


INSTITUTE FOR URBAN INDIGENOUS HEALTH, ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITY HEALTH SERVICE BRISBANE LTD., AND MATER MOTHERS' HOSPITAL

Birthing in Our Community





Doing It Our Way – Aboriginal and Torres Strait Islander-led early intervention program

From 2020 to 2021, SNAICC – National Voice for our Children identified good practices of early intervention and family support programs that are being delivered by Aboriginal community-controlled organisations across the nation.

This is one of 11 profiles that demonstrates how community-controlled organisations are achieving positive results for Aboriginal and Torres Strait Islander children and their families, including supporting these children to be kept safe from harm, uphold their right to grow up within their own family and community, and access critical health and early education services.

Institute for Urban Indigenous Health, Aboriginal and Torres Strait Islander Community Health Service Brisbane Ltd., and Mater Mothers' Hospital

Birthing in Our Community

South-east Brisbane, Queensland

ACRONYMS

ACCHS	Aboriginal and Torres Strait Islander community-controlled health service
ATSICHS	Aboriginal and Torres Strait Islander Community Health Service Brisbane Ltd
BiOC	Birthing in Our Community
GP	general practitioner
IUIH	Institute for Urban Indigenous Health



PROGRAM HISTORY

The Aboriginal and Torres Strait Islander Murri Antenatal Clinic was established in 2004 at Brisbane's Mater Mothers' Hospital. Incorporating the support of Aboriginal and Torres Strait Islander liaison officers, this service provided antenatal midwifery and obstetric continuity-of-care to Aboriginal and Torres Strait Islander women and/or women pregnant with Aboriginal and Torres Strait Islander babies.

In 2009, a multidimensional evaluation of the clinic found a consistent gap over the previous decade between Aboriginal and Torres Strait Islander women and non-Indigenous women. The gap was particularly apparent through the indicators of teenage pregnancies, small-for-gestational age, low birthweight babies, and perinatal mortality, with a widening gap in preterm births and smoking during pregnancy. Women attending the Murri Clinic reported high levels of antenatal satisfaction, but that a lack of continuity of care between labour, birth and post-natal care was leaving some women feeling abandoned and disappointed. Some women also reported not feeling safe when receiving care.

A world café was held to disseminate the findings back to stakeholders and invited the community to provide input into the design of a new model. This led to a partnership between three key organisations who committed to provide a new, more coordinated and improved maternal and infant healthcare service for Aboriginal and Torres Strait Islander families. The outcome of this partnership became the Birthing in Our Community (BiOC) program.

PROGRAM OVERVIEW

BiOC is a multi-agency partnership program between the large inner-city Mater Mothers' Hospital and two local Aboriginal and Torres Strait Islander community-controlled health services – the Institute for Urban Indigenous Health (IUIH) and the Aboriginal and Torres Strait Islander Community Health Service Brisbane Limited (ATSICHS). Since its launch in 2013, the program has been accessed by over 1,000 women.

BiOC delivers a unique model of Aboriginal and Torres Strait Islander-led care to mothers pregnant with or raising Aboriginal and Torres Strait



Islander babies. It provides Aboriginal and Torres Strait Islander women with access to their own midwife and Aboriginal and Torres Strait Islander family support worker throughout each mother's pregnancy, birth and up until the child is three years of age.

The role of the family support workers is to support each mother to recognise and break down the barriers that may be preventing her from engaging with health service supports. They also support each mother to access appropriate care throughout the critical stages of her child's life and to feel empowered and confident in her new role as a parent.

The BiOC team established a community hub in south-eastern Brisbane in recognition that Aboriginal and Torres Strait Islander women live and thrive within community. The team purposefully worked to make the hub into a homelike environment, featuring a full kitchen, easy access to transport, and a venue for cultural activities. This has become a building that participating mothers say, "feels Black". This space offers a safe haven to mothers where they can receive essential care and information, connect and learn from each other, attend community days, and feel safe and culturally supported during their pregnancy and in their new roles as mothers. Members of the community also work in the hub, including the family support workers, an auntie from the community who works as the receptionist, and the program's bus driver who is a well-respected community member.

