

Using Kit the Koala in practice

Supporting respectful, strengths-based conversations about FASD with families



Acknowledgement

Born on Jarowair and Giabal Country, Kit the Koala was brought to life by proud Melukerdee (Palawa) woman Nicole Hewlett, in collaboration with Charlie Rowe, Joyanne Clarke, Jade Morgan, David Campbell and the Strong Mothers Group. This mob-made animation features Aboriginal and Torres Strait Islander voices, music and humour, including contributions from Sean Choolburra.

The animation is grounded in the FASD Indigenous Framework, privileging Aboriginal ways of knowing, being and doing, and supporting strengths-based, healing-informed conversations about FASD with families.

We pay our deepest respects to the children, families and communities whose stories, knowledge, and experience guide more respectful, inclusive and compassionate approaches to FASD.

Credits

Using Kit the Koala in practice

Written by Prue Walker and Nicole Hewlett, and designed by Prue Walker.

The guide was developed in close consultation to ensure it reflects the spirit of Kit the Koala. The accompanying yarning cards translate Kit's story into practical conversations with families.

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Yarning cards

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Meet Kit and his family!



Kit

A young koala who loves kicking the footy and playing with his friends. He helps us understand that brains can work differently on the inside.



Aunty Koala

Kit's aunty. She wants the best for him, while also having questions and worries about assessment and diagnosis.



Coco

Aunty Koala's friend who shares what she has learnt from supporting her son, Bart.



Charlie

Coco's son and Kit's friend.

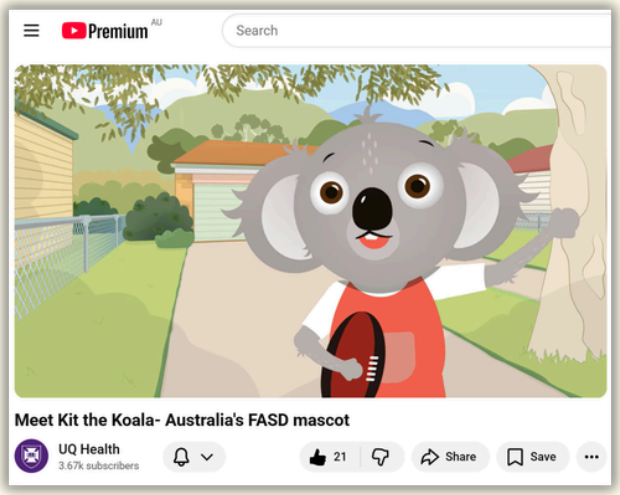
How to use this resource

This resource has two parts - a practice guide and yarning cards - designed to help practitioners bring Kit's story into their work with families as a gentle starting point for yarning, reflection and understanding. This resource draws on strengths-based and healing-informed approaches and recognises the broader context of families' lives, including culture, community and the ongoing impacts of colonisation.

"Kit gets an assessment"

Kit is an Aboriginal-made, neuro-affirming koala character designed to share prenatal alcohol exposure and FASD knowledge in a way that is culturally responsive, strengths-based and healing-informed. You can find Kit on YouTube at: https://youtu.be/QLwuS869aZs The first chapter of Kit's story is called "Kit gets an assessment" - there will be more chapters coming in the future.

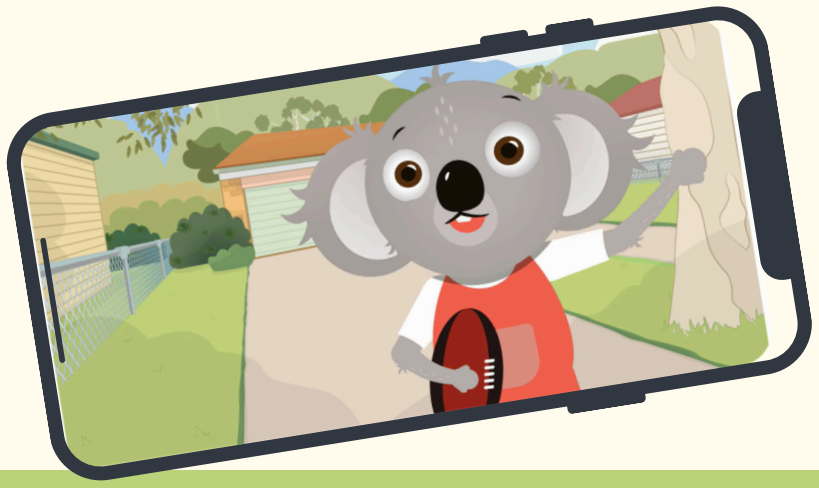
Throughout the resources, you will find time stamps and QR codes to take you to the relevant part of Kit's story.



