

CASE STUDIES OF ABORIGINAL AND TORRES STRAIT ISLANDER-LED TRANSFORMATION

CASE STUDY

Mookai Rosie Bi-Bayan

Background

For over 35 years, Mookai Rosie Bi-Bayan (Mookai) has provided a healthy and caring environment for Aboriginal and Torres Strait Islander women and children attending medical treatment on Yidinji Country in Cairns.

While the early focus was on accommodation, Mookai has now grown to provide a holistic range of health services to Aboriginal and Torres Strait Islander families from Queensland's Cape York, Northern Peninsula Area and Torres Strait areas. This expansion has been recognised and supported through the Australian Government's IMR grant for 2023–2027. The IMR program targets funding to services that address the drivers of child protection involvement for Aboriginal and Torres Strait Islander families.



Mookai's transport services

Services

Aboriginal and Torres Strait Islander families living in remote Far North Queensland experience geographical and logistical barriers to culturally appropriate and responsive health care. Complex health needs compounded by a lack of specialist clinicians and disjointed services across the region require community members to leave their homes and travel to Cairns to access specialist, complex and allied health services. However, this results in disconnection from kin and Country, exacerbating socio-cultural complexities.

Mookai's approach to this challenge is the provision of a co-located, co-designed, integrated wrap-around service model that ensures cultural safety and responsiveness towards improving holistic health outcomes for men, women and children. This service model includes:

- health supported accommodation for women and children, including meals and transport
- Social and Emotional Wellbeing (SEWB) support, including mental health, parenting programs, playgroup and advocacy
- maternal health support, including midwifery services and developing a cultural birth attendant (doulas) program, as well as plans to develop a comprehensive Birthing Centre
- the Mookai Family Health (also known as The Clinic) provides primary care services for the entire family—men, women and children.

Central to all Mookai's services is cultural safety. Mookai's clients benefit from the support and encouragement of the inclusion of cultural practices, language and Aboriginal and Torres Strait Islander ways of knowing, learning and being. This results in an environment informed by Country, culture and places of

physical and spiritual significance to the families that Mookai supports.

Supporting the Aboriginal and Torres Strait Islander workforce is vital to the success of Mookai's services. Mookai provides opportunities for Aboriginal and Torres Strait Islander clinician training, development and mentoring, such as funded TAFE courses including Certificate 4 in Aboriginal and Torres Strait Islander Primary Health Care Practice and Certificate 4 in Mental Health.

Success stories

Mookai is excited to share two examples of its successful multidisciplinary work with children and families.

Sheryl from a very remote community within the Cape York region

Sheryl* is a mother of four children and pregnant with her fifth. She was referred to Mookai's SEWB team by a community alcohol and other drugs (AOD) rehabilitation service.

Sheryl's four children have been removed by child protection authorities and she was being closely monitored around her capacity to care for her pending baby. She has a history within her family of domestic and family violence (DFV) and alcoholism. After referral, Sheryl was supported through the Mums and Bub program, where she stayed at Mookai accommodation and was supported by health and family support workers. She also benefited from midwifery support.

Sheryl stayed in accommodation for 6 months and received AOD, DFV, trauma-informed counselling and psycho-educational parenting support from the Mookai SEWB team. The team also provided advocacy in relation to child protection concerns.

Sheryl's fifth child was born while she stayed in Mookai accommodation. After completing her stay, Sheryl was physically healthy and in recovery from alcohol dependence, as well as progressing in her healing from past trauma.

Sheryl continues as an outreach client and is working towards her four children being returned to her via a staged reunification plan and the SEWB team is helping her meet parenting requirements outlined by a Child Safety case plan.

Tamika and child from a very remote community within the Cape York region

Tamika* is pregnant with her second child. Tamika and her 14-month-old boy travelled to Cairns from Aurukun for perinatal support. Mookai provided them with accommodation for 6 weeks, as well as a range of wrap-around supports for the boy who presented with:

- **Fungal skin infection:** A Mookai GP and registered nurse addressed this through education to the mother on understanding symptoms, treatment and prevention.
- **Developmental delays:** This was addressed through education to the mother by health workers and a midwife regarding expected developmental milestones and tailored support via Mookai's playgroup program.
- **Poor nutrition and diet:** Addressed through mothercraft support.
- **Attachment disorder:** Intensive support to the child and mother from Mookai health workers, playgroup staff and the SEWB team.

