

b) Standard 9: Children and young people are supported to safely and appropriately maintain connection with family, be they birth parents, siblings or other family members.

c) Standard 10: Children and young people in care are supported to develop their identity, safely and appropriately, through contact with their families, friends, culture, spiritual sources and communities and have their life history recorded as they grow up.

- failed to meet their obligations under regulation 13 of the *Care and Protection of Children (Placement Arrangement) Regulations 2010*, specifically requiring the carer:

(a) have interest in, and respect for, the child;

(h) assist the child to maintain or recover his or her personal, familial and cultural identity;

(i) comply with, and assist with the implementation of, the care plan for the child.

- failed to uphold the Aboriginal Child Placement Principle, specifically the Connection element:

    - Maintaining and supporting connections to family, community, culture and country for children in out-of-home care.

- constituted Emotional and Psychological abuse against the children in accordance with Domestic and Family Violence Act 2007.

How does the NT compare with other jurisdictions[62]

In addition to the data sourced directly from DCF, the OCC also considered recent data reported by the agency nationally to the Productivity Commission in the 2026 Report on Government Services (ROGS).

% OF CHILDREN 0-17 YRS OLD IN CARE WHO WERE SUBJECT TO A SUBSTANTIATION OF SEXUAL ABUSE, PHYSICAL ABUSE, EMOTIONAL ABUSE OR NEGLECT (A), (B)

Year	NSW	VIC	QLD	WA	SA	TAS	ACT	NT (i)
2024/25	4.4	3.5	NA	3.2	3.0	2.6	0.7	6.1
2023/24	4.2	4.8	1.7	3.0	4.2	1.7	1.8	1.9
2022/23	4.6	3.0	1.5	2.6	3.1	0.1	0.7	4.3
2021/22	4.8	NA	1.2	2.2	2.9	0.8	1.2	1.8

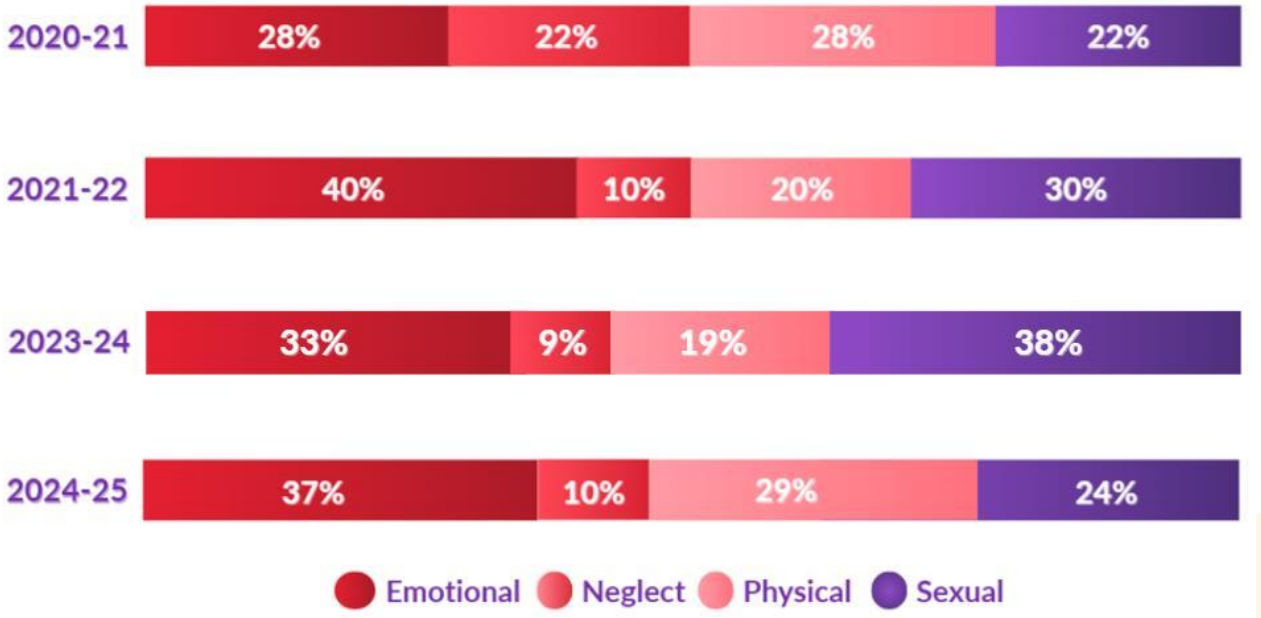
NOTE – direct jurisdictional comparisons should be made with caution given individual legislation, policy settings and practice frameworks can contribute to variances between jurisdictions. The OCC accepts that direct comparison between Australian jurisdictions is complicated by legislative, policy and practice differences. Those differences would account for variation of a few percentage points; they do not account for the order-of-magnitude gap between the Northern Territory and the next-highest jurisdiction. Even after the most generous adjustment for definitional differences, the Northern Territory's rate of substantiated harm in care is materially higher than every other Australian jurisdiction.

(i) NT: Data for 2022-23 is not derived from the AIHW Child Protection National Minimum Data Set due to the transition to a new client management system during the financial year. Therefore, data from 2022-23 is not directly comparable to previous or future years.

