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Faculty of Medicine, Dentistry and Health Sciences

Reconciliation Action Plan: A Progress Report



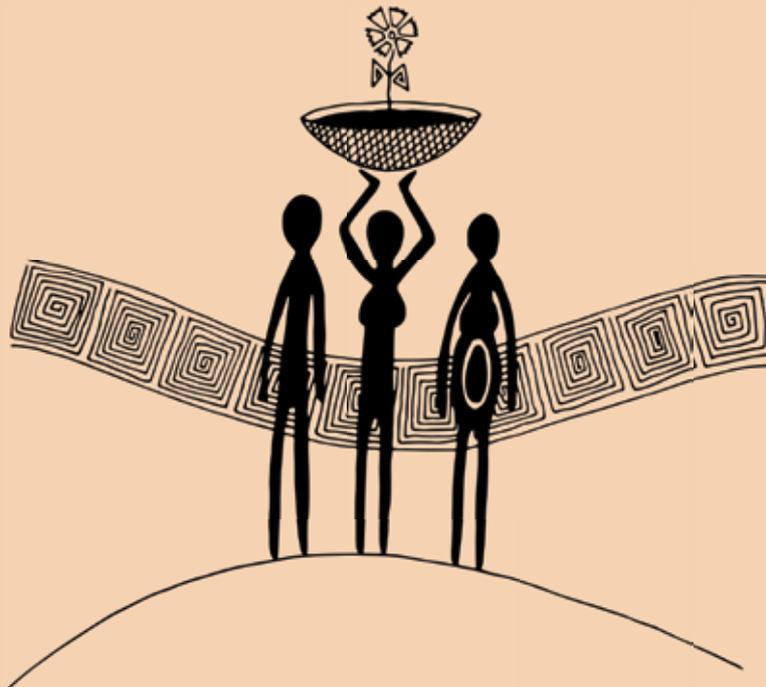
About the artwork

The Wurundjeri people used fire to manage the land and to promote new growth that would provide the right conditions for particular tuberous plants to grow, such as Myrnong (or yam daisy). As a principal part of the diet, Myrnong was intensely harvested and used as both a root vegetable and herb, which contributed to a good diet and good health.

But once European settlers arrived, heavy stock grazing marked the rapid decline of the Myrnong, among other plants, hinting at the health ramifications that were to come. Despite this decline, the Myrnong has survived under the harshest of conditions in selected areas or as seedlings in Indigenous nurseries.

This image depicts the Myrnong flower, which represents Aboriginal health, development and knowledge. The background design represents the intergenerational knowledge that forms our thinking about health and wellbeing. The flower is growing in a basket that is being embraced and nurtured, representing a renewal of culture and knowledge.

Shawana Andrews





THE UNIVERSITY OF
MELBOURNE

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Reconciliation Action Plan: A Progress Report



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The Indigenous Development team would like to acknowledge the Faculty of Medicine, Dentistry and Health Sciences (MDHS) Advancement and Communications Unit and MDHS Human Resources for their valuable contribution both in assisting us with this publication and their ongoing support of our work.

Note on terminology

Our contributors to this report have used various terms for Australia's First Peoples – 'Aboriginal', 'Koori', 'Aboriginal and Torres Strait Islander', and 'Indigenous' – all of which are particular to the context in which they are used.

Welcome:

Aunty Joan Vickery AO

Patron, Onemda VicHealth Koori Health Unit

I have been involved for more than a decade with the Faculty of Medicine, Dentistry and Health Sciences (MDHS) through my work with Onemda, along with my fellow Patrons – Uncle Kevin Coombs OAM and Aunty Joy Murphy Wandin AO – whose contribution I would like to recognise.

Community development has been the bedrock of Onemda's work, and our staff there have been educating others in the Faculty for a while now about our way of doing things. It's great to see the Faculty, and the University more generally, embracing some of our protocols and processes into the way they do business.

The University's Reconciliation Action Plan marks a new beginning for our people to look at higher

education as a pathway into a professional career. I believe we should see our engagement with the University as a place where our young people can still be themselves but can learn and work alongside others – integrated but NOT assimilated. What I mean by this is that we need to recognise and celebrate our culture and diversity, but we also need to retain our identity within that environment.

The building of strong partnerships ensures positive outcomes for Indigenous students, and I commend the Faculty both for its work in this area, and for its continuing commitment to the health and wellbeing of our people.



Aunty Joan Vickery AO is a Patron at Onemda VicHealth Koori Health Unit and a member of the Elders Panel at Murrup Barak. A Guditjmara woman from the Western district of Victoria, she has worked for the Koori community for more than 40 years – particularly in health. *Photo courtesy of Onemda*

Foreword:

Professor James Angus AO

Dean, Faculty of Medicine, Dentistry and Health Sciences

It gives me enormous pleasure to present the first progress report on the Reconciliation Action Plan (RAP) for the Faculty of Medicine, Dentistry and Health Sciences. The purpose of the publication is to highlight the work of our Faculty in the critical area of Indigenous development and how we are aligning with the broader University's RAP, and to encourage further action by drawing on the examples presented.

The process of developing and implementing the RAP has been an opportunity for the University as a whole to reflect upon its contribution to Indigenous development in Australia. The University's coordinated approach to Indigenous development is overseen by Murrup Barak, Melbourne Institute for Indigenous Development, led by Professor Ian Anderson, the Faculty's inaugural Chair of Indigenous Health. The Faculty has recently appointed its second Chair, Professor Kerry Arabena, Australia's first female Torres Strait Islander professor.

Since the appointment of Associate Professor Shaun Ewen as our inaugural Associate Dean (Indigenous Development), we have progressed the development and implementation of the Faculty's own Reconciliation Action Plan. As the largest and most complex faculty in the University, it is essential that our RAP is successfully implemented and embraced by all our professional and academic staff.

Already, we are making a positive contribution to Indigenous development through the exceptional work achieved by various centres, departments, schools and institutes supported by the Indigenous Development team, Human Resources and the Advancement and Communications team.

I hope that you will refer to this report and support the University's commitment to the Reconciliation Action Plan. We are committed to making a positive contribution to the development of a robust Indigenous health workforce and improved health and wellbeing for all Australians.

Professor James Angus,
Professor James Best,
Professor Ian Anderson,
Associate Professor Shaun
Ewen, Professor Margaret
Shiell (Provost) and Professor
Marcia Langton at the
ceremony to celebrate MDHS
gifting the Possum Skin Cloak
to the University, September
2012. Photo by Michael Silver



The Faculty of Medicine, Dentistry and Health Sciences reached a significant milestone in its implementation of a Reconciliation Action Plan with the establishment of the first Associate Dean (Indigenous Development) position in Australia in 2010. Since taking up this position, I have been incredibly well supported by my fellow members of the Faculty Executive Committee, as well as my long-serving colleagues at the Onemda VicHealth Koori Health Unit. Specifically, day-to-day support in the implementation and development of initiatives of the RAP is Ms Kristi Roberts, Indigenous Development Officer whose contribution has been outstanding.

This report mirrors the six key action areas that make up the University's RAP, and highlights the work of Faculty staff or students in each section. These action areas are:

- **Indigenous Student Recruitment and Retention** (pp. 5–8)
- **Teaching and Learning Strategies** (pp. 9–13)
- **Research** (pp. 14–20)
- **Indigenous Staff Employment** (pp. 21–24)
- **Partnerships** (pp. 25–29)
- **Cultural Recognition** (pp. 30–32)

Our Faculty is able to draw upon great diversity of expertise and knowledge – which also presents us with great opportunity for further development and innovation. Already so much has been achieved, and this publication highlights the ground-breaking and ongoing work carried out within the Faculty, in particular, by Onemda, the Centre for Excellence in Indigenous Tobacco Control, the Indigenous Eye Health Unit, and the Australian Indigenous Studies Professorial Program – all situated in the School of Population and Global Health (MSPGH) – and by the Melbourne Medical School's Rural Health Academic Centre (see pp. 2–4).

This report aims to be informative, inspirational and part of an iterative process to help further



Kristi Roberts and Shaun Ewen

shape and develop a Faculty vision on Indigenous development. If we were to establish rankings in regards to the Academy and Indigenous development, we want to be, like we are in so many other parts of our endeavour, at the top of those rankings.

Much work has been done, but much remains to do. We need to leverage the experience and expertise of our Indigenous-specific programs, mentioned above, to the breadth of enterprise undertaken by the Faculty. In so doing, we will not only be a great health precinct, but also a uniquely Australian one.