The family benefited from Mookai's holistic support by showing improvement in a range of health areas and was able to establish ongoing connection with services that will support them into the future.



Mookai's SEWB team

*Sheryl and Tamika are pseudonyms

CASE STUDY

KWY Aboriginal Corporation

Creating a space for change – with safety at the heart

KWY is a South Australian ACCO established in 2011 after conversations with local Elders around the need for Aboriginal-led responses for families to health, wellbeing and safety. Initially focused on men's behaviour change around DFV, KWY has since incorporated working holistically with women, children and the wider community. The vision is for Aboriginal peoples to thrive through being culturally strong, empowered and safe, with a current portfolio of programs focusing on:

- DFV centring place-based safety hub models
- supporting holistic children and youth work with a strong focus on child development, school retention and positive participation within the community
- person-centred mental health and social and emotional wellbeing support
- Kinship Care, Reunification and Finding Families connection services
- intensive family support services addressing child protection concerns through active case management and whole-of-family support
- culturally responsive and trauma-informed training to the sector based on Aboriginal wise practice research and evidence.

KWY seeks to create spaces for change and increased safety and connectivity for our families, not only through culturally grounded programs but also through advocacy and influence within the sector. The strength

of KWY is the breadth of programs that ensure that children, women, men and community are all part of the story.

Wilto Willo - Research

In partnership with The Australian Centre for Social Innovation (TACSI), KWY's research arm of KWY, Wilto Willo, meaning 'Spring Star' in Kurna language, aims to reduce the number of Aboriginal and Torres Strait Islander children entering OOHC. Mapping the breadth of the system and creating a series of lived and living experience groups centring community voices that shine a light on change stories. Wilto Willo prioritises participatory or action-based research focusing on experiential knowledges gathered from:

- Aboriginal community voices
- strength-based data collated from an Aboriginal lens
- wise (best) practice community-driven research.

The priorities have enabled us to see the breadth of the child protection system from early years, point of intervention and intensive support needs. They have shone a light on the drivers and points of entry for both supports, as well as accountability points for systems, organisations and community. The priorities also enable KWY to be an active party to the participatory approach, building stronger and appropriately supported programs, and creating an Aboriginal-controlled evidence base that reflects community wants, needs and realities.



Taikurtirna Tirra-apintheta – Early Intervention

One of our many intensive family services, Taikurtirna Tirra-apintheta (TT-a), meaning ‘Making Families Safer’, supports families with children at imminent risk of entering OOHC. The program delivers a culturally responsive, trauma-informed complex case management approach to addressing child protection concerns, based on the understanding that it is in the child’s best interests to remain in the care of their family and strengthen the safety and protective factors while reducing the risks and concerns within the household.

The TT-a program works to KWY’s service model where each family is assigned three workers who become the intensive care team, consisting of a Women’s, Men’s, and Children/Youth Practitioner. This multidisciplinary approach ensures that everyone in the family is supported to have a voice, step into their roles and are advocated for, and, most importantly, ensure that the child’s voice is centred, heard and actioned. Since the establishment of the TT-a program in April 2020, we have seen a significant reduction in the number of Aboriginal children having further contact with participating offices in the DCP and, subsequently, when safety concerns could not be mitigated, informal family and formal kinship care arrangements were able to be established through FGC avenues.

Tawata Pari - Finding Families

The newly created Tawata Pari, meaning ‘Many Rivers’, is KWY’s Aboriginal-specific family scoping program, funded by DCP. This program aims to transition children and young people living in residential care back into family-based supportive environments, recognising the strengths and protective nature of family and that residential care should never be a long-term option. Tawata Pari uses a culturally responsive and trauma-informed approach to mapping and engaging with kinship networks and identifying safe and sustainable family and community placements. This is based on KWY’s service model and has a central focus on:

- gaining the child and young person’s voices through narrative approaches
- relationship building with the family to trust in KWY to advocate and support the family
- healing and repair work—occurs with children, families, services and wider agencies and systems of harm, occurring as parallel processes through returning children and young people back into family or maintaining connection to family.

Tawata Pari received 194 referrals and outcomes during its first six months of operation, including successfully returning 16 children with family and another 90 recommendations to DCP. 56 young people are currently actively being scoped with a further 32 (and counting)

young people currently awaiting allocation into the program.