Practice Guide

The practice guide is designed to help practitioners use Kit's story in their work with families. This guide explores the key themes in the video and supports practitioners to find the sections in Kit's story that can help start conversations. It links back to the FASD Indigenous framework and helps put this model into practice.





Yarning cards

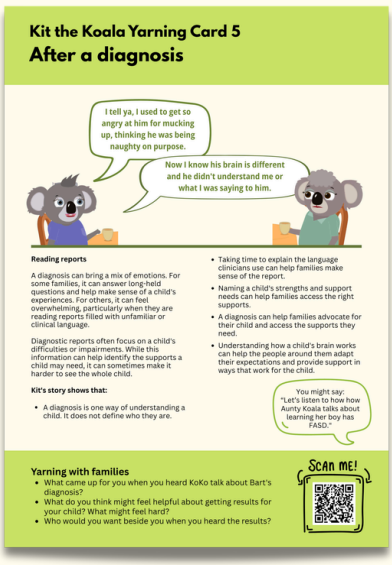
The yarning cards are designed to be used directly with families who might be at different stages of thinking about a FASD assessment for their child. Each card links to a specific part of the video, with a quote, key points, and yarning prompts to help guide the conversation. The QR code will take you to the corresponding section of the video.

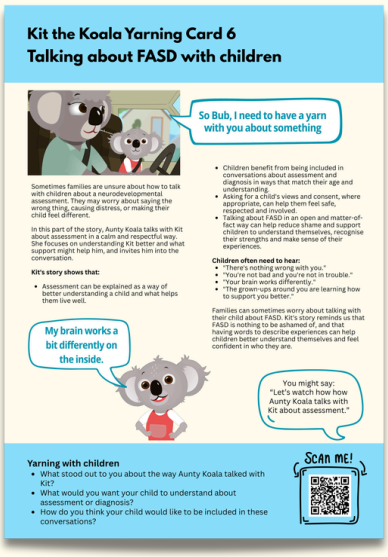












Using Kit the Koala in practice

Kit's story explores some key themes that often arise in conversations with families. The quotes have a time-stamp like this - ***(0:10)*** - so you can find this section of the video.

Starting with the child's story, not a diagnosis

Kit begins by introducing himself, not his diagnosis. He tells us what he enjoys, who he lives with, and who teaches him how to live well:



> ***"Hi, I'm Kit, and I like kicking the footy and playing with my friends... I live with my Aunty Koala, who's really smart and teaches me everything I need to know about living well." (00:06)***

Right from the start, the story celebrates the things that make Kit who he is rather than focusing on labels. This fits with the FASD Indigenous Framework, which prioritises supportive relationships, interests and strengths of the child, rather than defining them by a diagnosis. Conversations about FASD often work best when they begin with who a child is, not what they have.

Explaining FASD in a safe and respectful way

Kit explains FASD in plain language, with humour and honesty, without medical jargon:

> ***"When I was growing in my mum's tummy, she drank alcohol... like lots of people, she and dad didn't know what could happen to a baby when you do that." (00:52)***

It can be hard for families to talk about alcohol in pregnancy because it can bring up feelings of shame for parents who used alcohol, and raises worries about being blamed by others. Some practitioners might avoid talking about it, because they don't want families to think that they are blaming or shaming anyone but this can prevent families getting access to much needed supports. Kit gives you a gentle way into the conversation. You can watch this part with a family, then talk about alcohol in pregnancy using Kit as the focus so that the attention is on an external story rather than a personal one, which may bring up guilt and shame.