It is concerning that in 2024/25 the NT reported the highest proportion of children who had experienced substantiated harm while in the care of the CEO. Additionally, this fluctuating statistic along with the associated caveat further highlights the limitations on data integrity and comparability to other years, impacting on multi-year analysis and the ability to utilise this data to inform evidence-based legislative, policy or practice decisions.

[62] Productivity Commission, Australian Government, Report on Government Services 2026, child protection services, accessed 11 March 2026: https://www.pc.gov.au/ongoing/report-on-government-services/community-services/child-protection/.

Substantiations by Primary Harm Type[63]



Where were the children living when harm or exploitation was substantiated?

For each recent reporting period, DCF have provided divergent categories of OOHC placement types which has affected how the OCC can analyse this data and identify trends across multiple years. For the purposes of this analysis, placement types have been classified into the following groups:

- Foster Care refers to placements with an authorised carer who is generally not a family member or a person with a natural connection with the child. These carers are assessed, approved and paid by DCF directly and can continue to work independently.[64]

- Purchased Home Based Care (PHBC) are fee for service placements and are paid significantly higher than other carers. This placement is in the home of an

[63] Multiple substantiations also identified secondary harm types, however this have not been included in this limited analysis. Data provided by DCF on the number of s.84A investigations where harm or exploitation of children in OOHC was substantiated by harm type for each respective year.
[64] Territory Families, Housing and Communities, *Sourcing a placement procedure* version 3.1, dated 30/03/2023.

employee of a service provider on an individual purchased based plan and are not permitted to work outside of the home.[65]

- Intensive Therapeutic Residential Care (ITRC) refers to placements where the child lives in a staffed residential care facility operated by a contracted service provider. ITRC placements may be approved for up to two years duration, to support long term change for children over 12 years of age who are unable to be supported by family or in home-based care arrangements.[66]

- Kinship or Aboriginal Kinship Care is defined as "care provided by blood relatives or kinship relatives of an Aboriginal child, in an environment where Aboriginal family, community and culture is valued and is central to a child's safety, stability and development. In Aboriginal culture, family includes extended family members and other persons identified as kin by cultural law who may not be a blood relative."[67] These carers are assessed, approved and paid by DCF directly and can continue to work independently.

- Reunification Plan refers to cases where a child is living with natural family as part of a reunification plan.

The following table presents information on the percentage of s.84A investigations where harm or exploitation was substantiated, disaggregated by the type of placement the child was living in at the time of the harm or exploitation.

[65] Territory Families, Housing and Communities, *Sourcing a placement procedure* version 3.1, dated 30/03/2023.
[66] Territory Families, Housing and Communities, *Sourcing a placement procedure* version 3.1, dated 30/03/2023.
[67] Department of Territory Families, Housing and Communities, *Finding Kinship Care Model*, dated August 2018 Finding Kinship Care Model.

% Placement type	2023-24	2024-25
Foster	12%	23%
ITRC	18%	19%
Kinship	23%	19%
Purchased Home Based	35%	24%
Other	0%	2%
Reunification plan	12%	13%

Table: % of substantiated harm - by placement type[68]

Each year for the past two years purchased home-based care (PHBC) placements have accounted for the largest proportion of placement type where the child was living at the time harm to children in care occurred. Recognising that PHBC is also the largest placement type for children in OOHC, the OCC still holds concerns about the high rates of harm to children living in placements that are designed to be short-term and subject to strict quality assurance standards. Significant investment in PHBC as a specialised 'fee-for-service' placement for children comes with an expectation of a higher level of service provision to keep vulnerable children safe and well. It is clear from the data that for some vulnerable children living in PHBC placements their needs are not being met, and they have been exposed to further harm subsequent to entering the out of home care system.

[68] OCC analysis of case files provided by DCF for all children who had a substantiated HIC episode reported to the OCC for the reporting period.

Case Study - Purchased Home Based Care

4 previous reports of concerns relating to physical and emotional harm including that the paid carer used physical discipline on the children of hitting, pinching and smacking them around their faces, swears and calls the children names and other inappropriate language, sends the children to bed without dinner multiple times a week, treats the children differently by favouring some over others such as allowing one child to eat inside but the other had to eat outside. The outcome of these investigations found 'No abuse or neglect found'.

The paid carer was found responsible for emotional harm and neglect for another child in their care with a review to occur in relation to the other children in their care. This did not occur. Subsequently, in relation to a sibling group in their care, the paid carer was found to have a history of using force to grab/pull and push one of the siblings, causing them pain, pulling her hair and telling the siblings that their mother doesn't love them and they will never be reunified with her, which scared the siblings. The paid carer was also found to swear at the children in extreme language, or conversely give them 'the silent treatment' for several days, including when they requested food. The paid carer has prevented the children from communicating with their Nana and has restricted technology use for multiple months. When the children had raised their concerns in the past, the paid carer threatened them which made them afraid to tell the truth. The children reported crying everyday, hating leaving school to go back to the placement and feeling isolated from family.

DCF identified during this investigation that in reviewing the history for the carer in terms of other children in her care, there has been ongoing similar disclosures with the last investigation noting concerns for the carer's capacity. While none of the previous investigations have been substantiated, there were concerns that there was a pattern forming for disclosures by children in the carer's placement. Also noted as a significant concern by DCF was that the children have expressed being fearful of disclosing their experiences with the carer due to the carer threatening the children not to say anything therefore remains concern further incidents have occurred of which TF have not been made aware of.