"Since I was nine, I have never felt safe. Yet every time I walk into the hub, I can honestly say I feel safe and at home"

BiOC participant

All appointments with midwives and support services take place in this warm and inviting hub – standing in stark contrast to a clinical hospital setting. Parenting and cultural supports are integrated into all elements of the hub's services, offering a no-wrong-door and one-stop-shop approach to service delivery. These include psychology, social work, obstetric and gynaecological services, sexual and reproductive health, paediatric medical services, specialist ear-nose-and-throat services, and visiting allied health

services, such as a nutritionist and specialists in paediatric speech, audiology, and occupational therapy.

The BiOC team engage women during a critical life stage in recognition that pregnancy is a key point when a woman is particularly open to exploring healthy lifestyle choices and making changes for the better. Focusing on family wellbeing through such a spiritual time empowers BiOC mothers to develop themselves, focus on their innate strengths, and be the best parent that they can be. Although birthing is a moment in time, the BiOC team is committed to the ongoing journey of "supporting Mob to raise a Strong, Black and Deadly family".

PROGRAM ACHIEVEMENTS

A five-year National Health and Medical Research Council-funded study¹ (January 2013–December 2017) showed that the BiOC program is leading to dramatic improvements in many maternal and infant health outcomes for Aboriginal and Torres Strait Islander women, including:

- reductions in preterm birth
- reductions in caesarean sections
- reductions in smoking in pregnancy
- reductions in low birth weights
- reductions in babies admitted to neonatal surgery.

These improvements include more than halving the national preterm birth rate (6% compared to 14%), and almost *closing the gap* with non-Indigenous preterm birth rates. Low birth weights and admissions to neonatal units are also half the national rates: 6% compared to 11%, and 10% compared to 22% respectively.

A growing interest across Australia and internationally in the BiOC model and its associated outcomes has seen these results published in the *Lancet's eClinicalJournal* in June 2019. According to the publication, the results of the BiOC service redesign "send a strong signal that the preterm birth gap can be reduced through targeted interventions that increase Indigenous governance of, and workforce in, maternity services and provide continuity of midwifery care, an integrated approach to supportive family services and a community-based hub".²

These results are unprecedented in Australia and represent an evidence-based approach that can deliver the type of quantum improvements necessary to make real inroads into meeting Closing the Gap targets around child mortality.³ However, these results go beyond this target, with the family support component of the program positively impacting on child development, successful parenting and, ultimately, preventing the removal of Aboriginal and Torres Strait Islander children from their families.

The IUIH joint win of the 2018 National Indigenous Governance Awards⁴ also included a key acknowledgement that IUIH was considered to have made the biggest health impact of any Aboriginal and Torres Strait Islander organisation in Australia in the shortest time and through the best practice standards of care. This impact includes the outstanding contributions observed through the BiOC program.

The importance of replicating this best practice as a key driver of change was similarly highlighted by a 2019 Nous Group evaluation of the IUIH,⁵ which recommended regional expansion of the IUIH's program successes, including expanding the reach of the BiOC program.

"Birth is a sacred time. It is bub's first connection with culture, community and Country. Enabling our families to access the right support for their birth in a safe environment makes so much difference – and has a lifelong impact"

Jody Currie, ATSICHS CEO⁶

to give their babies a better life than they may have had themselves. BiOC staff also recognise that this life stage is one of the very few points when women actively choose to make changes for the better. With staff themselves motivated to *close the gap* in birth outcomes, the women are placed in an exceptional space to make healthy choices and be guided by a team who are working towards empowering program families to "be the best they can be".

This approach supports the growing body of evidence that shows that the first 1,000 days of a child's life – the period from conception to the end of the child's second year – are the most crucial in terms of setting up a child's lifelong development⁷. During the first 1,000 days, the developing foetus and infant are at their most vulnerable to external exposures and experiences, both positive and negative.⁸ At the same time, developmental plasticity is at its greatest, providing the ability to adapt to the particular physical, social and nutritional worlds that individuals are born into.⁹ Recognising that this is a powerful capacity that must be supported, BiOC staff work with families during these crucial years to enable Aboriginal and Torres Strait Islander babies to be born into conditions that best support their lifelong outcomes.

