

## Winner

## My journey from suit to skin

As my Aunty placed the possum skin cloak over me, I experienced a profound “inner experience” of cultural healing and connection. Wearing the cloak as part of the Wraiture project (<http://www.speakingincolour.com.au/wraiture>) restored an aspect of cultural traditional practice. It touched me holistically, creating a sense of healing, spiritual connection, belonging and identity.<sup>1</sup>

The project was a photographic exhibition for Aboriginal women of the Hunter region in New South Wales, facilitated by my cousin.<sup>2</sup> She gathered close members of the family at my Aunty’s house to help her search for women to participate. Within a 9-week time frame, over 130 Aboriginal women wearing the possum skin cloak were photographed, capturing the first few moments of cultural revival connection. The project served as a platform for a dialogue on “women’s business” (traditional cultural practice exclusive to Indigenous women) and, within a few months, 64 Aboriginal women were included in the exhibition which was launched at the Wollotuka Institute at the University of Newcastle in NSW. The significance for me is that before Western influence, we were all born with a possum skin cloak that grew in size with us, just as a child grows into adulthood. After my Aunty placed the cloak over me she took a step back. Then my cousin stepped forward to capture my initial reactions through the camera lens. It was a journey that took me through a number of mixed emotions. Grief and loss rushed through me as it initially felt foreign. Then I felt a spiritual connection — I became teary, embracing the possum skin cloak.

Community development initiatives, such as the Wraiture project, gather Aboriginal women to harness cultural reconnection and pride in identity. This concept, and its connection to self-determination, wholeness and wellbeing, is reflected in the law/lore that states: “We walk our journey boss of self. So take your power, walk your talk, seek your truth and be your journey and hopefully when you die, you die boss of self”.<sup>3</sup> This illustrates the cyclical aspect of life-death-life, which adopts a whole-of-life approach.<sup>4</sup>

I had the opportunity to play a role in reviving and reconnecting with the possum skin cloak, inviting my journey to be captured in a photograph. It was spiritually and emotionally moving to reconnect with an ancient cultural traditional practice. Reflecting on this “inner journey” revealed to me another journey; an “outer journey” in a small country town many years before, in a high school textile and design class. In this class, I decided to make a business suit — one that I could wear during my 2-week work experience. My teacher brought an old design she had from home and helped me put it all together, appearing even

more enthusiastic than I was when we completed this project. During the months spent constructing the suit we had built up a close relationship.

However, my teacher had more in mind for me than the making of this suit. She worked with me, a shy, reserved young Aboriginal student, helping me to recognise a sense of pride in myself and to form a sense of my own identity. Later, in Year 12, I remember her handing me an application form for the University of Sydney. She encouraged me to apply, and even helped me fill out the form. I had no comprehension of the journey I was about to embark upon.

This journey led me to the understanding of the power of community development and education as tools in developing a sense of self-belief. Being offered a place at the University of Sydney was a significant achievement, not only for me but also my family. I was the first in my family to complete high school and obtain a university degree. The connection between health and access to education for me, personally, as an Aboriginal person, is reflected in the literature on the positive relationship between performance and retention in formal education and participation in the arts.<sup>5</sup>

*“Through acknowledging this cultural aspect of health, community development facilitates the building of relationships outside the traditional models of health care, leading to empowerment and capacity building”*

My understanding of the importance of addressing health equity and access to improve health outcomes for Aboriginal Australians began to develop when I was at university. I was selected, along with a small group of other Aboriginal students, to provide mentoring for Aboriginal high school students coming to the university from rural and remote areas of NSW. I watched the students explore their first taste of university in a culturally safe and supportive environment. Being a part of this was enriching and it brought me back to cultural connectedness.

Since then I have completed a Bachelor of Arts degree and I am now doing a postgraduate course in public sector management. The importance of access to health and education, and the positive health outcomes for Aboriginal Australians is reflected in my current position as Policy Analyst at NSW Kids and Families. I am supported and mentored to complete my postgraduate studies so I can pursue professional development while also maintaining a holistic lifestyle. My 8-year-old son often asks, “Is it essay time yet, Mum?”. My study has produced positive role modelling for my children, who see me maintaining



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full-time employment while engaging in a university course. In 2014, I was a guest speaker to students in the university's Australian Indigenous Mentoring Experience (AIME) program. I was asked to speak about my journey, about leaving my home and family to study for a university degree in Sydney. We shared stories in the hope of inspiring students in the AIME program to remain in high school and pursue tertiary studies.