It is my hope that this document ages quickly, and that our growth in all six 'action areas' of the Reconciliation Action Plan is such that our next progress report – while building upon this wonderful foundation – contains a plethora of initiatives and innovations in this vital area of health.

Indigenous Programs in the Faculty

Onemda VicHealth Koori Health Unit

The Onemda VicHealth Koori Health Unit (Onemda), originally named the VicHealth Koori Health Research and Community Development Unit, was one of the first integrated Indigenous health research, teaching and learning, and community development units in Australia. Situated in the Faculty's Centre for Health and Society (CHS) at the Melbourne School of Population and Global Health, Onemda has a diverse, multidisciplinary team. Many of the staff have experience in the delivery of clinical and health services, community development or with direct experience in Aboriginal health policy and service delivery.

Since its establishment in 1999, under the leadership of Professor Ian Anderson (now Director of the University's Murrup Barak), Onemda has developed a national and international profile for research and teaching in Aboriginal health that is underpinned and informed by its key principles of:

- affirming Aboriginal knowledge, values and processes
- focusing on Aboriginal community priorities
- integrating Aboriginal community development into its principles in research and teaching
- developing meaningful consultative processes with Aboriginal communities and people
- strengthening the skills, capacity and leadership of Aboriginal people
- collaborating to improve Aboriginal health
- striving to be ethical, innovative and rigorous, respecting social and cultural diversity.

Talking with and listening to the concerns and issues of local Koori communities is crucial to Onemda's programs. Based on the belief that improvements in health are best achieved by respecting and strengthening

Aboriginal knowledge on health and wellbeing, Onemda adopts Aboriginal community values of consultation in its approach to research, community work, and teaching and learning.

For more on Onemda's activities go to: www.onemda.unimelb.edu.au.

Centre for Excellence in Indigenous Tobacco Control

The Centre for Excellence in Indigenous Tobacco Control or CEITC has been based within the CHS in the Melbourne School of Population and Global Health since 2003, and is funded by the Australian Government Department of Health and Ageing. CEITC is a national tobacco research, policy, advocacy and training program that connects Indigenous and non-Indigenous tobacco control practitioners, advocates and organisations, both in the Aboriginal community controlled health sector and the broader not-for-profit and government sectors.

In the past decade, CEITC has firmly established itself as a national node of knowledge exchange, bridging the gaps between practice, research and policy by: developing the evidence base for Indigenous tobacco control policy and practice; identifying critical gaps and promoting research and evaluation activity to address these gaps; developing infrastructure and programs that support effective knowledge exchange; and building the capacity of the Indigenous tobacco control workforce with a particular focus on Aboriginal Health Workers (AHWs).

CEITC has several research projects underway including:

- *Talking about the Smokes*: this is the first-ever Indigenous arm of the International Tobacco Control Policy Evaluation project, an international cohort study of tobacco use, the overall objective of which is to measure the psychosocial and behavioural impact of key national level policies of the WHO Framework Convention on Tobacco Control.

- *Australian Secondary Schools Alcohol and Drug Survey* (for more on this project see Research section).

CEITC also serves a clearing-house function by bringing together knowledge from Aboriginal and Torres Strait Islander and tobacco control organisations from around the country and ensuring that such knowledge is processed and disseminated appropriately. It also endeavours to take a leading role in policy reform by hosting national roundtables for policy makers, health professionals and researchers in the area with the aim of prioritising Indigenous tobacco control research needs.

For more on CEITC's activities go to: www.ceitc.org.au.

Australian Indigenous Studies Professorial Program

The Australian Indigenous Studies (AIS) Professorial Program is broad in scope and includes anthropological (social organisation, cultural values), socio-economic, political and cultural research with a focus on Australian land use agreements. This incorporates land tenure, land rights, native title, the resource extraction industry and corporate social responsibility, as well as anthropology (social organisation, cultural values) and Indigenous culture.

Under the leadership of Professor Marcia Langton AM, the program is located in the MSPGH's Centre for Health and Society and contributes both to teaching and research including the following projects:

- *Agreements, Treaties and Negotiated Settlements (ATNS) with Indigenous Peoples in Settler States: Their Role and Relevance for Indigenous and other Australians*: an examination of the legal history and foundations of agreements and treaties, an audit of current agreements, their purpose, status and outcomes, and international comparative research on treaty and agreement-making.
- The *ATNS Database*: an online gateway to a wealth of information relating to agreements between Indigenous people and others in Australia and internationally.
- *Alcohol Management Plans* (for more on this project see Research section).
- *Food, Traditional Aboriginal Knowledge and the Expansion of the Settler Economy*: a study of Indigenous food systems and relations with colonial settlers in Cape York, particularly focusing on Aboriginal missions and reserves and the rapid change from dependence on Aboriginal economic systems to ration regimes.
- *Indigenous People, Climate Change and Adaptation*: this project has generated a web portal to assist Indigenous people to identify climate risks and the impacts of climate change on their communities, as well as a major report to government on climate change adaptation issues.
- *Warmun Community Art Collection Conservation and Documentation*: following damaging floods in 2011, 189 historical arts works from the collection were sent to the Centre for Cultural Materials and Conservation at the University for urgent conservation and the creation of a digital and hard copy catalogue.

The program also hosts several Indigenous postgraduate students (for more details see the Research section).

For more on Professor Langton's program go to: www.chs.unimelb.edu.au.

Indigenous Eye Health Unit

Established within the Melbourne School of Population and Global Health in 2008, and led by the inaugural Harold Mitchell Chair of Indigenous Eye Health, Professor Hugh Taylor AC, the Unit's goal is to Close the Gap for Vision through world-leading research, policy formation, advocacy and implementation. The Roadmap to Close the Gap for Vision was released in 2012 and comprises

42 interlocked recommendations to improve Indigenous eye health over nine domains of specific activity. The Roadmap has been costed at \$20m per year to be implemented over five years. It is estimated that the Roadmap will deliver a 7-times increase in cataract surgery, a 5-times increase in diabetic eye examinations and 2.5 times more pairs of glasses.

The Unit's work currently focuses on service availability, exploring barriers and enablers to access eye health services, and developing a comprehensive policy framework that is supported by both the Indigenous and mainstream health sectors and government. Research activities within IEHU include a series of reports and publications to establish the evidence base for developing the policy recommendations to Close the Gap for Vision, including:

- *National Indigenous Eye Health Survey*
- *Trachoma, Antibiotic Treatments of Trachoma: A Systematic Review*
- *Trachoma Resource Book*
- *The Roadmap to Close the Gap for Vision*
- *A Critical History of Indigenous Eye Health Policy.*

The Unit also undertakes several innovative health promotion and social marketing activities including the 'Clean Faces = Strong Eyes' campaign and football clinics, held in remote areas with the Melbourne Football Club, to eliminate trachoma (for more on these see the Partnerships section). It has been generously funded by the Harold Mitchell Foundation, the Potter Foundation, the Cybec Foundation, Greg Poche and a number of other individual donors.

For more on the Indigenous Eye Health Unit's activities go to: www.iehu.unimelb.edu.au.

Rural Health Academic Centre

The Rural Health Academic Centre (RHAC) is located at the Melbourne Medical School's Rural Health campus in Shepparton, central Victoria. A number of recent developments at the Centre have combined to move RHAC towards an environment of greater cultural safety for Indigenous students and staff.

RHAC has now achieved population parity in employment of Indigenous staff with six Indigenous staff members, two in unreserved positions. In regard to Indigenous development, our staff's work and focus is on engaging with the local indigenous community (both formally and informally) through facilitating research, teaching cultural safety and competency, and contributing to the function of the RHAC as a whole.

Other developments include:

- The enrolment, and continuing participation, of seven students from the local community in a Master of Health Social Sciences (MSPGH) (for more on this see the Teaching and Learning Strategies section).
- The University of Melbourne's Shepparton Medical Centre (SMC) adjacent to, and closely associated with, RHAC has been nominated as a 'Close the Gap' Clinic by the local community and been involved in training Aboriginal Health Workers.
- *In Safe Hands*, by Indigenous staff member Ms Chana Orloff, provides brief biographies of local AHWs, outlines the often long and difficult path to achieving their qualification and role.
- Involvement by some of RHAC's long-term students in tutoring disadvantaged secondary school students, including Indigenous students, through a Smith Family program.

The RHAC plans to build on these achievements by seeking to provide support for Indigenous students to complete secondary and tertiary education. To achieve this will require collaboration with Murrup Barak, the Academy of Sport, Health and Education (a joint initiative between the University and Rumbalara Football and Netball Club), local secondary schools and La Trobe University (which offers Business Studies and Nursing as undergraduate degrees in Shepparton).