The investigation substantiated emotional harm to the siblings in the placement who were relocated to an alternative placement, but did not substantiate harm to a third child in the same placement. In relation to this child a number of recommendations were made, including a Standard of Care review be undertaken into the ongoing suitability of the placement for the child remaining in the placement, for regular assessments of the carer's capability/suitability and for any further disclosures of alleged harm to be dealt with in a timely way.

Person Believed Responsible for the harm or exploitation of children in care

DCF defines a Person Believed Responsible (PBR) as "the person who is assessed as being responsible for harm or exploitation, or likelihood of harm or exploitation which includes acts of commission or omission, as well as failure to protect".[69] It is important to note that the person caring for a child in care is not always the person believed responsible for the harm or exploitation of the child.

Person Believed Responsible for harm to the child in care	2023-24	2024-25
Carers	35%	28%
Natural Parents	24%	17%
Other Relatives	12%	14%
Other	29%	34%
Unknown	0%	7%

[69] Department of Children and Families, DCF Intranet (formerly TFHC), *Procedure: Responding to safety and wellbeing concerns for children in care*, version 3.0 (2022).

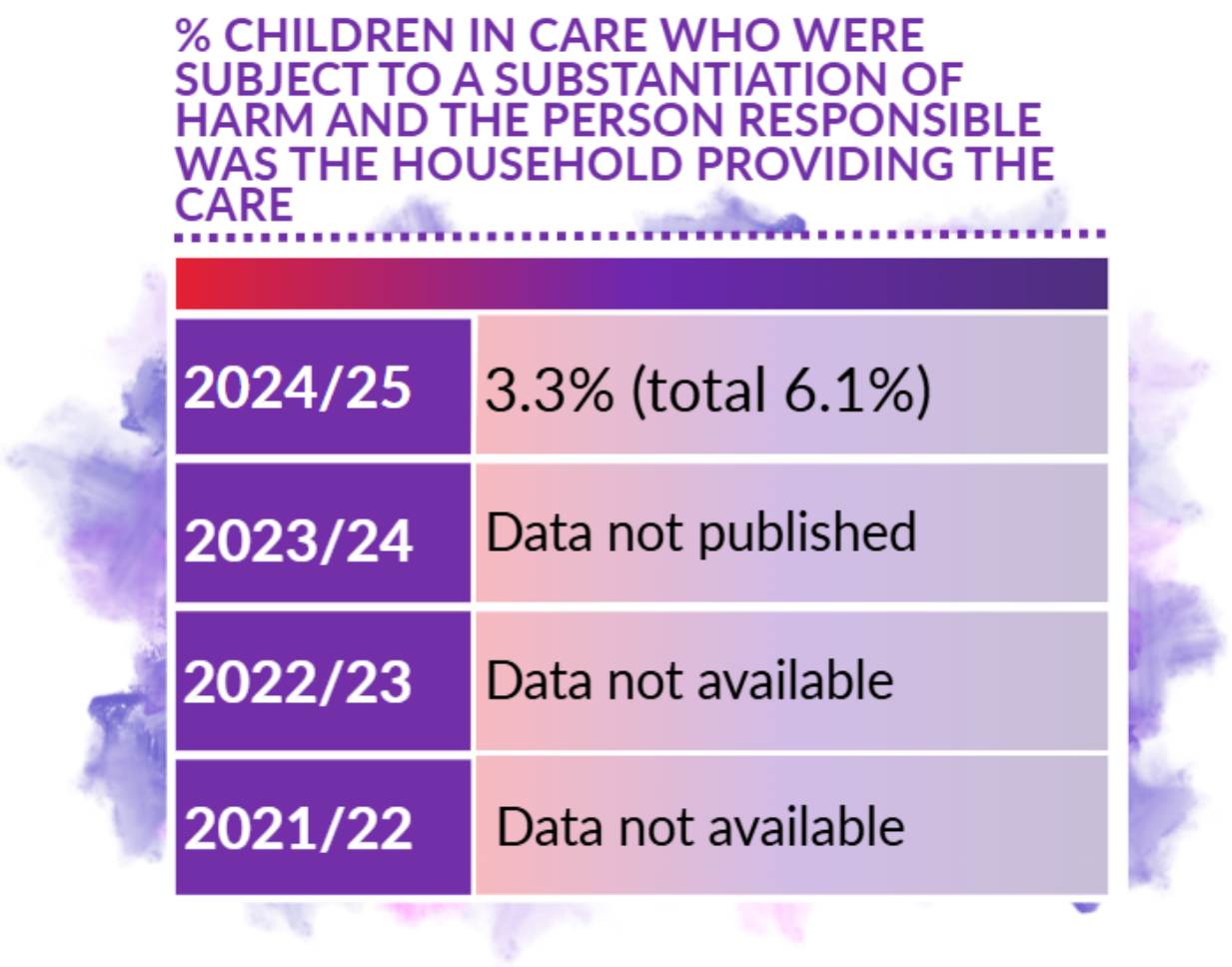


Table: Year on year analysis of persons responsible for harm to children in care in the NT.[70]

It is concerning that the department and Northern Territory Government more broadly, have been unable, for a number of years, to provide data on the percentage of children in care who have been harmed by the person responsible for their care. Child protection data availability and reliability is crucial for identifying trends, assessing risks, and measuring the effectiveness of interventions to safeguard children from harm. It enables evidence-based policy, informs funding allocation for services, and ensures accountability within the child protection system.

