



## ATTORNEY-GENERAL

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### REPORT TO THE LEGISLATIVE ASSEMBLY

Pursuant to section 46B of the *Coroners Act 1993*

In the matter of the Coroner's Findings and Recommendations regarding the death of  
Didbala Anzac.

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Pursuant to section 46B of the *Coroners Act 1993* (the Act), I provide this Report on the findings and recommendations of Local Court Judge Elisabeth Armitage, Territory Coroner, regarding the death of Didbala Anzac (the Deceased) (Attachment A refers).

This Report includes the response to the recommendations of the Territory Coroner by Mr Chris Hosking, Chief Executive Officer (CEO) of the Department of Health (DoH), Mr Brent Warren, CEO of the Department of Children and Families (DCF), and Mr Travis Wurst, Acting Commissioner of the Northern Territory Police Force (NTPF).

The Deceased was a 17 year old female who passed away in Katherine on 3 October 2022. At the time the Deceased passed away, she was under a Long Term Protection Order, in the care of the CEO of DCF, and had been living in a CASPA-managed Intensive Therapeutic Residential Care house in Katherine. The cause of death was self-inflicted hanging in the context of known complex mental health and behavioural problems.

#### Recommendations of the Coroner

The Coroner made the following recommendations in regard to the Deceased:

5. **I recommend that NT Police, Territory Families and CASPA** take steps to review, update and implement the "Protocol for Police Contact with Children Living in Intensive Therapeutic Residential Care", including through training staff in relation to the Protocol or its equivalent.
6. **I recommend that NT Police** maintain clear alerts in police systems which identify the risk of suicide and/or self-harm for children where such a risk is known to police, including circumstances where Territory Families, CASPA or another service provider informs police that a child is at risk of suicide and/or self-harm.
7. **I recommend that NT Police** ensure all frontline police receive expert training on the circumstances, behaviours, and risks of vulnerable children in OOHC and ITRC care, including on strategies and approaches for engaging with this cohort safely.

8. **I recommend that Territory Families** review the funding model for ITRC to:
  - (i). provide for/off-set legislated award wage increases for the duration of the contract; and
  - (ii). provide for complex needs funding for children in ITRC where the supports are not provided for or funded under a NDIS plan.
9. **I recommend that Territory Families** ensure each child in its care is provided a Case Manager with a realistically manageable case load (noting that the Case load for CASPA case managers is 5). Where this is not achieved, Territory Families should consider the feasibility of out-sourcing Case Management to, for example, the child's ITRC service provider where that provider is able to provide a Case Management service.
10. **I recommend that Territory Families** urgently address the chronically unfilled Case Management needs in the Big Rivers Region and identify innovative strategies to ensure these needs are actually met. (By way of example only, by considering the feasibility of interstate models of Case Management including, the NSW model of care where Case Management is delegated to CASPA (for children in their care) and the Victorian model where Case Management is delegated to ACCOs where the child in question is Aboriginal).
11. **I recommend that Territory Families** set benchmark time limits for completion of NDIS assessments and applications for children in care who are identified with this need.
12. **I recommend that Territory Families** amend the Essential Information Record form to separate Mental Health and Suicidal or Self Harm risks.
13. **I recommend that Territory Families** review and up-date its Death of a Child in Care Policy concerning how families are contacted about the death of a child in care.
14. **I recommend that Territory Families** urgently establish a High Risk Youth Panel and evaluate and monitor its effectiveness in addressing the needs of the high risk youth cohort.
15. **I recommend that NT Health** take all necessary steps to implement a Child and Adolescent Mental Health "*Remote Area Team*" in the Big Rivers Region to provide community based mental health support in conjunction with Aboriginal Controlled Community Health Organisations.
16. **I recommend that NT Health** set a benchmark time within which it will have eliminated the use of seclusion and restraints for children in in-patient mental health facilities.'

## **Response to Coroner's recommendations**

A copy of the Coronial Findings was provided to Ms Raelene Burke, Acting CEO of DCF on 18 September 2025, in accordance with section 46A(1) of the Act.

A written response was received from Mr Warren dated 19 December 2025, as required by section 46B(1) of the Act. The response was as follows:

### Recommendation 1

'DCF and NT Police are updating the Protocol for Police Contact with Children Living in ITRC (the Protocol) to be more succinct and accessible for frontline DCF and NT Police staff. Additionally, the revised protocol will be broadened to apply to all placement types, not only children in ITRC, to provide consistent responses to all children in care with complex needs.'

### Recommendation 2

'DCF released the second-generation contract for ITRC on 10 November 2025, with applications closing on 12 January 2026. The tender invites applicants to complete a Pricing Schedule, in which they are required to articulate all costs associated with doing everything necessary to deliver services, including labour. The contract accommodates award wage increases through annual service charge indexation using the Social, Community, Home Care and Disability Services Industry Award. Further, the contract is inclusive of child packages of care, which allow flexibility for additional costs that are above and beyond the standard payment rates to be paid to meet the individual needs of a child.'

