The Future of
DAVID BERRY
HOSPITAL



The Future of DAVID BERRY HOSPITAL SITE

Engagement Report 2026

Prepared by

Strategic Small Business Solutions



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Acknowledgement

We acknowledge the Traditional Custodians of the lands, waters, and cultural landscapes that surround the **Aboriginal Peoples of the New South Wales South Coast** and their deep historical connection to the David Berry Hospital site.

We recognise their deep, unbroken connection to Country, to the creeks, rainforests, coastal plains, and pathways that have sustained their peoples for countless generations.

We honour the Ancestors who cared for this Country long before the township of Berry was established, and who continue to guide community, culture and identity today.

We pay our respects to Elders past and present and extend that respect to all Aboriginal people who continue to live, work, heal and maintain cultural responsibilities across these lands.

We acknowledge the truths of this place, including the histories of exclusion from hospitals, the experiences of women forced to give birth outside on the verandah and the children taken from families and sent to the Bomaderry Children's Home.

These stories form part of the living memory of the **Aboriginal Peoples of the New South Wales South Coast**, and they must be held with care, dignity and cultural authority.

We commit to walking alongside community in a spirit of truth-telling, cultural respect, and self-determination, ensuring that all future planning for the David Berry Hospital site is guided by Aboriginal leadership, cultural appropriateness and governance, and the enduring strength of the First Peoples of this Country.

"This report recognises the deep cultural, historical and spiritual significance of the David Berry Hospital site for Aboriginal peoples, including the stories shared about Sorry Business, exclusion from maternity services, and the lived experiences connected to the site."

We thank those organisations that supported us in hosting, facilitating and/or connecting us to Traditional Owners, Elders and the greater Aboriginal community:

- Waminda - South Coast Women's Health and Wellbeing Aboriginal Corporation
- Nowra Local Aboriginal Land Council
- Children of the Bomaderry Aboriginal Children's Home Incorporated
- Wreck Bay Aboriginal Community Council
- Illawarra Shoalhaven Local Health District STTOMP Bus
- Illawarra Shoalhaven Local Health District Principal Aboriginal Liaison officers associated staff

Individual names have not been included in this report to respect the cultural privacy of those who shared their knowledge, strength and lived experience.



Executive Summary

The *David Berry Hospital Aboriginal Engagement Report* provides a culturally governed, Aboriginal-led account of the priorities, concerns, truths and aspirations of Aboriginal communities connected to the David Berry Hospital site. The report responds to long-standing cultural harm, historical exclusion, and gaps in previous engagement processes, and offers a new standard for how NSW Health engages with Aboriginal communities in the Shoalhaven region in the future.

The engagement was grounded in **cultural governance**, **Indigenous Data Sovereignty**, **trauma-informed practice**, and **free, prior and informed consent**. All cultural knowledge and stories shared remain the cultural property of the individuals and families who provided them.

Historical and Cultural Significance

The David Berry Hospital site sits within a cultural landscape that has supported Aboriginal peoples of the NSW South Coast for thousands of generations. Community members described deep, unbroken connection to Country, including cultural pathways, birthing places, gathering areas, waterways and rainforest corridors.

The report documents a long history of exclusion from health services, including Aboriginal women being denied access to maternity wards and forced to give birth on the hospital verandah and babies removed and sent to the Bomaderry Children's Home. Community stories confirm the hospital's **direct connection to the Stolen Generations**, forming part of the region's living memory and shaping current relationships with health services in the Shoalhaven region.

These truths are not symbolic—they are foundational to future planning.

Community Priorities and Values

Aboriginal community members identified the following as most important for the future of the site:

- Recognition of cultural connection and historical truths
- Healing, cleansing and trauma acknowledgement
- Aboriginal-led governance and decision-making
- Identification, protection of burial sites, artefacts and cultural heritage
- Culturally safe health, wellbeing and palliative care services
- Youth healing, early intervention and crisis support

These priorities reflect both trauma and enduring cultural strength.

Preferred Future Uses

A total of **78 service-related comments** were coded into 10 themes. The strongest preferences include:

- Aboriginal-specific health services
- Culturally governed palliative care and Sorry Business spaces
- Healing, wellbeing and truth-telling centre
- Youth healing and early intervention services
- Aboriginal workforce development and teaching pathways
- Cultural spaces, keeping place and heritage protection

Community members consistently emphasised that the site must become a **healing place**, not an institutional environment.



Issues and Concerns - A total of **104 concerns** were coded into seven themes, including:

- Tokenism, distrust and lack of transparency
- Aboriginal rights, land return and cultural authority
- Governance and AMS leadership
- Cultural safety, healing and trauma acknowledgement
- Heritage, records, babies and ancestral questions

These concerns highlight a significant trust deficit and the need for Aboriginal-led governance.

Shared Stories – A total of **112 story elements** were shared with free, prior and informed consent. Themes include:

- Trauma, death and fear
- Birth and connection to Country
- Historical harms and injustice
- Healing and spiritual significance
- Mixed experiences and positive memories
- Cultural heritage and unanswered questions

These stories demonstrate why healing must occur **on the site where trauma happened**.

Need for Collaborative Aboriginal Health Services

The report identifies a strong need for a **collaboration of Aboriginal health services** at the David Berry Hospital site. While specialised Aboriginal services exist across the region, none are located on a site so deeply connected to Aboriginal birth, loss, exclusion, trauma and cultural memory. A collaborative operational model would ensure cultural authority, holistic care, and shared responsibility across ACCOs and ACCHOs.

Recommended Next Steps

The report identifies **seven key next steps** for NSW Health:

1. Formally acknowledge the trauma and cultural significance of the site
2. Consider establishing an Aboriginal-led governance body
3. Consider supporting deep cultural cleansing of the site
4. Consider commissioning a cultural heritage and burial site investigation
5. Consider resourcing a community-led truth-telling project
6. Provide information on lease, land status and future options
7. Consider opportunities for co-design of future services

These steps align with community expectations and are required for culturally governed planning.

Community Validation

The draft report was returned to community for review. The only feedback received was acknowledgement of the report's accuracy, cultural integrity and the way it captured the essence of community experiences and expectations. No changes were requested. The report is therefore **culturally endorsed and community-validated**.



HOW WE ENGAGED



ONE-ON-ONE YARNS

Face-to-Face, Phone and Video Conferencing Platforms.



ON-COUNTRY YARNS

Yarning Circles, Community BBQ's, Focus Groups and Workshops.



ONLINE PLATFORMS

Email Submission Forms and Online Surveys.

ENGAGEMENT SNAPSHOT

17 ABORIGINAL ORGANISATIONS

8 ABORIGINAL ADVOCATES

93 ABORIGINAL COMMUNITY MEMBER YARNS

57 COMMUNITY MEMBER FEEDBACK SUBMITTED

The Future of DAVID BERRY HOSPITAL



COMMUNITY ENGAGED



Traditional Owners

- We engaged with Traditional Owners to understand the Cultural significance of the land and ensure their knowledge and perspectives guide this project.



Community Elders

- We consulted with Community Elders for their wisdom, Cultural guidance and stories to help inform respectful and responsible decision making.



Local Community

- We listened to local community members to understand their values, priorities and aspirations for the future of the area.



Aboriginal People Connected to the site

- We engaged with Aboriginal people connected to Country to ensure their voices, experiences and knowledge are at the heart of this project.

ORGANISATIONS ENGAGED



Aboriginal Organisations

- Land Councils
- Corporations
- Medical Services
- Health & Wellbeing
- Community Councils
- Aged Care



Aboriginal Advocate Organisations

- Aboriginal Affairs
- National Indigenous Australian Agency
- NSW Aboriginal Land Council



Non-Aboriginal Advocate Organisations

- Shoalhaven City Shire Council
- Service NSW
- Illawarra Shoalhaven Local Health District

COMMUNICATION STRATEGY



Aboriginal-led Organisations

- We worked through Aboriginal-led organisations to ensure communication was trusted, relevant and culturally appropriate.



Advocate Organisation Contacts

- We connected with Aboriginal advocate organisations to share information and invite input and feedback.



Community Contacts & Connections

- We used existing relationships and networks to reach community members and encourage broad participation.



Organisations' Social Media Platforms

- We shared information and updates through Aboriginal organisations' social media channels to increase reach and awareness.



Brochures & Pamphlets

- Printed materials were distributed in key community locations and at events to provide clear information about the project.



Phone, Text & Emails

- Direct communication was used to keep people informed, invite feedback and share updates.



