

# Riverina Murray Regional Alliance

## Ngunggiyalali Position Paper

Healing, health and family wellbeing – case studies from RMRA communities



# Contents

Glossary .....	4
Supporting documentation.....	5
Introduction .....	6
<i>Purpose of this document</i> .....	6
<i>Overview of RMRA priority themes</i> .....	7
<i>Healing, health and wellbeing (including OOHC and child protection) priority theme</i> .....	8
Understanding the reality – stories from the RMRA region .....	10
<i>Introducing the King-Murray-Taylor family</i> .....	10
<i>How could this story be different? Implications for Ngunggiyalali</i> .....	20
Working together to see these stories differently .....	27
Healing, health and family wellbeing (including OOHC and child protection) – the 14 outcomes we seek.....	29
References .....	30
Appendix A RMRA case stories .....	31
<i>Introducing Bonnie and Joe’s family story</i> .....	31
<i>Introducing Helen’s story</i> .....	32
<i>Introducing Cec and Sharon’s family story</i> .....	33
Appendix B Healing, health and family wellbeing - suggested actions and strategies .....	35
 <b>List of Tables</b>	
Table 1: Healing, health and family wellbeing – proposed short term and medium-term goals and strategies .....	35
 <b>List of Figures</b>	
Figure 1: Overview of intended impact - <i>Bagaraybang (healthy and restored)</i> .....	7
Figure 2: Healing, health and wellbeing benefit pathway .....	8
Figure 3: Out of home care and child protection benefit pathway .....	8
Figure 4 The King family tree .....	11

## PREPARED BY

The Riverina Murray Regional  
Alliance with support and  
guidance from Think Impact

## CONTACT

For further details please contact:  
Ruth Davys  
RMRA Chairperson

“Strengthening our communities”





We are all visitors to this time, this place. We are just passing through. Our purpose here is to observe, to learn, to grow, to love and then we return home.

- *Aboriginal proverb*

# Glossary

The following acronyms and terms are used in this report:

Term	Definition
<b>AA</b>	Aboriginal Affairs
<b>AMS</b>	Aboriginal Medical Service
<b>AOD</b>	Aboriginal alcohol and other drug services
<b>CDEP</b>	Community Development Employment Program
<b>DOCS</b>	Department of Community Services
<b>FACS</b>	Family and Community Services (Now Department of Communities and Justice)
<b>FCM</b>	Family Case Management
<b>FGC</b>	Family Group Conferencing
<b>Ngunggiyalali</b>	See pg
<b>NGO</b>	Non-Government Organisation
<b>OOHC</b>	Out of home care
<b>RMRA</b>	Riverina Murray Regional Alliance
<b>Truth-testing</b>	Using community stories to monitor accountability and evaluate the impact that the services are having in the community. Truth-testing is about alignment of the experience of those living in communities with the data and evidence used by service providers.
<b>WDO</b>	Work and Development Order



# Supporting documentation

The following documents should be read in conjunction with this document:

Document title	Description
<b><i>Riverina Murray Regional Alliance (RMRA) Strategic Priority Plan 2018-2021</i></b>	The RMRA Strategic Plan 2018-2021 outlines the RMRA Purpose, Vision and Values, Operating Environment, Regional Planning Procedures, Community Profiles and Strategies Priorities, Goals and Actions. RMRA identified ten strategic themes in the Strategic Priority Plan.
<b><i>Riverina Murray Regional Alliance proposed outcomes, December 2019</i></b>	This document was co-created by Think Impact and RMRA to support the pre-Ngunggiyalali process. It outlines the three priority themes identified by RMRA during workshops held on 5 <sup>th</sup> and 6 <sup>th</sup> December 2019 in Wagga Wagga in preparation for a joint session on 10 <sup>th</sup> March 2020 with NSW Government delegates.
<b><i>RMRA data request for NSW Government delegates, April 2020 – Healing, health and wellbeing</i></b>	This document template was prepared by RMRA to be completed by NSW Government delegates. Additional information was provided by RMRA, outlining the context and intent of each of the outcomes within the health, healing and wellbeing (including out of home care and child protection) priority area.
<b><i>Family is Culture Review Report, October 2019</i></b>	This document is an independent review of Aboriginal children and young people in out of home care (OOHC) and outlines key recommendations for community service organisations. RMRA will draw extensively on this document and its recommendations. RMRA want the findings in this inquest acknowledged and acted upon to ensure changes are seen across the RMRA region
<b><i>Inquest into the death of Naomi Williams, Tumut, Date of findings 29 July 2019</i></b>	The inquest found a “number of areas where there appear opportunities for improvement or change” applicable to the whole health system A number of key recommendations relate to improvements in services provided to Aboriginal communities to ensure they provide culturally appropriate care (refer in the inquest findings 3-9). RMRA want the findings in this inquest acknowledged and acted upon to ensure changes are seen across the RMRA region.

# Introduction

## Purpose of this document

This document has been developed following a pre-Ngunggiyalali meeting held on 10<sup>th</sup> March 2020 between Riverina Murray Regional Alliance (RMRA) community delegates and NSW Government delegates. The purpose of the meeting was to establish an understanding of the priority outcomes sought by community and to identify additional information required to inform negotiations.

This document has been developed by RMRA to provide greater context and evidence of the current experiences in RMRA communities and to inform Government representatives in preparation for negotiations.

**It includes three key sections:**

- **Understanding the reality** – case stories from Community stories
- **Working together to see these stories differently** - implications for Ngunggiyalali
- **Healing, health and family wellbeing** – the fourteen outcome we seek, including suggested medium-term goals and strategies

The community case stories have been de-identified to share a few examples of the current experiences of Aboriginal families in the Riverina Murray footprint.

These stories are provided to help Local Decision Making (LDM) participants understand the context upon which the community will assess the degree to which the LDM process is making a difference.

These stories and experiences need to change.

How we get there is the result of **Ngunggiyalali**.

## Overview of RMRA priority themes

RMRA have identified **three priority themes** for negotiation:

1. Healing, health and family wellbeing (including out of home care and child protection)
2. Law and justice
3. Housing

These themes have been prioritised from the ten strategic themes included in the **RMRA Regional Strategic Priority Plan 2018-2021**. During the workshop on 10<sup>th</sup> March 2020 each of the three priority themes were introduced to Government delegates. A visual representation is provided below of the priority themes.

The interconnectivity between all of the priority themes must be acknowledged. As illustrated below, healing, health and wellbeing is all encompassing and wraps around all of the other priority themes. The priority themes are not indistinguishable.

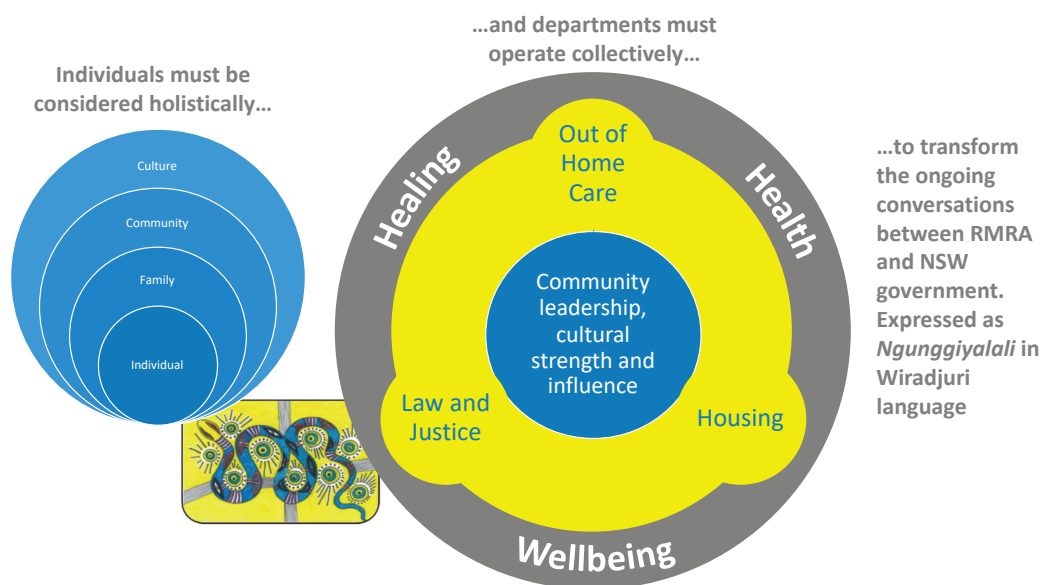


Figure 1: Overview of intended impact - *Bagaraybang* (healthy and restored)

## Healing, health and wellbeing (including OOHC and child protection) priority theme

The interconnectivity between all of the priority themes must be acknowledged. The health healing and wellbeing priority area acknowledges that health, healing and family wellbeing are not indistinguishable – hence OoHC and child protection are integral. As illustrated in the overarching impact visual diagram above, this priority theme wraps around it all. Culture and Country must also be recognised as integral to health, healing and wellbeing.