[70] Productivity Commission, Australian Government, Report on Government Services 2026, child protection services, accessed 6 March 2026: https://www.pc.gov.au/ongoing/report-on-government-services/community-services/child-protection/ .

DCF Compliance with response requirements for substantiated investigations

Timely commencement of substantiated investigations

> *"A s84A Investigation and Safety assessment must commence within the recommended response timeframe and the commencement date must be recorded in the child's Client Management System (CMS)."*[71]

As outlined on page 25, DCF assign screened in s.84A notifications proceeding to investigation a priority rating based on the level of risk to the child and urgency of response required.

When a notification Intake Assessment outcome determines a s.84A investigation must commence, one of two priority response timeframes must be allocated:

- Priority 1 – Within 24hrs where there are significant concerns for the immediate safety of the child in care, or other children in care who are in the same placement and the reported concerns require an immediate response; or
- Priority 2 – Within three days for all other matters.[72]

In 2024/25, 8 of the 58 substantiated investigation matters notified to the OCC did

[71] Department of Children and Families, DCF Intranet (formerly TFHC), *Procedure: Responding to safety and wellbeing concerns for children in care*, version 3.0 (2022).
[72] Department of Children and Families, *Section 84A Investigation and Safety Assessment, Practice Guidance*, version 1.0 (2024).

not include a documented priority rating. OCC analysis has identified that this appears to be a systems limitation for certain categories of cases including where:

- The initial assessment is a Protection Assessment Juvenile Justice (PAJJ); or
- where the initial assessment outcome is not to proceed to investigation but is overturned by a more senior staff member and an investigation is ultimately commenced.

The second category is particularly concerning as a number of these cases related to serious instances of alleged harm, which were ultimately substantiated, including sexual and physical harm. As a result, the OCC were unable to assess if these 8 cases were commenced within the required priority timeframe and will bring the issue to the attention of DCF for resolution.

10 of the 50 cases were categorised as priority 1 – requiring the investigation to commence within 24 hours. Only 10% or 1 of the 10 priority 1 investigations met this policy requirement. Priority 1 cases relate to the most serious forms of harm and/or extremely vulnerable children, including very young children, as young as 2 years old in this year. The Northern Territory Government must ensure that DCF have adequate resourcing, systems and processes to ensure staff have sufficient capability and capacity to adequately respond to alleged harm and/or exploitation of children, particularly those in the care of the CEO of DCF.

Timely completion of substantiated investigations

"A s84A investigation and safety assessment must be completed within 42 days of the commencement of the case."[73]

As identified earlier on page 24, once a decision to investigate a s.84A notification is made, the workflow is assigned to a work unit who is responsible for commencing the Investigation and Safety Assessment (ISA). An ISA is considered to have commenced when an Authorised Officer has completed the investigation plan or begun gathering information to inform the assessment and recorded it in the CMS as a case note, form or document. The ISA must be completed within 42 calendar days of the commencement date.[74]

in 2023-24

1 out of 17

substantiated investigations were completed within the required 42 day timeframe

in 2024-25

0 out of 58

substantiated investigations were completed within the required 42 day timeframe

[73] Department of Children and Families, DCF Intranet (formerly TFHC), *Investigation and Safety Assessment*, version 3.3, (2024).
[74] Department of Children and Families, *Section 84A Investigation and Safety Assessment, Practice Guidance*, version 1.0 (2024).

The 42-day timeframe for completion of an ISA for s.84A cases is not a new practice requirement. DCF policy and procedures have required an investigation to be completed within 42 days since October 2019, reportedly increased from 28 days to reflect the complexity of child protection investigations and remoteness of the Northern Territory.[75] Although the Department determined a 42-day timeframe was more suitable to complete an ISA, data analysed since 2020 and highlighted in year-on-year OCC annual reports shows this increased timeframe has not been achieved to a reasonable standard.

The 42-day requirement is not an externally imposed benchmark. It was set by DCF itself in October 2019, increased from 28 days in recognition of the complexity of NT child protection investigations. The Department is therefore being measured against the standard it adopted, after considering its own operating environment. A non-compliance rate of 98% on completion, and 91%–98% on commencement, against the Department's own self-set standard is a finding adverse to the Department on its own terms.

[75] Office of the Children's Commissioner, *Annual Report 2021-22* (2023), 45.

It is a requirement under Section 84C of the CAPCA, that the CEO (of DCF) notify the Children's Commissioner 'as soon as practicable' in all cases where a child protection investigation has substantiated that the child has suffered harm or exploitation while in the CEO's care. [76]

	2023-24*	2024-25
No. of days to notify OCC	% of notifications	% of notifications
0-50	29%	9%
51-100	47%	40%
101-150	0%	24%
151+	18%	27%

* This data does not total 100% due to 1 notification (6%) being received 15 days prior to the DCF Investigation Safety Assessment (Substantiation) being approved. The OCC in unaware how this DCF administrative error has occurred. In 2023/24, the shortest period from when harm was substantiated to when the OCC was notified was six days while the longest was 255 days, in 2024/25 this increased to 263 days with the shortest period to notify being 24 days.

In July 2025 DCF and the OCC formalised a Memorandum of Understanding outlining how statutory arrangements will be facilitated between the two organisations;

[76] *Care and Protection of Children Act 2007* (NT), s84.

including in relation to timely notifications of substantiated harm and exploitation of children in care. The effectiveness of this agreement will be monitored in 2025/26.

