



Submission by

Ngala

To the

**Standing Committee on Environment
and Public Affairs**

Inquiry into past adoptive policies and practices



INTRODUCTION

Ngala thanks the Committee for the opportunity to make a submission to the Inquiry into past forced adoptive policies and practices. This submission will address the Terms of Reference for the Inquiry, as stated by the Legislative Council of Western Australia, with a particular focus on Ngala's role in historic forced adoption practices and the actions undertaken by Ngala to assist persons affected by these historic practices.

Our Apology

Ngala acknowledges the immeasurable trauma caused by the harmful practice of state-sanctioned forced adoptions.

Ngala accepts responsibility for its role in the wrongful separation of children from their mothers in the 1940s through to the 1980's, and sincerely apologises for the organisation's involvement in what we now recognise was an extremely damaging practice.

We acknowledge that the actions of our organisation contributed to enduring trauma, shame, disempowerment, grief and guilt for all those affected by forced adoption.

Ngala is committed to working alongside survivors to support their personal journey of healing and will seek input from survivors on appropriate acknowledgement of their experiences and actions that we need to take to assist them to move forward.

HISTORICAL AND SOCIAL CONTEXT

In the Perth metropolitan area, Ngala's history stretches back to 1890, when the House of Mercy was first imagined as a refuge for the shelter and reformation of women and girls who had 'fallen from virtue'. The House of Mercy operated in Perth with nursing staff (trained and untrained), led by a matron and a private committee of management. It was not uncommon for babies born in the home to be adopted, either privately or through the child welfare department. At this time, childbirth outside of marriage was a source of immense social stigma and shame. Childrearing advice of the time emphasised the importance of rigid schedules and strict discipline from birth, with affection towards babies strongly discouraged.

In 1916, the House of Mercy subsequently became Alexandra House for Women, located in Highgate. It continued to operate as a maternity home, mainly for unwed mothers. The expert medical model favoured at the time considered that women and children's situations could be fixed and improved through skilled care and intervention. Residents were required to agree to stay for at least six months from admission. Many babies born in the home were fostered or adopted, with exceptions generally made if the mother was immediately to be married or had her parents' full support.

It was not until the late 1940s and 1950s that the importance of affectionate, warm, and flexible parenting was recognised, although still not fully embraced.

In 1949, Alexandra House for Women opened the first training facility in WA for mothercraft nurses. As a result, it was renamed Alexandra Home for Mothers and Babies and Mothercraft Training School in 1950. The home worked with the Child Welfare Department to boost the capacity of mothers to keep their babies, at a time when only 2 in 10 of the unmarried mothers at the home did so. In 1956 the school became the Ngala Mothercraft Home and Training School.

Ngala records for the era are now held by the Department of Communities. As such, Ngala no longer has direct access to definitive records pertaining to the number of forced adoptions. Estimates of total adoptions, including both voluntary and forced are in the vicinity of 1,500 to 2,000 babies, between the 1940's and 1980's.

A SHIFTING EVIDENCE BASE

Since inception, an evidence-based approach to meeting the needs of parents, children and families has lay at the core of Ngala practice. As such, our policies, practices and approach have been adapted and evolved alongside the contemporary evidence of the day. Following is an overview of key childhood development and attachment ideologies which form part of Ngala's over 130-year history. Additional information, including references is available in *Raising Ngala: A Story of Strength and Courage* (2021).

The 1890s: Training the Baby

Early concepts of childhood were based on the notion that babies are born as a 'tabula rasa': A blank slate waiting to be filled. Parenting was considered to be simply a matter of economic provision and moral guidance, with an emphasis on regularity and discipline.