"Staying involved with the program after bub was born has been great for me. I love learning new stuff like wrapping my baby, cluster feeding and that the dietician is at the hub every second week so she can teach us how to start feeding bub solids. I will be coming back for as long as I can. I love it"

BiOC participant

FUNDAMENTAL ELEMENT OF SUCCESS: WORKING WITH WOMEN AT SUCH AN IMPORTANT STAGE OF LIFE

BiOC staff believe that key to the program's success is that the team works with Aboriginal and Torres Strait Islander women during a critical stage of the women's lives – from pregnancy until the child is three years of age. Many women find that pregnancy is a significant moment to address issues that they are facing, and BiOC staff have identified that all women who access the program share the desire

RESPONDING TO THE HOLISTIC NEEDS OF FAMILIES

The BiOC program is underpinned by the understanding that to reach their developmental potential, children require nurturing and care across a range of domains. Families who engage with BiOC are supported by a multidisciplinary team who have specific expertise in monitoring and supporting the achievements of developmental milestones, trauma-informed models of care, and family-centred therapeutic approaches.



Key components of BiOC's holistic model of care include:

- individualised and ongoing support from a family support worker throughout their entire BiOC journey
- a family care plan that is developed by the family in partnership with the BiOC support team, with this plan adopting a strengths-based approach to identify what will work for this particular child, family and broader support network
- intensive supports and case management for families with priority needs
- family / participant access to case triaging, developmental assessments, and ongoing monitoring to ensure systematic follow-up, risk identification and fully integrated referral pathways between health, education, legal and social services.

Fundamental to BiOC is the continuity of care that it offers. Throughout parents' multi-year program journey, they are supported with education about positive and responsive parenting, attachment theory, the circle-of-security model, play-based learning and the development of homemade educational toys and activities.

While children attend playgroups at the hub, an early learning program officer observes their development. This staff member then engages those families whose children show signs of developmental delay, encouraging the family to make use of the *parents' evaluation of development status* tool. In turn, this supports families to engage with clinical services and access those supports that will be important and appropriate for the child's positive long-term development.

COMMUNITY OWNERSHIP AND INVOLVEMENT

Between one-third and one-half of the health gap between Aboriginal and Torres Strait Islander and non-Indigenous people is attributable to differences in social determinants of health.¹⁰ This means that much of the work to improve health inequities lies beyond the health sector and rather within "a complex range of environmental socio-economic, family and community factors".¹¹ The Australian Health Ministers' Advisory Council *Aboriginal and Torres Strait Islander Health Performance Framework 2014* explained that "connectedness to family and

community, land and sea, culture and identity have been identified as integral to 'health' from an Aboriginal perspective" and that "analysis of 2008 Social Survey data found a clear association between cultural attachment and positive socio-economic outcomes and wellbeing".¹²

With this in mind, community ownership and control at all program levels has been fundamental to BiOC's underlying philosophy and is considered integral to the program's success. This community engagement – from governance and leadership to participation in day-to-day activities in the hub – ensures that community values and cultural ways of being and doing filter throughout the program and into the impact on participating mothers, children and families as well as program staff.

Right from two of its partners, the program incorporates community control. IUIH is an Aboriginal and Torres Strait Islander community-controlled health service that leads the planning, development and delivery of comprehensive primary healthcare services for the Aboriginal and Torres Strait Islander population of south-east Queensland. Both the IUIH Cultural Integrity Investment Framework and the Ways Statement¹³ are commitments by the health service towards embedding proper Aboriginal and Torres Strait Islander ways into all aspects of program operations.

ATSICHS is a community-controlled health service that prides itself on providing health and human services "our way – supporting our people and community in our ongoing commitment to create a flourishing future and lasting legacy for them and their families".¹⁴ This organisation strives to deliver services with cultural integrity and sensitivity on behalf of Aboriginal and Torres Strait Islander peoples for Aboriginal and Torres Strait Islander peoples.

As a result of this community-controlled health approach, BiOC ensures community members are represented at all program levels and involved in all program aspects, from planning and development to management of the service. In the last three years, the program has employed 16 Aboriginal and Torres Strait Islander people, with 66% of program staff now identifying as Aboriginal and Torres Strait Islander and the majority of these staff members coming from local communities. According to BiOC leadership, this enables "the local Mob's voices to truly be heard".¹⁵



BiOC's model of care reflects the principles of:

- privileging Aboriginal and Torres Strait Islander knowledge
- accessing and strengthening local capacity
- ensuring Aboriginal and Torres Strait Islander cultural guidance and oversight
- maximising social, emotional, spiritual and cultural wellbeing and informed choice to achieve family-centred holistic care
- establishing continuity-of-care through a culturally competent workforce, integrated throughout the maternity services network that underpins service delivery
- increasing both the Aboriginal and Torres Strait Islander health workforce and their capacity
- adopting a community development and evidence-based approach to service delivery.