### Recommendation 3

'DCF continues to undertake targeted initiatives to address frontline workforce shortages and improve case management ratios. As of 5 November 2025, vacancy rates across all 6 DCF regions had reduced when compared to November 2024.'

As outlined above, DCF recently put the ITRC contract out for tender. The contract sets out defined case coordination tasks that ITRC service providers can deliver to children in care that do not require employees to be Authorised Officers under the *Care and Protection of Children Act 2007*, and which are aligned to the child's permanency goals and care planning needs.'

### Recommendation 4

'The staff profile of DCF Regional Services Big Rivers has improved significantly since the coronial inquest into this matter. As of 5 November 2025, the overall vacancy rate (not limited to case managers) for the Big Rivers Region was 15%, which is a substantial improvement on the November 2024 rate of 31%. From 1 January 2025 to date, successful recruitment of 13 Child Protection Practitioners for the Big Rivers Region has occurred.'

Additionally, I have received positive feedback that the monthly meetings between CASPA and senior DCF Regional Services Big Rivers staff have improved role delineation, and as a consequence, contributed to better outcomes for children residing in ITRC placements in the region.'

### Recommendation 5

'DCF is working to improve the identification of disability and required supports when a child or young person enters care, and for children and young people already in care. Part of this work has included collaborating with NT Health to align and improve referral processes for paediatric assessment of children entering care or in care to NT Health's designated paediatric clinics for vulnerable children located at the Royal Darwin and Alice Springs Hospitals. It also includes updating of DCF's Health and Medical Needs of Children in Care Procedure to align with the NT Disability Strategy Action Plan 2025-2029.

DCF purchases professional and allied health services from providers to complete assessments required for NDIS applications. It is not possible to set a benchmark time limit for completion of assessments as there are many variables that can affect timeliness, including provider availability, client engagement with the provider, and the requirement for multiple assessments which are unable to be completed in a single session.'

### Recommendation 6

'Implementation of this recommendation will be achieved by making changes to the Essential Information Record (EIR) and updating of this in DCF's CARE system. This is expected to occur in early 2026.'

### Recommendation 7

'DCF has reviewed and amended the Death of a Child in Care Procedure in relation to how families are contacted about the death of a child in care. The procedure is currently with DCF's Aboriginal Cultural Security Leadership Committee for review, and is expected to be endorsed by the Executive Leadership Board in early 2026.'

### Recommendation 8

'DCF is currently reviewing the terms of reference of a Risk Escalation and Mitigation Group (REAM), which will consider referrals for children and families who are assessed as most complex and/or at risk of serious harm, injury or death, and where standard case management practices are not effectively mitigating risk. As well as including relevant DCF staff, DCF is considering extending REAM Group membership to include a medical professional, police officer, education officer, and any other specialist that may provide expert advice relevant to the needs of children and families. DCF's Executive Leadership Board will be considering the operationalisation of the REAM Group in January 2026.'

A copy of the Coronial Findings was provided to Mr Chris Hosking on 18 September 2025, in accordance with section 46A(1) of the Act.

A written response was received from Mr Hosking dated 4 December 2025, as required by section 46B(1) of the Act. The response was as follows:

### Recommendation 15

#### **'Actions NT Health has taken regarding the implementation of a Child and Adolescent Mental Health "Remote Area Team" in the Big Rivers Region**

##### Current situation:

- Top End Mental Health and Alcohol and Other Drugs Service (TEMHAODS) holds clinical governance and oversight of the provision of tertiary mental health care to children and young people aged 0-17 years across the Top End and Big Rivers Regions.
- The clinical oversight and governance for the Katherine based child and adolescent team is provided by the TEMHAODS Darwin-based child and adolescent mental health team. This is articulated in the TEMHAODS child and adolescent mental health team procedure.
- The current staffing profile delivering child and adolescent mental health services in the Big Rivers region is:
  - consultant psychiatrist at roughly 0.1FTE (Specialist Outreach NT funded) and 1 senior mental health worker 1.0 FTE.
  - further senior mental health worker (1.0 FTE) position is being transferred from another cost centre to the Big Rivers team to further bolster current service delivery.

##### Progress on recommendation:

- A remote child and adolescent mental health service for the Big Rivers Region is currently being scoped.
- A steering committee is being established and will include Traditional Owner groups, Aboriginal Community Controlled Health Services (ACCHS), non-government organisations (NGO) and relevant government departments. The steering committee will work to co-design a service response that best meets the needs of children and young people (and their families) with complex mental health presentations in the Big Rivers Region.
- TEMHAODS has commenced a review of organisational governance, current resourcing, personnel audit and service usage of child and adolescent services across the TEMHAODS service footprint.
- In addition, a Territory-wide infant, child and adolescent service model was identified in 2024 / early 2025 following a consultation process and includes a range of systemic improvements to bolster service provision and collaboration across NT Health, ACCHS and AMSANT.'