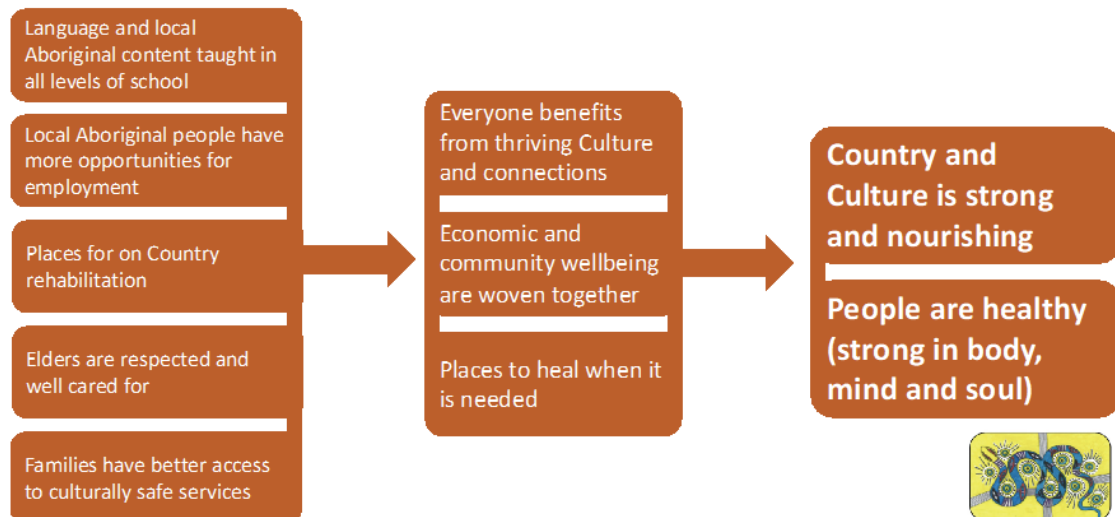


Figure 2: Healing, health and wellbeing benefit pathway

Out of home care and child protection has been identified as a sub-set of healing, health and wellbeing for negotiation. The case studies included in this paper illustrate why the themes and intended long term outcomes are priorities for RMRA. Unfortunately, they are familiar stories from the experiences of Aboriginal people living in the RMRA region. The following figure illustrates a high-level cause and effect relationship or benefit pathway relating to out of home care and child protection.

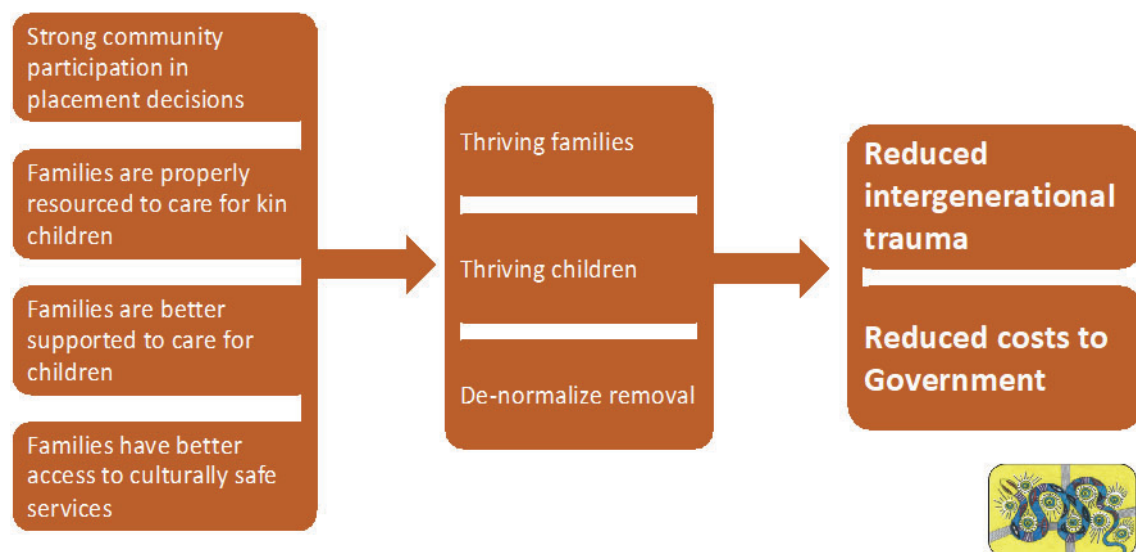


Figure 3: Out of home care and child protection benefit pathway



*Dyiba wayagigu*

**Nginyanhiggingunha mayiny bala  
bagaraybang, murunwiginya  
duguwaybul, RMRA dhuradhu  
ngunggiyalali NSW government-  
guliya dhuray**

We are transforming the conversation.

Our people are healthy and restored, living a complete way of life, through RMRA continuously conversing and reaching mutual agreements with NSW Government.

# Understanding the reality – stories from the RMRA region

'No amount of money is going to help. Government need to **see** it differently and we need to work together differently' – *RMRA delegate*.

The following de-identified community stories have been drawn from stories gathered by the delegates from across the Riverina Murray region. Understanding the realities of what can happen and what is happening to families in our region is the first step to *ngunggiyalali* – transforming our conversation.

## Introducing the King-Murray-Taylor family

The **King family** live in a Social Housing estate in a remote township in regional New South Wales. Both parents are long term unemployed and currently receive Centrelink benefits. The parents live in the same dwelling but report to Centrelink, Dept of Communities & Justice Housing/Child Protection that they live separately. They have seven children between them with three living in the home. The family does engage in community events, but only on a peripheral level with minimal interaction from the parents. It is well known that the parents have issues with drug and alcohol abuse/addiction and that domestic violence is intermittently an issue in the family.

**Michelle Taylor** is 28 years old and the mother of three children, Ethan, Claire and Yarran, that live in the family unit. She is Non-Aboriginal. Michelle is six months pregnant and the mother of another older child, Lucy, who she had at fourteen. Lucy lived with Michelle until she was ten months old but was removed by the Department of Communities and Justice. Lucy and Ethan have different fathers.

**Jandamarra King** is 38 years old and Michelle Taylor's current partner. He is Aboriginal. He is stepfather to **Ethan Taylor** and father to **Claire** and **Yarran**. Jandamarra also had two children, **Bella and Girra**, when he was in his late teens with his then partner, **Tildy** who is also Aboriginal.

**Ethan Taylor** is 12 years of age and is non-Aboriginal. Ethan was three and a half years old when his mother began a relationship with Jandamarra. Michelle is obsessed with what Jandamarra is doing rather than focusing on the children especially, Ethan. Hence, Ethan has had little to no structure in his life other than the responsibility of caring for his two younger siblings. He is often out and about roaming the neighbourhood and is known to the police for petty crime and vandalism.

**Claire King** is 8 years old, Aboriginal, and the oldest child of Jandamarra and Michelle. Claire is a quiet, reserved child who likes school but often stays home because she doesn't have what she needs to attend.

**Yarran King** is 4 years of age and is the youngest child at the moment, as Michelle is due to have another child in three months. Yarran can do no wrong in his fathers' eyes – Jandamarra encourages aggressive behaviour with no consequence at home for misbehaving. Yarran intermittently attends the local public school's pre-school program.

The following figure illustrates the King family tree and the relationships between the characters described in this case story.