American paediatrician Luther Emmett Holt wrote *The Care and Feeding of Children: A Catechism for the Use of Mothers and Children's Nurses* in 1894. As the title suggests, child rearing was considered to be the exclusive domain of women. Examples of Holt's advice include:

On sleep: *Disturbed sleep or sleeplessness may be due to causes purely nervous. Such are bad habits acquired by faulty training; as when the nursery is lighted and the child taken from its crib whenever it wakes or cries; when some of the contrivances for inducing sleep have been used.*

On playing: *Babies under six months old should never be played with; and the less of it at any time the better for the infant... They are made nervous and irritable, sleep badly and suffer from indigestion and in many other respects.*

On breastfeeding: *The mother's uncontrolled emotions, grief, excitement, fright, passion, may cause the milk to disagree with the child.*

1910s: Scientific Motherhood and 'Don't Spoil the Baby'

In late 1912, an editorial in Perth newspaper *The Daily News* stated; "... the services of trained nurses who could instruct mothers and others in the care and feeding of children are most urgently needed. The ignorance which prevails in connection with infantile life is appalling".

Attitudes towards child rearing in this period reinforced women's role as housewives and mothers who, regardless of background, could benefit from expert guidance in how to be a parent. In place of intuition, observation, experience and common sense, motherhood became 'a professionally controlled, explicitly taught activity' known as scientific motherhood.

Dr Frederic Truby King's 1912 book on child rearing, *Feeding and Care of Baby*, championed the principles of scientific motherhood. A review in *The Daily News* declared it to be 'full of good advice, put so simply that any woman can understand it'. Truby King's view was that not only did women need to learn the 'science' of child rearing, or mothercraft, but also the rules of hygiene and household order. Given the high rates of infant mortality, a child's health and physical safety were of utmost importance, with little to no focus on the parent-child relationship.

Truby King's methods endorsed rigid, regimented routines for all aspects of caring for a baby, including feeding, sleep, exercise and bathing, with a timetable of four-hourly feeds from birth. He also recommended avoiding night feeds completely, if at all possible. A staunch advocate of breastfeeding, Truby King's infant welfare work in New Zealand had seen a marked decrease in the nation's infant mortality rate. Truby King's New Zealand model of postnatal care for mothers and babies would eventually reach Australia.

The accepted approach to parenting was still stern and authoritarian, with little regard for the child's temperament or the parent-child relationship. Parents, particularly mothers, were warned about overindulging their young children by giving them 'too much' care and attention. Mothers were still assumed to be providing the daily care of children, with a father's role as the breadwinner. American couple Drs William and Lena Sadler provided the following advice in their 1916 book, *The Mother and her Child*:

On daily care: *Handle the baby as little as possible. Turn it occasionally from side to side, feed it, change it, keep it warm, and let it alone; crying is absolutely essential to the development of good strong lungs. A baby should cry vigorously several times each day.*

On breastfeeding: *If the mother worries greatly, or thoughtlessly 'gets very angry' just before the nursing hour, [this] often produces not only colic in the babe, but many times throws him into severe convulsions.*

On crying: *Seek to find out if possible - and it usually is possible - just what he [sic] is crying for. It may be for the pacifier, for the light, or to be rocked, jolted, carried, taken up and rocked at night, or a host of other trifles; and if he is immediately hushed on getting his soul's desire - then we know he is 'spoiled' ... The baby is not to blame ... It is most cruel to encourage these habits of petty indulgence.*

1920s: Behaviourism

John B. Watson, the founder of behaviourist psychology, emphasised the importance of conformity and detachment in raising children. He believed children should be treated as young adults and that all behaviour was learned through repetition. Behaviourist methods were popular through to the 1930s, with parental affection and 'over-indulgence' still strongly discouraged.

Watson's book *Psychological Care of Infant and Child*, published in 1928, gave the following warning:

"Never hug and kiss [your children], never let them sit in your lap. If you must, kiss them once on the forehead when they say good night. Shake hands with them in the morning ... try it out. In a week's time you will find how easy it is to be perfectly objective with your child and at the same time kind. You will be utterly ashamed of the mawkish, sentimental way you have been handling it".