The wisdom of community Elders and members guide and influence the program through various activities, including:

- community days at the hub every Friday, which allows cultural connections between participating mothers and community aunts, sistas and Elders
- sharing of stories in the hub's welcoming homelike setting
- creating arts, including belly casting
- cultural education events, NAIDOC Week, and Sorry Day
- informal opportunities to build community networks of support that will continue long after participants have completed the program.

"Meeting other women during the community days gave me friendships and supports at a time when I was struggling with my pregnancy and then transitioning to becoming a mum again"

BiOC participant

All family support workers are local Aboriginal and Torres Strait Islander women, many of whom have gone through the BiOC program themselves. The BiOC leadership team understands the importance and value of investing in mothers who have previously participated in the program and have thrived as a result. They recognise that women who have been along this journey will be better placed to deliver exceptional care and likely to become strong program leaders themselves.

Those Aboriginal and Torres Strait Islander staff members who have previously been participants and who are from the local Aboriginal and Torres Strait Islander community are placed in a unique position to be able to connect with program participants and community members on a level much deeper than non-Indigenous staff. Particularly for the family support workers, they are able to use their local community connections and knowledge to understand a mother's circumstances and actions, help her identify where the gaps or opportunities may be in her existing support networks, and guide her towards making accessible healthy choices.

At the same time, non-Indigenous staff members are supported to understand the local Aboriginal and Torres Strait Islander communities who they are working with, as well as build up their cultural competency and become culturally informed practitioners. At the start of their employment, they receive an intensive four-day induction to the program and the community's history. They are then supported with regular clinical and cultural supervision and work under a robust BiOC cultural integrity framework.¹⁶

Non-Indigenous staff also attend monthly BiOC cultural awareness and immersion trainings. These trainings ensure that staff are regularly conversing about how to create cultural safety in every element of the program. Specific training days also provide all staff with an opportunity to connect, reflect and learn, and to explore the values of Aboriginal and Torres Strait Islander ways of seeing, knowing, doing, belonging and being.

BiOC also ensures that it recruits the right people to the team. Its rigorous recruitment process is centred on its Our Ways recruitment strategy; an Aboriginal and Torres Strait Islander terms of reference document which facilitates questioning to unpick whether a candidate's values are a good match for the program.

Investing in the Aboriginal and Torres Strait Islander workforce remains a priority for the program and is exemplified through BiOC's Aboriginal and Torres Strait Islander student midwife cadetship program. This program aims to create a pathway for more Aboriginal and Torres Strait Islander midwives to work within the program as well as seeks to build the local community's professional capacity. Through the program, BiOC assists cadets to understand the social and emotional needs of the community and provides them with an opportunity to actively collaborate with, be supervised by, and receive direction from community Elders, family support workers, midwives and other social health support staff.

BiOC's participating mothers regularly report to program leaders that the foundation of their connection to the program is that it is entirely community controlled and culturally informed. As one leader explains, "it's about Mob talking to Mob."¹⁷

STRENGTHENING AND EMPOWERING FAMILIES

Strengthening the capacity of all families who engage with BiOC is one of the four pillars of program success. All initiatives delivered by the team are strengths-based, connected to community and culture, and focus on "why our Mob is all that Bub needs".¹⁸ The team recognises that family empowerment and the achievement of pride in each mother and family is ultimately the beginning of their bub's belonging.

Family support workers, in particular, play a critical role in empowering families, as is evident through consistent program feedback over the years. BiOC program leaders have also found that most participating mothers come into the program seeking connection to culture, while participants say that the BiOC team has helped them find pride in their identity.

The family support workers are essential in identifying those participating mothers who would benefit from additional support during pregnancy. These supports help mothers to feel confident and be assured that they will be capable parents.

Each mother and her family support worker work together to create a social wellbeing support plan, which they then implement and regularly review. This plan addresses concerns identified by the mother and focuses on existing supports and local services that can help the mother break down health access barriers for her and her family.

Throughout the journey of this plan, the family support worker provides guidance and employs a holistic strengths-based approach that acknowledges the broader social and environmental influences on the mother's health and wellbeing. The plan considers not only the mother's health and her access to health services, but also identifies her social supports, cultural identity, childhood experiences, financial stresses, housing stability and existing healthy relationships. By implementing and regularly reviewing this plan, the pair work towards the mother being empowered to make healthy life choices and capable of raising a strong Black and deadly Aboriginal and Torres Strait Islander child.