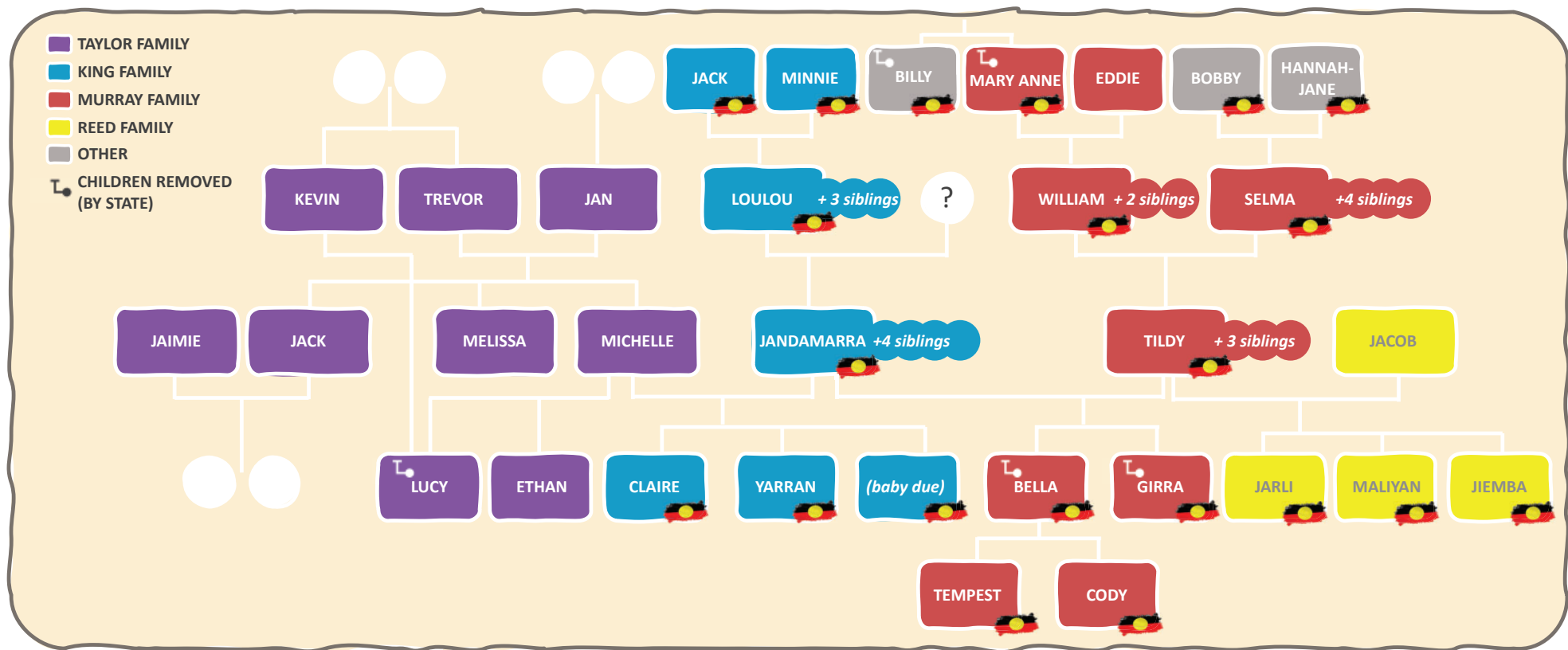


Figure 4 The King-Murray-Taylor family tree

### Michelle Taylor (28)

- Growing up, Michelle lived with her parents and two other siblings, **Jack** and **Melissa**. She is the youngest of her family. Her father worked as a clerk at a factory and her mother part-time at a local supermarket. They lived a comfortable life and her family had a mortgage. They had birthday parties, holidays away and Christmas was a special time with lots of presents.
- Michelle's father **Trevor** had a younger brother, **Kevin**, who was especially fond of Michelle. He would buy her nice things and her parents were always happy for him to spend time with Michelle as she grew up. All was well until Michelle was about ten years old when the relationship changed. Kevin had recently broken up with his long-term girlfriend and the relationship between him and Michelle took a sinister turn.
- When Michelle turned fourteen her mother, Jan, started to notice Michelle was putting on a lot of weight and was sick all the time. A visit to the doctor discovered she was seven months pregnant. Even to this day Michelle will not reveal who the father is.
- Once her daughter Lucy was born, Michelle returned home to live with her parents and the baby. For a while everything was okay. When Lucy was six months old, however, Michelle's mother died suddenly and the world as they knew it changed dramatically. Michelle's father slipped into a deep depression and became more and more reclusive, eventually losing his job. Michelle and her older siblings, Jack and Melissa, tried hard to keep the home together. In the end, Trevor died by suicide and the house was sold. Lucy was taken into care.
- Once Lucy was taken into care, Michelle tried hard to work with the Department, but lost the battle for custody. Alone and with no support and numb with grief, she drifted until she found herself caught up in drugs. Despite falling pregnant with Ethan at the age of 16, she never stopped long enough to think about the torment she continually struggled with. Michelle never bonded well with Ethan and would leave him to be looked after by others, including her brother and sister, whenever she could.
- Her life changed when she met Jandamarra at the age of 18. Jandamarra was 30 at the time and she began to live under his rule. He was recently out of prison when they met. He was charming and seemed to offer her the safety she craved. While he was sometimes violent, as long as no one antagonised him, then life was okay.
- Pre-natal care was something she had never done. She would normally present to hospital to give birth having had only one doctor visit during the pregnancy. During this latest pregnancy she has had no antenatal care. Except for when she was pregnant with Lucy, she has drunk alcohol, smoked tobacco and used other drugs while being pregnant.
- Michelle has rarely seen her brother and sister since she started seeing Jandamarra and partying often.
- She is too tired to change her life.
- She has no idea where Lucy ended up.

### Jandamarra King (39)

- Jandamarra is in charge of his family and has misogynistic tendencies and **Yarran** his youngest son is particularly influenced by these behaviours.
- He ensures the family complies with the Department of Communities and Justice (DCJ) and other organisations who are involved in their family life, so that he can get them out of his life before his children are taken away.
- His cultural connection has been distorted due to his fractured upbringing.
- His mother **Loulou** suffered from mental health issues which impacted on Jandamarra's home life. On many occasions, when Loulou was not well, she would wake Jandamarra up at bizarre times during the night to pray to Jesus and read from the bible. When Loulou was on a mental health order and had a set routine, life had an air of normalcy.



- When life was bad, he and his other siblings went to live with his grandmother. Life was hard for them and they would be separated to live amongst other relatives. He always stayed with his grandmother. In his mind, no one else wanted him.
- Jandamarra has a learning disability and causing him to fall behind others at school. Some observations by his teachers indicated he could have ADHD and possibly other issues. School teachers made requests to meet his mother to have further testing, but nothing ever came of this.
- Nobody was sure who his father was, but he had a succession of “Uncles” over the years.
- His grandmother, Minnie, never got any financial or emotional support when he was with her. Whenever Minnie pushed Loulou too hard for financial support she would snatch all the children back to ensure she didn’t lose her Social Security.
- Jandamarra learnt not to depend on others because ‘nothing lasts’.
- He vowed his children would have better than he did, and while this is true, they still do not have their basic needs met.
- His grandmother died when he was fourteen and any softness or kindness that he had when he was with her disappeared. Minnie was the only one that gave him unconditional love and support. She did her very best.
- After Minnie died, he got caught up with the police and went to Juvenile Justice for breaking and entering, stealing cars and other petty crimes. This career began with trying to fit in with his cousins by drinking and eventually doing other drugs. After this, his world spiralled out of control.
- He met a number of girls over the time but **Tildy** stole his heart. For a while, life was good. But eventually the old world crept up on him when Tildy was pregnant with **Girra** and he got sent to June Correctional Centre for five years for Domestic Violence issues, possession of drugs, driving under the influence (DUI) and offensive language.
- Bella and Girra were removed from Tildy by the Department when they were 4 and 2 and a half years old.
- This started a roundabout of various foster homes and eventually Bella and Girra were separated.
- They have had little to no contact with either parent or their families and Bella, being quiet and fair skinned was placed with a Non-Aboriginal family. Eventually she lost all sense of her Aboriginality, culture and family.
- Girra is currently homeless as he ran away from his placement at around 12 years of age. He has poor mental health and has had intermittent support over the years.

### Ethan Taylor (12)

- Ethan was often left with other family members and sometimes strangers for days and weeks until his mother began her relationship with Jandamarra. It was at this point that he had a home for the first time.
- Ethan is aware he is not Jandamarra’s son because he is often told this by Jandamarra loudly and often.
- School holds no relevance to him. He has been allowed to slip through the school system with only one or two teachers giving him any grief over the years. School class sizes have limited the teachers’ abilities to respond to his needs. He has not been able to connect with other students other than those who are also disengaged from school.
- Antisocial behaviour is now becoming the norm for Ethan. At first, he was often scared, but now that he has alcohol, he finds he is no longer scared all the time. He feels like he fits in. If he feels he doesn’t fit in anywhere, it creates little or no concern for him except the next day when the feelings of inadequacy come crashing down. Once he finds alcohol again, all becomes right with his world.
- He has always looked out for his younger siblings but being at home is getting harder and harder with Jandamarra around.
- His mother sometimes promises him that they will leave and have a home of their own and everything will be like other nice families, but it never happens.
- Ethan has come to the conclusion that life won’t change and he better off looking after himself.

### Claire King (8)

- Claire is quiet and well-mannered but has no equity in her life with regards to education or social standing.
- At school, Claire has been the victim of bullying and racism and her mental health and self-worth are poor. It is taking a toll on her.
- The older she gets, the further behind she gets at school. Her basic household needs are not being met and she lacks resources, supervision and support. She is malnourished.
- Life improves for a while when services intervene and assist the family to cope with the many competing priorities in their lives, including intergenerational trauma.
- Recently, Claire was found under her house scrubbing her skin. When asked by her mother what she was doing she said, *"I'm trying to scrub the black off me"*.

### Yarran King (4)

- Yarran loves his mother, but this is changing as a result of Jandamarra modelling misogynistic behaviour.
- At four, Yarran holds an elevated position in the household given he is male and the son of Jandamarra.
- Yarran has no boundaries and often hits his mother.
- Yarran will be starting school next year but has had very limited interactions with preschool or with assisted playgroups.
- Yarran's day has no routine or structure and he sleeps wherever he falls asleep.
- He is malnourished.
- If Yarran is being supervised it is often by his siblings Ethan (12) or Claire (8) and not his parents.

### Baby King

- Michelle's unborn child has already had issues due to Michelle's alcohol, drug, nicotine intake and poor nutrition.
- Michelle has undiagnosed high blood pressure which could lead to delivery issues due to preeclampsia.
- The child is expected to arrive early and is subject to long term life issues due to lack of prenatal care as well as the issues affecting both parents and siblings.

### Lucy Taylor (Michelle's oldest child)

- Lucy was placed with a middle-aged couple who had two older children from a very young age.
- She was like an only child because the others were in school when she went to live with the family.
- She didn't realise she was adopted until she was about ten. She had no recollection of her mother and never felt different, but it was obvious as time went on that she was the only blonde blue-eyed child in a family with dark hair and green eyes.
- Her adopted parents have always been loving and supportive of everything she does.
- She has a few genetic issues that are hard to explain and growing up she was always under the care of a paediatrician. Whilst under the care of the paediatrician she learns that her father is a very close relative to her mother and her mother was a teenager when she was removed. Her world shatters.
- She longs to know the full story and to meet her mum.

### Tildy Murray (former partner of Jandamarra)

- Tildy's life was good – there were no major incidents.
- Her parents both had stable employment. They rented in the private rental market for over 20 years.
- Tildy attended school and received her year 10 certificate with reasonable grades.

- Once she left school, she worked as a shop assistant at the local chemist on an Aboriginal employment scheme.
- Jandamarra was her first boyfriend and their relationship changed her life dramatically. She started missing work and then found out she was pregnant with **Bella**.
- Tildy's parents were not supportive of her relationship with Jandamarra but did support Tildy and her children as best they could.
- Tildy became pregnant with **Girra** when Bella was only nine months old.
- When Bella was a baby, Tildy started drinking more often with Jandamarra to fit in.
- Life unravelled quickly once Jandamarra started back to his old ways. He was sent to Junee Correctional Centre for five years for Domestic Violence issues, possession of drugs, driving under the influence (DUI) and offensive language.
- She tried hard to keep the relationship going by visiting Jandamarra in jail, but it eventually became too much. She got caught taking drugs into the prison and had to face court and received a suspended sentence.
- She stopped drinking for a year with help from the SMART recovery program but eventually found herself back in her old ways.
- Once she started drinking again her parents had to withdraw support and reported the children to Department of Community Services (DOCS) when Tildy neglected them. They tried to help out with the children by having them in daycare when they were at work, but whenever they were settled Tildy would reappear and disrupt their lives.
- There were no options for kinship care at this time as it wasn't part of the policy
- Even though their grandparents William and Selma Murray tried to have them placed in their care, once the children were removed, Tildy went further down the rabbit hole of addiction and mental health issues.
- DOCS would not support the placement with the grandparents even though they attended court.
- Tildy tried to comply and sort her life out to get the children back but she lacked the ability to navigate the system and eventually lost custody of her two children.
- Tildy eventually attended a 12-step rehabilitation program for a year. Once completed, she worked towards a Section 90 to have the children returned. DOCS had the case reviewed by their legal team and it was decided that they wouldn't support their return to their mother's care, as it was in their best interest to remain with carers.
- Tildy met Jacob at her AA meetings. They eventually married and she had another three children who she raised in a loving, stable environment. Her parents passed about five years ago, one from Cancer and the other from a broken heart.