The focus on moral development and 'mental hygiene' remained, with the character and behaviour of parents seen as of utmost importance to a child being 'moulded' into a well-adjusted and properly socialised adult.

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1930s and 1940s: Child Focused Child Rearing

Child-rearing advice gradually shifted to consider children's developmental needs. Paediatrician and psychologist Arnold Gesell's research on child growth and development from the 1920s to the 1940s focused on normative physical, behavioural, and temperamental characteristics at different ages. This meant developmental delays and disorders could be identified early, but also led to parental anxiety when children were slightly behind schedule. Gesell was the first to consider the connection between children's behaviour and their brain development. This redefined behaviours as part of developmental processes, rather than being 'naughty' or 'bad habits'.

Paediatrician and psychoanalyst Benjamin Spock challenged 'scientific' child-rearing approaches with his book *Dr Spock's Common Sense Book of Baby and Child Care*, first published in 1946. Spock saw motherhood as natural and instinctual, reassuring parents of their competence and attempting to debunk previous ideas that parenting required an external expert's guidance. His book became a classic, trusted resource for parents around the world.

1940s to 1960s: 'For the Best'

Child development theories now favoured the influence of environment over genetics. Removal of nonmarital children or those otherwise at risk of neglect or 'moral contamination' was regarded as the answer. Adoption of children whose circumstances did not fit the social 'ideal' was favoured by many post-war psychologists, almoners and social

workers. It was often said that *"If a child's living conditions were less than perfect, it was believed that she or he was better off with adopted or foster parents, for at least then they could be socialised into the proper ways of morality and hygiene"*.

At the time, the ideal 'good adoptive parents', able to provide the best environment to meet a child's needs, were white, married couples with a secure income. Alongside this was a general sense of entitlement – the 'right' of married couples to have children. Adoption by 'deserving' childless, married couples of good social standing was seen as a solution to protecting vulnerable children, while also punishing 'undeserving', unfit, unmarried mothers. Disdain for unmarried mothers extended into the medical profession, as illustrated in an address by Dr Donald Lawson of the Royal Women's Hospital in Melbourne in 1959:

"The prospect of an unmarried girl or of her family adequately caring for a child and giving it a normal environment and upbringing is so small that I believe for practical purposes it can be ignored. I believe that in all such cases the obstetrician should urge that the child be adopted."

Community expectations were that the children of unmarried mothers would be available to adopt. The social pressure on unmarried mothers to surrender their babies for adoption was intense, framed as looking after the best interests of the child. The highest number of adoptions in Australia took place between 1950 and 1970, with growing waiting lists of couples wanting to adopt a child.

1950s to 1960s: Attachment

By the 1950s, strict feeding regimes and the notion that parents could 'spoil' their baby with too much attention were largely dismissed. Despite the move away from scientific motherhood, science still played a role in child-rearing practices. From the early 1950s to the 1960s, John Bowlby and his colleagues conducted research on war orphans and children who had been institutionalised. This work led to the development of attachment theory, seeking to explain the significance and impact of early infant-mother relationships. Attachment is a deep and enduring emotional bond that connects one person to another. Early attachment relationships have a major impact on infant mental health and developmental outcomes. Bowlby's theory stated that an infant and young child should experience a warm, continuous and mutually enjoyable relationship with his or her mother or a permanent mother-substitute. He strongly believed it was harmful to prioritise routine and discipline rather than relationship.

Bowlby endorsed early adoption as it supported prompt, uninterrupted bonding between an adopting mother and the baby, and an opportunity for adoptive parents to shape the child's development. Bowlby declared: 'Moreover, the nearer to birth that they have had him the more they will feel baby to be their own ...'