For more on RHAC's activities go to: www.ruralhealth.unimelb.edu.au.

Indigenous Student Recruitment and Retention 5

Indigenous students are an asset to our Faculty, adding to what is an incredibly diverse, talented and visionary student body. They often bring a different perspective to their studies, particularly in relation to family, community engagement and related responsibility. However, like their non-Indigenous colleagues, they also bring a range of academic skills, intellect and passion. The Faculty Executive committed in 2012 to Indigenous student recruitment targets that aimed to double our current numbers by 2015. This commitment was underpinned by processes to support the students to graduate in a timely manner. Working closely with Murrup Barak, the Faculty is providing input to a comprehensive Student Recruitment and Retention Plan for 2013–17.

The Melbourne Model, with a focus on graduate schools and graduate entry, provides some particular challenges for Indigenous student recruitment. However, with the Faculty of Science and Murrup Barak taking the lead, our Faculty is supporting the implementation of a Bachelor of Science (Extended) course for commencement in 2015. This pathway for Indigenous students to enter Science – including the Health Sciences – provides flexibility, innovation and a realistic approach to the challenges of recruitment and retention of Indigenous students who may not have had the same opportunities or support as other students in their latter school years.



For me, Indigenous Development means... the nurturing and development of our future leaders... without losing our identity, and the right to express and participate in our culture.

Vicky Peters, Recruitment and Engagement Officer

[My University Intrain Scholarship means I am] able to study in my own community [and] that in fact I CAN study! I would be unable to study if I had to move away as I have a young family and work full-time.

Karyn Ferguson, Master of Health Social Sciences Student

Profile: Ms Vicky Peters

Recruitment and Engagement Officer

Vicky Peters is a Taunerong–Yorta Yorta woman from Victoria who recently joined the team at Murrup Barak as the Recruitment and Engagement Officer. Working collaboratively with the Faculty of MDHS, which co-funded this position, Vicky will be prioritising and undertaking key work to develop and establish effective partnerships with both the schools' sector and existing national Indigenous health networks.



Photo by Sarah Anderson Photography

Vicky brings more than 13 years experience to this position, including a stint at Queensland Health working as a Senior Dental Assistant. During this time, she was based at the Brisbane Dental Hospital running all specialty areas, and then led her team to establish and run the Northern Travelling Dental Team, servicing remote Aboriginal communities in Cape York. Prior to this, Vicky worked as the Senior Clinical Coordinator for the Fixed Prosthetics Department at the Melbourne Dental Hospital.

Upon returning to Victoria, Vicky took a position as the Koorie Engagement Support Officer at the Victorian Government Department of Education and Early Childhood Development (DEECD). In this role, she supported the implementation of the Wannik Education Strategy and initiatives in schools throughout the Eastern Metropolitan Region.

Vicky was then successful in securing a study grant to complete a Graduate Certificate in Career Education and Development and has recently qualified as a Careers Practitioner. She now plans to start a Graduate Diploma in Career Education and Development.

As Vicky's work connects initiatives in both the Faculty of MDHS and Murrup Barak, she is co-located between the two to ensure that she

is easily available to Indigenous students and staff at the Faculty. In addition, she will continue to organise regular get-togethers for MDHS students to share ideas.

A priority for Vicky is to facilitate linkages with national Indigenous networks with a view to increasing the opportunities for MDHS students to tap into existing knowledge and to gain mentor support to enhance their university experience. She is also the first point of contact for students if they require any assistance accessing scholarships and bursaries.

When asked what Indigenous Development means to her, Vicky replied:

'It means that every Indigenous child has the same access to educational and health outcomes as the rest of the population. It means every Indigenous person has the ability and right to economic participation. It means more Indigenous people in leadership roles across all sectors and the nurturing and development of our future leaders. And all this without losing our identity and the right to express and participate in our culture.'

Vicky Peters can be contacted at Murrup Barak: www.murrupbarak.unimelb.edu.au.



Building an Indigenous Cohort

Indigenous student numbers

Numbers of Indigenous students in the Faculty of MDHS have risen over the past few years, and we currently have nearly 30 enrolments. These enrolments span undergraduate Biomedicine, Medicine, Surgery or Medical Science courses, to students enrolled in the new Doctor of Medicine course. Elsewhere in the Faculty, Indigenous students are studying for their Doctorate and a number of Masters' students are enrolled in Health Social Sciences and in Social Work. Other Indigenous students are doing the Graduate Certificate in Sexual Health, Graduate Diploma in Psychology and the Postgraduate Diploma in Nursing Practice.

Student support

For nearly a decade, the Faculty has provided support to Indigenous Research Higher Degree students in the form of the Capacity Building Bursary. In 2012 MDHS further refined this support, creating an Indigenous Graduate Scholarship for coursework students who are in financial need. Through its strong collaborative relationship with Murrup Barak, Faculty students are eligible for opportunities such as Access Melbourne and the Indigenous Tutorial Assistance Scheme. Murrup Barak and the Faculty have also facilitated two 'Yarn up' sessions with students and affiliated staff, which provide for a collegiate and supportive environment for those students, staff and Elders able to attend.

Indigenous Graduate Students Association

Formed by a small group of Aboriginal and Torres Strait Islander students and their colleagues in March 2009, the Indigenous Graduate Students Association or IGSA holds regular forums for graduate students with an interest in Aboriginal and Torres Strait Islander research. A significant proportion of the IGSA is made up of PhD students from the Faculty of MDHS.

To date, IGSA has hosted two Indigenous Research Symposia with more than 50 presentations showcasing the breadth and excellence of Indigenous research at the University – including health, education, art, history and cultural studies. Professor Marcia Langton gave the closing address at the 2012 Symposium, and this support for IGSA initiatives shown by Indigenous academics within the Faculty, as well as other non-Indigenous leaders in the field, allows members to expand their professional and collegiate networks.

As IGSA Chair Graham Gee comments: 'IGSA promotes Aboriginal and Torres Strait Islander research and supports both the professional development and wellbeing of graduate students. Without such a forum, students miss the opportunity to network and hear about the experiences and issues faced by other graduate students' (to read about Graham's research, see Research section).

For more on IGSA go to: www.murrupbarak.unimelb.edu.au.

Rural health initiatives

Seven Aboriginal students from the local Goulburn Valley community are now enrolled in, and nearing the completion of, a Master of Health Social Sciences delivered through the Melbourne School of Population and Global Health. The students all have family, community and/or work commitments in the region. The Rural Health Academic Centre and the MSPGH have established high-quality videoconferencing facilities between the two sites; teaching skills sessions to enable distance learning; 'Summer School' intensives in Shepparton; and travel support for students to attend teaching sessions in Parkville and for teachers from Parkville to go to Shepparton.

A key factor has been the active involvement of Mr Peter Ferguson, a Yorta Yorta Elder and Lecturer in Indigenous Rural Health Studies & Strategic Development Research, who provides academic and social support for these students. Another has been the appointment of Senior Project Officer Ms Chana Orloff who will be working with schools to promote health careers. This includes tours of the medical skills labs, attending career days and promoting the RHAC and Rural Clinical School – such that prospective students are given the opportunity to imagine themselves in a career in the health sector.

Profile: Ms Karyn Ferguson

Master of Health Social Sciences Student

Karyn Ferguson grew up in Mooroopna, central Victoria and still lives on Yorta Yorta country, among the Dhungalla (Murray) and Kaiela (Goulburn) river lands. She received a University Intrain Scholarship to assist with her postgraduate study.



Photo courtesy of Rural Health Academic Centre

What was your pathway into your Masters course?

My pathway into the Master of Health Social Sciences has not been the traditional route of VCE followed by an undergraduate degree and postgraduate study. Nonetheless, my journey still brings knowledge and skills, albeit from a different paradigm. After leaving secondary college halfway through Year 11, I worked across different sectors including retail, education and health. I was lucky enough to land a role at the Rumbalara Birthing Program, and that lit a passion for working with women and babies. I also worked under an inspirational Indigenous lady (Kaye Briggs) from whom I learnt so much. My further studies now and my research have a strong focus on Indigenous women and babies.

How important is it for you to have the opportunity to study in your own community?

To be able to study in my own community means that in fact I CAN study! I would be unable to study if I had to move away as I have a young family and work full-time.

What does an average week look like?