### Jacob Reed (Tildy's husband)

- Jacob is a Non-Aboriginal man
- Met Tildy during AA meetings
- Spent time incarcerated for alcohol related crimes
- Spent time in rehailiation service
- Engaged with adult education system
- Now Jacob works as a drug and alcohol counsellor with the local Community Health

### Jarli 11 years, Maliyan 9 and Jiemba 4 (Tildy and Jacob's children)

- Jarli, Maliyan and Jiemba have all attended day care and pre-school and both parents work.
- Jiemba is four years old and also attends a local Aboriginal Women's Group with his mother Tildy.
- The two boys currently attended a public school with a strong cultural program

- Tildy works part-time at the Local Aboriginal Land Council as an Administration Assistant and assists coordination of the Women's Group in conjunction with the CEO
- The children have all they need and are resourced well for school. They have good nutrition and are well supported at home.
- Jarli has been diagnosed with Tourette's, ADHD and anxiety
- Jarli and Maliyan have chronic asthma and Jiemba has a speech impediment
- All three children have a local regular GP and attend appointments regularly as well as regular appointments with a paediatrician which they have to travel over an hour and a half for appointments
- Jarli has medication for his Tourette's, anxiety, ADHD and asthma
- Maliyan also has regular medication for her asthma
- Both Jarli and Maliyan have spent time in hospital for their asthma before they had an asthma plan implemented by their paediatrician
- Jarli also attends regular appointments with a psychologist who specialises in child psychology. The appointments cost \$185.00 with a \$86.15 rebate from Medicare. The appointments are an hour and a half away.
- Both Tildy and Jacob speak often of Bella and Girra to the children to reinforce the sibling bond. Tildy long ago accepted that she will have to wait for Bella and Girra to look for her but she has given up all hope that they will ever happen.
- Jarli and Maliyan are in the Chronic Care Program (Close the Gap) for their Asthma

### William Murray (Tildy's father)

- William's mother was born on Warangesda Aboriginal Mission and Station
- His mother Mary Anne Carter came to Warangesda after she was removed from her parents at age 9 with her brother Billy Carter. They grew up in the dormitories there.
- Mary Anne grew up on the mission and left there when she turned 15 to work as a domestic at a station
- She married Eddie Murray when she was 17 at the station where they both worked. Eddie was not Aboriginal, and they moved often for work.
- They had three sons William, Jimmy and Bertie.
- William only drank alcohol on special occasions like Christmas, Easter and birthdays, oh and of course watching the Grand Final.

### Selma Murray nee Jamison (Tildy's mother)

- Selma's mother Hannah-Jane Curtis was born at the Murrin Bridge Aboriginal Mission at Lake Cargelligo and was brought up under the rule of the Mission Manager.
- Hannah-Jane left the mission at 16 to work at a town two hours from the Mission and she met her husband Bobby Jamison who was Aboriginal, whilst working there.
- Hannah-Jane and Bobby got married and had 5 children. Louis, Teddy, John, Donna and **Selma** was the youngest.
- Selma and William had four children Marcia, Girra, Matilda (**Tildy**) and Joseph (Joey). Girra died from Sids 2 when he was 11 weeks old<sup>1</sup>. Nobody spoke of Girra as that was the old people's way.

---

<sup>1</sup> Aboriginal and Torres Strait Islander infants are consistently over-represented in Sudden Unexpected Death in Infancy (SUDI). During the period 2010-2014 almost one third (14) of the 45 infants whose deaths were classified as SUDI in NSW were Aboriginal or Aboriginal and Torres Strait Islander children (NSW Child Death Review, 2014).



- Marcia and Joey did as well in life as they could with employment and education. They both had a dark complexion and the ingrained institutional racism of small towns made their lives very difficult.
- Selma rarely drank alcohol but would have an occasional glass of wine with a meal if she was out for dinner
- Selma attended an Al-Anon 12 step program, that specialises in family group work, when they lost Bella and Girra to DOCS. The program which she attended until her death from Cancer was a major catalyst for change for herself and Tildy.

### Bella Murray (Tildy and Jandamarra's daughter)

- Bella had always looked after her little brother Girra and was a very parentified child.
- When they were very small, she would make his bottle and feed and care for him. Her grandmother, Ninny would smile at her and say that she would do it when they stayed with her.
- Bella has a very fair complexion but knows she is Aboriginal but has little or no sense of Being Aboriginal.
- Once they were placed within the child protection system, they had very few visits with their mother and grandparents
- At first, they were placed together with a nice family, but the marriage broke down and they were placed with another family for a short period of time. For their last placement they were separated and to manage the separation from her brother she began to distance herself and block everything out.
- She loved the family she was with but never felt that she belonged. For a few years all was good but the sense of not belonging and the feelings of unease had her always looking for her family. She started missing school and hanging around older people. She would go missing for a few days, then the weeks would turn into months until she eventually became pregnant at 17 with an older man's baby.
- Domestic violence began in the relationship and continued until the baby was a few months old when she ran away with the baby
- Bella got a DCJ house and was set up with funds from DCJ
- Bella often showed up for emergency relief handouts from DCJ for food etc
- She sought comfort in drinking alcohol and found herself on a path of addiction and pregnant again
- Bella was in the care of the Minister and had an active case management plan when she fell pregnant and she began to experience significant hardship
- Despite her need for emergency relief vouchers to get by, and her growing addiction there was no plan by DCJ to change the case management in place
- Her path to addiction and the perpetual cycle of crisis, including violent relationships and babies was set.

### Tempest 3 and Cody 1 (Bella's Children)

- These two children have been raised around drug houses.
- They are loved by Bella but she has lost her way and she knows what to say to keep DCJ off her back and has intermittent contact with the Dept.
- When Bella is pregnant she knows to pull up the ICE and other drugs because then it is out of her system for the birth. Ketamine and Valium are the big time favourites at the moment.
- She has paid off her drug debt by doing what she has to and the people she leaves the children with have the same lifestyle as she does.
- The foster parents are long out of the picture as she had moved from that town a long time ago.

### Girra Murray (Tildy and Jandamarra's son)

- Girra was a very aggressive child with a lot of anxiety issues. His life was one foster family after another. He felt he wasn't wanted anywhere, and he was a difficult child to love. He tried hard but every time someone got close to him, he found it frightened him and he would push them away. He has a dark complexion and obvious Aboriginal features.
- In the last home he stayed, there was another older boy who bullied him and sexually assaulted him. He could tell no one, and in the end, at the age of 14 he ran away. He couldn't take the abuse. The older boy was well liked, and everyone was always telling Girra to be more like the older boy.
- Everyone had always made fun of his name but Girra knew that was who he was. It sustained him to know someone cared enough to give him a name that meant something. He wasn't sure what it meant, but to him it was an anchor that meant someone somewhere cared.
- When he ran away from the foster home he ran long and hard, never stopping and staying away from main areas. He eventually made his way to Sydney and found a family of other homeless people. They showed him how to survive and at times he had to do things he didn't like to survive.
- The men that come around always smell nice and are clean but what they do in there together is never clean. Girra does what he needs to do, and he is popular amongst the regulars. Girra tells himself it is only for a little while. If he lets his mind wander, he feels free.
- Whilst living on the streets, his mental health deteriorates, and he is in and out of mental health units. For a while, things get better.
- But the call of the streets and this familiar life is where he ends up. He knows where all the needle exchange centres are, and his favourite is the one across from St Vincents in the park. He attends a lot of the homeless shelters but often sleeps outside the Sugar Mill Pub at Potts Point or at Kings Cross Station.
- Whilst living on the streets, his mental health deteriorates, and he is in and out of mental health units. For a while, things get better.
- Girra up until he reached the age of 18 years was in the care of the Minister although he was lost on the streets
- Girra spent time in Juvenile justice and jail as part of his mental health, addiction and survival choices
- Now at the age of 18, he wonders about his family, but it all gets too hard and he just wants to give up<sup>2</sup>.

### Minnie King (grandmother of Jandamarra)

- Minnie King was born at Warangesda Aboriginal Mission and Station
- She went to the school on the mission until the age of 7
- Her father Bertie believed in education as he understood that the 'white man' only respected his piece of paper. Minnie wasn't able to attend the local school as she was Aboriginal. Bertie wrote to the NSW Education Minister and Minnie and her brother as well as three other Aboriginal children were admitted into the school on the condition they were 'clean, clad and courteous'
- Minnie had four children with her partner Jack. Loulou was the youngest. Jack doesn't appear on any of the children's birth certificates as they weren't married
- Minnie worked tirelessly to raise her children, and all did well academically even Loulou. They all worked in the local factory and farms except Loulou as her mental health deteriorated which led to her self-medicating through drinking.

---

<sup>2</sup> Aboriginal and Torres Strait Islander children and young people represented seven percent of all children who died by suicide over the 15-year period of 2000-2014 (NSW Child Death Review, 2014).

### Loulou King (mother of Jandamarra)

- Loulou had five children to a number of different fathers Donna, Jacko, Billy, Jandamarra and Emily
- Loulou often got lost in her own world and usually during her psychosis she would immerse herself in the bible and would have the children praying for their souls at all hours of the day
- She lost huge chunks of the day and was often unaware that she needed to do things for the children
- When life got out of control her mother, Minnie, until her death would take the children
- After Minnie died the world spiralled further out of control.
- Loulou died about five years after her mother from being bashed to death by one of her partners in a domestic violence incident.