## Recommendation 16

### **'Actions NT Health has taken regarding the elimination of the use of seclusion and restraints for children in in-patient mental health facilities**

#### Current situation:

- NT Health mental health facilities provide a trauma informed approach in the delivery of care and treatment.
- All efforts are made to reduce the use of seclusion and restraint for children and young people receiving treatment in a mental health inpatient facility, through the use of therapeutic and trauma informed responses and treatments.
- All practice is informed by legislation, policy and procedures.
- The use of restrictive practices (seclusion and restraint) is considered a 'last resort' and only to be used when all other options are unavailable to ensure the safety of a child or young person, and make sure those providing care are not seriously harmed.
- The use of seclusion and restraint for children and adults requires strict adherence to legislation, policy and procedures as outlined in the NT Mental Health and Related Services Act 1998. Within the Act, the use of seclusion and restraint is identified as:
  - Only to be used in an approved treatment facility
  - Only to be applied where no other less restrictive method of control is applicable or appropriate (or achieved in deescalating the situation) and when a person receiving treatment is at an acute risk of serious harm to themselves or others as a 'last resort', when no less restrictive alternative exists
  - The criteria explicitly outlined in the Act are subject to monitoring, review, and departmental directives for their appropriate use
  - A child or adult patient may only be kept in seclusion or restraint when it is approved by an authorised psychiatrist practitioner or in the case of an emergency, by the senior registered nurse on duty
  - All restrictive practices are identified as requiring formal notification and review
- Work will commence within the Territory-Wide Child and Adolescent Mental Health Steering Committee, with a focus on the development of a new model of care for the youth inpatient service based in Darwin.

Progress on recommendation:

- A thorough review of the current Mental Health and Related Service Act 1998 has occurred with thorough consultation across the NT with service users, lived experience groups, family and friends of service users, service providers and other interested parties. Consultation was undertaken through stakeholder meetings and the provision of formal submissions.
- The draft Bill contains proposed reforms to the MHRSA to provide a contemporary mental health framework.
- The draft Bill provides a framework for compulsory and in-hospital mental health services in the NT.
- The Bill enhances the rights of persons with a mental illness or a mental disorder and their participation in their own treatment and recovery. These include the introduction of rights-based principles, the promotion of agency and autonomy of persons with a mental illness or mental disorder by:
  - Introducing a presumption of decision-making capacity
  - Promoting the use of advance personal plans
  - Requiring any communication to be in a language, form or communication and terms that the person is likely to understand, introducing flexibility to enable such communication to occur
  - Introducing the concept of providing appropriate supports to assist the person to make or participate in making decisions, and communicate effectively
  - Introducing the role of a nominated support person
- Informed by the 2021 Royal Commission into Victoria's Mental Health System and the South Australian Law Reform Institute's Review of the Mental Health Act 2009 (SA), the Bill introduces a number of improvements, including:
  - New improved pathways to compulsory treatment, providing health practitioners with clear powers and duties, clear processes for exercising those powers as well as performing those duties
  - A health-led response to a mental health crisis
  - Expanding the regulation on the use of restrictive interventions
  - Introducing the statutory role and functions of a Chief Psychiatrist
- Aligning with socio-economic targets of the National Agreement on Closing the Gap, the Bill introduces the principle that Aboriginal or Torres Strait Islander persons are to be provided with treatment and care in a way that is respectful of the person's culture and identity, including:
  - Connection to family and kinship, community, country and waters

- The importance of those connections to mental health and to social and emotional wellbeing
- The views of elders, traditional healers and Aboriginal or Torres Strait Islander mental health workers must be taken into account, to the extent practicable and appropriate.'

A copy of the Coronial Findings was provided to Mr Martin Dole APM, Commissioner of NTPF on 18 September 2025, in accordance with section 46A(1) of the Act.

A written response was received from Mr Wurst dated 3 December 2025, as required by section 46B(1) of the Act. The response was as follows:

#### Recommendation 5

'Recommendation 5 is accepted in part. The NTPF will take steps to liaise with the Department of Children and Families (DCF) and CASPA to review, update and implement the 'Protocol for Police Contact with Children Living in Intensive Therapeutic Residential Care' and ensure members are aware of their duties and obligations under the new Protocol or its equivalent.

This recommendation will be referred to the Coronial Recommendation and Implementation Committee to allocate an Action Officer to undertake discussions with DCF and CASPA.'

#### Recommendation 6

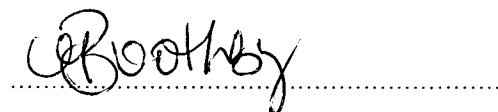
'Recommendation 6 is accepted in full. The relevant General Order/Instructions will be amended to embed new procedures requiring alerts to be added to SerPro. A technical solution has been identified and the process can commence once the relevant General Orders/Instructions have been amended.'

#### Recommendation 7

'Recommendation 7 is not accepted. The NTPF will commit to reviewing police training in relation to interactions with vulnerable people including youths.'

I am satisfied that the CEO of DCF, CEO of DoH and the Acting Commissioner of NTPF have considered the recommendations of the Territory Coroner and that they have responded to the recommendations.

DATE: - 9 MAR 2026



MARIE-CLARE BOOTHBY