FASD is often a hidden disability and Kit explains that you can't tell if someone has FASD just by looking at them.

“People say that if you have FASD, then you look different… but that’s not true. Most people with FASD are like me.” (01:21)

You can use Kit as a conversation starter with families and a role model for how to talk about FASD in a way that doesn’t stigmatise or shame.

Acknowledging hesitation

When families start to wonder about their child’s behaviour or development, they might be thinking:

- Something’s going on, but I don’t know what.
- I don’t want my child labelled.
- What if this brings trouble instead of help?
- Everyone will think I am a bad parent.
- Is it safer not to know?

It can take a long time for families to move from noticing differences in their child’s behaviour or development to taking steps to find out more about what is going on.

Some families may think a loved one has FASD but are not sure if it’s something they want or are ready to explore. For other families, possibilities of FASD may have already been raised by a health professional, and a family may be processing this information and thinking about whether to go ahead with an assessment.

Many families will relate to Aunty Koala’s hesitation. Talking about FASD can feel deeply shameful. They may be worried about judgement, blame, and negative consequences or punishment.

For some Aboriginal families, there may be very good reasons to be cautious with services. Experiences of racism, child removal and other harms within systems can shape how safe it feels to talk about FASD or seek an assessment. The FASD Indigenous Framework (see Resources) describes how these histories continue to shape families’ relationships with services today, and identifies the importance of acknowledging and validating those fears.



“I suppose I keep thinking Kit will grow out of it and everything will be okay.” (07:12)

Kit's story brings these lived realities to the forefront and can help you start a conversation where it feels safe for families to express their fears. Avoid dismissing, minimising or trying to talk families out of these fears. It is important to acknowledge the fears and give people time and space.

Addressing fear, shame and stigma

> ***"I feel too shame. I don't want anyone in my business... Plus I'm really scared that Kit could get taken away from me. You know how it goes." (5:00)***

This part of the video speaks to something many families are feeling but may not always say out loud: fear about child protection.

For some families, seeking support or assessment can feel risky, shaped by past experiences where reaching out has not felt safe or has led to unintended and punitive consequences.

KoKo responds to Aunty Koala's concerns about child protection:

> ***"Child protection can't take kids for getting professional help with an assessment or a diagnosis... The very fact you're getting Kit assessed shows you're looking after him." (5:15)***

It's important for you to share information about carers rights clearly. At the same time, we need to recognise that many Aboriginal families have experienced the opposite. Many Aboriginal peoples have not known their rights and systems remain entrenched with racist policies and practices, which has meant that many Aboriginal families have been subjected to unjust and disproportionate child removals. Because of this, fear of child removal reflects lived experiences and shapes how safe families feel engaging with services.

It is important to name and respond to these fears early. Be clear that seeking an assessment or receiving a FASD diagnosis is not, in itself, a reason for child protection involvement. Explain your role and what information will be shared and with whom.,

KoKo also speaks to child protection involvement:

> ***"I was the one that drank... I didn't know what alcohol could do when I was pregnant. And not knowing isn't a crime." (5:42)***