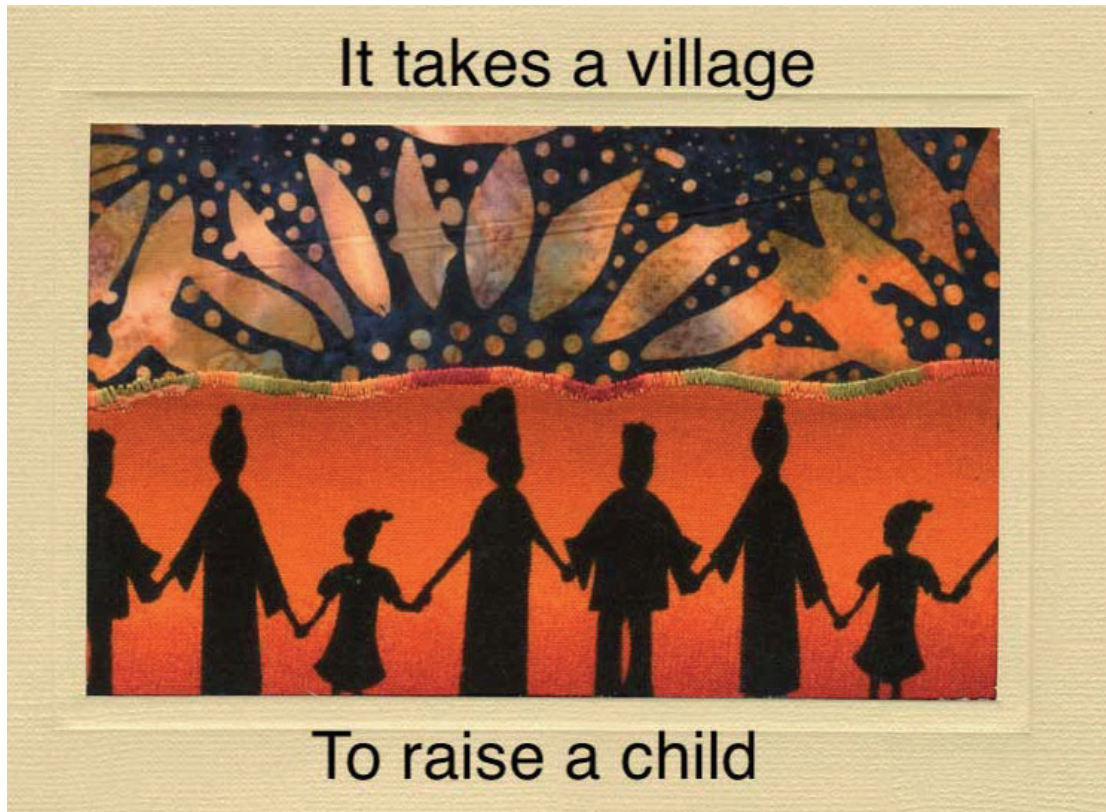
### Jack Taylor (Michelle's brother)

- Jack is the eldest of the three Taylor children.
- Jack had finished school and had started an apprenticeship as a mechanic when his mother died
- He still lived at home and when the drama started with Michelle he tried to be out of the home as much as he could
- He was dating and going out to the pub as well as working
- Once Michelle came home with Lucy, he moved out of the house with his girlfriend Jaimie who he later married and had two children with.
- He often blamed himself for his parents death because he had moved out. He would think that if only he had stayed there, he may have helped more or prevented their deaths in some way
- He tried to help out with Lucy as much as he could but by then Jaimie was pregnant and they got married before the baby was born.
- It all got too hard for him with the demands of his work and young family and it broke his heart that Lucy went into care and Michelle ended up as she did.
- Ethan had behavioural issues and it would cause untold issues in his home with the very young family. He loved little Ethan who was his shadow but, in the end, he had to let him go as well.
- Uncle Kevin tried his best to help out with Michelle, but Jack could never work out the hatred that she had towards their Uncle. He admired his Uncle Kevin, but Michelle was "such an ungrateful so and so". He just gave up on them all and tried not to think about any of it.
- These days it was like Michelle wasn't even part of his family. For him, the Taylor family was just him and Melissa and they rarely spoke of their sister Michelle. They had spoken about Michelle a bit lately because they had heard from friends that Ethan is mostly running wild on the streets. She was still with that Abo bloke Jandamarra who he couldn't stand. He had only met the bloke once and right away he could tell he was a dole bludging crim.

### Melissa Taylor (Michelle's sister)

- Melissa was the middle child of the Taylor family, who was often over-looked. Jack was the boy and he was the apple of his parent's eye. Michelle was the cute baby girl with very blonde curly hair and was very cute all the time. Her parents doted on Michelle until the shock of the pregnancy.
- Melissa tried very hard to stay out of the way as she grew up. She did what she was told and tried to attract the least attention she could. She loved to read and kept out of the world around her. She had a few close friends who she liked to go out with, and she had a few boyfriends over time but nothing that ever went anywhere.
- She never married and worked at the local solicitors as a receptionist and then a personal assistant to one of the firm's lawyers
- She loved little Lucy and she tried so very hard to keep her, but she couldn't when she was working
- She vowed never to have children after Ethan was lost to her as well. Ethan had many different issues and he became so unpredictable with his tantrums and Michelle would never take him to see a doctor
- It all got too hard for her and once Jandamarra was on the scene she had nothing to do with them.

- Jandamarra frightened her so much that she would actually have panic attacks and have debilitating episodes of anxiety every time she saw him.
- Most of the time her anxiety was under control with the prescribed medication and her regular visits to the psychologist but Jandamarra would literally have her struck dumb with fear if he was around. She feared for Ethan's life and the other two little ones she had never met
- Uncle Kevin was always around but she never liked him as much as Jack did and she made it her business to stay well away from him. She never knew why but she hated being near him.



## How could this story be different? Implications for Ngunggiyalali

The King-Murray-Taylor family story has been included to provide an example of the intense complexity that can be experienced in the life of Aboriginal families across the RMRA region. It is an all-too-familiar story.

This family case story speaks to many of the long-term outcomes identified within the healing, health and family wellbeing priority theme. It also speaks to many of the outcomes identified in the Housing and Law and Justice priority themes for negotiation, however not covered in this document.

It illustrates the need to work in a holistic way, to address the multi-faceted, intergenerational and presenting challenges and trauma. It has taken hundreds of years to disrupt and damage family structures and create the experiences and realities for Aboriginal families today. It will not be short-term solutions that create the enduring, long-term change that is sought by communities. There are also many stories of courage, survival and resilience that bring strength today.

One cannot address one issue at a time. This family does not work in silos. Sometimes many issues need to be addressed simultaneously and in cohesion with each other for change to happen and endure.



The following section outlines some other ways that services could support the King-Murray-Taylor family. The responses below are not included to address the specific needs of the family, but rather to illustrate the different ways that the services could be interacting and supporting Aboriginal families across the RMRA region and to shine a light on the needs within the community.

### Supporting the King-Taylor-Murray family

The King family would benefit from being referred to a few local services such as the following to address or help them manage their situation;

1. Early Infant Health Service
2. Family Support Services
3. Family Mentor Service – Local Elder or Support Group
4. Aboriginal alcohol and other drug (AOD) Services
5. Aboriginal Medical Service (AMS)
6. Financial Counselling Service
7. FACS Housing Department
8. Child Care Centre Service – engaged to ensure the younger children can grow and learn from other children of the same age at the centre.
9. Family Group Conferencing
10. Community Transport Service engaged with the family
11. Respite care if appropriate and available
12. Aboriginal Out of Home Care Service Provider is made aware and supporting the family as well if needed.

We will need to be very aware that the family is likely to feel overwhelmed by so many services visiting the household.

We therefore recommend that **Family Case Management (FCM)**, that provides a consistent and trusted local person to advocate and co-ordinate the services is critical. It is understood FCM was a pilot that was having positive results in RMRA communities, however, is no longer provided because it did not receive ongoing funding.

It is critical that service provision is monitored and assessed because the services are likely to be another burden on the family. That is why we also recommend **Truth Testing (see section below)**. There needs to be greater Accountability of the many services involved. They need to understand their role and how their activities are integrating with each of the organisations working with the King-Taylor-Murray family towards better outcomes for the family. It is also critical that the right people are in the job. FCM has a role to play here. We want **local Aboriginal families to experience culturally safe services - no racism or judgement**. Community will experience healing and wellbeing when they feel empowered by experiencing services that value and strengthen their Culture. At a minimum, the local history and experiences of Aboriginal families in the RMRA region must be acknowledged and understood by all Public Servants.

We also cannot assume that Aboriginal Organisations or Aboriginal people are necessarily doing the best for families, and that is why Truth Testing is an important part of monitoring accountability and the impact of activities and services. RMRA would seek to have a role in monitoring the impact of activities through Truth Testing (see the **importance of Truth Testing pg27**).

### Supporting Jandamarra

Jandamarra would be case managed by DCJ Community Corrections who would be developing strategies to address his criminogenic behaviours that brought him to the attention of the Criminal Justice system i.e. NSW Police, FACS/DOCS and/or Dept of Education.

It is likely he was convicted in the Local Courts of an Offence and sentenced to a period of Supervision by the Courts to address the behaviours/issue's he may be facing that caused him to be Charged in the

first place. He would be referred to relevant local services such as AMS, ADO Services, Anger Management course and they would likely be doing this through the AMS or mainstream Health Services.

In addition to, or as part of these services, RMRA recommends that Jandamarra has opportunities for **on country cultural rehabilitation and to attend men's groups and men's and annual regional gatherings. This is critical for his healing and to find and establish new ways of connecting and being.**

Many communities experienced positive outcomes from the Federal Government's Community Development Employment Program (CDEP) that supports job seekers and community development. People were investing in their local communities, restoring local places and had purpose and meaning in their day. It was motivating and made a difference. It is understood, this program is no longer available in RMRA communities. We want to create opportunities in RMRA communities that heal individuals and families and strengthen connections to Country and Culture. **We need to think outside the box.**

### Supporting Michelle

Michelle is a non-Aboriginal woman who is having Aboriginal children with her Aboriginal partner Jandamarra. It is not uncommon for non-Aboriginal parents to have Aboriginal children, and for these children to have little or no connection with their Aboriginal family.