A Way Forward

As presented earlier in this report, when a child is removed from their family and placed in out-of-home-care they are especially vulnerable due to the trauma they have already faced leading to their removal.[77]

For any child removed from their family, the alternative out-of-home-care placement should meet their evolving needs and be an environment in which they are nurtured, supported and kept safe. As outlined in the NT 'Charter of Rights for Children in Care' all children 'have the right to feel safe and protected – this means you [child] should always feel safe, you [child] never have to worry about not being safe, that's the adults' job.'

Key OCC's concerns from the data analysed in this report include:

1. A significant proportion of cases that substantiated harm to children in care identified people responsible for the child's safety and wellbeing as the person responsible for the harm (2023/24 – 35% and 2024/25 – 28%):
    - Of concern, the OCC identified multiple cases of substantiated harm to children in care where numerous earlier concerns had been raised regarding the carer's behaviour or standard of care yet did not receive an adequate response or action taken by the agency; including recommendations for Standard of Care Reviews to be undertaken, which did not occur.

[77] DCF Child in Care - Practice Guidance, version 2.0, April 2025.

RECOMMENDATIONS

Tier 1: Strengthening Accountability, Oversight and Internal Controls

Completion and oversight of actions arising from harm-in-care processes

1. The OCC recommends DCF:

1.1. **Audit completion of internal actions**
Undertake an audit of all internal recommended actions arising from s.83B and s.84A workflows (substantiated and unsubstantiated) over the past 24 months to determine whether these actions have been completed and, where they have not, take immediate steps to ensure completion as a priority. The outcomes of this audit should be provided to the OCC.

1.2. **Establish ongoing senior oversight**
Implement enduring senior-level oversight mechanisms to ensure that actions arising from alleged or substantiated harm in care are tracked, reviewed and escalated where they are not completed within required timeframes.

1.3. **Identify preventative opportunities where carers are responsible**
Undertake an analysis of trends in harm or exploitation cases where the approved carer was identified as the person responsible, to identify preventative opportunities, including but not limited to carer screening, training and support, placement matching and active case management.

Tier 2: Placement Safety and Reform of Purchased Home Based Care (PHBC)

Reducing harm in high-risk placement types

There is a high proportion of substantiated harm or exploitation of children in care whose placement type was Purchased Home Based Care (35% in 2023/24 and 24% in 2024/25),[78] the OCC reinforces its support for DCF's previously stated commitment to phase out PHBC and redirect investment and support towards foster and kinship care.

2. The OCC recommends DCF:

[78] This does not necessarily mean the harm occurred within the placement or by the carer. Over the two reporting periods, purchased home based care was the 'placement type' or place the child was said to be living at the time harm was substantiated.

2.1. **Progress the phase-out of PHBC**
Implement its commitment to phase out PHBC within 12 months, supported by an updated, publicly available strategy that includes a detailed transition plan to ensure child safety and continuity of care.

Tier 3: Aboriginal Children, Active Efforts and Workforce Capability

Addressing the over-representation of Aboriginal children harmed in care

Across the two years analysed, at least 80% of children who were harmed while living in the care of the CEO were Aboriginal. While this may be reflective of the broader over-representation of Aboriginal children living within the out-of-home-care system, when considered in the context of the low proportion of Aboriginal children being placed with Aboriginal kin or carers, the NT Government needs to take serious action to operationalise their commitments to national agreements including the National Agreement on Closing the Gap and Safe and Supported: the National Framework for Protecting Australia's Children 2021-2031 and related Action Plans, particularly the Aboriginal and Torres Strait Islander First Action Plan, Action 5 that stipulates implementing ATSICPP to the standard of Active Efforts.[79]

3. The OCC recommends DCF:

3.1. **Implement Active Efforts across the system**
In line with the NT's overdue commitment to Action 5 in the Safe and Supported Aboriginal and Torres Strait Islander First Action Plan, within six months, finalise a jurisdictional plan to fully implement all elements of the ATSICPP to the standard of Active Efforts across legislation, policy, programs, processes and practice.

3.2. **Build an Active Efforts-ready workforce**
Review and implement workforce training, development and policy updates required to equip the child protection workforce to apply Active Efforts in practice, informed by reforms undertaken in other jurisdictions, including New South Wales.

3.3. **Address workforce shortages and vacancies**
Identify and implement meaningful strategies to address workforce shortages and high practitioner vacancy rates to ensure Active Efforts obligations are achievable in practice.

[79] Safe and Supported, National Framework for Protecting Australia's Children 2021-2031, Aboriginal and Torres Strait Islander First Action Plan 2023-2026, accessed at https://www.dss.gov.au/system/files/resources/final_aboriginal_and_torres_strait_islander_first_action_plan.pdf

Further details on the OCC's position and recommendations on this policy area can be found in our submission to the Northern Territory Government here.[80]

Tier 4: Timeliness and Performance of Harm-in-Care Investigations

Improving compliance with statutory and policy timeframes

Across the two years analysed from the OCC audit of substantiated harm in care cases:

- of those that had a priority rating attached, 41% of s.84A investigations commenced within required timeframe for 2023-24 and 18% in 2024-25; and
- only 1 of 75 substantiated s.84A investigations was completed within the required 42-day timeframe.