This semester I am undertaking three units, so it's pretty full-on. I have video-conferencing tutes on Mondays 10am–12pm for Social Research Methods, four by day-long (Fridays) Health Policy tutes at Parkville, and I have already completed the Principles of Social Research Design unit, which was six face-to-face days broken up over two weeks. And, of course, in between that I am required to do

the readings and assessment, which are a range of essays and online blogs and discussions.

Can you tell us a little about your research and what you want to do after your Masters?

In Semester 2, I will be undertaking a minor thesis of 12,000 words – which is not so minor to me! I'm hoping to do a quantitative study looking at maternal and birthing data from my local Aboriginal Community Controlled Health Organisation. After I've finished my Masters I hope to continue work at the RHAC in a research capacity. I'd love to focus on my own community and on issues that would be beneficial to them. I'm particularly interested in Indigenous women and babies health; how the social determinants of health, especially continual racism and exclusion, affect local Indigenous people; and the history of health and health care in my area. After gaining experience in research and publishing, I'd like to do my PhD.

What does Indigenous development mean to you?

The benefit of Indigenous development in the research paradigm is that research will be led by local Traditional Owners. It will provide the opportunity for an Indigenous lens to be cast over the research protocol and provide a context within which the outcomes of the analysis can be translated. This represents a vital step in enabling our local community to be the leaders in self-determining the re-telling of our own stories, history and culture – on our terms.

Karyn Ferguson can be contacted at: www.ruralhealth.unimelb.edu.au.

Teaching and Learning Strategies

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Our current MDHS students will become members of the future health workforce. Teaching and learning about Indigenous health and related issues is driven by a desire to ensure that students from our Faculty graduate as skilled professionals, who are prepared and able to reflect upon their contribution to improving the state of Aboriginal people's health, both individually and at a population level.

The Faculty has implemented teaching, learning and workforce development initiatives within the Faculty and University, and also in the local, national and international spheres. These not only provide our students with high-quality learning opportunities, but also influence national workforce development initiatives in medicine and public health.



Aboriginal development is really about creating a space that enables and legitimises our culture; that doesn't expect us to conform to different ways of thinking about bodies of knowledge; and that allows us to pursue the areas that are important for our community at an academic level.

Shawana Andrews, Lecturer in Aboriginal Health

Onemda is the link between the University and our communities in developing those areas of teaching and research that they see as important, and to ensure this happens appropriately and safely.

Paul Stewart, Research and Community Development Officer

Profile: Ms Shawana Andrews

Lecturer in Aboriginal Health, Melbourne School of Health Sciences

Shawana Andrews was appointed Lecturer in Aboriginal Health at the Melbourne School of Health Sciences in 2012. She also led the development of Billibellary's Walk on the Parkville campus.



Photo courtesy of Onemda

What is your professional background?

I've been involved in Indigenous health, education and access programs since the beginning of my professional career in social work and public health. As part of my social work degree I had to do several placements, and my first was at the Royal Children's Hospital in the Aboriginal Family Support Unit. It was there that I found two mentors who helped shape my thinking about Aboriginal health within the health system, and was first introduced to some of the ideas surrounding Aboriginal access to health care. The institutional racism that exists within our health care system was one of the most confronting issues I had to deal with.

What was your pathway to teaching at the University of Melbourne?

I took up a role as a Project Officer at Onemda for two years, working with Aboriginal community organisations to build their clinical capacity for medical and health science students. This role proved to be a valuable stepping stone for my current position.

Tell us about your current role.

In this role, I'm committed to developing a strategic approach for teaching and research that will lead to long-term improvements in the way Aboriginal health is taught across the School. My teaching is uniquely shaped by my own experiences and expertise – both as an Indigenous woman, where my cultural perspectives have often differed from those of my colleagues in female-dominated fields, and as an Indigenous person more broadly. I teach from an Aboriginal

perspective and use my Aboriginal knowledge to frame theories and areas of thoughts.

How important is community feedback to the work you do?

It's essential. My colleagues and I consult regularly with Aboriginal community leaders, since their input is vital to the process of teaching, research and engagement. There's a view within Aboriginal communities that university is inaccessible or not available, and it's very important that we demonstrate that university – and in our case, the University of Melbourne – is available to the Aboriginal community.

One of the biggest challenges we face is actually de-mystifying what university is. There are many people in Aboriginal communities who have never stepped onto a university campus, have never sat in a university lecture, and are unsure about how it could be relevant to them – so our job is to build a curriculum that is ethical, culturally safe and relevant to Aboriginal people.

What does Indigenous development mean to you?

The most important thing in this area is the need to create a visible and engaging space for an Aboriginal 'voice' – a space to highlight the good work that the Aboriginal workforce is doing, both within the University and in the community. To me, that's what Aboriginal development is really about: about creating a space that enables and legitimises our culture; that doesn't expect us to conform to different ways of thinking about knowledge; and that allows us to pursue the areas that are important for our community at an academic level.

Shawana Andrews can be contacted at: www.healthsciences.unimelb.edu.au.

Indigenous Teaching and Learning

Faculty and University

Quality Indigenous health curricula is critical, particularly as we grapple with how best to deliver the content at a more advanced Masters level. In December 2012, MDHS held the first Faculty-wide Indigenous Health Teaching and Learning Colloquium with the aim of discussing a collegial approach to Indigenous health teaching and learning. More specific objectives of this landmark event, attended by representatives from all graduate Schools in the Faculty, were to:

- highlight Indigenous health teaching and learning resources within the Faculty
- disseminate the findings of a Faculty-wide Curriculum Mapping project that provided a detailed understanding of current Indigenous health curricula
- share the preliminary findings of 'Raising the Standards – Meeting Level 9 Australian Qualifications Framework (AQF) Criteria in Indigenous Health Curricula project'
- develop solutions and recommendations to assist the Faculty to access and deliver optimum curricula.

The colloquium identified several initiatives that would progress a commitment to implementing a Faculty-wide approach to teaching and learning excellence in Indigenous health, including incorporating Billibellary's walking tour of the University into the Faculty orientation and curricula; developing awards that

will provide incentives for both students and staff to engage in and champion the area of Indigenous health; and working towards a range of teaching and learning resources that are at a AQF 9 level and operationalise them across the Faculty.

Melbourne and Victoria

Indigenous health teaching at the Faculty draws upon urban Melbourne and regional Victoria for its contexts and subject matter. It is mostly led by Aboriginal academics from within the University, as well as drawing upon the expertise of local Elders and other community members. Curriculum development for our professional entry to practice courses – in particular Medicine, Nursing, Dentistry and Oral Health – relies on a range of staff from across the Faculty, with particular expertise coming from the Onemda VicHealth Koori Health Unit.

One example of note is the work done at Rumbalara Aboriginal Co-operative Ltd, near Shepparton, by students from the Dental School. The School has had an ongoing relationship in this area for more than five years involving both dental and oral health therapists. There is also potential to expand this program into the Gippsland region.

National

The Faculty, through Onemda, hosts two Indigenous health curricula development and networking projects of national

significance and influence: Capacity Building in Indigenous Public Health and Leaders in Indigenous Medical Education.

Capacity Building in Indigenous Public Health project

Funded in partnership with the Institute for Koorie Education at Deakin University, this project has been providing leadership in the development of Indigenous public health curricula nationally since its inception in 2006. Originally funded by the Australian Government Department of Health and Ageing's (DoHA) Public Health Education and Research Program, the project aim is to build capacity in Australia's Indigenous health workforce.

Our own Indigenous public health specialisation in the MPH includes three subjects: 'Indigenous Health and History', 'Indigenous Health: From Data to Practice' and 'Indigenous Health Management and Leadership'. The specialisation has been developed as part of a nationally accessible curriculum in Indigenous Health for MPH programs, which is co-managed by the University of Melbourne and the University of Queensland.

In partnership with other subject and specialisation coordinators, Onemda staff also contribute to the delivery of an integrated Indigenous health core curriculum within the MPH. This will ensure that all MPH students, and not just those undertaking the specialisation, are exposed to content that

incorporates the Indigenous public health competencies. This curriculum is being designed so that modules can be delivered within existing subjects, but collectively will form a stand-alone subject that can be offered online or for delivery through partner institutions within the collaborative MPH Indigenous health specialisation program.

For more information go to: www.onemda.unimelb.edu.au/teaching-and-learning.

Leaders in Indigenous Medical Education (LIME) Network

This is a dynamic network dedicated to supporting the development of quality and effective teaching and learning of Indigenous medical education in Australia and Aotearoa / New Zealand, as well as best practice in the recruitment and retention of Indigenous medical students. Funded by DoHA, the Network is a Medical Deans Australia and New Zealand Program.