Word of Mouth

- Community members were encouraged to share information within their networks to support strong engagement.



Purpose of This Report

This report has been developed by Strategic Small Business Solutions at the request of the NSW Ministry of Health to provide a **culturally appropriate and governed Aboriginal-led account** of the priorities, concerns, stories, and aspirations of Aboriginal communities connected to the David Berry Hospital site. It responds directly to the gaps, risks, and cultural safety identified in previous engagement processes, and hopes to provide a new standard for how NSW Health engages with Aboriginal communities, not only in the Shoalhaven region.

The purpose of this report is to make sure that Aboriginal voices are not only heard, but respected, centred, and embedded in all future planning for the site. This includes recognising the deep cultural, historical, and emotional significance of the land, as well as the lived experiences of exclusion, trauma, resilience, and survival that continue to shape community relationships with health services today. Specifically, this report aims to:

Establish Cultural Governance and Self-Determination - Ensure that all engagement, interpretation, and decision-making related to the David Berry Hospital site is supported by Aboriginal cultural authority, in line with Indigenous Data Sovereignty and community-led governance principles.

Provide a Truth-Telling Foundation - Acknowledge and document the historical realities experienced by Aboriginal families, including:

- Women being forced to give birth on hospital verandahs
- Children removed and sent to the Bomaderry Children's Home and other homes throughout the state
- Exclusion from local health services, and intergenerational trauma linked to the site

These truths should be part of all future planning, service design, cultural and heritage interpretation.

Capture Community Priorities Through Culturally Safe Methods - Present the insights gathered through Aboriginal-led engagement activities, including responses to the three core questions:

1. What services would you like to see at the David Berry Hospital?
2. What issues or concerns does community have about the site?
3. Would you like to share any cultural connection and/or stories about the site?

These insights reflect community aspirations for culturally safe, accessible, and healing-centred services.

Protect Cultural Knowledge and Community Ownership - Ensure that all stories, data, and cultural information shared through this process remain under the ownership and control of the Aboriginal community members who provided them, in accordance with Indigenous Data Sovereignty principles.

Provide Clear Guidance for NSW Health - Offer culturally informed recommendations that support:

- Future service planning
- Site management
- Truth-telling and heritage recognition
- Long-term partnerships with Aboriginal organisations and Aboriginal the community
- Healing-centred design and culturally safe care

Support Long-Term Healing and Reconciliation

Recognise the David Berry Hospital site as a place where truth-telling, cultural safety, and community leadership that acknowledges past the past while creating a future space for healing, dignity, and self-determination.



Aboriginal Population

Aboriginal Community Statistics – Shoalhaven Region (NSW) - *(Latest available Census data: 2021)*

Total Aboriginal and Torres Strait Islander Population

- 3,818 Aboriginal and Torres Strait Islander people live in the Shoalhaven LGA.

This represents approximately 5% of the total Shoalhaven population (higher than the NSW average of 3.4%).

Population Breakdown

Indigenous Status

• **Aboriginal**:	3,686 people	(4.8%)
• **Torres Strait Islander**:	71 people	(0.1%)
• **Both Aboriginal and Torres Strait Islander**:	62 people	(0.1%)

Key Sources for Further Data

ABS QuickStats – Shoalhaven (Indigenous Population) - https://www.abs.gov.au/census/find-census-data/quickstats/2021/ILOC10600303



Cultural Governance & Methodology

The Aboriginal engagement process for the future planning of David Berry Hospital was grounded in cultural governance, self-determination, and Indigenous Data Sovereignty, ensuring that all engagement was led, shaped, and validated by the leaders of the Aboriginal communities of the New South Wales South Coast region. This approach recognised the cultural authority of Aboriginal peoples of the region and Aboriginal peoples linked to the David Berry Hospital and honours their deep connection to Country, community, and the lived histories associated with the site.

This methodology responded directly to the need for a culturally safe, trauma-informed, Aboriginal-led process, ensuring that engagement was not extractive, not rushed, and not imposed. Instead, it was built through relationships, trust, and community protocols.

Cultural Governance

Cultural governance was the foundation of the engagement process. It ensured that Aboriginal communities determine how engagement occurred, what knowledge was shared, and how insights were captured, interpreted and used.

Key elements of cultural governance include leadership by Aboriginal Community-Controlled Health Organisations (ACCHO's) and Aboriginal Community-Controlled Organisations (ACCHO) along with Aboriginal advocate government agencies.

These organisations hold cultural authority, deep community trust, and established governance structures. They supported us to develop:

- Culturally appropriate engagement design & development
- Cultural appropriate protocols
- Participant identification and contact
- Trauma-informed engagement principals, and
- Determine ethical remuneration standards

Elders and Cultural Advisors as Decision-Makers

Elders and cultural knowledge holders supported us to develop:

- Protocol guidance
- Cultural risk assessment
- Approval of engagement methods
- Input into oversight of data collected, use as well as story collection and protection



Indigenous Data Sovereignty

Traditional Owners, Elders and community members with cultural knowledge holders supported us to determine:

- What data is collected
- How it is collected
- How it is stored
- Who can access it
- How it is to be used
- What cultural knowledge can or cannot be published

This support ensured that all insights remain under Aboriginal ownership and control.

Engagement Methodology

The engagement methodology was built on a community-led, non-extractive, culturally grounded approach. It prioritised relationship, trust, and cultural safety over speed or volume of data collection.

Foundational Relationship Building

Before any formal engagement occurred, our team spent time in contact with:

- Organised ACCO and ACCHO's, and
- Traditional Owners, Elders and community members regarding preferred meeting and information sessions

This phase was designed to build trust, rapport, and ensure cultural safety protocols that the engagement team must engage by in areas such as but not limited to:

- Local dynamics
- Competing interests
- Cultural obligations
- Community expectations
- Sorry Business considerations, and
- Potential trauma-informed issues

Cultural Protocol Mapping

Protocols were co-developed with ACCO's, ACCHO's, Traditional Owners, Elders and community, covering:

- When, where, and how engagement occurred
- Free and informed consent
- Confidentiality of data collected
- Trauma-informed practice principals
- Ethical compensation standards
- Cultural safety engagement requirements, and
- Data sovereignty protocols



Co-Design of the Engagement Framework

The engagement framework was co-designed with ACCO's, ACCHO's, Traditional Owners, Elders and community which included:

- Engagement goals
- Preferred locations, times, and formats
- Cultural risk mitigation strategies
- Agreed engagement methodology
- Community-approved communication materials (emails, flyers brochures etc.)

Engagement Platforms

Engagement was delivered through culturally appropriate grounded methods such as:

- One-on-one yarns (face-to-face, phone and video conferencing platforms e.g. Teams, Zoom)
- On-Country (e.g. Yarning circles, BBQ, focus groups, workshops), and
- Digital feedback (e.g. online survey and submission forms)

These methods were designed to ensure insights emerge naturally through dialogue, not through imposed questioning.

Collective Sense-Making and Validation

All insights gathered were returned to community for:

- Interpretation
- Correction
- Prioritisation
- Cultural framing, and
- Approval for publication

This ensures the final report:

- Reflects community voice
- Protects cultural knowledge
- Embeds cultural governance, and
- Aligns with Indigenous Data Sovereignty

No findings are published without community validation.

Final Reporting

The final Aboriginal-led engagement report:

- Included community-driven recommendations
- Reflected on community-validated insights
- Embedded cultural governance
- Honoured truth-telling
- Supported culturally safe future planning options for the David Berry Hospital site



Cultural Connection

Cultural Connection of the Aboriginal People to the David Berry Hospital Site

The David Berry Hospital site sits on a number of the traditional lands of the NSW South Coast people. These Aboriginal communities have maintained an unbroken connection to this Country for thousands of generations, long before the establishment of the township of Berry or the construction of the hospital in the early 1900s. Their connection to this area is grounded in:

Country, Landscape and Cultural Pathways

The land on which the hospital stands forms part of a wider cultural landscape that includes:

- **Traditional travel routes** - Linking Wodi Wodi, Jerrinja, and Wandi Wandian Peoples Country with neighbouring Dharawal and Yuin clans and groups
- **Cultural sites, story places, and resource areas** -That supported daily life, ceremony, and kinship connections and obligations
- **Local rivers, creeks and tributaries** - Which were important sources of food, water and seasonal gathering
- **Rainforest and bushland corridors** - Extending from the escarpment to the coast

The hospital site is not an isolated parcel of land; it sits within a **living cultural system** that continues to hold meaning for Aboriginal Peoples of the NSW South Coast today.