Wuinparrintheta – Youth Programs

Wuinparrintheta, meaning ‘to challenge each other’, is an iterative program that works with young males 14–18 years of age who have been identified as using family-based violent behaviours. The program has an all-men’s team of youth practitioners who use driving factors, such as culturally grounded practices, connection to family, safety, kinship networks and cultural identity formation, to challenge the young men to be the best version of themselves.

With an open referral pathway, the program allows for flexibility of an individual case management response, as well as community and school-based group work. This group work—known to the participants as ‘camps’—brings in elements of being on-country and represents the roles and responsibilities when participating in camps, such as the time it takes to sit, gather, share and collectively listen, learn and act. The KWY youth practitioners are deeply connected to their own culture and communities, and they build trust through connection with the young males, role modelling positive behaviours—guiding them to find their place within culture and kinship systems and, in turn, empowering responsibility for their behaviours and to create sustainable positive behaviour change. Program successes include reduced incidences of violence in home-based settings, higher rates of school attendance, a reduction in detention and an increase in connection to family.

Future direction

Moving forward, KWY will continue to be guided by community needs, supporting families and communities across South Australia and beyond. As we grow, culturally responsive and trauma-informed practice will remain our primary lens. We also hope to see ACCOs across the sector continue to be funded adequately for the staunch work they provide and welcome further conversation around supporting the transition of funding and authority to ACCOs.



CASE STUDY

Kurbingui Family Wellbeing Support and Life Without Barriers

Life Without Barriers have been working to transition service delivery to Kurbingui for Aboriginal children. This case study highlights that journey.

Leo* is a chatty and gentle Aboriginal young person from the Gunggari tribe who loves sports, including football and soccer. His favourite soccer player is Lionel Messi, while his favourite rugby players are Cobbo and Reece Walsh. He also really enjoys technology—watching TV, playing video games and watching YouTube videos.

Leo is 13-years-old and was placed into OOHC when he was nine years old with a non-Indigenous carer, Daniella*. Daniella was committed to caring for Leo, until he could be returned to either of his parents' care and supporting his cultural needs. Leo was supported to attend a Sorry ceremony for a relative on Kunja Country in Cunnamulla and met his older brother, Liam*, his sister, Leanne*, and aunts, uncles and cousins that he had been disconnected from. It was clear in those meetings just how much Leo enjoyed and loved being with his family.

Discussions were then held by Child Safety about Leo's immediate and extended family and options for Leo to be reconnected to live with his community.

In November 2023, Child Safety approved for Leo to gradually increase the time spent with his dad, Rick*, with a goal for Leo to be fully reunified with his dad by June 2024. Leo and Rick spent every Monday and Thursday afternoon together. In a partnership with Life Without Barriers, Rick was supported by ACCO, Kurbingui Family Wellbeing Support, for around 18 months. Kurbingui provided Rick with parenting support, training around budgeting, maintaining healthy relationships and other supports. Rick was very motivated, and Child Safety worked in partnership with Kurbingui to supplement any additional services Rick needed.

* Leo is a pseudonym



During this time, Kurbingui sent Life Without Barriers information that showed Leo had another sister, Elizabeth*, who very much wanted to meet and connect with her brother Leo. Kurbingui and Life Without Barriers facilitated a FaceTime call between Leo and Elizabeth. Daniella was very supportive of Leo connecting with his family.

During this time, while Rick was trying hard, it became clear he wasn't ready to have full-time care of his son Leo. The team at Kurbingui worked with Leo's sister, Elizabeth, who shared that she was very keen to have Leo live with her full-time.

Life Without Barriers organised a meeting with Kurbingui to prepare plans for Leo to transition to Elizabeth's care and supported his foster carer, Daniella, to understand the process. In partnership, both Kurbingui and Life Without Barriers worked

together to ensure Kurbingui had all the information they needed about Leo's journey and needs so he could transition to live with Elizabeth. Life Without Barriers supported Daniella through the process and, together, they prioritised listening to Leo, so his views and wishes were respected and heard.

Leo has now transitioned to live with his sister, supported by Kurbingui. Life Without Barriers continues to have a relationship with the Kurbingui team, offering further support as needed for Leo and Elizabeth.