Building the evidence base of the efficacy of Indigenous health and medical education is an important part of our work. The Network's publications, which include the *Good Practice Case Studies Booklet* and the *Special Edition of the ANZAHPE Focus on Health Professional Education Journal*, contribute to the development of Indigenous health as a discipline in its own right. Quality review tools such as the Critical Reflection Tool and Tools for Reviewing and Mapping Indigenous Health Initiatives ensure that approaches to teaching and learning remain dynamic and evolving.

The LIME Network website and newsletters have become important information-sharing platforms, but it is at the LIME Connection conference that the broader membership base is able to share leading practice approaches to integrating Indigenous health into medical education and workplace training, and to celebrate and

acknowledge successes in the field. In 2011, the LIME team was awarded the inaugural Rio Tinto Award for Excellence and Innovation in Higher Education (see photo).

For more information go to: www.limenetwork.net.au.

International

Our teaching and learning extends to the international domain, working with our colleagues in New Zealand, the United States (in particular Hawaii) and Canada. For example, the LIME Network includes New Zealand medical schools, and the LIME Connection attracts delegates from around the world. There is also a co-developed, co-taught, online subject – 'Is the Past Present? An International Comparative Indigenous Health and History' – delivered in partnership with Canada's University of British Columbia. This subject was an outcome of a Universitas 21 Fellowship.



LIME Network team receiving their award: Ms Caitlin Ryan, Ms Odette Mazel, Ms Margo Collins (L-R centre front) and Associate Professor Shaun Ewen (far right) with (L-R) Professor James Angus (The University of Melbourne and MDANZ), Professor Ian Anderson (Murrup Barak), Mr Frank Fell (Rio Tinto), Ms Mary Solomon (MDANZ) and Professor Richard James (The University of Melbourne). Photo by Casamento Photography

Profile: Mr Paul Stewart

Research and Community Development Officer, Onemda VicHealth Koori Health Unit

Paul Stewart has been the Research and Community Development Officer at Onemda for more than a decade. A Taungurung man from central Victoria, Paul talks here about the vital link between community development and the teaching of Aboriginal health.



Photo by Sarah Anderson Photography

What was your pathway to working at Onemda?

I started at the Aborigines Advancement League as a family support worker, before moving to the Victorian Aboriginal Health Service working in health promotion and then on the Young People's Project. In 2002 I started at Onemda as a research assistant on an ethics project. I have an Associate Diploma in Social Science from Preston TAFE, a GradDip in Health Promotion from the University of Sydney and in 2004–05 I completed my MPH at Deakin.

Tell us about your current role.

My week generally starts with a Community Development team meeting, then teaching preparation, followed by a full day's teaching of the 'Indigenous Health and History' subject for the MPH. I deal with lots of student queries re assessment or about wanting to do research with our community. In our formal community development work, I would typically spend a day at VACCHO (Victorian Aboriginal Community Controlled Health Organisation) assisting their public health team with support around research projects and possible future linkages with the University.

How critical are community partnerships to the teaching that you do at Onemda?

Onemda is the link between the University and our communities in developing those areas of teaching and research that they see as important, and to ensure this happens appropriately and safely. It's about developing the community: for example, giving our Elders an opportunity to teach into some of our courses and to share their knowledge and wisdom with our current students; strengthening the research our communities are investing in;

mobilising the community at a local government level to work out their priorities in community health; and connecting everyone from the various organisations that Aboriginal people collaborate with. We [Onemda] are now being more valued within the University because of our skills and ability to make things happen, and to bridge the divide between the community and University.

Any best-practice examples of community partnerships leading to good outcomes for teaching and research?

Best-practice models are hard to single out but the key elements of them are around a commitment to ensuring they are providing a positive experience for everybody, and leaving a legacy that people have achieved a product – for example, a film we made with the Faculty Knowledge Transfer team about the Fitzroy Stars and the VAHS Mental Health Service (www.onemda.unimelb.edu.au/multimedia) – and/or a good story for the community. You get tested by the community to prove you have the skills to assist them, and you have to build up trust with people if a subject you're teaching or a research project is going to work.

What does Indigenous development mean to you?

It's about being able to live, work and prosper in a community in which you feel valued. Our society and the University are finally valuing the contribution of the Koori community, for example, by giving us the opportunity to develop an Aboriginal health curriculum alongside our non-Indigenous colleagues. But the University could still think more creatively about how Indigenous people can better access its rich resources.

Paul Stewart can be contacted at: www.onemda.unimelb.edu.au.

14 *Research*



Staff and students in the Faculty of MDHS are currently undertaking much important research on Indigenous topics, particularly as it relates to Aboriginal and Torres Strait islander health outcomes. The period 2005–10 produced hundreds of refereed publications, millions of research dollars in grants and more than 20 funding partners.

There are many different research approaches, and many questions to answer, in relation to Indigenous health. Some of the approaches applied to Indigenous health research within the Faculty include: translational; epidemiological; historical demography; clinical; workforce; population health; ethics; and sociology. A great deal of the research has a community development focus, thereby ensuring that community not only benefits from the findings, but also from the research approach and process.

The following snapshot is not a comprehensive compendium, but rather a selection of the wide variety of research being undertaken in Indigenous health by staff and students in MDHS.

By insisting on creating the opportunity for Indigenous students to excel we have brought a culture of excellence, rather than of low expectations, to the Faculty.

Marcia Langton, Foundation Chair of Australian Indigenous Studies

... it hit home for me how complex the relationship really is between history and culture, community and family, and developing personal resources to maintain wellbeing.

Graham Gee, PhD Candidate and Chair of Indigenous Graduate Students Association

Profile: Professor Marcia Langton AM

Foundation Chair of Australian Indigenous Studies

Marcia Langton established the Australian Indigenous Studies program more than a decade ago, and she is now based in the Faculty of MDHS. Her work in anthropology and the advocacy of Aboriginal rights was recognised in 1993 when she was made a Member of the Order of Australia. She became a Fellow of the Academy of Social Sciences in Australia in 2001.



Photo by Peter Casamento, courtesy of ABC

Since you started at the University in 2000 have you noticed a shift in attitudes and priorities with regard to Indigenous studies, and to Indigenous staff and students?

A huge shift. When I first started here I was teaching into the undergraduate program and there was a very poor understanding of what Indigenous studies was about and an even poorer motivation for studying it. There were, in fact, academics and others throughout the University doing interesting work – a survey of PhD studies found there were 90 students with Indigenous topics – so establishing the Australian Indigenous Studies program brought those interests together.

The migration of my research program and postgraduate students from Arts to MDHS has brought with it a greater sophistication as to what Indigenous studies is – across all faculties. Now we have postgraduate courses – for example, the Professional Certificate in Indigenous Research as a certified program – and it is more integrated through a systemic and strategic University-wide approach.

Can you explain what you mean by wanting a 'culture of excellence' for Indigenous students?

By insisting on creating the opportunity for Indigenous students to excel we have brought a culture of excellence, rather than of low expectations, to the Faculty. Because of this we already have many well-regarded Indigenous academics, and are continuing to attract high-calibre Indigenous staff and postgraduate students. One such student is Dr Misty Jenkins, who completed her PhD under Nobel Laureate

Professor Peter Doherty, and has gone on to a distinguished career as a Research Fellow in Immunology at Cambridge University and is now back at the University. The Vice-Chancellor and Senior Executive understand this approach to be not just about charity or reconciliation, but to be a core component of what makes up a University of Melbourne award – with its unique values, skills and capacity.

How important is it to have an 'Indigenous space' within the University?

It's vitally important to have a space like Murrup Barak. It's not so much the physical 'space' that's critical, although it's great as a focal point. Rather, it's important because it ensures that the University has a lateral Indigenous program that can cut across the siloed disciplines, departments, schools and faculties.

What does Indigenous development mean to you?

We have to be mindful as researchers and scholars that the outcomes of our work should include an improvement in the circumstances of Aboriginal and Torres Strait Islander people. I know this is not always the case with research, and I respect someone's right to do pure research. However, with the investment put in by this University, government and our industry partners there must be a sense that we are contributing both to Australian society, and to Aboriginal and Torres Strait Islander communities, in some practical way if that's appropriate. It doesn't have to be of an economic value, but it's important to know that we are coming up with ideas that will improve people's lives.