The ability to combine community development and employment was central to building and maintaining my cultural connectedness. Over the past 5 years, I have worked as an Aboriginal Health Worker for the Aboriginal Maternal Child and Family Health Services in rural and metropolitan areas of NSW. It was a gratifying role, allowing sustained cultural connectedness with my community and people, while also promoting employment opportunities. Learning that my efforts in this role played a small part in closing the gap in infant death rates between Aboriginal and non-Aboriginal people,<sup>6</sup> I felt this was a positive step forward for our children, our future generation. The Aboriginal Maternal Child and Family Health Services has a strong emphasis on community development and health promotion. This is one of the most fulfilling aspects of working as an Aboriginal Health Worker — linking health promotion and community participation. It was a privilege to be welcomed into the homes and lives of clients and community members as a NSW Health employee, and accomplish self-fulfilment through work.

Community development requires a deep understanding of local community needs and community ownership of health programs. I have learned the hard way. One very strong memory is when I suddenly arrived at a local Elder's group and talked for 30 minutes non-stop, discussing women's business issues, using the women's health charts and other health educational material. It was then time for the group to comment. The room went completely quiet. I knew immediately that I had failed! I left the group feeling disheartened; I had not been able to culturally connect with the group — instead I had been pushing my own agenda.

A week later, I returned, deciding to take a different approach. I walked to the group, sat down and let the conversation evolve naturally, just "being". Within 20 minutes, one Aunty asked me how my child was going. Conversation then flowed around sharing of stories, tea and johnnycakes. Towards the end, another Aunty asked me, "So what was that thing you were going on about?". We have a few laughs about it to this day, and I learned a very important lesson from that experience about community development.

I have also been involved in a belly casting project. This brought me, as an Aboriginal Health Worker, to a deep understanding of the importance of connecting with family and the journey in pregnancy and maternal health. I carried my "belly cast kit" from home visit to home visit, meeting with pregnant women and extended family members, and building relationships with the

community. Doing the belly casts opened an intimate dialogue around women's business, raising issues in health and education, cultural connection and support, as well as canvassing the needs of the individual, and then the family and community. Some women had lost their cultural identity or connections, and the belly casting enabled a journey toward reconnection to cultural identity. I used my connections as an Aboriginal Health Worker within interagency networks across government and non-government departments to assist this journey. Attendance at antenatal clinics is unlikely to facilitate the depth of these discussions. This highlights the importance of community development approaches in providing positive pathways for access and equity.

Most successful community development activities in NSW Health programs adopt a primary health care model, prioritising a holistic framework to build positive health and wellbeing for Aboriginal Australians. In contrast to a biomedical model's focus on symptomatology and illness,<sup>7</sup> the primary health care approach incorporates the interconnectedness of health and wellbeing through a tapestry involving self and identity, family, community, land, kinship, ancestral and spiritual dimensions.<sup>8</sup> Community development deployed through arts programs can be defined as "a specific approach to creative activity that connects artists and local communities in using arts as a means of expression and development".<sup>5</sup>

The social determinants of health impede positive health outcomes for Aboriginal Australians. Disadvantage accumulates and is compounded through life experiences (such as racism and poverty) which transfers trans-generationally, leading to social, economic and cultural inequality.<sup>9</sup> Community development and empowerment serve to address these inequalities experienced by Aboriginal Australians.

My journey from suit to skin highlights the importance of equity and access for Aboriginal health. I have had the privilege of learning from the best knowledge holders, my Elders. One significant aspect of this is walking through my own journey to health equality and access, which has created positive health outcomes. In the words of an Aboriginal senior woman, educator and healer, "we cannot walk somebody else's journey nor sway them to walk ours. They must walk their own".<sup>3</sup> My journey shows that the cumulative cycle of disadvantage can be combated by a cycle of advantage. As my Elders, my family, special people such as my high school teacher and my colleagues, have supported me, I can, in turn, better support my family and Aboriginal community. Through acknowledging this cultural aspect of health, community development facilitates the building of relationships outside the traditional models of health care, leading to empowerment and capacity building in knowledge.

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