



OUTLINE OF EXPECTED EVIDENCE OF TRACEY DILLON AND AUNTY HAZEL HUDSON (NJERENDA)

DECEMBER HEARINGS 2022 (CHILD PROTECTION)

6 DECEMBER 2022

I BACKGROUND

1. Tracey Dillon is a Badtjala woman, originally from Fraser Island. She has been the Chief Executive at Njernda Aboriginal Corporation (**Njernda**) for 9 months. Tracey has over 25 years' experience in the Aboriginal health and community service sector, including 14 years in CEO roles. She was previously the CEO of South East Tasmanian Aboriginal Corporation. Tracey has a Bachelor of Social Science and completed graduate studies in Journalism.
2. Aunty Hazel Hudson is a Kamilaroi woman, who has lived in the Echuca community for over 58 years. Aunty Hazel is a leader within Njernda, and has been the Director of Family Services at Njernda for 5 years. Aunty Hazel has worked over 40 years with grass root Aboriginal organisations, previously employed as an accountant for 20 years with New South Wales Aboriginal Land Council supporting Local Aboriginal Land Councils with sound governance procedures and finance. She returned home to Echuca/Moama 5 years ago after gaining employment in the community service sector, she has 2 degrees, Bachelor of Law and Bachelor of Business (Accounting).

II NJERENDA'S WORK & ACTIVITIES

3. The Echuca Aboriginal Cooperative was set up in 1974 and changed its name in 1990 to Njernda. Njernda means "to know our living culture" in Wemba Wemba language.
4. Njernda is an Aboriginal Community Controlled Health Organisation (**ACCHO**) and provides community controlled, holistic wrap around support services and programs to the Aboriginal community in Echuca and surrounding areas to improve health, physical, social, emotional, cultural, and spiritual wellbeing. Njernda offers the following services:
 - (a) **Family support**, which provides programs and services to support and strengthen families and Aboriginal children and carers in Out of Home Care;
 - (b) **Berrimba Childcare Centre**, which opened in 1983, and officially opened as a formal childcare centre in 1990. Its vision is that all Aboriginal children will have the opportunity to access a high-quality childcare service that provides care and education in a safe, stimulating, and enriching environment. It aims to provide this service in a way that strengthens Aboriginal identity. The centre also provides early childhood programs such as Best Start, Berrimba's Koori Preschool Assistant (**KPSA**) and Koori Maternity services;

- (c) **Medical Centre**, operating the Njernda Aboriginal Corporation Medical Practice;
- (d) **Yapakna Family Centre**, provides culturally specific and holistic intensive support programs, tailor made for Aboriginal families and parents – the Yapakna Centre is a healing journey involving both a residential and educative program (providing a safe and culturally respectful premises for families and children to live while being fully supported, learning a range of skills and strategies to identify and draw on their strengths);
- (e) **Baroona Healing Centre**, a residential service outside Echuca where youth are encouraged to undergo a healing journey, through a program with individual counselling, cultural therapies, and group work over a 16-week period;
- (f) **Youth Services**, which includes our:
 - (i) youth justice program (raising awareness and educating young people about the justice system, coordinating camps and other initiatives);
 - (ii) community justice program (where a justice worker works closely with the Sherriff to discuss fines and warrants and support is offered when dealing with issues with the Police. Community Justice works closely with the Victorian Aboriginal Legal Service who are the main court providers; and
 - (iii) Koori kids' engagement officer (who supports young people within the education, employment, health and wellbeing sectors);
- (g) **HCC PYP and CHSP**, HCC PYP provides entry-level support for people under 50 who need help with regular activities to better manage living at home, while CHSP provides entry-level support for older people who need help to stay at home and stay independent;
- (h) **Wellbeing Unit**, which houses mental health counsellors, drug and alcohol, social and emotional wellbeing, dual diagnosis and Bringing Them Home workers; and
- (i) **Nyini Health and Wellness Centre**, which offers gym and health classes for all ages and fitness levels.

III THE NEED TO TARGET EARLY STAGES OF A CHILD'S LIFE; AND VIEW CHILDREN FROM A HEALTH PERSPECTIVE, RATHER THAN A CRIMINAL JUSTICE PERSPECTIVE

5. If you look at young people in the justice system, they are looked at from a *criminal justice* perspective - punitively rather than a *health* perspective. However, the children in that system are traumatised and need more assistance, to break the cycle of involvement in crime. Funding needs to reflect that focus – rather than being targeted at the “pointy end” when kids have already entered the justice system.
6. We want funding to be recirculated to target the early stages of a child's life. This is crucial – and we need more funding for programs that support children and their families in the early stages. It can help stop the development of transgenerational issues.
7. With the focus on criminal justice, there are inadequate services for access to long-term support. There is nowhere for people to go to access rehab, detox services or cultural learning support.

IV HOLISTIC, WHOLE OF COMMUNITY APPROACHES TO CHILD CARE AND PROTECTION

8. Njernda believes that child protection needs to take a holistic approach and perspective. You must have healthy communities to have healthy kids. We believe that it takes a village to raise a child – when parents can't raise their children, the rest of the community need to stand up.
9. Our kids need leaders and Elders to look up to, and fractured communities mean they don't have that. We need to provide good examples of leadership, role modelling and stewardship. Unfortunately, this is not being demonstrated at the national level, especially with the in-fighting related to the Treaty process. While we do have a colonial system of oppression, it's not just about the system – it's about us as well. Our kids will emulate how we act with one another.

V SELF-DETERMINATION AND S 18s

10. Many people do not like s 18 because it is seen as tainted as part of the Stolen Generations, and don't want to be a part of it. However, s 18 is about self-determination – having Aboriginal control. It gives us a role to play with our children. We've had enough non-indigenous people intervene in our lives – our kids need us to fight for them.
11. At Njernda, we understand sometimes people might slide backwards – but our approach is that when that happens, "we walk alongside you." We make sure that each time our community slide backwards, that slide is a little bit less – and that our children are not at risk. The main role of s 18s is to work with families and help to get those kids back to those families. You don't get a lot of chances with child protection, but you do with us.
12. Another issue with s 18s is that our most vulnerable require highly-skilled people. This is hard to find in rural areas. If we do find them, it is hard to retain them. This is especially so as once a person trains with an Aboriginal agency, they become highly employable for other organisations.

VI CHILD PROTECTION DONE DIFFERENTLY

13. We don't let removals take place at Berrimba. It is the jewel in the crown of Njernda. It is a safe space for children – it provides an opportunity to heal, and to allow kids to become resilient.
14. Njernda does things different to child protection if removal is necessary. It is important to enter the community appropriately, and work with the family and understand the complexity. When child protection would come to take a child – we would talk to them about how to enter the community – but there was only so much we can do. We work with families in a significant way. While we might remove a child for a period, it is to help get the parent back on their feet, to give them time to heal and develop resilience. We also review the situation on a regular basis, to see if there is any change significant enough to allow reunification to occur.
15. If we do have to remove a child, it is serious. We have conversations with the carers and the child. It's not easy. We talk to the child and try to manage the trauma that comes with the experience. We will also remove a child straight away in some circumstances. For example, in one case, a child informed us that the non-indigenous carer they were placed with, put their hands around a child's throat. We talk to the child and manage the trauma from that experience and work with the carer to provide a culturally appropriate service to our children.

16. Child protection needs to start looking at fathers as primary carers as well as mothers. We have success stories where Njernda has supported fathers to care for their children. In one case, a father worked with us to learn to care for his child with a disability and build his capacity. He is now the primary carer and studying for a diploma.