Marcia Langton can be contacted at the Centre for Health and Society: www.chs.unimelb.edu.au

Faculty Indigenous Health Research

Translational

Sharing Place, Learning Together: 'Closing the Gap' through Education and Research

In 2010, the Australian Venom Research Unit (AVRU), in the Department of Pharmacology, was invited to be part of 'Learning on Country', an innovative program based in Arnhem Land. This program connects education, research, Indigenous knowledge and non-Indigenous scientific practices with community, culture and Country.

With support from an anonymous donor, this

invitation has been developed into a multi-disciplinary project, which links the AVRU, the Melbourne Graduate School of Education and the Faculty of Science with Maningrida College in north-eastern Arnhem Land around two focus priorities: a literacy intensive program where students are supported to develop curriculum resources on their knowledge of Country; and a fieldwork program to engage students with diverse science knowledge and practices.

The 'Trail' connects with partner institutions such as the Melbourne Museum and Zoo, and intersects with the

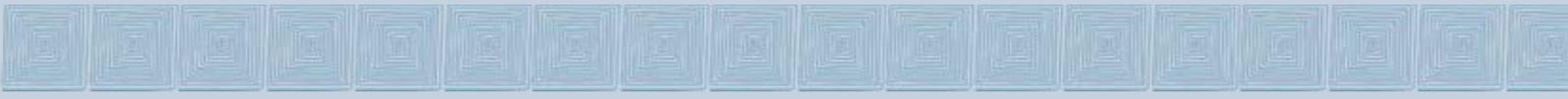
'Learning on Country' program, itself a partnership with the Maningrida Djelk Rangers. School attendance and student literacy data suggest that student involvement in the program has impacted positively on attendance, retention rates and literacy outcomes.

The program also has the potential to inform teacher candidates and science graduates to benefit the new national school curriculum, and could positively influence remote teacher engagement, attrition and retention rates.

For more on this project go to: www.avru.org.



Fieldwork 'Learning on Country'. Photo by Jessie Webb



Social Determinants

Creating Healthy Environments

The team working out of Onemda has collaborated with three Aboriginal Community-Controlled Organisations in the Goulburn–Murray Rivers region since 2001, on a series of research projects examining cardiovascular disease risk, social determinants of Indigenous health, and the complexity of community health promotion initiatives. The current work seeks to identify the social, clinical and behavioural aims of Aboriginal health promotion, and the strategies used to influence the social and physical environment for enabling better wellbeing. Also under investigation is the utility of partnerships to more effectively implement health promotion activities, through the establishment of the Goulburn–Murray Health Promotion Alliance.

For more on this project go to: www.onemda.unimelb.edu.au/research.

Health Care Systems

Aboriginal Identification in Hospitals Quality Improvement Project

This project assists acute hospitals in New South Wales to improve the way they provide services for Aboriginal and Torres Strait Islander patients within a continuous quality improvement (CQI) framework. Led by Onemda, St Vincent's Hospital and the Lowitja Institute, with support from the Aboriginal Health and Medical Research Council NSW, the project will assist

NSW hospitals to implement a culturally appropriate quality improvement process.

Evidence-based tools and guidelines will be drawn upon to facilitate a sustainable approach to Aboriginal health and make it a quality issue. This can help to build the capacity of hospitals to improve both their response to Aboriginal communities and their effectiveness in engaging with a range of other patients with complex needs.

The project will provide a systematic approach for local Aboriginal communities to develop strategies in partnership with the hospital in their area to make a difference to the health outcomes of community members. Working with hospital personnel, it will also build capacity to establish a CQI process for cultural reform in selected NSW hospitals.

For more on this project go to: www.onemda.unimelb.edu.au.

Epidemiology

Victorian Aboriginal Child Mortality Study (VACMS)

The VACMS – a five-year study funded by the Australian Research Council, Victorian Department of Aboriginal Health and the Lowitja Institute – is addressing the current significant under-ascertainment of Victorian births to Indigenous mothers and/or fathers. Until recently, information used to determine maternal and infant health policies, interventions and strategies for Victoria's Indigenous populations

only included the mother's Indigenous status.

In collaboration with data custodians – the Consultative Council on Obstetric and Paediatric Mortality and Morbidity (Victorian Perinatal Data Collection) and the Registrar of Births Deaths and Marriages – information on the 1.4 million Victorian births collected over the past 20 years has been matched. Preliminary analyses have identified an extra 120% of births to Indigenous mothers and/or fathers in the years 1999–2008, inclusive. The project is preparing a report describing the maternal and perinatal outcomes and geographical distribution for all Victorian births, but with a specific focus on Indigenous births.

Concurrently, every death in Victoria (ages 0–18 years) over the past 20 years is being reviewed and its cause coded and classified. The data will inform a comprehensive report describing cause-specific mortality for all Victorian children, while describing the patterns and trends of mortality for Indigenous compared with non-Indigenous children who die before their eleventh birthday. Births and deaths datasets will be linked to better understand the antecedents to preventable/avoidable deaths and to evaluate the efficacy of previous initiatives to 'Close the Gap' on poor health outcomes for Indigenous children.

For more on this project go to: www.vacms.net.au.

Drug and Alcohol

Alcohol Management Plans

This project aims to develop the theoretical and evidential base for Alcohol Management Plans (AMPs) in Indigenous communities and remote area towns, and develop a framework to inform policy in responding to the harms associated with alcohol misuse. Qualitative research, fieldwork and investigation of four case study sites in northern Australia will contribute to an understanding of 'best practices', to provide a sound basis for the future development of AMPs by communities and government agencies. It aims to enhance the potential of AMPs as vehicles for: (a) pathways for community participation in the design, implementation and evaluation of AMPs; and (b) building the capacity of community leaders to establish specific goals to limit the harms caused by alcohol consumption. The research will identify indicators as part of a more sophisticated, strategic management of AMP policy in the community context and at all levels of government.

This research, part of the Australian Government's 'Stronger Futures in the Northern Territory – Tackling Alcohol Abuse Measures', will review both the minimum standards for AMPs and the way that community alcohol and other substance plans have been used to date, and propose guidelines and frameworks for the future. It is being conducted in collaboration with the Lowitja Institute and the federal Department of Families,

Housing, Community Services and Indigenous Affairs.

Workforce

Educating for Equity

This International Collaborative Indigenous Health Research Partnership (ICIHRP) Grant is a collaboration between the peak health research funding bodies in Australia (NHMRC), Canada (Canadian Institutes of Health Research) and New Zealand (Health Research Council). The project is investigating how health professional training can improve health care outcomes for Indigenous people with chronic disease. The focus of the research is educational interventions and, with Australian partners at the University of Western Australia and University of Queensland, there is scope for investigating a wide range of training and educational tools and interventions to support the attainment of specific learning outcomes of health professional students.

For more on this project go to: www.educating4equity.net.

Clinical

Surgery for the Treatment of Otitis Media in Indigenous Children

Otitis media (OM) is a major problem among Aboriginal children living in remote Australian communities. Up to 70% of these children experience early, persistent and severe ear infections compared with only 4% of non-Indigenous children living in urban areas. The reasons for this difference

are complex and involve climate, hygiene, lifestyle and other factors. Medical treatment often fails, with Ear Nose and Throat surgeons then called upon to provide surgical care.

However, the current evidence base as to which intervention is most effective in the treatment of OM is weak. Thus, this NHMRC-funded, randomised trial compares the long-term outcomes of three current treatments – medical, grommets/adenoideotomy and myringotomy/adenoideotomy. The project will be recruiting 480 Aboriginal children aged 3–10 years across Western Australia, Northern Territory and north Queensland, and follow them for 12 months after intervention to determine which procedure has the most effective outcomes on recurrence of ear disease and hearing improvement.

Long-term hearing loss affects language learning, speech, education and socialisation skills, so improving the outcomes of ear disease in the future will also improve the general health of individual Indigenous children and the overall health and potential of their communities. The project is being undertaken in collaboration with the Darwin Base Hospital, Menzies School of Health Research and the Universities of New South Wales, Queensland, Sydney and Western Australia.

For more on this project go to: <http://medicine.unimelb.edu.au/ehac/otolaryngology>.

Survey

Australian Secondary Schools Alcohol and Drug Survey

The Centre for Excellence in Indigenous Tobacco Control collaborated with QUIT Victoria to conduct a pilot project which trialled a methodology to recruit and survey Indigenous secondary school students (aged 12–17 years) using an adapted Australian Secondary Schools Alcohol & Drug (ASSAD) Survey. The ASSAD survey is conducted nationally with random samples of secondary students, but in the past has failed to attract a significant Indigenous sample.