Ongoing Connection and Cultural Responsibility

Despite the impacts of colonisation, Aboriginal people maintain:

- A spiritual and cultural responsibility to care for Country, a continuing relationship with the land, waterways, plants, and animals
- A desire to see truth-telling embedded in the future of the site, and A commitment to ensuring culturally safe health services for future generations

The hospital site remains part of their ancestral landscape, and any **future planning must recognise this enduring connection**.

Historical Disruption and Impact

The arrival of settlers, including the Berry family, dramatically altered the Aboriginal people of the region's life. The establishment of large estates, clearing of land, and the introduction of colonial laws resulted in:

- Dispossession from traditional lands, restrictions on movement and cultural practice
- Disruption of family structures and kinship networks and forced labour and exclusion from local services including access to much need health services

These impacts form part of the intergenerational trauma still felt by their descendants. Aboriginal people in the region were historically excluded from the Hospital, and many families recall being forced to seek care elsewhere or none at all and being denied any culturally safe treatment.

These experiences shape how the community views health services today, including the David Berry Hospital site.



Truth-Telling

It was evident that during the engagement process, the theme of truth telling was a major discussion point.

During our engagement, we heard many stories from community portraying the history of hospital care that was marked by systemic exclusion and racial segregation.

Community stories passed down through generations describe a time when Aboriginal women were not permitted to give birth inside local hospitals, including facilities in the Berry and Nowra region. Instead, women were:

- Turned away from the hospital
- Denied access to beds, and
- Forced to give birth on the verandahs or outside areas of hospitals, often in unsafe and undignified conditions.

During our engagement, we heard these were not isolated incidents; they formed part of a broader pattern of discrimination in NSW health services throughout the 20th century.

Cultural Birthing

Aboriginal women traditionally (pre colonisation) gave birth at a designated sacred **birthing tree**, a place that provided safety, shelter and cultural protection during labour.

These birthing places were part of a wider ceremonial landscape that connected mother and baby to Country, ancestors and cultural identity. Childbirth was and remains a deeply spiritual and cultural event for Aboriginal women.

With the building of the David Berry Hospital, birthing practices shifted to the hospital. While this change disrupted cultural birthing customs, it also reflected the growing need for **specialised medical support**, particularly when complications arise during pregnancy or labour.

Unfortunately, many of the stories we gathered, highlighted Aboriginal women were denied access to safe, indoor care which:

- Increased the risk of complications
- Caused trauma for mothers and families
- Reinforced racial hierarchies within the health system, and
- Created long-lasting distrust of hospitals and government services

Many Elders today still speak about:

- Mothers labouring in the cold
- Babies born without medical support
- Nurses instructed not to allow Aboriginal families inside, and
- The shame and humiliation imposed on Aboriginal women during one of the most vulnerable moments of their lives.

These stories form part of the collective memory of the region and continue to shape how some Aboriginal communities view the David Berry Hospital site and the broader health system.



Cultural Memory and Community Stories

For many families, the David Berry Hospital site is connected to:

- Many birth stories
- End-of-life care and Sorry Business
- Experiences of exclusion or racism in the health system, and
- Stories of children removed and sent to the Bomaderry Children's Home

These stories are deeply personal and form part of the cultural memory of the site.

The Stolen Generations

The Stolen Generations refers to the Aboriginal children who were forcibly removed from their families, communities and Country under government policies and church-run systems from the late 1800s through to the 1970s.

These removals were justified under assimilation policies that disconnected Aboriginal children from their culture, language, identity and kinship systems.

The impacts were profound and intergenerational:

- Families were broken apart
- Cultural knowledge was disrupted
- Children grew up without connection to Country or identity
- Many suffered abuse, neglect and institutionalisation
- Communities continue to experience grief, loss and trauma

The Stolen Generations are not a distant historical event, they are a lived reality for many Aboriginal families, particularly in the Shoalhaven, Illawarra and South Coast regions.

The stories shared by community members during engagement demonstrate that the David Berry Hospital was not just a bystander to this history, it played a role in the **removal, trauma and cultural disruption**.



David Berry Hospital Is Directly Connected to the Stolen Generations

Community feedback clearly demonstrates that the David Berry Hospital played a direct and active role in the processes that helped created the Stolen Generations. The hospital was a key location where Aboriginal women were forced to give birth under discriminatory and traumatic conditions. Community members reported that:

- Aboriginal women were made to give birth on the verandah
- They were not allowed inside the hospital, and
- They were denied dignity, privacy and culturally safe care

We heard, these practices reflect the systemic racism of the era and created conditions where Aboriginal mothers were isolated, vulnerable and unable to protect their newborns.

We heard, babies were taken from their mothers and sent to the Bomaderry Children's Home.

Multiple community members shared consistent accounts that:

- Babies born at David Berry Hospital were removed shortly after birth
- Many were sent directly to the Bomaderry Children's Home
- Many were sent to other child institutions throughout NSW
- Mothers were denied the right to keep, hold or care for their newborns, and
- Families were left without answers, records or closure

This is a direct link between the David Berry hospital and the Stolen Generations system.

Importance for Future Planning

Recognising the Aboriginal connection to the site is not symbolic, it is foundational to:

- Embedding **truth-telling** in site interpretation and heritage planning
- Ensuring **Aboriginal-led decision-making**
- Establishing **cultural connection**
- Designing **culturally safe health services**, and
- Honouring the **lived experiences and cultural authority** of the Aboriginal community and their families

We heard, this connection **must guide all engagement, planning, and reporting** related to the future of David Berry Hospital.

Any future planning must:

- Be part of truth-telling
    - Acknowledge the hospital's role in the **Stolen Generations**, and
    - Recognise the **intergenerational trauma** created there
- Honour the stories of those who were taken, those who resisted, and those who never returned
    - **Healing-centred design**
    - Respect for the **lived experiences** of Elders and families, and
    - Ensure the site becomes a place of **healing, not further harm**
- Be Aboriginal-led in the decision-making process
    - Embed **cultural governance** and Aboriginal leadership in all decisions
    - **Culturally appropriate engagement**



Why This Matters for the Future of the Site

The David Berry Hospital is not just a former health facility, we heard it should be the start of truth-telling, that the David Berry Hospital was a **place of trauma**, and a **site of cultural significance**.

We heard, for many Aboriginal people, the David Berry Hospital site was not just a health facility, it is a place where:

- Birth, loss, exclusion, and survival intersect
- Families were separated, trauma was inflicted, and
- Strength and cultural endurance continue

These truths are essential to understanding:

- Why Aboriginal communities may **feel fear, grief, or mistrust** when engaging with the site
- Why **culturally safe engagement** must always be Aboriginal-led
- Why **trauma-informed practice is non-negotiable**
- Why **Indigenous Data Sovereignty** is critical, and
- Why the site holds both **pain and resilience** for Aboriginal families

This history is essential to understanding why the community is calling for:

- Cultural cleansing and truth-telling
- Aboriginal-led governance
- Cultural healing spaces
- Protection of burial sites and artifacts, and
- The return of the land to the Aboriginal community

The future of the site cannot be separated from its past.

Need for Collaborative Aboriginal Health Services at the David Berry Hospital Site

A collaboration of Aboriginal health services is needed at the David Berry Hospital site because the site holds a unique cultural, historical and emotional significance that cannot be met by existing services elsewhere in the region.

While specialised Aboriginal health services operate across the Shoalhaven and Illawarra, none of these services sit on a site so deeply connected to Aboriginal birth, loss, exclusion, trauma, cultural memory and Country.

The David Berry Hospital site is a place where generations of Aboriginal families experienced both harm and resilience, and community members have consistently expressed that healing must occur on the site where the trauma happened.



Report Findings

David Berry Hospital Future Services Options

A total of **78 individual comment items** were identified and coded into **10 major themes**.

Thematic Summary Table

Theme	Count	% of Total	Description
Aboriginal-Specific Health Services	22	**28%**	Requests for culturally safe, Aboriginal-led clinical and allied health services.
Palliative Care, End-of-Life & Sorry Business	15	**19%**	Strong emphasis on culturally appropriate palliative care, ceremony, and transition spaces.
Healing, Wellbeing & Truth-Telling	10	**13%**	Desire for healing centres, trauma recovery, truth-telling and cultural reconnection.
Youth Services & Early Intervention	8	**10%**	High priority for youth crisis support, prevention, and healing programs.
Teaching, Training & Workforce Development	6	**8%**	Calls for Aboriginal medical training, scholarships, and a teaching hospital.
Cultural Spaces, Keeping Place & Heritage Protection	6	**8%**	Requests for memorials, keeping places, cultural artefact protection and ceremony spaces.
Chronic Illness, Disability & Specialist Services	5	**6%**	Dementia, cancer, kidney disease, disability and chronic illness services.
Community Access & Shared Use Facilities	3	**4%**	Spaces for community organisations, arts, culture, dance, and communal use.
Homelessness & Whole-of-Community Support	2	**3%**	Support for homeless people and broader community health needs.
Infrastructure & Service Continuity	1	**1%**	MRI unit, continuation of health services on site.