#### **These children are our next generation.**

During Michelle's pregnancies she has had a poor history of engaging in prenatal health. All but the first of Michelle's children were conceived whilst she was drinking alcohol and taking other drugs and she had poor nutrition whilst pregnant. A key challenge is access and engagement in services.

She needs to be provided with every opportunity to engage in prenatal health checks and prenatal programs and adequate health checks and screening of her children. Where the children are lacking in developmental milestones, she needs to receive the appropriate support services. Michelle could also be referred to AOD programs and courses such as the 12-step program. A referral to the Driver Licencing Access program would be a benefit to Michelle as the individual case management could assist with Michelle achieving her licence as well as addressing numeracy and literacy skills, improved self-esteem and provides referrals to other services.

Family Case Management (FCM) has a role to play in supporting Michelle and her family. FCM provides a consistent and trusted local person to advocate and co-ordinate the services required to support her, and to ensure there is accountability in the service delivery. We wish the government to financially re-commit to such a program in the RMRA communities.

Without support through local advocates, it becomes even more apparent of the "setting up to fail" scenario, where the onus is put on the individual experiencing hardship and trauma to navigate the complex service systems and seek out the support they need. Many individuals feel overburdened and overwhelmed by the services, resulting in little or no engagement with them.

Michelle should be encouraged by those other mothers around her who have a positive effect on her own parenting. Women's Groups create opportunities for somewhere safe to go and for the women to be able to bring their children and participate in an assisted playgroup. They are also trusted touchpoints for services to connect, engage and work with the women where women's wellness is the focus.

### Supporting Claire, Yarran and baby King

Claire, Yarran and baby King are our next generation and with a non-Aboriginal mother, have little or no contact with their Aboriginal family. That is why it is so important for our children to be taught our true history, culture, language and way of being through the NSW education system. Including **local language and content** in the NSW curriculum will instil in this next generation the values and morals

for a future of partnership and working together, as a community, to care and nurture our future. It will also provide the children and their peers opportunities to know their rich history and to strengthen their identity and belonging. Opportunities to attend the youth gathering and annual gatherings will also be important for strengthening connection and identity.

They need to be afforded each and every opportunity to equally participate in all aspects of society, including ensuring they have safe, secure and appropriate housing, access to transport for schooling and financial support to ensure the family can meet their basic needs where food would be on the table for every meal.

Homework centres have been known to work well across RMRA communities, although it is at the discretion of individual schools whether the program is delivered and the quality of this program. RMRA recommend the establishment of homework centres that provides afternoon tea and transport to and from.

Yarran is starting school soon and intermittently attends pre-school. Having opportunities across the RMRA footprint for Aboriginal children like Yarran to attend pre-schooling, particularly pre-schools that cater to Aboriginal children and provide transport and meals will help him be ready for "big school".

Family Case Management also has a role to play here. Michelle could be encouraged to join a local Aboriginal Women's Group. As outlined, Aboriginal Women's Groups would allow Michelle to engage with other women and mothers in a non-threatening environment to learn life skills such as budgeting, cooking and self-awareness and for her children to engage with other children and learn through play and socialisation things like manners, waiting your turn and having fun! This would be an ideal opportunity for Yarran to have "crunch and sip" and nutritional food whilst learning. This could be a pathway to preschool. This would also be an opportunity to engage with other screening services to identify potential behavioural or genetic issues and create relationships for further assistance.

### Supporting Lucy

It is likely that Lucy's foster parents would have had little to no information about Lucy's background as DOC's doesn't always disclose what the circumstances are for foster children.

How will Lucy know what she wants to do or how to do it? How will she reconnect to Michelle or her siblings?

### Supporting Ethan

It is likely an NSW Police Youth Officer is engaged and working with Ethan to offer some guidance away from crime and the negative influences he is hanging around with. A critical protective factor for Ethan is his engagement in learning. RMRA would encourage the Department of Education i.e. School Youth Liaison officer to also engage with him to get him back to school and in class learning. Ethan is non-Aboriginal however he is living within an Aboriginal family unit, and he could be positively influenced by this family unit with the right external supports. This includes having opportunities to learn through the core school curriculum local language and content so he can learn the true rich history of his family.

It will also be important that other NGO Youth Services around town are aware of him and his family situation so they can outreach and engage him in positive programs/courses etc. If he is engaged with Juvenile Justice, then he would have a case officer that will be working with him and the family also. They can direct him to comply with positive activities or programs/school attendance etc. An absolute last resort would be to take him back to Children's Court to direct him to comply with his Children's Court Order or Supervision if he is currently being supervised by DJJ.

Programs like the federally funded "Youth Connections program", was working well in the Riverina Murray footprint offering Individual Case management and re-engaging youth between 11-19 years of age back into Education, employment and community. This program was great in the fact that it covered every town in our area and referrals came from all areas such as schools, police and Centrelink.

## Supporting Tildy, Girra, Bella Murray

Their story is not unfamiliar. As young adults, Girra and Bella cannot see light in their world. They need healing, to be reconnected to their community, to their land and to their culture. In addition to, or as part of existing services, RMRA recommends that the family have opportunities for attending women's and men's group's and men's, women's and annual gatherings. This is critical for their healing and to find and establish new ways of connecting and being.

It is also important to additionally support Men's and Women's Groups in each location. They would obviously be different in each location, to cater to the varying local communities needs and wants.

Men's and Women's Groups create opportunities for somewhere safe to go and for the parents to be able to bring their children and participate in an assisted playgroup. They are also trusted touchpoints for services to connect, engage and work with the parent where the parents wellness is the focus. The groups provide opportunities to work on what is a good relationship and how to work on yourself. Nothing is too confronting with regards to the other issues they face. The children also have different community Elders and services attending on rotating fortnights to focus on cultural activities. RMRA seek that all groups have options to work off their Work and Development Order (WDO's). These types of groups give opportunity to work with people in a less confronting way to link to services as required. These could be part of **PlacePlan** or FCM in other locations working together with local organisations.

Tildy has several issues that creep up on her every now and again however she is not entitled to a closing the gap health care plan and the list for community health counselling is over 6months long. Tildy would benefit from accessing the NSW governments Employee Assistance Program, to allow her to address her mental health before it becomes a family crisis.

Bella is a teenage mother, running away from her violent older partner when her baby was only a few months old and she was 17 years of age. As a young Aboriginal mother, it is possible that Bella is not getting appropriate medical services (refer the case of Naomi Williams from Tumut). **Mainstreaming Aboriginal health services is not supported by RMRA.** Aboriginal people need services that are culturally appropriate and responsive to their needs. And the right people need to be in the job.

Unfortunately, many services cannot retain good staff, and having good staff is key to establishing relationships within the community. Service access and engagement is the only way.

Getting stories from the children, their family and networks about the difference being made in their lives through Truth Testing will contribute to better service Accountability.

## Supporting Grandparents and Great Grandparents

In all ways the generation before us care for us the best way they know how and with what they have within their own circumstances. In some cases, they are the ones who hold us together, as people, as families, as communities. It is through their path, their truth and wisdom is handed down in more ways than one.

We need to support our Elders to be able to support their families. It is critical they are provided opportunity to take part in annual gatherings to talk and yarn and teach the younger generation but to also take time out and connect with people of their own age and experiences, to gain further strength to keep being there for their families.

RMRA advocate for a stand-alone department to engage in the kinship care and placement of Aboriginal children, with paid positions for the correct community members to be involved. RMRA support many of the recommendations of **the Family is Culture report and propose an evaluation of existing early intervention services as per Recommendation 24** : The Department of Communities and Justice should, in partnership with Aboriginal stakeholders and community members, evaluate existing early intervention and prevention focused programs used by the department and their effectiveness with Aboriginal families based on measures designed in partnership with Aboriginal stakeholders and community.





“Our Country is our life source and culturally it is up to each of us to be custodians of Country. When we no longer have that connection, we become disconnected. This leads to cultural and spiritual sickness. Our culture has a complex kinship system that has kept our families connected for thousands of years. When this is severed or distorted, it creates a situation of cultural, spiritual and physical sickness” – *RMRA delegate*



Image provided by Amanda Levett

# Working together to see these stories differently

“Look to see. Listen to hear. Learn to understand” - *Uncle Stan Grant Wiradjuri Elder*

The stories above highlight the need to work in a different way. To weave together Aboriginal ways of knowing and doing, and for Government people and processes to see and work differently.

It is an opportunity to think outside the box and try new ways of working.

The following themes have been identified by RMRA about how they would like to work together:

- Whole-of-**governing** approach – to responding to community needs
- Holistic approach to dealing with individual and community wellbeing
- Ensure Aboriginal communities are resourced and making decisions
- Ensure the wellbeing of RMRA delegates to ensure they have opportunity to sustainably and meaningfully participate
- Invest in prevention and early intervention – for healing
- Generational change is needed – acknowledging it has been many years of negative experiences to create the realities in Aboriginal families today
- Two-way accountability – measuring, monitoring and reporting outcomes
- Ensure that data sources are consistent. This ensures that data is comparable. Both qualitative and quantitative.
- Need concise and measurable outcomes with regular reviews and reflection – **truth tested indicators including community stories.**
- Listening for understanding and comprehension. Deeply understanding what words mean
- Commitment and good communications from Government
- Acknowledge RMRA is negotiating with the system not just individuals - therefore need to think outside the box
- Acknowledge past Government practises and the impacts and complexity of the intergenerational trauma it has caused. The **cultural impact of Government practices needs to be considered within all interactions and dealings.**
- Simplification of language for all parties- clearly defined terms.

In addition to the principles and themes identified above, RMRA share the importance of Truth Testing for monitoring accountability and working in a different way.

