

Hello [REDACTED]

Please accept the attached *Complaint to Northern Health, Northern Health Root Cause Outcome*, and our *Response to the Root Cause Outcome*, as well as a summary of our recommendations for outcomes listed below as our submission for the Yoorrook Justice Commission. We would like all details to be made fully public pending approval and advice from your legal team.

Recommendations for desired outcomes

1. Non-indigenous partners and stepchildren are also vulnerable to interpersonal, systemic and institutionalized racism. Current policy and protocols do not adequately make provisions for their inclusion for adequate supports.
2. Those who are employed by institutions to support first nations families (Aboriginal Liaison Officers, etc.), are ultimately bound to act in the best interests of their employers, and not to families. Within Australian institutions First Nations families are assumed to present a perceived risk to the wellbeing and safety of our children, ourselves and to hospital staff. We are viewed as the threat and liability to be mitigated. An independent, indigenous led, self-determined body or organisation with no funding, operational or other tie to government or a government funded agency should be responsible for the provision of 24 hour, in person support by suitably qualified, culturally appropriate liaison officers within us across the healthcare system.
3. There are protocols and policies in place to protect families against egregious and unwarranted reporting to Child Protection and other welfare agencies. However, within the Healthcare system, hierarchies of power mean that directives and orders from higher ranked medical staff go unchecked and questioned by administrative, nursing and other consultants. The authority of those within positions of power are not subject to questioning by other staff and instead taken for granted as fair, just and warranted despite contradictions to policy and protocol.
4. Current risk thinking discourses and discourses of deficit within policy and research continue to problematize Aboriginality as a 'risk factor' to interpersonal and systemic harm, to where aboriginality alone, without any other supporting evidence is considered is reason enough to subject families to obtrusive monitoring, Hyper surveillance, interrogation without support of an independent person and in [REDACTED] case painful, invasive and unnecessary medical testing Even if the CP report raised is understood to be egregious and without merit, it is the responsibility of the family who must disprove false claims.

5. Internal investigations of staff conduct; hospital policy and processes are always going to prioritize interests of the institution and its staff and are therefore biased from the onset.

6. Support is required for First Nations families to navigate the complaints process.

7. Anyone attending a hospital should leave with a discharge summary and plan for further care

8. Cultural safety courses as they are currently conducted, do not protect families from interpersonal, systemic and institutional racism and harm. Efforts to employ First Nations community members, within positions across the healthcare system, should be prioritized as a matter of urgency. This requires bias and injustice in the provision of fair and equitable educational opportunities are also to be addressed.

Thanks
[REDACTED], [REDACTED]