Theme 1: Aboriginal-Specific Health Services (28%)

Community members consistently emphasised that the site should operate as an **Aboriginal community-controlled health hub**.
Key priorities include:

- Aboriginal allied health services (general and specialised)
- Disability, mental health, dialysis and chronic care
- Aged care and dementia services
- Rehabilitation services
- Aboriginal-specific palliative care, and
- Services delivered in culturally safe, trauma-informed ways

Many of the comments reflects a clear expectation that the site must **return to Aboriginal people** and operate under **Aboriginal-led governance**, ensuring culturally grounded models of care.



Theme 2: Palliative Care, End-of-Life & Sorry Business (19%)

This is one of the most emotionally charged themes.

Community members expressed:

- A **high priority** for Aboriginal-specific palliative care
- Spaces for **ceremony, sorry business, smoking ceremony, and final connection to Country**
- A place where Aboriginal people born at the hospital can **return to Country for transition**
- End-of-life readiness and **family-inclusive spaces**, and
- **Continuation of palliative care and rehab services** already on site

The comments reflect deep cultural, spiritual and historical connections to the site, and a strong desire for **dignified, culturally governed end-of-life pathways**.

Theme 3: Truth-Telling, Healing & Wellbeing (13%)

Participants described the need for:

- **Truth-telling** spaces acknowledging past harms
- A **healing centre** for chronic disease, trauma and wellbeing
- A culturally grounded **wellbeing centre,** and
- Programs supporting **harmony, recovery and cultural reconnection**

This theme reflects the community's aspiration for the site to become a **place of healing, not harm**, addressing intergenerational trauma and supporting long-term wellbeing.

Theme 4: Youth Services & Early Intervention (10%)

Youth needs were repeatedly identified as **urgent**:

- Youth in crisis
- Prevention programs
- Healing before justice system involvement
- Dedicated youth services
- Early intervention and culturally safe support pathways

This theme highlights a strong desire to break cycles of disadvantage by investing in **Aboriginal youth healing and empowerment**.

Theme 5: Teaching, Training & Workforce Development (8%)

Community members proposed:

- A teaching hospital for Aboriginal doctors, nurses and health workers
- Scholarships for young Aboriginal people entering health careers
- A training and teaching facility on site

This reflects a vision for **Aboriginal workforce development**, self-determination, and long-term capacity building.



Theme 6: Cultural Spaces, Keeping Place & Heritage Protection (8%)

Key ideas include:

- A place for cultural reconnection for those born at the hospital
- A memorial for artefacts and burial sites being relocated
- A keeping place for cultural and spiritual artefacts
- Spaces for ceremony, storytelling and cultural continuity

This theme reflects the community's desire to protect cultural heritage and ensure the site honours **ancestral stories and cultural identity**.

Theme 7: Chronic Illness, Disability & Specialist Services (6%)

Community members identified gaps in:

- Cancer care, Kidney disease services
- Dementia and aged care
- Disability services, Chronic illness management

These reflect unmet needs in the region and the desire for **specialised Aboriginal-led clinical services**.

Theme 8: Community Access & Shared Use Facilities (4%)

Suggestions include:

- Communal spaces for Aboriginal organisations
- Art, dance, cultural connection activities
- Shared community facilities

This theme highlights the need for **accessible, inclusive spaces** that strengthen community cohesion.

Theme 9: Homelessness & Whole-of-Community Support (3%)

Comments noted:

- Support for homeless people, and Services that benefit the whole community

This reflects a recognition that the site can serve both Aboriginal people and the broader community, while still being Aboriginal led.

Theme 10: Infrastructure & Service Continuity (1%)

Only one comment focused on infrastructure:

- Need for an MRI unit (not available at Shoalhaven Hospital)
- Continuation of health services on site

This theme reflects practical service gaps and the desire to maintain the site's health function.



Issues and Concerns

A total of **104 individual comment items** were coded into **seven major themes**.

Thematic Summary Table

Theme	Count	% of Total	Description
Tokenism, Distrust & Lack of Transparency	26	**25%**	Strong belief that engagement is tokenistic, decisions already made, and government is not acting in good faith.
Aboriginal Rights, Land Return & Cultural Authority	20	**19%**	Calls for land return, Aboriginal control, compensation, cleansing, and recognition of cultural ownership.
Governance, Management & AMS Leadership	22	**21%**	Clear preference for Aboriginal-led governance, AMS management models, partnerships, and proper oversight.
Cultural Safety, Healing & Trauma Acknowledgement	14	**13%**	Need for cleansing, healing, truth-telling, trauma recognition, and culturally safe environments.
Site Purpose, Fit-for-Purpose & Infrastructure	10	**10%**	Concerns about duplication of services, building condition, upgrades, and fit-for-purpose requirements.
Heritage, Records, Babies & Ancestral Questions	8	**8%**	Questions about burial sites, stillborn babies and their final resting place, artefacts, records, and cultural history.
Youth Services & Community Needs	4	**4%**	Recognition that youth services are a high priority and the site may be best suited for this purpose.

Theme 1: Tokenism, Distrust & Lack of Transparency (25%)

This is the strongest theme across all feedback. Community members repeatedly expressed:

- Engagement feels **tokenistic**, "after the fact", and a "box ticking exercise"
- A belief that **the decision has already been made** about the site's future
- Deep scepticism about the Department's motives and process
- Concern that Aboriginal people are being engaged **too late**, and only to legitimise predetermined outcomes
- A view that government does not genuinely want Aboriginal people involved in decision-making, and
- Frustration that senior Department officers are not present to answer questions

This theme reflects a **significant trust deficit** between Aboriginal communities and NSW Health, shaped by historical trauma, exclusion, and previous experiences of poor engagement.

Theme 2: Aboriginal Rights, Land Return & Cultural Authority (19%)

Many comments emphasised:

- The land was **stolen** and should be **returned to Aboriginal people**
- The site must be **Aboriginal controlled** to allow cleansing, healing, and cultural restoration
- Compensation is needed for **disconnection from Country** and trauma experienced at the site
- Engagement should have begun with Aboriginal people first, as **Traditional Owners**
- The site must be governed by **a collaboration of Aboriginal organisations**, not just one group, and
- Aboriginal people must have **representation in all decisions** about future use.

This theme reflects a strong assertion of **sovereignty, cultural authority, and self-determination**.



Theme 3: Governance, Management & AMS Leadership (21%)

A large proportion of comments focused on governance and management models:

- Strong support for **ACCHO/AMS leadership** in managing the site
- Recognition that regional **ACCHO/AMS** have existing **governance structures, strategic plans, and operational capability**
- Suggestions for models such as:
    - Publicly owned / ACCHO/AMS operated
    - ACCHO/AMS -managed
    - Collaborative ACCO/ACCHO governance
- The site could be a **pilot or lighthouse project** for NSW Health
- Partnerships with universities, research bodies, and Aboriginal organisations were encouraged, and
- If the site remains in public hands, **royalties or compensation** should be paid to Aboriginal people

This theme reflects a desire for **Aboriginal-led, culturally governed, professionally managed service delivery**.

Theme 4: Cultural Safety, Healing & Trauma Acknowledgement (13%)

Community members emphasised:

- The site must be **cleansed** of past trauma
- It must become a **healing place**, not an institutional environment
- Cultural safety must be embedded in all future operations
- Acknowledgement of Aboriginal culture must be visible and genuine
- The site must support **peace, tranquillity, and cultural healing**, and
- Trauma experienced at the site must be recognised and addressed

This theme reflects the need for **truth-telling, cultural renewal, and emotional safety**.

Theme 5: Site Purpose, Fit-for-Purpose & Infrastructure (10%)

Key concerns include:

- The site must be **fit for purpose** and upgraded to a reasonable standard
- Some buildings require restoration to create a peaceful, non-institutional environment
- Some concerns about **duplication of palliative care services** with Shoalhaven Hospital
- The site must continue to operate as **some form of health service**, and
- Additional buildings may be needed for gender-specific or combined services

This theme reflects practical considerations about **service design, infrastructure, and operational viability**.