## The importance of listening, to understand how to change the path

As First Nations people, our culture provides us with everything we require to reach our potential. However, it will not be an easy path to reach our full potential given the day-to-day struggles and complexities that our people have on our own country. Many of our people struggle within today's society to meet their basic needs, including having appropriate, secure and affordable housing, adequate food and safety.

### How do we change the current path that inhibits self-actualisation of our people?

We do so by ensuring that our people are heard. Listening to our culture involves more than closed questions requiring a yes or no answer. To listen to our culture is to hear the experiences and

understand the holistic person and families, not just individual voices. Listen to hear what our path is and understand how we can change it.

### The importance of making a commitment - adequate and long-term funding

Many services in our communities are required to utilize the funding they receive to cover their operational costs, where little or no money reaches those who require it. This is because of the drip funding and limited contracts available and very little 'Truth Testing' of their services and reports. The same could be said of those in Government and the limited life of many of the programs that are designed for Community. We also acknowledge that many of the outcomes we seek are generational changes. It has taken many years of generational disadvantage and intergenerational trauma to create the realities for our Aboriginal families today.

### The importance of Truth Testing and doing Accountability differently to improve Government services

Truth Testing and ensuring that "vulnerable people are no longer the commodity" is the only way to ensure that those who require support receive it. This is not about more money. It is about the redistribution of funds and qualitative, rather than quantitative reporting tools. Truth testing is about using community stories to monitor accountability and evaluate the impact that the services are having in the community.

Success cannot be measured by the amount of funding provided to a community or received to deliver a program. It is also not just about the number of people serviced.

**Success is about the difference that is made** from this funding and activity in the lives of the people it is intended to serve. Truth testing is about ensuring those on the ground have the resources they need to effectively deliver services i.e.: funds, education, tools and support and that these services are making a difference in the lives of the people it is intended to serve. It is also about doing accountability differently. Unfortunately, there is an established dynamic in our communities where vulnerable people are blamed for their situation and for not engaging in services, which creates an easy scape goat for a lack of accountability within the service sector.

# Healing, health and family wellbeing (including OOHC and child protection) – the 14 outcomes we seek

RMRA has identified **14** outcomes **within the healing, health and family wellbeing (including out of home care and child protection) priority theme**. As illustrated in the case stories, Culture and Country are integral to healing, health and family wellbeing and everyone benefits from thriving Culture and connections.

It is intended that the Ngunggiyalali will contribute to achieving the following long-term outcomes.

1. **Stronger and more cohesive families able to care for their children (responsible, skilled and confident parents)**
2. **Kids are safe and thriving with a strong identity and connection to Culture and Country**
3. **Community are empowered (with adequate resources and greater participation in decision-making) to support and care for their children.**
4. **More kin family caring for family (re-defining what is in the best interests of the child)**
5. **Local Aboriginal families experience culturally safe services - no racism**
6. **Certainty of access to appropriate services in the region when it is needed**
7. **Language and local Aboriginal content are taught at all levels in schools**
8. **Increased respect and understanding from non-Aboriginal communities about the value of culture**
9. **More Aboriginal employment**
10. **Individuals have a strong identity, are connected to culture and Country**
11. **Country is healthy (protection, prevention and restoration)**
12. **Elders are supported and contributing**
13. **On country cultural rehabilitation**
14. **Community leadership, cultural strength and influence**

Appendix B includes short-term and medium-term goals and strategies identified by RMRA that will contribute to the long-term outcomes.

# References

- Australian Human Rights Commission. 2020. *About Children's Rights*. [online] Available at: <<https://www.humanrights.gov.au/our-work/childrens-rights/about-childrens-rights>> [Accessed 6 May 2020].
- Australian Human Rights Commission. 2020. *Convention On The Rights Of The Child*. [online] Available at: <<https://www.humanrights.gov.au/our-work/childrens-rights/convention-rights-child>> [Accessed 6 May 2020].
- Freire, P., Ramos, M., Macedo, D. and Shor, I., n.d. *Pedagogy Of The Oppressed*. Bloomsbury Academic, p.20.
- NSW Child Death Review Team. 2014. Annual Report. [online] Available at: <[https://www.ombo.nsw.gov.au/\\_\\_data/assets/pdf\\_file/0009/28359/CDRT-Annual-Report-2014.pdf](https://www.ombo.nsw.gov.au/__data/assets/pdf_file/0009/28359/CDRT-Annual-Report-2014.pdf)> [Accessed 6 May 2020].
- NSW Coroners Court. 2020. *Domestic Violence Deaths Reports*. [online] Available at: <[http://www.coroners.justice.nsw.gov.au/Pages/Publications/dv\\_annual\\_reports.aspx](http://www.coroners.justice.nsw.gov.au/Pages/Publications/dv_annual_reports.aspx)> [Accessed 6 May 2020].
- NSW Coroners Court. 2020. *Inquest Into The Death Of Naomi Williams*. [online] Available at: <<http://www.coroners.justice.nsw.gov.au/Documents/Naomi%20Williams%20findings.pdf>> [Accessed 6 May 2020].
- NSW Government. 2020. *A Mandatory Reporter's Guide To Selecting A Decision Tree*. [online] Available at: <<https://reporter.childstory.nsw.gov.au/s/article/Guide-To-Selecting-A-Decision-Tree>> [Accessed 6 May 2020].
- Uluru Statement from the Heart. 2020. *Uluru Statement From The Heart*. [online] Available at: <<https://ulurustatement.org/>> [Accessed 6 May 2020].
- United Nations. 2020. *United Nations Declaration On The Rights Of Indigenous Peoples*. [online] Available at: <<https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html>> [Accessed 6 May 2020].
- WA Government. 2020. *Media Statements*. [online] Available at: <<https://www.mediastatements.wa.gov.au/Pages/McGowan/2018/03/First-of-its-kind-alcohol-and-other-drug-treatment-prison-announced.aspx>> [Accessed 6 May 2020].



# Appendix A RMRA case stories

## Introducing Bonnie and Joe's family story

Bonnie and Joe have two children and live in Deniliquin. Joe is Aboriginal and Bonnie is non-Aboriginal.

When the youngest child was born Joe left the family leaving Bonnie, the non-Aboriginal mother, to raise her two Aboriginal children.

Bonnie suffered from depression and anxiety and became dependent on alcohol and other drugs. When her youngest child was **two-years old, both children were removed from her care and placed with non-Aboriginal families in Sydney**. At this time, Bonnie was receiving support from her Aboriginal family including grandparents, aunts and uncles.

Whilst in care, the oldest child was able to keep in contact with Bonnie but had no contact with her Aboriginal family. At the age of 15, the oldest child self-placed herself back into her mother's care.

The youngest child has had little or no contact with Bonnie and no contact with her Aboriginal family including grandparents, aunts and uncles.

*These children are a long way from their family, home, Culture and Country.*

*How will they know who they are and where they come from?*

Bonnie and Joe's story above illustrates the potential long-term impact of placement decisions, when Aboriginal children lose connection to their family and Culture.



This case study speaks to the following long-term outcomes:

- **Stronger and more cohesive families able to care for their children (responsible, skilled and confident parents)**
- **Community are empowered (with adequate resources and greater participation in decision-making) to support and care for their children**
- **More kin family caring for family (re-defining what is in the best interests of the child)**
- **Increased respect and understanding from non-Aboriginal communities about the value of culture.**

## Introducing Helen's story

Helen was verbally asked to take custody of her two grandchildren by FACS, which she did without any fuss. She looked after them like any grandparent would.

She was a single woman and now was caring for two young kids at home. One of the children had borderline Autism, which placed a lot of stress on her. She was required to attend many meetings with his childcare staff due to his behavior at the centre.

At the same time, the Department asked her to find a more suitable home to live in as her place was deemed unsuitable for two children. Helen found a larger home, which she moved into without any additional support from FACS. This placed additional financial strain on her.

Eventually the stress of caring for the two children, including a child with additional needs, began to affect her paid work commitments. She had to reduce her work hours to look after him. The financial burden of paying for a larger home, with no additional support from the Government, and the need to reduce her work hours to care for her two grandchildren, took its toll.

She eventually couldn't afford the gap in maintaining the "Approved Residence" based on her new income, which had reduced significantly with little help from FACS.

She soon had to surrender custody of her grandson who was placed with another Aboriginal family in Wellington. This family received the full financial support of FACS and Centrelink which they had refused to give Helen at the time.

Helen experiences fear and mistrust of Government and does not want to be the subject of a full assessment because of past Government practices and policies.

These children were removed from their family because of a lack of adequate support and financial resources and placed in another family's care. Helen has not been able to adequately navigate and receive Government entitlements.

Many Aboriginal families have experienced intergenerational trauma as a result of Government policies and are fearful and untrusting of Government services.



Grandparents are often the demographic that does not make it to the statistics because of their commitment to family. They do not want to be part of "the system." As a result, they often don't receive the resources they need to adequately care for their children, putting them at risk of having their children taken away.

This case study talks to the following long-term outcomes:

- **Local Aboriginal families experience culturally safe services - no racism or judgement**
- **Certainty of access to appropriate services in the region when it is needed**
- **Community are empowered (with adequate resources and greater participation in decision-making) to support and care for their children.**
- **Increased respect and understanding from non-Aboriginal communities about the value of culture**
- **More kin family caring for family (re-defining what is in the best interests of the child)**

## Introducing Cec and Sharon's family story

Cec and Sharon live in their two-bedroom cottage. They downsized ready for retirement and are currently paying a mortgage. They are Non-Aboriginal and have been married for ten years and both have adult children from previous relationships.

Sharon has two daughters, Lauren and Sarah and six grandchildren. Sharon works part-time at Wellways. Cec is a truck driver and is away all week.

Lauren has three children Harry aged 10, Emily aged 6 and Luke, 8 weeks old. All three children have different fathers.