This pilot tested a methodology that utilises purposive sampling and a specific community engagement strategy to recruit an Indigenous sample. This was trialled in Victoria and Queensland in Semester 1 of 2012, and it is funded by the Victorian Department of Health and Queensland Health respectively. The pilot is being conducted with the prospect of rolling it out nationally in the future.

For more on this project go to: www.ceitc.org.au.

Graduate research

At the second Aboriginal and Torres Strait Islander Research Symposium in October 2012, the Faculty was well represented. Presentations included those from Fiona Lange (*Trachoma Elimination in Remote Indigenous NT Communities*) and Terry James

(*Preservative Cognition and Aboriginal Australians*) from the Melbourne School of Population and Global Health. Lyndon Ormond-Parker, who is undertaking his PhD with Australian Indigenous Studies, spoke on his topic of *Digitisation and Indigenous Communities: A Study of the Development of Online Collections*, which focuses on the changing nature and impact of information technology in Indigenous communities. (Lyndon has recently been awarded an ARC Discovery Indigenous Award entitled *Local Aboriginal Community Archives: The Use of Information Technology and the National Broadband Network in Disaster Preparedness and Recovery*.)

Other AIS Indigenous postgraduate students include Kerry Mudge, with a PhD entitled *Poverty in the Midst of Poverty: Economic and Institutional Reform for Sustainable Indigenous Communities*; and James Rose, whose topic is *Social Stability, Family Networks and Land Tenure in Northern NSW Indigenous Communities*.

Other Indigenous postgraduate projects currently being carried out include two at Onemda. *The Impact of School Connectedness on Victorian Aboriginal Primary School Children in Relation to their Educational and Social Outcomes*: The quantitative research component of this PhD thesis by Scott Winch applies structural equation modelling to the Victorian

Government Students' Attitude Survey, which measures school connectedness, and the Teacher Judgement Survey measuring academic achievement. The results demonstrate that the more engaged and connected a student feels to the school, the better their academic results. The qualitative component applied the method of photo-voice to investigate what factors were important for Aboriginal primary schoolchildren to engage with school. The main themes that emerged were: activities, bullying, racism, culture, friends, leadership and learning.

The Community Network: An Aboriginal Community Football Club Bringing People Together: This project by Faculty staffer Alister Thorpe, supervised by staff at Onemda as part of a MPH at the Institute of Koorie Education, is being undertaken with Melbourne's Fitzroy Stars Football (FSF) Club. It aims to find out the social, physical and emotional impact on the health and wellbeing of young Aboriginal men participating in an Aboriginal community sports club and to identify some of the barriers and motivators to their participation. Semi-structured interviews and small focus groups with current and past players have identified common themes around community and social connections, the importance of cultural values, and identity and the impact of racism and discrimination.

Profile: Mr Graham Gee

PhD Candidate and Chair of Indigenous Graduate Students Association

Graham Gee, a descendant of the Garawa nation through his father's family, is in the final stages of his PhD on trauma recovery in urban Aboriginal communities. He is also a provisional psychologist who has worked for five years as a counsellor at the Victorian Aboriginal Health Service (VAHS).



Graham grew up in Darwin and started teaching in 1992. He worked for eight years in a variety of roles, including as a physical education teacher in the UK and as a remote community lecturer for the Batchelor Institute of Indigenous Education in the NT. It was his time spent living and working in remote communities that led to a growing interest in social and emotional wellbeing.

'Basically I'm trying to understand the processes involved in healing from trauma, or trauma recovery. As a starting point I've interviewed a number of Koori workers with experience in this area to talk about their experiences in supporting community members to heal. In the later studies I've examined whether different types of traumatic experiences and cultural and historical loss are associated with particular types of health outcomes, including physical health, depression, alcohol and substance abuse, as well some specific types of post-traumatic responses that we see frequently at VAHS,' he says.

At age 30, Graham enrolled at the University to do a Graduate Diploma in Psychology, which led on to a combined Masters and PhD degree in Clinical Psychology beginning in 2008 (he finished the Masters component in 2010).

'My research focuses on investigating whether particular personal, relational, community and cultural strengths and resources are associated with better post-traumatic outcomes in help-seeking clients who have experienced trauma. I want to gain a better understanding of the

relationship between such strengths and the kinds of outcomes that we hope to see in counselling, for instance, increased wellbeing and even post-traumatic growth.'

'Having been raised in an urban/rural cultural context, and then spending time in more traditionally oriented communities, I think it hit home for me how complex the relationship really is between history and culture, community and family, and developing personal resources to maintain wellbeing,' he says.

Graham also helped establish the Australian Indigenous Psychologists Association and was on the inaugural board of the Aboriginal and Torres Strait Islander Healing Foundation from 2009–12.

'I'm pretty passionate about the community-driven healing projects and the trauma-related training and education projects that the Foundation is able to support around the country, particularly those projects designed and driven by members of the Stolen Generation,' he says.

'I'm a counsellor/clinician at heart, so working directly with people and groups around social and emotional wellbeing and mental health will probably always be my core work,' he says. 'My interest in research is primarily about finding out how to improve our practices.'

From *Wangka Pulka* newsletter, April 2012, courtesy of The Lowitja Institute

Graham Gee can be contacted through IGSA at Murrup Barak: www.murrupbarak.unimelb.edu.au.

Indigenous Staff Employment

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Increasing Indigenous staff numbers across the Faculty is another key priority of our RAP. Currently, most Indigenous staff at the Faculty are employed in Indigenous-specific programs, in particular at Onemda. However, with the plans outlined below, and with a Faculty as big and as diverse as MDHS, opportunities to employ Indigenous staff across all Schools are emerging – and being targeted.

Indigenous staff members, and the perspectives they bring, are a wonderful asset to the Faculty in a range of ways. The possibility of being a (sometimes) unwitting mentor to Indigenous students, or at least a familiar face with an understanding of a shared experience, is of enormous value to students. The Faculty not only expects excellence of its Indigenous staff but, in that expectation, also nurtures their career paths, thus in turn providing an avenue to share knowledge and expertise across a range of areas.



For me personally, I wouldn't have got to where I am today without the undergraduate entry scheme pathway available to Indigenous students at the time, plus the assistance of the Admissions Office.

Shayne Bellingham, Inaugural Bellberry Indigenous Health Research Fellow 2013

The MDHS HR team... is committed to the University's Reconciliation Action Plan and the Faculty's Indigenous Employment strategies to develop knowledge and processes to support Indigenous development and employment opportunities.

Jessie Macintyre, HR Manager, Faculty of MDHS

Profile: Ms Jessie Macintyre

HR Manager, Faculty of MDHS

The MDHS Human Resources team works with all departments across the Faculty to attract, retain and develop high-quality staff and maintain satisfying and productive workplaces. We are committed to the University's Reconciliation Action Plan and the Faculty's Indigenous Employment strategies to develop knowledge and processes to support Indigenous development and employment opportunities.



Photo by Sarah Anderson Photography

As the Faculty's nominated Indigenous Australian Applicant Support Person, my role is to work with both departments and with potential Indigenous Australian applicants to:

- target and exempt positions for Indigenous people
- develop networks and pathways for employment opportunities for Indigenous people
- reduce barriers in our recruitment practices for Indigenous people
- provide strategies for managers in recruiting and retaining Indigenous people
- ensure cultural safety in the workplace.

During the recruitment process, I can support Indigenous Australian applicants, specifically in the areas of:

- applying for a position in the Faculty, including meeting with the applicants personally and reviewing written applications prior to them being formally submitted
- interview preparation, including advice about interview skills and techniques
- general advice about the Department they are applying for a position in, as well as advice more generally about the Faculty and the University.

On appointment, I can continue to support managers and Indigenous staff members and will:

- support Indigenous Australian staff through the induction process
- work closely with staff across the Faculty and University to ensure the retention of Indigenous employees
- ensure there are opportunities for ongoing professional development for Indigenous Australian staff at the University.

There have recently been some fundamental changes to University policy and HR practice that will directly support achieving the RAP targets for Indigenous employment. These include:

- a provision that the University can identify at its discretion positions that are suitable for exemption
- a continual advertisement in the *Koori Mail*
- an Indigenous Australian Career Webpage.

I would welcome the opportunity to talk further about these and other opportunities to work together to achieve the Faculty targets for Indigenous employment.

Indigenous Employment Initiatives

A new partnership for employment: Indigenous Australian TAFE entry employment pathway

A new pathway into employment at the University for Indigenous Australians has been made possible through an innovative partnership between the Faculty, Murrup Barak and local TAFEs (Technical and Further Education). Indigenous TAFE graduates with qualifications in areas such as administration or technical, research and laboratory support will be encouraged to apply for suitable Faculty positions.