Theme 6: Heritage, Records, Babies & Ancestral Questions (8%)

Community members raised serious cultural and historical questions:

- Is the site a **burial site** for Aboriginal ancestors?
- What happened to **stillborn babies** who died there?
- Where are the **records**, and who holds them?
- What will happen to the **Aboriginal art and artefacts** currently on site?
- How many Aboriginal babies were **born, died, or removed** from the hospital?

This theme reflects the need for **historical truth-telling, transparency, and cultural accountability**.

Theme 7: Youth Services & Community Needs (4%)

Several comments noted:

- The site may be best suited to addressing the **high need for youth services**.
- Different Aboriginal groups have different needs, and youth support is a shared priority.
- The site could be a **gathering place, education centre, and healing space** for young people.

This theme reflects a forward-looking vision for **prevention, healing, and community development**.



Shared Stories

Informed Prior Consent

All stories, memories and cultural knowledge shared in this section were provided with "***Informed Prior Consent***" from community members.

- Community members **knowingly and willingly agreed** for their stories to be captured and included in this report
- Community members understood **how their information would be used**, who would read it, and the purpose of the engagement
- Community members were given the opportunity to **withhold, withdraw or limit** what they shared
- Community members cultural authority, lived experience and emotional safety were **respected at all times**, and
- Community members stories remain **the cultural property of the people who shared them** and must not be used outside the agreed purpose without renewed consent

This approach aligns with **Indigenous Data Sovereignty**, cultural governance, and Aboriginal community-led research ethics.

We note and advise these stories contain **trauma, cultural knowledge, family histories, and truth-telling** that must be handled with care, respect and cultural governance. We have not identified individual community members within this report.

A total of **112 individual story elements** were identified and coded into **six major themes**.

Thematic Summary Table

A total of **112 individual story elements** were identified and coded into **six major themes**.

Theme	Count	% of Total	Description
Trauma, Death & Fear Associated With the Site	31	**28%**	Deep trauma linked to death, stolen children, racism, birthing practices, and fear of the hospital.
Birth, Connection to Country & Cultural Continuity	22	**20%**	Strong cultural, spiritual and familial ties through birth, burial, and ancestral connection.
Historical Harms, Colonisation & Injustice	21	**19%**	Stories of land theft, forced labour, starvation, grave desecration, and violence against women.
Healing, Cleansing & Spiritual Significance	16	**14%**	Need for cleansing, healing, spiritual restoration, and recognition of the site's sacred nature.
Mixed Experiences, Positive Memories & Community Support	12	**11%**	Acknowledgement of good staff, peacefulness, community support, and positive end-of-life experiences.
Cultural Heritage, Artefacts, Records & Unanswered Questions	10	**9%**	Concerns about artefacts, burial sites, missing children, records, and cultural history.



Theme 1: Trauma, Death & Fear Associated With the Site (28%)

This is the strongest theme across all stories.

Community members described:

- The hospital as a place associated with **death**, where "you go and don't come home"
- Women being forced to give birth on the verandah and having their babies taken to Bomaderry Children's Home
- Raw memories of the **Stolen Generations**, including boys and girls taken at birth
- Families camping in the bush to stay close to sick loved ones because they were not allowed inside
- Elders still frightened to disclose burial sites for fear of desecration
- Ongoing racism and cultural exclusion, and
- Traumatic experiences with medical staff, including culturally unsafe end-of-life practices

These stories reflect **intergenerational trauma**, cultural grief, and the long-term impacts of colonisation and institutional harm.

Theme 2: Birth, Connection to Country & Cultural Continuity (20%)

Despite the trauma, the site is also a place of:

- **Birth** for many Elders and community members
- Deep **spiritual and cultural connection** to Cullunghutti and surrounding Country
- A place where people want to **return to pass on Country**
- A site rich in **unearthed and buried cultural artefacts**
- A place where families lived, worked, hunted, fished and gathered for generations, and
- A landscape tied to **ancestral stories, cultural practices and identity**

This duality—trauma and connection—shows why the site holds such powerful meaning for Aboriginal people.

Theme 3: Historical Harms, Colonisation & Injustice (19%)

Many stories describe:

- The land being **stolen**, cleared and used for farming
- Aboriginal people being **forced to work without wages**, receiving only rations
- Starvation after traditional food sources were destroyed
- Stories of **rape of Aboriginal women** by Berry's workers
- An Aboriginal man being killed after defending women from assault
- Oral histories of **grave desecration**, including remains being taken and sent to England, and
- Children removed from their mothers and sent to institutions

These stories are part of the community's **truth-telling**, passed down through generations.



Theme 4: Healing, Cleansing & Spiritual Significance (14%)

Community members emphasised that:

- The site is **spiritually significant** and must be cleansed by the appropriate cultural healers who have cultural authority
- A smoking ceremony alone is not enough—**deep cultural healing** is required.
- Past sins must be acknowledged before the site can be used again.
- The land holds **spiritual energy**, both positive and painful.
- Healing practices such as smoking, ochre painting and ceremony have already brought peace to some of our Elders at end of life.

This theme reflects a strong desire for **cultural restoration, spiritual safety and truth-telling**.

Theme 5: Mixed Experiences, Positive Memories & Community Support (11%)

While trauma is dominant, many stories also highlight:

- Positive experiences with staff who treated people well.
- The hospital being a **peaceful place** for some.
- Elders who loved being on the land during their care.
- Community members and non-Aboriginal allies who helped maintain the site and connection to Country.
- Local schools offering scholarships and support for young Aboriginal people.

These stories show that the site is not defined by trauma alone, it also holds **kindness, care and community solidarity**.

Theme 6: Cultural Heritage, Artefacts, Records & Unanswered Questions (9%)

Community members raised important cultural questions:

- What happened to the **stillborn babies** who died there?
- Where are the **records**, and who holds them?
- What will happen to the **Aboriginal art and artefacts** currently on site?
- Are there **burial sites** still undiscovered?
- What happened to the **"B Door"**, the segregated entry for Aboriginal people?
- How will cultural heritage be protected?

These questions reflect the need for **transparency, cultural governance, and historical accountability**.



Analysis & Interpretation (Community-Led Sense-Making)

Interpretation

During collective sense-making sessions, Aboriginal community members interpreted the stories and data through **cultural lenses**, lived experience, and intergenerational memory. Their interpretation centred around several core truths: **The site is a place of deep trauma and deep connection -** Community members consistently described the David Berry Hospital site as holding:

- **Trauma** (death, stolen children, racism, birthing practices, grave desecration), and
- **Connection** (birthplace of Elders, spiritual significance, cultural continuity, ancestral presence)

This duality shaped the community's interpretation: The site cannot be understood only as a hospital, it is a cultural landscape carrying generations of pain, resilience and identity.

Trauma is not historical - it is living, ongoing and embodied - Community members emphasised that:

- Trauma from the Stolen Generations is **still raw**
- Burial sites remain **unacknowledged and unprotected**
- Racism and cultural exclusion **continue today**, and
- Families still carry grief from babies taken, Elders mistreated, and cultural practices denied

The community interpreted the findings as evidence that **healing must be central to any future use**.

The site is spiritually significant and requires cultural healing - Community members interpreted the stories as confirmation that:

- The site must undergo **deep cultural cleansing**, not just a smoking ceremony, Only **appropriate cultural healers** with cultural authority can restore balance
- Past harms must be **acknowledged publicly**, and Healing must occur before any redevelopment or service delivery

This interpretation reflects cultural law, spiritual responsibility and the need for truth-telling.

The stories confirm long-term cultural occupation and connection - Community members interpreted the stories as evidence that:

- The land was traditionally used as our home for hunting, gathering, birthing and ceremony
- Families lived, worked and survived on the land before it was stolen
- Cultural artefacts, burial sites and ancestral remains are likely still present, and
- The site is part of a broader cultural landscape connected to Cullunghutti area

This reinforced the community's view that **the land must be returned to Aboriginal governance and control**.

Mixed experiences do not erase trauma - they deepen the complexity - Community members acknowledged:

- Some staff treated people well, Some Elders felt peace on the land, Some families received culturally respectful end-of-life care

These positive memories were interpreted not as contradictions, but as **part of the layered truth** of the site.



How Stories and Data Were Woven into Meaning

Community-led sense making involved weaving together:

- **Individual stories** and Collective memories
- Historical truths, **Cultural knowledge and emotional responses** and interpretations

This weaving process produced several shared meanings:

"The site is a cultural place first, a hospital second."