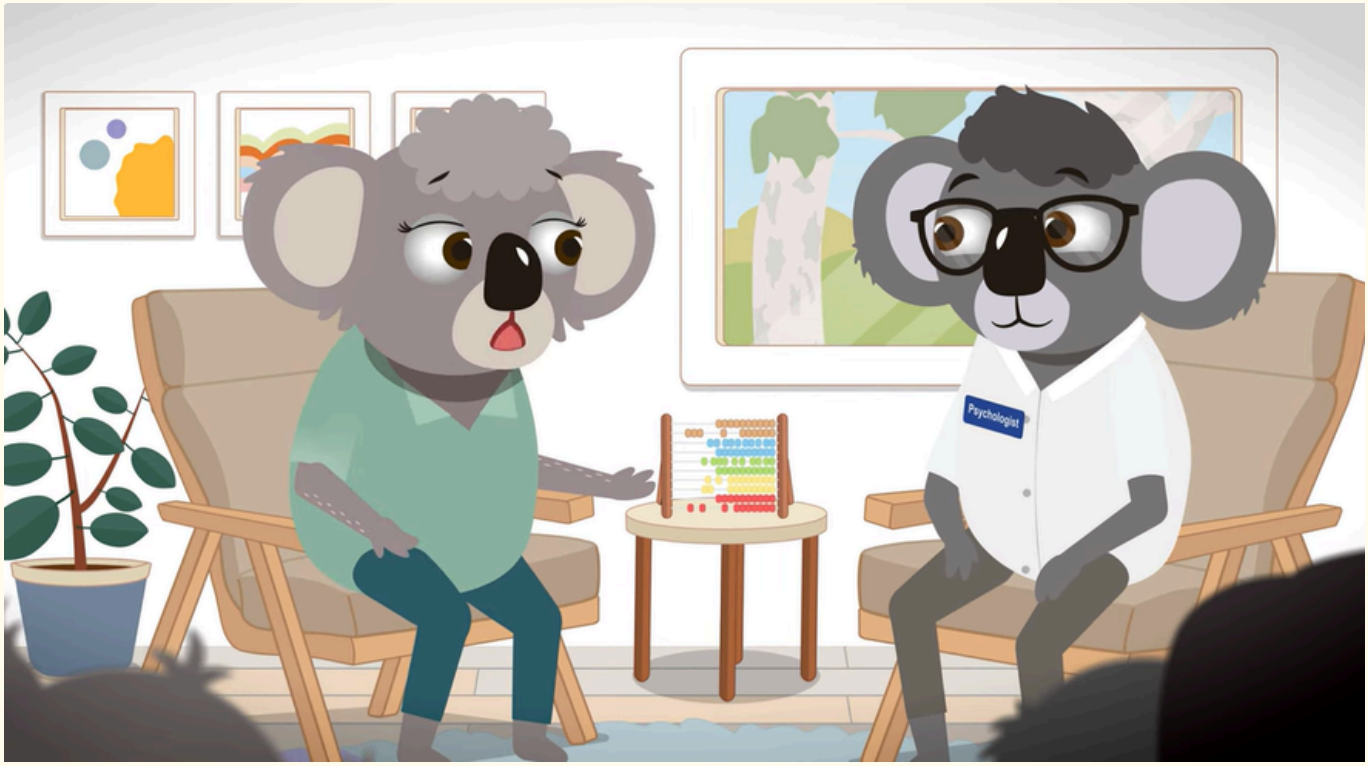
Using Kit's story can create an opportunity to talk with families about their own situation and awareness. Kit can also open up a conversation about how a parent feels about alcohol use during pregnancy. Take your lead from the family. The aim is not to assign blame, but to understand, with compassion, what happened and what will help the child and family now and moving forward.

Supporting families to feel ready

Sometimes families feel pressure from outside - from schools, doctors, or other clinicians - to seek a formal assessment for their child. This can start a process that they may not feel ready for. The assessment process itself can also feel unfamiliar or uncomfortable, with complex forms, long appointments, and repeated questions that focus on what a child "can't do."

Assessment brings together two kinds of knowledge. Practitioners bring knowledge about development and FASD. Families bring knowledge about their child - what they enjoy, what works, what is hard and what matters to them. Both are equally important and needed. Talk with families about what assessment will involve, why particular questions or terms are used, and what they hope to get from it.

> ***"We want to understand Kit and you, and we'll listen so we can work together to find the best ways to support Kit and make life a little easier for you both." (9:49)***





Assessment language

Words like delay or impairment are commonly used in assessment. They have a clinical purpose and can help describe areas where a child needs support, but they may not be words a family would use to describe their child.

For some Aboriginal families, these terms may not fit with their ways of understanding children and can feel like language being imposed through a Western system. Explain why the terms are being used, and talk with families about how they understand and describe their child, particularly their strengths and interests.