4. The OCC recommends DCF:

4.1. **Review barriers to timely investigations**
Undertake a targeted review to identify the systemic, workforce or procedural barriers preventing s.84A investigations from commencing and being completed within required policy timeframes.

4.2. **Implement a performance management framework**
Within 12 months, develop and implement a performance management framework, including clear reporting and evaluation mechanisms, to enable DCF and oversight bodies to assess efficiency, effectiveness and compliance with statutory responsibilities. Performance targets and key indicators, including child safety outcomes, should be publicly reported.

Tier 5: Investigation Prioritisation and Notifications to the OCC

Ensuring accurate prioritisation and effective oversight

The OCC notes from the 2024-25 audit analysis that 8 of 58 substantiated investigations did not include a documented priority rating.

5. The OCC recommends DCF:

5.1. **Strengthen priority rating compliance**
Undertake a review to determine the causes of failures to apply or record s.84A priority ratings and implement corrective action to ensure accurate monitoring of investigation commencement compliance.

[80] OCC correspondence to DCF with submission to the review of the CaPCA, 2 May 2025.

5.2. **Improve timeliness of notifications to the OCC**

Ensure full compliance with section 84C of the *Care and Protection of Children Act 2007*, including adherence to the July 2025 MOU requirement that substantiated harm-in-care matters are provided to the OCC within seven days.

Tier 6: Data Integrity, Transparency and System Monitoring

Improving data quality and public accountability

This report highlights multiple data sets which were either not provided or where there are concerns regarding the accuracy and reliability of data provided, these include but are not limited to:

- Significant concerns about the reliability and veracity of the data in 2023-24 and 2024-25 and relatedly DCF's inability to accurately and consistently report on notifications relating to safety and wellbeing concerns for children in care.
- DCF did not provide 2024/25 demographic data for children subject to HIC notifications or rationale for lack of data provision.[81]
- DCF advice that: 'A breakdown of notifications by placement type in 2024/25 cannot be reliably provided at this stage due to complexity in how placement information aligns with the timing and context of a notification'.
- Data relating to investigations commenced within priority timeframes does not account for 46% harm in care investigations said to have commenced in 2024-25.
- Data on percentage of children in care who were subject to a substantiation of harm and the person responsible was the household providing the care were not provided in 2023/24.

The ability to collect, analyse and report data accurately and in a timely manner is critical to:

Understanding Scope and Trends: Data collection is an indicator measure of abuse, neglect, and exploitation, allowing authorities to monitor trends over time.

Targeting Resources and Interventions: It identifies high-risk areas and families needing support, enabling the allocation of services, funding, and resources to where they are most effective.

Evidence-Based Policy Development: Data provides the foundation for creating, evaluating, and improving legislation, policies, and preventive strategies.

System Accountability: Maintaining accurate records is essential for tracking how children move through government systems, allowing for the evaluation of the adequacy of services, supports and care to children the subject of protection orders

[81] DCF provided demographic data after the final response due date to this report. Given the delay and inability for the OCC to properly interrogate and analyse this data, this has not been included in this report and will be considered in future reports.

and/or whether care providers are meeting responsibility to maintain the health, safety and wellbeing of child in care.

Improving Safety and Outcomes: By identifying risk and protective factors, data helps practitioners develop better, more tailored support to enhance the well-being and safety of children.[82]

6. The OCC recommends DCF:

6.1. **Develop a comprehensive data framework**
Develop and implement a comprehensive framework that clearly articulates how data relating to harm in care is collected, analysed and used to monitor trends, target resources, inform policy and publicly report on agency performance in safeguarding children in care.

Tier 7: Whole-of-System Monitoring and Reform Accountability

Replacing the Generational Strategy monitoring gap

The OCC is concerned that the discontinuation of the 10-Year Generational Strategy has left no clear mechanism for monitoring and publicly reporting progress on child and family system reforms.

Lack of a published strategy to articulate how systems improvements to prevent and respond to abuse of children in care, and other related outcomes, will be progressed by the NT Government:

> A number of other Royal Commission recommendations proposed changes to various aspects of the out-of-home-care system to better protect vulnerable children from sexual abuse while in care. The efforts of the Australian, state and territory governments to implement the Royal Commission recommendations are described in annual progress reports- external site opens in new window.[83]

The NT submitted their last annual progress report in 2022[84] stating 'annual reporting will continue through the Tripartite Forum and the 10 Year Generational Strategy for Children and Families'. There has been no detail on how these important reforms and services improvements for vulnerable children will be implemented or publicly reported on.

7. The OCC recommends that the Northern Territory Government:

7.1. **Establish an alternative monitoring framework**
Within six months, develop and implement an alternative public monitoring

[82] https://www.aihw.gov.au/reports/child-protection/comparability-child-protection-data/contents/summary.
[83] Child protection Australia 2023–24, Improving national data on safety in care - Australian Institute of Health and Welfare.
[84] Release of the 5th Generational Change Impact Report - Reform Management Office.

framework to report on progress against child and family outcomes pursued through key national and Territory strategies. This framework should be aligned with the data and performance reporting framework outlined in Recommendation 6.1.

Department of Children and Families Response to Report and Recommendations

On 27 March 2026, a copy of the draft report was provided to DCF for comment and on 10 April 2026, the recommendations were further provided for consideration and comment by DCF.

On 22 April 2026, DCF provided some feedback and upon consideration, the OCC amended some portions of the report. Where further information was required, the OCC sought a final response from DCF by 7 May 2026 so as not to delay publication of this report.