The community reframed the site as:

- A place of **birth, death, ceremony and cultural continuity**
- A place where **ancestors lived, worked, suffered and survived**
- A place where **cultural identity is embedded in the land**

These meaning challenges Western interpretations of the site as merely a health facility.

"Healing must come before planning."

The community interpreted the data as showing that:

- The site cannot move forward without **truth-telling**
- Cultural cleansing is required before any future use
- Healing must be led by **Traditional Owners and cultural healers with authority**

These meaning places cultural process above bureaucratic timelines.

"The trauma is collective, not individual."

Stories were woven into a collective narrative showing:

- Shared grief and memories
- Shared cultural loss and resilience

This collective meaning strengthens the case for **Aboriginal governance** of the site.

"The site holds unfinished business."

Community members interpreted the stories as evidence that:

- Burial sites remain unacknowledged
- Babies who died or were taken remain unaccounted for
- Cultural artefacts remain unprotected
- Historical harms remain unaddressed

This meaning reinforces the need for **investigation, transparency and cultural authority**.



Community Feedback

In line with Data Sovereignty protocols, the draft report was returned to the Aboriginal community who provided input (or were invited to provide input) for review, validation and cultural approval.

Feedback Received

Following the return of the draft *Aboriginal Engagement Report* to community for review, feedback confirmed strong cultural endorsement of the report's accuracy, meaning and representation of community voice. Community members expressed that the report reflects the truth, intent and lived experiences of those who contributed their knowledge, strength and cultural authority.

Feedback indicated that contributors were speaking on behalf of themselves, their family connections and the broader Aboriginal community. Contributors also acknowledged that significant Sorry Business had limited the community's capacity to provide additional input; however, they emphasised the importance of ensuring their perspectives were appropriately represented.

Their feedback reinforced several key themes already present in the report:

Issues & Concerns

- Aboriginal people must be involved from the very beginning ("predesign"), not as an afterthought.
- Feedback also reflected a lack of trust and belief among community members that decisions about the future of the site may have already been made.
- Cultural cleansing and truth-telling must occur before any future planning, providing closure for families affected by the Stolen Generations and supporting government reconciliation efforts.
- Any governance or steering group must be led by community, with Aboriginal leadership embedded at the centre of decision-making.
- A collaborative governance model was strongly supported, noting it would strengthen and unify any future partnership or service model.
- Full accessibility to historical records (births, deaths and other facility records) was identified as essential for cultural healing, truth-telling and family reconnection.
- The closure of the former cultural centre was noted as a loss; community feedback expressed interest in re-establishing a cultural centre as part of future site use.

Preferred Uses

- The site has the ability to become a respite space or place for community support, offering training, education and a neutral, culturally safe environment.
- The site has the ability to operate as a health hub, with specialty rooms for doctors, nurses and allied health practitioners.
- The site has the ability to serve as a place of remembrance, honouring cultural history, women's strength and resilience, and the stories connected to the site.
- A cultural and history display centre or conference centre was suggested as a way to preserve and share cultural knowledge.

Summary

Overall, the feedback received confirms that the report is culturally endorsed, community-validated, and accurately reflects the meaning, truth and intent of those who contributed. The additional feedback strengthens the report's findings.



Community led conclusions

The final interpretations were not imposed by the project team, they emerged from:

- Culturally appropriate engagement, Community feedback/input and Families with lived experience
- Survivors of trauma and people born on the site, and People who lost loved ones there

This process ensured the analysis reflects community truth, not institutional interpretation.

- Insights taken back to community for collective sense making and The engagement process followed a community led, iterative cycle:

Returning the stories to community were collected information and stories:

- Taken back to community for approval, Presented in plain language and not government terminology
- Shared with cultural sensitivity, acknowledging trauma and emotional impact and checked for accuracy, cultural safety and consent of the contributor's

This ensured that the community hold interpretive authority.

Validation and correction where community members were offered the ability to:

- Confirm which themes were accurate, added missing context and corrected misunderstandings
- Identified cultural nuances and highlighted deeper meanings not visible to outsiders

This step was to ensure the findings were owned, shaped and validated by community.

Insights Taken Back to Community for Collective Sense Making

The engagement process followed a community led, iterative cycle:

Returning the stories to community - All collected information and stories were:

- Taken back to community for approval
- Presented in plain language, not government terminology
- Shared with cultural sensitivity, acknowledging trauma and emotional impact, and
- Checked for accuracy, cultural safety and consent of the contributor's

This ensured that the community hold interpretive authority.

- Validation and correction - Community members:
- Confirmed which themes were accurate
- Added missing context
- Corrected misunderstandings
- Identified cultural nuances
- Highlighted deeper meanings not visible to outsiders

This step ensured the findings were owned, shaped and validated by community.



Recommendations for Future Planning

The below recommendations reflect **community expectations**, not assumptions.

Given that the current government has announced that the hospital site will remain in public hands, future planning should focus on including and strengthening Aboriginal authority, cultural governance and long-term involvement in land and service decisions. This may include:

- Exploring long-term Aboriginal custodianship arrangements, where Traditional Owners and local Aboriginal organisations hold recognised cultural authority over how the land is cared for, protected and used.
- Establishing formal shared governance structures that give Aboriginal people genuine decision-making power in planning, cultural heritage protection, service design and site management.
- Creating a co-governance model that ensures Aboriginal leadership is embedded in all future uses of the site, even while the land remains publicly owned.

This approach would respect the community's cultural connection to the site and acknowledges the historical trauma associated with it, while aligning with the position of the current government that the hospital will stay in public hands.

Service and Design

Embed Healing as the Core Purpose of Future Services

Future planning models:

- Are grounded in **trauma-informed, culturally governed healing frameworks**
- Address the intergenerational trauma associated with the site
- Support culturally safe **end-of-life care**, family presence and ceremony, and
- Include Aboriginal-led wellbeing, mental health, chronic disease and palliative care pathways

Co-design Services with Aboriginal Communities

There must be a commit to:

- Co-designing services with Traditional Owners, Elders, ACCO's/ACCHO's and local families
- Ensuring Aboriginal health workers and cultural practitioners are central to service delivery, and
- Embedding cultural protocols into clinical pathways

Prioritise Aboriginal-Led Healing

Given the site's history and community needs, planning should prioritise:

- Trauma recovery and wellbeing services
- Aboriginal healing centres
- Cultural birthing programs, and potentially
- Youth healing and crisis support



Cultural Safety

Undertake Deep Cultural Cleansing Before any Future Use

Future planning models must:

- Engage the appropriate cultural healers identified by community
- Support a **deep cleansing process**, not limited to a smoking ceremony, and
- Publicly acknowledge past harms as part of the healing process

Establish Cultural Safety Standards for All Future Operations

These standards should include:

- Spaces for ceremony, yarning, grieving and gathering
- Policies that guarantee family access and cultural practices
- Cultural design elements embedded into buildings and landscapes, and
- Mandatory cultural governance oversight

Ensure Cultural Safety Is Governed, Not Symbolic

Future planning models must ensure cultural safety is:

- Led by Aboriginal cultural authority
- Embedded in governance structures, and
- Monitored through Aboriginal-led evaluation frameworks

Truth-Telling & Heritage Interpretation

Commit to a Formal Truth-Telling Process for the Site

Future planning should include:

- Publicly acknowledging the trauma, injustices and cultural harms associated with the site
- Support community-led truth-telling events, exhibitions and memorials, and
- Ensure truth-telling is ongoing, not a one-off activity

Develop Aboriginal-Led Heritage Interpretation

This includes:

- Cultural narratives
- Historical accounts
- Memorial spaces
- Interpretation of artefacts and cultural items, and
- Protection of oral histories



Resource Community to Lead Heritage Research and Documentation

Future planning should fund:

- Cultural mapping
- Oral history projects
- Archival research, and
- Heritage protection plans

Governance

Establish an Aboriginal-Led Governance Body for the Site

Future planning must create a governance structure that:

- Is led by Traditional Owners and local Aboriginal organisations
- Includes representation from multiple ACCO/ACCHO with cultural connection
- Holds decision-making authority over cultural matters, service design and land use, and
- Ensures transparency, accountability and cultural legitimacy

Support Shared Governance Models Where Appropriate

Future planning to explore:

- Publicly owned / Aboriginal-operated models
- ACCO/ACCHO collaborative governance, and
- Partnerships with universities, research bodies and cultural organisations