The FASD Indigenous Framework emphasises working collaboratively with families throughout the assessment journey. Families know their child and should have a say in how assessment is approached and how their child is described.

Some clinical terms may still be needed for things like NDIS or school supports. Be upfront about why they are being used, and check how the family feels about the language used to describe their child.

KoKo talks about how assessment helped her understand her son, Bart:

> ***"Now I know his brain is different and he didn't understand me or what I was saying to him..." (4:11)***

Using deep listening (Dadirri)

When conversations about FASD feel heavy, there might be time for less talk and more listening.

Dadirri*, a practice of deep and respectful listening, can support conversations with families about FASD by creating space for people to share their knowledge, experiences and concerns in their own time and without judgement.

This may involve:

- listening without interrupting or trying to ‘fix’ things
- allowing silence and giving space for reflection
- paying attention to what is said, and what is not said
- being comfortable with uncertainty or not knowing
- recognising each person as an expert in their own experience.

This can be particularly important when a family is considering FASD assessment. It is a complex decision, people within a family may have different views, and families may need time before they know what they want to do.

Working in partnership with families

When Aunty Koala attends the clinic, the psychologist names something many families have experienced but rarely hear acknowledged:

> ***“Some health professionals can be pretty... colonial at times, hey?” (10:20)***

The psychologist shows their commitment to working collaboratively with the family:

> ***“We’ll listen and learn from you, so we can all come up with the plan together.” (10:34)***

This part of the video models two-way learning and shared decision making, where professional knowledge and family knowledge are treated as equally important. Depending on your context, you might use this moment to yarn with the family about what this kind of partnership looks like for them in practice, including which services feel safe to engage with, and who they want involved in their child's care.

*Dadirri is an Aboriginal word from the Ngan'gikurunggurr and Ngen'giwumirri languages meaning ‘inner deep listening and quiet still awareness and waiting’. The practice was developed by Elder Dr Miriam-Rose Ungunmerr-Baumann.

Changing what we do, not who the child is

One of the most important moments in the episode comes when KoKo reflects on what changed after assessment:

> ***"The biggest help has been me understanding that I had to change how I say and do things. Not Bart." (4:17)***

Families may have spent years being told about what their child is doing wrong. Understanding FASD can shift the question from 'How do we get the child to change?' to 'What do we need to change around the child?'

Once we recognise what needs to change, responsibility can be shared across caregivers, practitioners, schools and systems, rather than placing the burden on the child or family.

Keeping hope at the centre of the conversation

Kit's story ends with hope. A FASD diagnosis is not an endpoint; it can provide a clearer understanding of a child's needs and open up more appropriate ways of supporting them throughout their life.

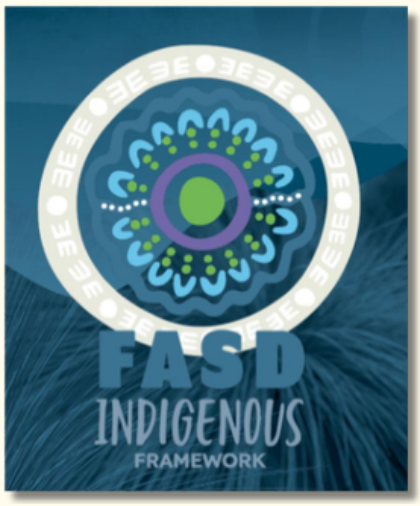


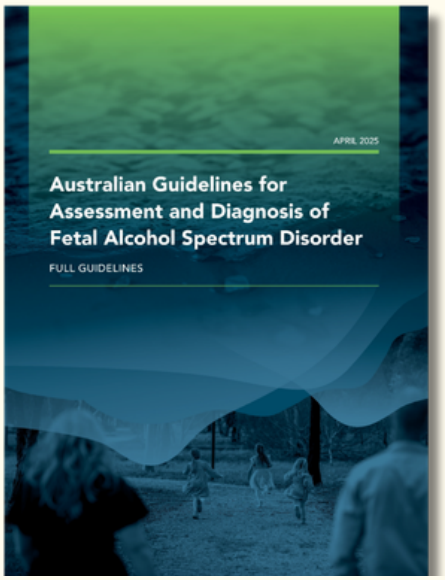
> ***"Because I'm full of hope, bub." (11:05)***

Kit can help you show families that a FASD diagnosis does not mean everything ahead is negative. Understanding FASD can change how a child is understood and help the people around them adjust their expectations, responses and support.