Bowlby's attachment theory was not well received initially. It went against the established psychoanalytical theory of food as the infant's primary drive, with relationship secondary. As attachment theory became more widely known and accepted, the focus on the critical

importance of secure mother-baby attachment further stigmatized working mothers. Babies without access to their mothers on a 24-hour basis were thought to be victims of maternal deprivation and neglect. In later work, Bowlby and his colleagues extended attachment theory to include fathers, siblings, extended family members and other carers.

1960s - 1980s: Authoritative Care

This was a period of immense social change in Australia. There was an increased awareness of civil rights, particularly around equality, freedom of speech and protection from harm. This saw a shift away from institutionalisation towards community-based accommodation and care. Support services and financial subsidies were made available for vulnerable groups, such as migrants, people with disability, single mothers, women in the workforce and children at risk of abuse and neglect.

Key child development theorists of this period include Piaget, Bandura and Baumrind. Piaget's work focused on the children as active learners whose thinking processes work differently to those of adults. He identified four stages of cognitive development from infancy to adulthood, emphasising the influence of heredity, experiences and the quality of caregiving.

Bandura built on the work of behaviourists like Watson and Skinner. He developed social learning theory and founded self-efficacy theory, an individual's belief about their own abilities and characteristics.

Baumrind proposed that there are three kinds of parenting styles; authoritarian, permissive and authoritative. His titles and descriptions became widely accepted, with studies showing the effects of different parenting styles on children. Parents were urged to adopt a warm but firm authoritative style and to use positive and negative reinforcement strategies, such as consistency, 'time out' and rewards charts.

Adoption in Australia in the 1960s-1970s: 'Clean Break' Theory

The practice of early adoption promoted by Bowlby in the 1950s became known as the 'clean break' theory. Supported by Freudian psychologists, the theory states that the best outcome for both the child and the relinquishing mother is adoption at birth with no further contact. It reinforced the beliefs and practices already occurring in many Australian hospitals. Past discriminatory behaviours and practices by hospital staff, Child Welfare workers and others towards unmarried mothers, compared to married mothers, are undisputed.

Across Australia, changes to State Legislation from the 1960s enforced 'clean break' practices and secrecy through closed adoptions. In a closed adoption, a child's original birth certificate is permanently sealed; an amended birth certificate is issued showing their new identity and family relationships. A 'clean break' through early closed adoption supposedly allowed 'both parties to forget the past and forge a life free from stigma', seen to affect both the unmarried mother and the 'fatherless' child. The underlying assumption

was that an unmarried mother had no desire for a continuing relationship and wanted privacy and anonymity. The outcome was a 'society anxious to graft newborn babies on to 'good' (married) mothers as quickly as possible'. Family pressure, along with coercion by professionals - whether subtle or overt - and a lack of support left many unmarried mothers feeling they had little or no choice. It was expected that relinquishing mothers would simply put the child out of mind and get on with life; grief counselling or psychological support were neither offered nor available.

While relinquishing mothers' rights and wellbeing were raised by some during this period, it would be decades before the extent of the long-term harm and trauma caused by the forced adoption policies and practices of the 1950s to 1970s was fully recognised.

1970s-1980s: Adoption and Removal

The number of adoptions in Australia peaked in the early 1970s. Numbers halved by the mid 70s, and had dropped further by 1980. The rapid decline in adoptions from 1972 is closely correlated with a rapid decline in the birth rate, particularly the rate of births to teenage mothers. The Whitlam Government's reforms saw the Pill become more affordable and accessible from 1972. That same year, a family planning service was established in Perth for the time.

Groups supporting the rights of unmarried mothers emerged from 1970. In 1973 the Whitlam Government introduced the Supporting Mother's Benefit for sole mothers. Jigsaw, a lobby and support group for anyone involved in adoption, started in WA in 1978.

Between the Second World War and 1975, about 30-40 percent of unmarried pregnant women spent time in an institution to conceal their pregnancy. Many were sent some distance from home, even interstate to avoid community prejudice and judgement. Scores of women kept the birth and adoption of their child a secret for many years. Some stayed silent about the experience for the rest of their lives.