Embed Truth-Telling and Historical Accountability in Governance

Future planning must include:

- Oversight of heritage protection
- Cultural protocols for burial sites and artefacts, and
- Processes for acknowledging and addressing historical harms

Site Management

Manage the Site as a Cultural Landscape, Not Just a Facility

Future planning must ensure culturally appropriate site management:

- Protects burial sites, artefacts, cultural trees and ancestral remains
- Recognises the site's spiritual significance, and
- Embeds cultural protocols into all maintenance and development activities



Restore the Site to a Peaceful, Non-Institutional Environment

Future planning should:

- Upgrade buildings to reflect peace, healing and cultural identity
- Remove institutional aesthetics, and
- Create natural, quiet spaces for reflection and ceremony

Protect Cultural Heritage and Address Unanswered Questions

Future planning must:

- Investigate the location of stillborn babies and missing records
- Protect and repatriate Aboriginal artefacts, and
- Work with community to identify and safeguard burial sites

Opportunities for Aboriginal-Led Services

Establish the Site as a Regional Centre for Aboriginal-Led Health and Healing

Future planning should support:

- Aboriginal-led palliative care
- Chronic disease and wellbeing services
- Cultural healing programs, and
- Youth healing and prevention programs

Develop Aboriginal Workforce Pathways

Future planning should invest in:

- Training Aboriginal doctors, nurses and allied health workers
- Scholarships, teaching hospital partnerships, and
- Cultural healing practitioner pathways

Support ACCO/ACCHO Collaboration

Future planning should enable:

- Joint service delivery, shared governance, regional partnerships, and
- Integrated cultural and clinical models



Land Use Recommendations

Protect Cultural Heritage Through Land Use Controls

Future planning must ensure:

- No development desecrates burial sites or cultural places
- Cultural heritage is legally protected, and
- Land use decisions are governed collaboratively with Aboriginal cultural authority

Ensure Land Use Supports Cultural Continuity

Land use planning must:

- Enable ceremony, gathering and cultural education
- Protect natural landscapes, and
- Support intergenerational connection to Country



Next Steps

Recommended Next Steps

These next steps are based on:

- **Community-led sense making**
- Stories and truths shared with **prior consent**
- **Cultural authority** of Traditional Owners, Elders and Aboriginal families, and
- The need for **healing, truth-telling and culturally governed planning**

They outline opportunities for future planning of the David Berry Hospital and what the Aboriginal community may lead, resourcing requirements, and Cultural authority and approvals required before publication.

What NSW Health Has the Opportunity to

1. **Formally Acknowledge the Trauma and Cultural Significance of the Site**

   - Issue a public statement acknowledging the trauma, cultural harm and historical injustices associated with the site, and
   - Commit to a truth-telling process before any redevelopment decisions

2. **Consider Establishing an Aboriginal-Led Governance Body**

   - Create an interim **Aboriginal Governance Group**
   - Ensure representation from **Traditional Owners, Elders, ACCO's/ACCHO's, and families with direct connection** to the site, and
   - Provide **decision-making authority over cultural matters, heritage, and future use**

3. **Consider Supporting Deep Cultural Cleansing of the Site**

   - Engage cultural healers with appropriate **cultural authority** by community
   - Resource a multi-stage **cleansing process** (not just a smoking ceremony), and
   - Ensure cleansing occurs before any planning, consultation or service design

4. **Consider commissioning a cultural heritage and burial site investigation**

   - Work with community to identify burial sites, artefacts, and cultural items
   - Fund archaeological, archival and oral history research, and
   - Protect all identified sites through legal mechanisms

5. **Consider Resourcing a Community-Led Truth-Telling Project**

   - Fund a formal truth-telling process, including:
     - Oral histories
     - Community yarning circles
     - Archival research
     - Memorial design, and
     - Cultural interpretation



6. **Provide Information on Lease, Land Status and Future Options**

- Release clear information about lease expiry, land ownership, and constraints, and
- Commit to exploring Aboriginal shared decision making and governance models

7. **Consider opportunities to Co-Design of Future Services**

- Resource Aboriginal-led co-design of:
  - Chronic disease and allied health services
  - Palliative care
  - Healing services
  - Cultural wellbeing program, and
  - Youth services

What the Aboriginal Community May Lead

Cultural Governance and Decision-Making

- Traditional Owners and Elders should guide cultural protocols, cleansing, and heritage protection, and
- **ACCO's/ACCHO's** and Aboriginal organisations should lead governance discussions and co-design processes

Truth-Telling and Story Ownership

- Community should lead the truth-telling narrative to ensure cultural accuracy and emotional safety, and determine which stories are shared publicly

Cultural Heritage Mapping and Knowledge Sharing

- Community should identify:
  - Burial sites
  - Cultural trees
  - Artefacts
  - Ancestral stories, and
  - Areas requiring protection

Co-Design of Future Services and Land Use

- Aboriginal community should lead the design of healing services, youth programs, and cultural wellbeing models, and
- Community should determine culturally appropriate land use options

These opportunities are intended to inform future decision-making and may require further consideration prior to implementation.



Resourcing Requirements

Funding for Cultural Processes

- Cultural cleansing (multi-stage)
- Elders' time and cultural authority payments
- Cultural governance meetings
- Heritage and burial site investigations, and
- Truth-telling facilitation and documentation

Funding for Co-Design and Planning

- Aboriginal project officers
- ACCO/ACCHO participation
- Community yarning circles
- Service design workshops, and
- Technical consultants (heritage, planning, health service design)

Capital and Infrastructure Funding

- Site restoration
- Cultural spaces (yarning areas, ceremony spaces, memorials)
- Upgrades to buildings for healing and wellbeing services, and
- Protection of heritage areas

Long-Term Operational Funding

- Aboriginal-led health and healing services
- Cultural governance body
- Youth programs, and
- Ongoing truth-telling and heritage interpretation



Cultural Approvals Needed Before Future Planning of David Berry Hospital Publication

Before a report or any findings are published, NSW Health must obtain:

Approval from Traditional Owners and Elders

- Review of all cultural content
- Approval of language, tone and representation, and
- Confirmation that cultural protocols have been followed

Consent from Story Owners

- Reconfirmation of **prior consent** for all stories included, and
- Option for individuals to withdraw or amend their contributions

Approval from the Aboriginal Governance Group

- Verification that findings reflect community interpretation
- Approval of recommendations and next steps, and
- Confirmation that cultural safety has been upheld

Cultural Safety Review

- Independent review by cultural knowledge holders and consultants, and
- Assessment of risks related to trauma, cultural harm or misrepresentation

Final Sign-Off by Community Before Public Release

- No publication should occur without final community endorsement, and
- Community must approve how stories, trauma and cultural knowledge are represented



Appendix's

Appendix I: Preferred Services Options List

- It should be used for Aboriginal community health services
- Could be a real benefit providing services to "whole of community".
- Utilised for Aboriginal allied health services such as
    - Dementia
    - Aged care
    - Chronic illness
- Aboriginal specific services
    - palliative care facility
    - Rehab
- An Aboriginal medical training & teaching facility
    - Provide health scholarships for young people who want to enter the medical industry
- A culturally appropriate Aboriginal Wellbeing Centre providing
    - A place for our sorry business
        - A place where they can experience their last cultural connection and ceremony E.g. offer / Funeral preparation and services / Smoking ceremony
    - There is a religious group called "The Living Country" - The Living Country is an Indigenous-led Australian community dedicated to restoring and sharing Aboriginal spiritual practices and cultural knowledge.
    - A healing Centre for allied health services & chronic disease sufferers
- A place where Aboriginal people born at the hospital can go back and pass on country where they still have a cultural and spiritual connection in preparation readiness for transition & end of life needs
- The site could host a memorial for our artifacts and burial sites that are going to be moved in the name of progress
    - It could host a keeping place for our cultural and spiritual artifacts and ancestral stories
- A place to transition and readiness for end of life
- Healing, wellbeing & harmony centre
    - Drug & rehab centre
    - Dementia & Stroke centre
- General Aboriginal allied health services
- End of life transition facility for Aboriginal people to fill the gap that Rose Mumbler currently cannot fill
- A place for lesser funded Aboriginal organisations to utilise as a communal Aboriginal facility - Including art, cultural connection and dance The facility should be returned to the Aboriginal people
- educational programs
- Additional services the cater to Aboriginal men and women, as a combined service or separate for different genders
- Aboriginal specific palliative care is the highest priority
- Ceremonial centre for end-of-life patients with family & extended family.
- Teaching hospital for Aboriginal Doctors, nurses and affiliated health & wellbeing support workers
- Aboriginal allied health services
    - Disability services
    - Mental Health Services
    - Dialysis services
- Youth services could be a priority
- Preventative Healing programs
- Youth in crisis who need healing before becoming entrenched in justice system
- Healing place and truth telling facility
- Local Aboriginal health managed programs
- Addressing the high need for youth services
- Homeless people "all of community"
- Palliative care Rehab should be kept on the site
- Needs to keep operating in some type of health services
- Utilised for Aboriginal specialized services such as
- Dementia
- Aged care and
- chronic illness