On 12 May 2026 (5 days past the final due date), DCF responded with additional information, including substantive data that had not previously been provided to the OCC. Further minor amendments were made to the report as a result of some of the issues raised by DCF; however, no newly provided data was able to be analysed, given the timeframes in response to the recommendations. The Department did not address the recommendations or indicate acceptance, instead providing the following:

We recognise that any harm to a child or young person while in our care is unacceptable and represents a profound breach of trust. Children are removed from their families to keep them safe, and it is our absolute responsibility to ensure that care arrangements provide protection, stability and dignity. We are deeply committed to doing everything within our power to keep children and young people safe, to support families to stay strong and together wherever possible, and to strengthen the care system where it falls short. When harm occurs, we must confront it honestly, learn from it, and act decisively to prevent it from happening again.

We remain committed to a Quality Assurance and Improvement Framework to improve understanding of data collection, analysis and service improvement. This Framework complements the department's application of statutory whole-of-government performance frameworks. Recruitment for an Executive Director, Quality Assurance is nearing completion and upon appointment, we will provide an update to the Office of the Children's Commissioner on the Framework and timeframes for implementation.

We are considering options to strengthen and align our approach to out-of-home care reform, including the development of a clearer roadmap for system change. This work is intended to inform future decisions about sequencing, workforce implications, alternative care models and risk management to support safe and stable outcomes for children and young people.

Demand for out-of-home care placements continues to exceed the capacity of the foster and kinship care system. Purchased Home Based Care currently provides both general and specialist placements and has played an important role in meeting immediate placement demand and reducing reliance on residential care. Any changes to the care system need to occur in a planned and staged manner to ensure continuity of care and child safety.
We further recognise opportunities to improve how harm-in-care information is presented publicly and will consider options to enhance clarity and contextual explanation through existing public annual reporting mechanisms, aligned with the department's statutory and policy settings.

At a national level, the Northern Territory remains committed to reporting under Safe and Supported and Closing the Gap, including participation in national data, monitoring and evaluation working groups. Under these arrangements, the department reports against agreed Safe and Supported deliverables and performance indicators to national Shared Decision-making Committees.

We will continue our ongoing engagement with the Office of the Children's Commissioner and constructive dialogue to support shared objectives of child safety and improved outcomes for children in care.

OCC Response to Department's Commitments

Quality Assurance and Improvement Framework

The OCC welcomes the Framework but notes the absence of

a. a publication date,
b. deliverables,
c. measurable outcomes.

Executive Director, Quality Assurance recruitment

The OCC welcomes the appointment but notes that an internal position cannot substitute for the publicly transparent performance reporting recommended in Tier 4.

Roadmap for out-of-home care reform

The OCC notes the proposed roadmap and requests confirmation of timeframes for publication and consultation; absent timeframes, the Department's response is a description of intention rather than commitment.

Continued reporting under Safe and Supported and Closing the Gap

The OCC notes that these are pre-existing reporting obligations and do not respond to the matters set out in this report.

Continued engagement with the OCC

The OCC welcomes this and notes that the July 2025 MOU is the operational mechanism by which that engagement will be assessed.

Conclusion

This report identifies persistent and serious systemic failings in the Northern Territory child protection system's response to harm experienced by children in out-of-home-care. Across the reporting period, a significant number of children experienced alleged and substantiated harm while in the care of the Chief Executive Officer, including repeated exposure to harm, delays in investigation responses, and failures to adequately monitor, record, and act on safety and wellbeing concerns.

The data analysed highlights frequent non-compliance with statutory and policy timeframes for commencing and completing harm in care investigations, with the vast majority of investigations failing to meet required response standards. In many cases, children remained in placements for extended periods despite multiple prior notifications or emerging patterns of concern regarding carer behaviour. Data limitations, system constraints, and inconsistencies in reporting further undermined the ability of both the Department and the OCC to understand risk, identify trends, or ensure accountability.

The report also demonstrates the disproportionate impact of harm in care on Aboriginal children, who represent the overwhelming majority of children harmed while in care. Despite long-standing national and Territory commitments, implementation of the Aboriginal and Torres Strait Islander Child Placement Principle, particularly to the standard of Active Efforts, are limited and inconsistent. Children placed away from family, culture, and community were frequently exposed to culturally unsafe care, with inadequate safeguards to protect connection, identity, and emotional wellbeing.

High rates of harm were identified in Purchased Home Based Care placements, which are intended to provide short-term, high-quality care for children with complex needs and are subject to higher investment. The continued reliance on this placement type, despite previous commitments to phase it out, raises serious concerns about placement suitability, oversight, and value in light of the substantial public investment.

Taken together, the findings demonstrate a system, unable to monitor, report on and evaluate their performance and/or whether they are meeting their responsibilities and commitment to children's health, safety and wellbeing.

The Department of Children and Families' response does not substantively engage with the findings or recommendations outlined in this report. The response is framed as a high-level overview of work "underway" or "being considered" and does not respond directly to individual recommendations or the specific evidence of systemic failures, challenges and risks identified through the analysis.

While the Department reiterates commitments to quality assurance frameworks, future monitoring arrangements, and national reporting obligations, it provides no detail on how these initiatives will address the specific issues raised, such as repeated delays in investigations, ongoing data integrity failures, the absence of timely oversight, or the continued exposure of children to harm in placements where prior concerns had been raised. The response contains no clear actions, timeframes, deliverables, or accountability mechanisms that would demonstrate how existing risks to children are being actively mitigated.