The number of babies available for adoption plummeted after hospital policies in WA changed to allow unmarried women the same rights to see and hold their babies as married women (from 670 in 1969 to 99 by 1981). In 1987, adopted people in WA were given the legal right to access their adoption records. Birth parents were not granted the same right in WA until 1994.

OUR ROLE

The Ngala Mothercraft Home cared for children up to three years of age 'that for any reason cannot be cared for by his or her mother, or guardian'. Common reasons included the mother's illness, confinement, or a 'social need in the family'. By the end of September 1959, there were 25 infants in residence, including a two-week-old Aboriginal boy from the State Reception Home. In the first three months, 114 babies came through Ngala, reaching 230 by the end of 1959.

As Matron Beryl Grant describes it:

'It was an open-door policy ... it was 24 hours a day, seven days a week, and people could land up at that door with a child and it would be brought in'.

The 1960-61 Ngala Annual Report offers more detail about the different categories of babies admitted to Ngala: infants with feeding problems, admitted with their mother; convalescent infants, usually from PMH; infants and toddlers placed for care by the Child Welfare Department; and newborns to be placed for adoption.

Adoption Decisions and Processes

Ngala worked closely with Child Welfare Department staff, with adoption procedures guided by the Department, which supported early adoption. Couples seeking to adopt were screened and interviewed by both the Matron and the Department. The adoption panel, who made the final decision, consisted of a psychiatrist, a paediatrician, a GP, a social worker, the president of the Ngala Committee and Matron Grant. Adoption inquiries came from across WA as well as interstate and, occasionally, overseas.

Unmarried mothers in the 16-bed Alexandra Wing received antenatal care, with two onsite clinics per week, along with instruction in antenatal exercises and 'the phenomena of labour'. Despite advice to the contrary, the Committee had insisted on including a delivery room in the building plans; it was never used. Babies were born at either King Edward Memorial Hospital or the nearby South Perth Community Hospital. The maternity ward at South Perth Community Hospital opened in June 1959, shortly before Ngala's opening. The mothers stayed in hospital three to five days after the birth (later reduced to a matter of hours) then returned to Ngala for a convalescence period. An unmarried mother's stay at Ngala was usually between four weeks and four months in total.

Life at Ngala

At the time, a Mothercraft nurse training centre was a merger of ideas: a training school, a depot or hostel where mothers could leave their babies to be cared for in the Home while they worked; and a reception centre for children in need. Media coverage at the time included the following.

A *West Australian* article from July 1946 states:

Approached by the committee, the Minister for Child Welfare (Mr. Tonkin) had guaranteed payment for each baby fostered in the home whose mother or relatives were unable to pay for the child. Without that assurance, it was felt, the finances of the home were not sufficient to enable a training centre to be established. Again, many mothers, not wishing to give up their babies for permanent adoption, would be ready to board them at the home while they worked to make a home for them.

Extensive fundraising campaigns ensued as a way to ensure that individual mothers were able to keep their babies, if that was their wish.

A 1932 article in *The West Australian* titled *Infant Welfare Training* outlined the Home's role:

It is the earnest hope of members of the committee of control that at some not too distant date it will be possible to establish a hostel ... where girls who must go out into the world to earn a living after remaining for the necessary period, which sometimes is a year or more, may live and still keep their babies. Sad scenes occur when an Alexandra Home girl must part with her child, after rearing the little one to the stage when any woman's proper care may be as effective as the mother's. Some of the babies born at the Alexandra Home are legally adopted, others become State children and are boarded out to foster-mothers, and occasionally a wee boy or girl is taken by the mother's people.

...The hostel idea, if attainable, is a happy solution of the problem of these unmarried mothers and their offspring ... in the majority of cases, there is a strong desire for permanent contact with the children. It is felt that a hostel, where the children would be well cared for in the absence of their mothers at work and where the girls might themselves realise the security of a permanent home, would be the means of continuing invaluable after-care of these young women.