Further reading

The **FASD Indigenous Framework** provides guidance for practitioners and services working with Aboriginal and Torres Strait Islander families around FASD assessment and support.





The **Australian Guidelines for Assessment and Diagnosis of FASD** provide national guidance for practitioners involved in identifying, assessing and diagnosing FASD. The Guidelines outline the diagnostic criteria, assessment process and clinical considerations required for a comprehensive, multidisciplinary approach. They also emphasise the importance of functional assessment, careful consideration of prenatal alcohol exposure, differential diagnosis, formulation, and culturally safe, person- and family-centred practice.

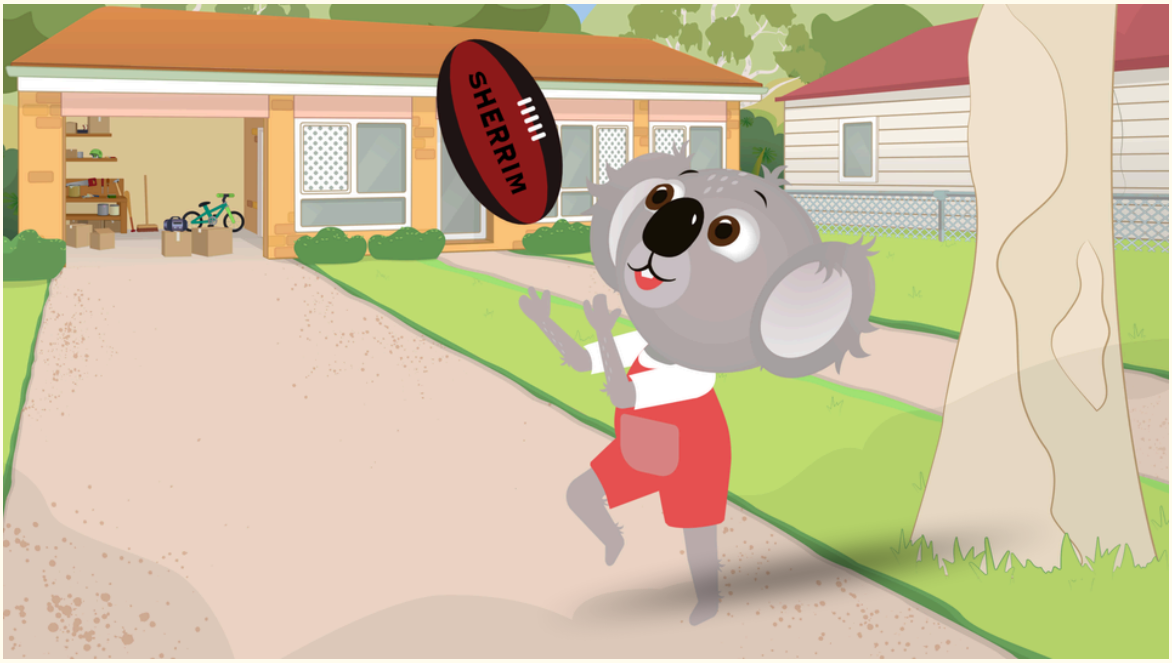
Both resources can be downloaded here:
https://child-health-research.centre.uq.edu.au/fasd-guidelines

Strong Born is a culturally informed NACCHO campaign that supports Aboriginal and Torres Strait Islander communities to talk about alcohol, pregnancy, breastfeeding and FASD.

You can find Strong Born resources here:
https://www.naccho.org.au/fasd/



Kit the Koala is free to watch on YouTube.



A mob-made animation supporting strengths-based, healing-informed conversations about FASD with families.

https://youtu.be/QLwuS869aZs