At lunchtime on Christmas Day, when Lauren was pregnant with Luke, she had her two children removed and Cec and Sharon were asked to take custody of their grandchildren. When Lauren had Luke, he was removed whilst she was still in hospital. He has several high needs and will require several operations in the first year of his life. Lauren has been admitted to a drug and alcohol rehabilitation centre.

This was not the first time that they had had the two older children, whom had been in their care for a period of 6 months in 2016.

Lauren's oldest child, Harry is Aboriginal. Sharon is working hard to keep him connected to his Culture. His other Aboriginal grandparents have had very irregular contact with him. Sharon has linked in with a friend who is Aboriginal to assist with his cultural connection. Sharon does not receive any assistance from FACS to support this connection.

Caring for their grandchildren has impacted greatly on Cec and Sharon. To accommodate their grandchildren, they have extended their mortgage to build an additional two bedrooms for their growing family. This now means that Cec will be working until he is 78 to repay the mortgage!

All of the children are high needs, with different and complex medical issues, and all have foetal alcohol syndrome. Sharon has had to give up her position with Wellways so she can look after the children. This has created financial stress on the family.

They not only have the children attending school, counselling and doctors' appointments, but they are also required by FACS to manage access and visitation of three different fathers, their family and extended family. The expectation placed on Cec and Sharon by FACS feels unrealistic and it is taking a toll.

Saturday morning is the only allocated time for the children to have supervised access with their fathers. This limits the children's ability to play sport or participate in other activities with their peers, further isolating them from a "normal" lifestyle.

Cec and Sharon have not been given a realistic timeframe as to when or if the children will be returned to their mother, which is placing uncertainty for them and the children.

Uncertainty in process – Cec and Sharon have been caring for their grandchildren for 3 years. Still Sharon and Cec have no idea if this will be a permanent placement or if the children will be restored back to their mother.

Lack of accountability – Sharon is working hard to support Harry's connection to Culture, however, receives no assistance from FACS. It is understood that FACS are required to provide this assistance, and there is no accountability. This service is not being adequately provided to the family.

FACS have unrealistic expectations - FACS have asked Sharon and Cec to take custody of Luke (8-weeks old). FACS have indicated that if they don't take this child, they will remove all children if they can place them together. Cec is concerned about their ability to support Luke. He is worried that the pressure of raising yet another child will be too much for Sharon, who has underlying health issues.

Lack of adequate resources and timely reimbursement – Sharon and Cec seek to provide the support needed to care for their grandchildren. This includes additional supports to meet their needs. This is placing a financial stress on the family. For example, payment of counsellors needs to be upfront and can take up to 3-6 months to be reimbursed. As a result, the children are missing out on much needed sessions because at times, they just don't have the money to pay for it.

This case study talks to the following long-term outcomes:

- **Community are empowered (with adequate resources and greater participation in decision-making) to support and care for their children. Correct support being given at the time of removal.**
- **More kin family caring for family (re-defining what is in the best interests of the child)**



## Appendix B Healing, health and family wellbeing - suggested actions and strategies

**Table 1: Healing, health and family wellbeing – proposed short term and medium-term goals and strategies**

Long-term outcomes	Short and medium-term goals and strategies
<p>1. <b>Stronger and more cohesive families able to care for their children (responsible, skilled and confident parents)</b></p>	<ul style="list-style-type: none"> <li>• Support of parents who have children removed to do well again (holistic support)</li> <li>• Central to healing is the importance of <b>Cultural events</b> for men and women – to explore and strengthen identity, expectation and ways of being and belonging. Provide resources that can enable annual gatherings to be held.</li> <li>• Greater accountability of existing services – Truth Testing</li> </ul>
<p>2. <b>Kids are safe and thriving with a strong identity and connection to Culture and Country</b></p> <p>Too many Aboriginal children do not have opportunities to learn about their Culture because they are being raised by non-Aboriginal parents and carers, and the education system does not practice and teach our languages needed to instil worth and pride. Having opportunities to learn and know your connection to Culture and Country contributes to a strong identity, health and wellbeing.</p>	<ul style="list-style-type: none"> <li>• RMRA seek to bring back homework centres which provide opportunities for connection to Culture, support and wellbeing outcomes for children. It is more than just kids doing extra schooling, but an opportunity for kids to belong, learn and grow.</li> <li>• Review all current programs/identification of gaps of agencies who receive government funding for youth programs and/or services</li> <li>• Review all current programs/identification of gaps on all NGOs funded by FACS for youth programs and/or services</li> <li>• New funding available to young people in the RMRA region to support youth camps.</li> <li>• New funding available to support men's, women's and regional gatherings in the RMRA region.</li> <li>• Police obliged to ring someone in family when arresting parent with children.</li> <li>• Use the most appropriate services as enforced in policy (e.g. child psychologist not bulk billed Doctors)</li> </ul>
<p>3. <b>Community are empowered (with adequate resources and greater</b></p>	<ul style="list-style-type: none"> <li>• Grandparents (and other carers) given financial support (the same as those who are assessed) to care for children without full assessment undertaken by CS. RMRA ask for</li> </ul>



Long-term outcomes	Short and medium-term goals and strategies
<p><b>participation in decision-making) to support and care for their children.</b></p> <p>There is healing that needs to occur between communities and Government representatives. As a result of fear and mistrust, there are many Grandparents (and other carers) <b>who are not receiving the financial support they need to care for their children</b> because they do not want to be subject to full assessments by Child Support. <b>Child Support are seen as a threat.</b></p>	<p>history to be acknowledged, and Grandparents paid without having to undergo a formalised review.</p> <ul style="list-style-type: none"> <li>• Aboriginal family structures being more oriented on the extended family requires a financial support approach that recognises that.</li> <li>• New stream of funding to assist with self-placement (in support of above)</li> <li>• Family placement to have direct Aboriginal involvement – staff/community members</li> <li>• Support of carers who are looking after the child, especially grandparents/elderly</li> <li>• Police obliged to ring someone in family when arresting parent with children.</li> <li>• Aboriginal families seek greater Accountability from services. Currently existing policy is not followed through – for example Family Group Conferencing (FGC) referrals. It must be business as usual in the RMRA region. FGC should also be provided by locally trained Aboriginal facilitators and local advisory groups who may be able to assist to keep families together.</li> <li>• RMRA also ask for local panels to be paid for their time and services for child placement. Their participation will contribute to better outcomes for children and families.</li> </ul>
<p>4. <b>More kin family caring for family (re-defining what is in the best interests of the child)</b></p>	<ul style="list-style-type: none"> <li>• FGC referral uptake increased through promotion (internal/external)</li> <li>• Local community (x20) trained in FGC. Training paid for by government</li> <li>• Magistrates decision to uphold the good work families have done to restore child to family</li> <li>• Police obliged to ring someone in family when arresting parent with children.</li> </ul>
<p>5. <b>Local Aboriginal families experience culturally safe services - no racism</b></p> <p>Community will experience healing and wellbeing when they feel empowered by experiencing services that value and strengthen their Culture. At a minimum, the local history and experiences of Aboriginal families in the RMRA region</p>	<ul style="list-style-type: none"> <li>• Culturally competent staff through all FACS streams</li> <li>• Localised culturally competent training utilised and undertaken, especially induction of new staff.</li> </ul>

Long-term outcomes	Short and medium-term goals and strategies
must be acknowledged and understood by all Public Servants.	
6. <b>Certainty of access to appropriate services in the region when it is needed</b>	<ul style="list-style-type: none"> <li>Funding assistance for a regional service directory app</li> </ul>
7. <b>Language and local Aboriginal content are taught at all levels in schools</b>	<ul style="list-style-type: none"> <li>True historical localised Aboriginal content to be taught in pre, primary, high and tertiary schools.</li> </ul>
8. <b>Increased respect and understanding from non-Aboriginal communities about the value of culture</b>	<ul style="list-style-type: none"> <li>True historical localised Aboriginal content to be taught in pre, primary, high and tertiary schools.</li> <li>Implementation of a language nest in our footprint</li> <li>Localised Aboriginal language courses run in partnership with TAFE NSW</li> </ul>
9. <b>More Aboriginal employment</b>	<ul style="list-style-type: none"> <li>Access to the 3% Aboriginal participation in NSW Government contracts (already fines got to MBA and the Literacy Foundation)</li> </ul>
10. <b>Individuals have a strong identity, are connected to Culture and Country</b>	<ul style="list-style-type: none"> <li>New funding available to young people in the RMRA region to support youth camps.</li> <li>New funding available to support men's, women's and regional gatherings in the RMRA region.</li> <li>More scholarships in the social Emotional Wellbeing area of training and employment for Aboriginal people</li> </ul>
11. <b>Country is healthy (protection, prevention and restoration)</b> <i>Healthy Country, healthy mind.</i>	<ul style="list-style-type: none"> <li>Greater support provided to programs that restore Country and provide healing and wellbeing outcomes. This includes support to enable Elders to pass on knowledge about Country, on Country. and support of annual gatherings.</li> <li>Review school curriculum to identify more opportunities for on Country learning in outside classrooms, that also creates employment opportunities for local Aboriginal people.</li> </ul>

Long-term outcomes	Short and medium-term goals and strategies
12. Elders are supported and contributing	<ul style="list-style-type: none"> <li>• Community mentors and Elders supported to deliver cultural knowledge in their local areas</li> <li>• Position to be created for Elders or community membership on Local Government Councils (or Local Councils to seek RMRA input on community projects/services – Culturally appropriate etc.)</li> <li>• Specific aged care facilities available to Elders</li> </ul>
13. On country cultural rehabilitation	<ul style="list-style-type: none"> <li>• Establishment of a holistic cultural rehabilitation facility on country</li> </ul>
14. Community leadership, cultural strength and influence	<ul style="list-style-type: none"> <li>• Provide financial support for RMRA delegates who are not public government employees to access the Employee Assistance Program</li> <li>• <b>Remuneration for RMRA delegate participation</b></li> </ul>

| We rise by lifting others up, not by lowering them – *Robert Ingersoll*