Despite recognition of the desire for 'permanent contact', the second paragraph highlights the lack of understanding about the importance of the parent-child relationship. It would take research on war orphans and institutionalised children in the decades following the Second World War to provide evidence on the importance of a warm, continuous relationship with a primary caregiver to children's development.

Sunday Times reporter Leslie Bateman visited the Home in May 1950 to write a feature article for the magazine section:

They are not bad girls,' said the Matron. 'I can't emphasise that point enough. The really bad girls know how to take care of themselves. These girls want to have their babies and bad girls don't have babies.'

Every girl who passes through the home has her own story. Some are tragic and some are the result of foolishness and inexperience. 'We never badger them for details,' said Matron Newman. 'Of course the authorities have to know something about the parents' background and health before a child is adopted but while the mothers are here they are never cross-examined by any member of the staff.'

The Sunday Times article recounts two personal stories. The first is a 'young girl' from the country whose parents had sent her to the Alexandra Home. Her fiancé was killed in a motorcycle accident less than two weeks before their wedding day. The other, a girl of 16, wanted to marry her childhood sweetheart but his wages were 'pitifully inadequate'. She initially thought adoption was her only choice but, after counselling by the matron, she became determined to keep the baby.

About 20 p.c. [per cent] of the mothers manage to keep their babies and nearly all want to. Every opportunity is given the young mothers to keep their babies. The Home looks after the child while the mother finds employment and suitable accommodation and the mothers pay the Home what they can afford.

If a mother leaves her child for adoption she says goodbye to it when it is a few weeks old and then never sees the baby again. 'It's no use their coming back time and time again to visit the child,' said Matron. 'It's hard enough on them when they leave the baby the first time without prolonging the business.'

WANTED - A Baby: 1950s

An article in the Perth newspaper *Western Mail* in 1950 with the headline 'Wanted—A Baby' details the adoption process in WA. It warned that 'child-hungry couples' planning to adopt, whether privately or through the Department, could expect a significant wait. At the time, the total cost to the adopting couple was £5.

When a couple make application to adopt, a visit is paid to their home to see that surroundings and environment are suitable for the upbringing of a child. All aspects of [their] suitability, financial position and moral character are examined ...

The department is equally solicitous on behalf of a baby's future parents. The baby is given a thorough medical examination and, where possible, the medical history of its father and mother is checked to ensure that it is a normal and healthy child. Once a mother has signed the document relinquishing claim to the child, she has no further access to it; neither does she know the name of the adopters ... It is not easy to estimate a probable waiting time, but the demand has never yet been met by the supply.

Quite a number of unmarried mothers - and illegitimate babies form the largest adoptable group - do not wish to part with their babies. Society today looks with a great deal more sympathy and kindness on these girls who have loved not wisely but too well, and every effort is made to restore their self-respect and set them back on their feet ...

In another example, the 1957-58 year saw 150 babies cared for in the Home by mothercraft nurses and staff. Thirty expectant single mothers were admitted to the home, before being confined at King Edward Memorial Hospital. The Home's 1958 annual report states:

The social and financial backgrounds and suitability of the adopting parents is always thoroughly investigated... Some of these girls decided to keep their babies and others thought adoption better for all concerned. This decision is made by the girl herself after being given every opportunity to discuss the problem from all aspects with the social workers, the Matron and her own parents. Some change their minds after the birth of the babe...

A Shift Towards Community Care

In 1980, Ngala's services cared for 409 children, with low numbers for adoption. The majority of children admitted were under 12 months of age, with 90% under 3 years old. Approximately 25% were referred from the Department of Community Welfare, a quarter self-referred by parents, with the remainder referred by hospitals, police, GP's and child health services.

The calls for Ngala to review its residential approach and embrace multidisciplinary ways of working grew increasingly louder. After an extensive independent review, a report recommended a reduction in residential care and the introduction of a nurse educator and social workers. Hence a transition away from medical to a more social and community oriented model of care had begun.