"With the full support of my family support worker, I wouldn't have come this far in my journey. Having someone who has faith and belief in me, made me start to have faith and belief in myself. I used all supports at the hub and now just received the great news I have been offered my first three-bedroom house"

BiOC participant

CHANGES NEEDED TO ENHANCE PROGRAM SUCCESS

There are a number of external structural factors that impact the success of BiOC. These factors relate particularly to the interaction between Aboriginal and Torres Strait Islander women and mainstream non-Indigenous service systems that fail to provide culturally safe and empowering supports. They also relate to BiOC's lack of resources to maximise its impact even with the evident benefits for Aboriginal and Torres Strait Islander mothers and children.

Firstly, BiOC staff explain that unsupportive interactions between mothers participating in the program and the Queensland child protection system can negatively affect the program's positive impact on these women. Staff describe how some women have found themselves in situations where child protection case planning decisions are made by child safety officers on the women's behalf in culturally unsafe environments, with these decisions causing significant harm to the women. Due to the important role played by BiOC's family support workers, as outlined above, it is recommended that all women who are both participating in the BiOC program and are involved with the child protection system should have their family support worker present in all child safety services meetings.

Secondly, although BiOC staff and midwives work closely with the women and conduct all appointments at the hub, the actual birthing of babies takes place at the Mater Mothers' Hospital. BiOC leaders dream about creating a community-controlled birthing centre to enable these women to birth their babies in a more culturally safe setting when appropriate. Although cultural supports exist within the mainstream non-Indigenous hospital setting, BiOC staff explain that there is no substitute for a community-controlled environment for Aboriginal and Torres Strait Islander women.

Thirdly, additional program funding would enable BiOC to engage with and positively impact on more Aboriginal and Torres Strait Islander women, thereby continuing to close the gap in maternal outcomes. If more funding support was provided, greater impacts within the community could be realised.



"I'm proud to say I've delivered two gorgeous children through the BIOC team. I'm forever grateful to have been a part of your amazing service and tremendous support you ladies at the hub and the midwives provide. The things I'd like to point out what I loved most about the hub is how Beautiful most of you Ladies are. It's wonderful seeing so many Strong Black women in one space!"

"The support has been amazing because there is a real community feel and sisterly bond when hanging out and meeting with you guys and knowing you're not alone and can talk about anything. Especially when things are stressful and hard, you're so supportive and are quick to get in and help wherever you guys can do. Thank you for that"

"Sis, you are one exceptional woman. I appreciate all of your time and advice you have given throughout my time at the Hub. I love how positive and driven you are to help our Woman and Babies. To a Brighter Future for Our First Nations Families. Keep Achieving and Moving Forward"

"I was linked in around six months pregnant. I thought that I knew a lot about babies and figured my family would support me. Once I met with my midwife and family support worker, it really opened my eyes up and I learnt a whole lot more, particularly giving me information around gestational diabetes mellitus and breastfeeding. I felt really supported and at one stage when I wanted to give up, I got linked in with the Australian Nurse Family Partnership Program and Kambu (Aboriginal community-controlled health service), and loved that. Everyone was supportive and I felt like all three spaces were non-judgmental. I love coming to community days and having a little playgroup there. I really want to know more about helping my little one learn more. I am excited to find out what educational toys I can buy for our little one. Kendi and I are going shopping. I am definitely coming back to Community Day next week"

"I am currently booked into a hospital in New South Wales and I have never experienced this care before. It feels as though I am a number in the system and the midwife didn't even bother to address me by my name until she was checking if my details were correct on a pathology form. Although I have been involved and loved the BiOC program for over six years, it now means so much more to me. The love and care for each woman and their family is truly incredible. Not only do the midwives go above and beyond but the family support workers, admin staff and drivers all have an extremely important role to play in ensuring Mum and

her support network feel safe to ensure baby arrives safely into this world. I knew that all the roles were important when I was working at BiOC, but I can now truly appreciate the importance of each person's role in the BiOC program. Thank you for continuing to fight for Aboriginal women and their families and working so hard to expand the program so that every Indigenous family has the same opportunities that I have had"

ENDNOTES

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