Importantly, the response does not acknowledge or address the scale and seriousness of the report's findings, including the high number of children experiencing repeated harm, the failure to meet statutory obligations, and the persistent over-representation of Aboriginal children harmed while in care. Reliance on future discussions, ongoing reviews, or high-level reform narratives offers limited assurance in the context of evidence that long-standing problems remain unresolved.

When a child is removed from their family, the Department has an absolute duty to keep that child safe. Children in care have done nothing to deserve further harm; their right to safety, dignity and connection demands urgent, sustained action.

Appendix A - List of abbreviations and definitions.

Aboriginal	While this report uses the term 'Aboriginal' we respectfully acknowledge that Torres Strait Islander people are First Nations people living in the Northern Territory. The use of the term 'Aboriginal' should be read to include 'Aboriginal and Torres Strait Islander' peoples. Indigenous is used when it is the title of a report, quotation or program.
Child protection system	Refers to the NT Government's child protection system.
Cumulative harm	As defined by Territory Families Housing and Communities (TFHC), 'cumulative harm' refers to harm which results from the compounded experience of multiple episodes of abuse and/or layers of neglect over time, and may be ongoing, with a strong possibility of the risk factors being multiple, inter-related and co-existing during critical developmental periods. The central aspect of harm for the child is a diminished sense of safety, stability and wellbeing over time. It may be caused by an accumulation of a single recurring adverse circumstance or event (e.g.: unrelenting low level care) or the complex interplay of multiple different circumstances and events (e.g.: persistent verbal abuse and denigration, inconsistent or harsh discipline and/or exposure to family violence).[85] Children who suffer cumulative harm experience multiple and persistent maltreatment of varying degrees of severity.[86]
Emotional abuse	As defined by DCF, 'emotional abuse' is being treated in ways that damage a child's ability to feel and express a range of emotions. This can be caused by behaviours that occur over time, such as verbal abuse and teasing, rejection, physical or social isolation, threats and bullying. Psychological abuse is being treated in ways that damage a child's self-esteem, personal and moral development, and intelligence. This can be caused by behaviours

[85] Department of Children and Families, DCF Intranet (formerly TFHC), Child Protection overview of terms, *Guideline: Care and Protection Glossary* (2024).
[86] Australian Institute of Health and Welfare, *Child Protection Glossary* (2023) <https://www.aihw.gov.au/reports-data/health-welfare-services/child-protection/glossary#sub>.

	that occur over time, for example, belittling, threatening, isolating, and causing the child to feel worthless.[87]
Neglect	As defined by DCF, 'neglect' is not providing enough care or supervision so that the child is injured, or their development is damaged. It includes lack of food, shelter, affection, supervision, untreated medical problems, and abandonment. Note that situations of poverty cannot be constituted as perpetrating child abuse and when assessing for neglect, the Practitioner needs to consider whether the signs below are those of poverty as opposed to actively neglecting the needs of the child.[88]
Notification of harm	Child Maltreatment Reports are referred to in the OCC report as 'child protection notifications'.
Physical abuse	As defined by DCF, 'physical abuse' is when someone is deliberately hurt, or is at serious risk of being physically hurt, by their parents or carers. This can include punching, kicking, shaking or throwing, scalding/burning, strangling or leaving a child alone in a car. It can also be from excessive physical discipline, or by being given drugs including alcohol. These injuries are not treated as accidental.[89]
Sexual abuse or exploitation	As defined by DCF, 'sexual exploitation' is when a child or young person is exposed to inappropriate sexual activity. This includes being involved in sexual acts (masturbation, fondling, oral sex or penetrative sex); or witnessing sexual activity, either directly or through pornography or other inappropriate media.[90]
Substantiation of harm	Substantiations of notifications, refer to child protection notifications which were investigated and where the investigation 'concluded that there was reasonable cause to believe that the child had been, was being, or was likely to be, abused, neglected or otherwise harmed. Substantiation does not necessarily require sufficient evidence for a successful prosecution and

[87] Department of Children and Families, DCF Intranet (formerly TFHC), *Child Protection Investigation and Safety Assessment guidance* (2024) 28.
[88] Department of Children and Families, DCF Intranet (formerly TFHC), *Child Protection Investigation and Safety Assessment guidance* (2024) 29.
[89] Department of Children and Families, DCF Intranet (formerly TFHC), *Child Protection Investigation and Safety Assessment guidance* (2024) 29.
[90] Department of Children and Families, DCF Intranet (formerly TFHC), *Child Protection Investigation and Safety Assessment guidance* (2024) 29.

	does not imply that treatment or case management was provided. Substantiations may also include cases where there is no suitable caregiver, such as children who have been abandoned or whose parents are deceased'.[91]
TFHC	Department of Territory Families Housing and Communities. The department with statutory responsibility for the Northern Territory child protection and youth justice systems. Following the 2024 election and machinery of government changes, TFHC is now referred to as the Department of Children and Families. For the purposes of this report, references to TFHC are applicable to and inclusive of the Department of Children and Families.

[91] Australian Institute of Health and Welfare, *Child Protection Glossary* (2023) <https://www.aihw.gov.au/reports-data/health-welfare-services/child-protection/glossary#sub>.