The report also included recommendations about consultative ways of working, neutral and unbiased service, and 'in intention to promote each girls' personal growth and development'. This report, paired with a shift in developmental theory and an evolving political and societal landscape drove a shift in Ngala's role in the broader community.

The Ngala of Today

The Ngala of today recognises that many of the theories, practices and approaches of the past were, at best, unhelpful and at worst, considerably damaging to mothers and children at the time. We are in no way supportive of the continuation of these harmful practices, and have provided an overview of them in this submission as a means of shedding light to help develop an understanding of our complex past, as we continue on the pathway towards healing for those affected.

NGALA'S RECENT EXPERIENCE & ACTIONS

Today, our core purpose is to support families with contemporary, inclusive, and evidence-informed services that enhance the wellbeing and development of infants, children, and young people. We acknowledge our historical role in the practice of forced adoptions and hope to work with survivors, government, and the broader community sector to support the needs of those affected by this practice in Western Australia.

Ngala's expertise lies in harnessing the latest research and training, alongside community stories and experiences to develop and deliver services that meet the needs of today's parents and children. Ngala alone does not have the expertise to develop a comprehensive solution to fully acknowledge the experience of those affected, nor to sufficiently implement mechanisms of support.

We remain cognisant of the need to ensure a universal, trauma-informed, and survivor-led approach to support the healing of those affected. It is because of this that Ngala is fully supportive of the establishment of a partnership with Government to develop an effective, sustainable, and impactful solution for Western Australia.

Revisited Apology Statement

Ngala recently made comprehensive updates to our website apology statement, which had been static for several years. We acknowledge that our previous apology did not go far enough. Direct feedback from survivors has informed the apology in its current form.

Research

In supporting the progress of this initiative and to help Ngala identify meaningful next steps, we have commissioned a research paper which reviews agency responses and engagement approaches to Forced Adoptions in various jurisdictions across the globe. The paper explores current responses of agencies regarding their past involvement in forced adoptions and works to identify how organisations can best engage with people affected, including apologies, awareness raising, therapy, staff training and memorial plaques.

Memorials

We know that on-site memorial plaques must be considered within the context of trauma-informed practice. It is important for Ngala to avoid retraumatising those affected, by facilitating moments of reflection only at Ngala's Kensington site, the very location at which forced adoptions were undertaken. In June of 2021, Ngala applied to the Town of Victoria Park to complement the sculptures titled Empty Arms – Broken Lives at Read Park, first installed in 2019. Our proposal was to fund the installation of a bench with a memorial plaque at the site, to facilitate a physical space for those affected to have the opportunity of reflection upon their experiences. Despite support from Hannah Beazley MLA, Member for Victoria Park, this application was denied by the Town of Victoria Park. Ngala would be grateful for the opportunity to revisit this proposal in light of the Inquiry.

Community Engagement

At a local level, Ngala has recognised the need to change perceptions to ensure that our past does not obstruct access to our services for those that need it most. Particularly in the Aboriginal communities across the Midwest and Gascoyne, we have worked to communicate that the Ngala of today is not the same as the Ngala of the past. While we acknowledge our role in the practice of forced adoptions, we have a duty to ensure that we work to overcome any barriers to accessing the crucial services that Ngala provides. This was, in part, the stimulus for the development and implementation of our Reconciliation Action Plans which lie at the core of our engagement with communities across the regions of WA.

IN SUMMARY

Ngala is committed to using the opportunity brought by the Inquiry to learn from our past, engage with those affected and to leverage this opportunity to forge strong families across Western Australia. Through our active participation, we will strive to better understand the impact our actions had on individuals and our community, identify any other organisations that we must cooperate with to appropriately support victims and their families, and learn more about our past through the tragic personal stories brought to light by victims and survivors.