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- A place where Aboriginal people born at the hospital can go back and pass on country where they still have a cultural and spiritual connection to
- Many have mixed feelings - Some traumatic, Some find memories
- Aboriginal specific palliative care is the highest priority
- Ceremonies could be held for end-of-life patients with family & extended family present.
- Teaching hospital for Aboriginal Doctors, nurses and affiliated health & wellbeing support workers
- Allied health services
    - Disability services
    - Mental Health Services
    - Youth services
    - Dialysis
- Youth services are the highest priority
- Preventative Healing programs – youth in crisis healing before becoming entrenched in justice system
- Healing place through truth telling
- Local Aboriginal managed programs
- Government partnerships considered where appropriate
- Homeless people
- Palliative care Rehab and kept on the site
- Palliative care services for our people
- MRI unit (Shoalhaven Hospital does not have one)
    - MRI too expensive
- Culturally appropriate Palliative care
    - Our people can't afford private care
- Specialised Aboriginal chronic care services
    - Cancer
    - Kidney etc

Appendix II: Issues & Concerns List

- Engaging now appears tokenistic - after the fact
- Believe decision has already made as to the future of the site
- The descendants of those that have who passed there should have a voice
- Seems like a "box ticking" exercise
- All of community needs to have a voice
- Most community and Aboriginal organisations are sceptical about the reason for engagement
- The Dep. Health has already made the decision as to what is going to happen on the site
- The proposed engagement is just a "box ticking" exercise
- A tokenistic gesture
- Most Aboriginal believe the decision may have already been made
- Our people are usually not willing to meet as it in generally a "box ticking" exercise
- Why send a black business to do Health's work,
- The Dept. should have done the engagement themselves
- Some Aboriginal Dept. officers/employees may have a conflict of interest in the future operations and services the site provides
- The Aboriginal community should have been engaged first
- The Dept should have come to mob with an engagement framework before engaging with the general community as it is our traditional lands
- The Dept should have conducted the engagement themselves
- If there is engagement, those Senior officers should attend to answer any questions our people may have
- Our people need to be compensated for the disconnection to the site
- Some of the David Berry Hospital facilities will need to be restored to become a place of peace & tranquillity (not institutional)
- Clarity is required when the lease ends
- The facility should be returned to the Aboriginal people
- The land was stolen from us

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- The site must be fit for purpose (brought up to a reasonable standard) for any future use
- Concerns that some Cultural providers are not connected to Country in the areas they are providing services.
- The site must become a healing place, cleansed of past trauma to Aboriginal people.
- Add buildings to accommodate additional services - Men and women combined and separate for different services
- If it's not a truth telling report, it's no use in developing a report
- Aboriginal engagement is always an afterthought, a box ticking exercise and we fear the future use may already be decided
- Land must come back to Aboriginal control to cleanse and heal the site
- No faith in empty promises of government
- We think the government doesn't want Aboriginal people involved in the decision-making process
- Concerns that old white families will not be open to David Berry Hospital being Aboriginal operated.
- Concerns that palliative care could be doubled up if they are kept at Berry Hospital when they move to Shoalhaven Hospital – also community also have the option to have in home palliative care service,
- Aboriginal engagement is always an afterthought, a box ticking exercise and we fear the future use may already be decided
- What happens to the Aboriginal Art and artifacts that are currently on site?
- Is the site a burial site for Aboriginal ancestors?
- Are there any records kept and where are they?
- What happened to stillborn babies that died there?
- Concerns that old white families will not be open to David Berry Hospital being Aboriginal operated.
- No faith in empty promises of government
- Clarity is required when the lease ends
- Concerning that palliative care future use for David Berry Hospital when Shoalhaven Hospital offers those services along with the option to have in home palliative care service, would be a duplication of services.
- To counter this the site must become a healing place, cleansed of past trauma to Aboriginal people.
- Concerns that some Cultural providers are not connected to Country in the areas they are providing services.
- The site must be fit for purpose (brought up to a reasonable standard) for any future use
- There is a lot of funding currently available under Closing the Gap to some larger Aboriginal organisations, and they do not need another asset on their books
- The site is better suited to addressing the high need for youth services
- There are different Aboriginal groups and connections with differing needs around the area.
- Should be run by all mobs, not just one mob
- The place will need to be run properly
- Needs to keep operating in some type of health services
- We think the government doesn't want Aboriginal people involved in the decision-making
- The site needs a deep cleansing ceremony
- What has happened to all the babies that passed at the hospital?
- Where are there remains? On the hospital grounds a burial site we don't know about?
- There should be some type of compensation for our people that have experienced significant trauma
- We want to know the statistics of the hospital, how many of our babies were born there, how many of our babies died there and how many were stoles or sent to Bomaderry Children's Home
- Process
- The hospital needs to be culturally safe
- Acknowledgement of Aboriginal cultural
- Updated equipment
- No cost top community
- Would love to see AMS provide existing and additional services from the site.
- Could provide services to "whole of community".
- Regional AMS already have an operational model that could be used for the management of the site.
- Regional AMS are respected and acknowledged within the Aboriginal health providers in the region.
- Regional AMS have strategic governance structure and plan already in place
- If it was Aboriginal managed, it could be a "pilot / lighthouse" project for NSW Health in delivering services to the Aboriginal people.
- Aboriginal health providers are best placed to provide culturally appropriate services from the site.

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- AMS has the capability & capacity to manage the site.
    - Should look at a range of management & governance options - Publicly owned / AMS operated / AMS managed
    - Collaboration of partnerships within AMS providers e.g. – IAMS / SCAMS / Waminda
    - Must be fully funded and resourced by the Dept. Health
- The management of the site must be culturally sensitive and committed to the community's needs.
- The site could support a number of partnership opportunities e.g. / Wollongong Uni / Medical research / Health policy development / Training facility
- Work in collaboration with organisations such as Oolong
- If it's going to be kept in public hands, look to partner with local Aboriginal organisation to run and manage Aboriginal services
- The site needs to come back to Aboriginal hands and management
- Must be back in the hands of Aboriginal community
- A collaboration of Aboriginal organisations to run and manage
- There must be appropriate Aboriginal representation involved in the decision-making process regarding future use
- Government and Aboriginal health providers partnerships considered where appropriate
- There is a lot of funding currently available under Closing the Gap to some larger Aboriginal organisations, and they do not need another asset on their books
- Should be run by all mobs, not just one mob
- If the site is returned back to our people, it must be overseen, managed and governed by a collaboration of community including Traditional Owners and not just one-mob
- If the site is to stay in the public hands and generate profit, there should be some sort of compensation or royalties paid to us (similar to mining royalties) for using the land that was stolen
- The place will need to be run properly
- If it's going to be kept in public hands, look to partner with local Aboriginal organisation to run and manage Aboriginal services
- Land must come back to Aboriginal control to cleanse and heal the site
- There must be appropriate Aboriginal representation involved in the decision-making process regarding future use
- A collaboration of our ACCO's/ACCHO's
- A keeping and history of our people
- A gathering place
- An education & healing centre for our people
- Local AMS - A collaboration of local Aboriginal organisations

Appendix III: Stories Shared

The individual stories shared throughout this engagement have not been included out of deep respect for the cultural privacy, emotional safety and lived experiences of the Aboriginal people who entrusted them to this process. Many of these stories relate to trauma, exclusion, Sorry Business, birthing experiences, and the Stolen Generations. They were shared with free, prior and informed consent for the purpose of shaping the findings of this report, not for public reproduction or distribution.

Including these stories in full would risk exposing personal histories, retraumatising families, or disconnecting the stories from the cultural context in which they were shared. In line with Indigenous Data Sovereignty, cultural governance and community expectations, the report presents the themes, meanings and collective truths arising from these stories, while ensuring that the voices of individuals remain protected.

This approach honours the cultural authority of those who shared their experiences and ensures that their knowledge is held with dignity, confidentiality and cultural care.

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