All emerging vacant HEW 3 and 4 positions within the Faculty will be open only to Indigenous applicants for an initial period of three weeks, before opening up to others. The aim is to fill a minimum of six existing professional employment positions in 2013, with a view to increase these numbers in 2014 and 2015. The commitment will include opportunities for existing ongoing, fixed term, casual and work experience positions.

The partnership is aligned with targets for Indigenous employment within the University's RAP. However, for the Faculty to achieve these target commitments it needs to enhance an approach that encompasses community development, mutual respect and developing partnerships. Recognising TAFE qualifications as entry into the Faculty workforce is one such approach.

For more information go to: www.mdhs.unimelb.edu.au/indigenousdevelopment.

Bellberry – Building Faculty research opportunities for Indigenous staff

Bellberry Limited is a national not-for-profit organisation that provides a streamlined scientific and ethical review of human research projects and donates funds back into the research community. In 2012, a submission to Bellberry from the Faculty and Ormond College outlined how the organisation could contribute to our goal of building a robust Indigenous health workforce. The Faculty was delighted that Bellberry made a generous gift to support an Indigenous medical researcher.

The Bellberry Postdoctoral Medical Research Fellowship is awarded to a talented PhD graduate who is passionate about a career in medical research and will assist in our collective endeavours to develop Australia's Indigenous health workforce. The Fellowship also includes the option of accommodation at Ormond (see Partnerships section). The relationship with Bellberry will have a significant impact on the Faculty's Indigenous Development program and create more opportunities for Indigenous researchers. The 2013 Bellberry Fellow is Dr Shayne Bellingham, profiled overleaf.

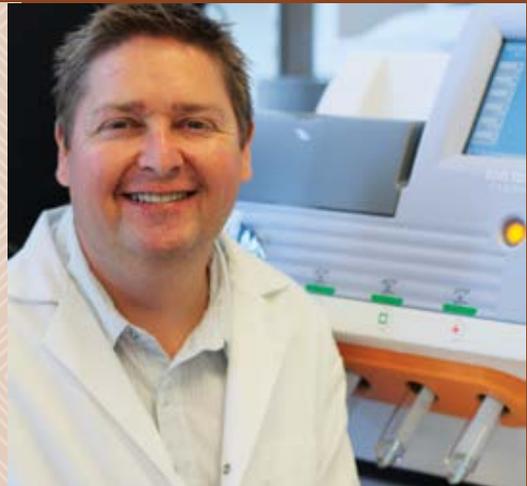


Charles O'Leary, General Manager, Indigenous Student and Staff Programs at Murrup Barak, with Faculty Indigenous Development Officer Kristi Roberts who have been working together on the TAFE entry employment pathway initiative.
Photo by Sarah Anderson Photography

Profile: Dr Shayne Bellingham

Bellberry Fellow 2013

Shayne Bellingham's family are Wotjobaluk people now located in the Horsham region. His journey towards his recent appointment of inaugural Bellberry Indigenous Health Research Fellow has been a testament to his unrelenting persistence in the field of Genetics.



Shayne grew up in a large family in Ballarat, so large he has to stop and count how many uncles, aunties and cousins he has. He currently resides in Melbourne with his two young children and wife Nicole, a relationship that blossomed when they were undergraduates together in a genetics lab at the University of Melbourne.

In 2005 Shayne completed his PhD in Genetics at Melbourne and was then awarded an ARC Discovery Indigenous Research Cadetship, which was followed by a joint appointment as the Peters Bequest Fellow (in the Science Faculty). This was later relinquished for a NHMRC Early Career Training Fellowship currently held until June this year, at which time he will begin the Bellberry Fellowship.

Shayne's research straddles both Alzheimer's and Prions research (one commonly known Prions disease is Mad Cow disease). The reason for this focus comes down to exosomes – bubble-like sacs that can be released from cells. These exosomes can house toxic proteins that play a role in both Alzheimer's and Prion diseases. As they also contain genetic material, they have the potential to transfer both toxin proteins and genetic material that can progress disease. Shayne tells us more about his research:

'My research currently involves the process of capturing exosomes from diseased cells, to eventually identify a genetic signature. It incorporates deep sequencing technology that gradually amplifies RNA into multiple copies of readable sequences, in a process that is similar to the Human Genome Project. My focus on

capturing the signatures is to try and utilise this information from a diagnostic point of view – as early detection leads to better health outcomes. My ultimate goal is to incorporate this diagnostic approach within the Aboriginal community.

'I know within my community the conversation regarding Alzheimer's has not really begun. I would like to be able to begin this conversation with my family, Wotjobaluk people, to then translate this into positive outcomes for Aboriginal people suffering from dementia in Australia.

'I've been involved with the University as both a student and an employee for more than 20 years now and during this time I have noticed mostly cultural changes regarding Indigenous Development and employment.

'For me personally, I wouldn't have got to where I am today without the undergraduate entry scheme pathway available to Indigenous students at the time, plus the assistance of the Admissions Office.

'While I'm not heavily involved with Indigenous Development programs or initiatives within the University, there are some stand-outs. I see how Indigenous Development is closely related to improving Indigenous health, and programs such as the Residential Indigenous Science Experience (RISE) are extremely important. Trying to get kids involved in Science and then support them through to a PhD will lead to more Aboriginal students with Aboriginal supervisors addressing issues regarding health.'

Contact Shayne Bellingham at: www.biochemistry.unimelb.edu.au/research/res_hill-personnel.html.

Partnerships

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Leading our community engagement work over more than a decade is Angela Clarke, long-time Deputy Director of Onemda. She and the other members of the Unit's Community Development team have ensured that our teaching and research are focused on the core concerns of: Aboriginal community development and health; Aboriginal needs and services in a social context; and capacity building for Aboriginal health research.

Partnerships are central to almost every endeavour in relation to Indigenous health – be it research, teaching and learning or community engagement. They have underpinned and supported our teaching and research in a range of ways. The University's residential colleges, for example, are important enablers to Indigenous development, as they can provide Indigenous students with a supportive environment on campus in which to both learn and live.

We have a diverse range of funding partners, some of whom – like the Victorian Health Promotion Foundation – have provided us with the long-term support and funding needed to institute real change in Indigenous health. However, it is our community partners, often enabled by our funders, who ground our work in community needs. A good example of this sort of partnership is the Indigenous Eye Health Unit's teaming up with the Melbourne Football Club.

Our new Chair of Indigenous Health and Director of Onemda, Kerry Arabena, also has a strong commitment to partnering with community organisations, for example, the Victorian Aboriginal Community Controlled Health Organisation (VACCHO). Such an approach leads to a greater acceptance by Aboriginal and Torres Strait Islander people that working in an equal partnership with researchers can lead to improvements in health outcomes for their community.



I believe at Onemda we really understand community development and partnerships: it's all about building trust and respect while working together in an honest collaborative way.

Angela Clarke, Deputy Director, Onemda VicHealth Koori Health Unit

Partnerships are opportunities to extend development processes and joint learning.

Kerry Arabena, Chair of Indigenous health

Profile: Ms Angela Clarke

Deputy Director, Onemda VicHealth Koori Health Unit

Angela Clarke is a Gunditjmara woman from western Victoria and the longest standing Aboriginal staff member at the Faculty of MDHS. She has been at Onemda since 1999, and talks here about how community development is fundamental to improving Aboriginal health outcomes.



What was your pathway to working at Onemda?

I started at the Royal Children's Hospital in the early 1990s as the Aboriginal Hospital Liaison Officer and, as the program expanded, I became the manager. We knew and understood that community engagement was vital and it didn't matter if it was with local Aboriginal communities or with those further afield: the principles and protocols to engage with communities, in our experience, are essentially the same throughout Australia. This was our community development framework.

How critical is community development to securing better health outcomes?

It's fundamental. Everything needs to be grounded in community. This means working step-by-step with community, ensuring informed decisions are made while discussing different options, pathways and possible outcomes. There's no use working on issues if community is not involved as they know the problems so need to be involved in the solutions. I believe at Onemda we understand community development and partnerships: it's all about building trust and respect while working together in an honest collaborative way. As Aboriginal people, we are totally immersed professionally and personally and are accountable to our communities. We'll always be the first to hear the complaints!

Any best practice examples of how Onemda's community development team engages with Koori communities?

There has been a long history of non-Indigenous people coming and asking us questions and then giving the community nothing – no solutions, no outcomes and no feedback. So we organised the

workshop We Don't Like Research, the name for which came from an Elder who said, 'You know we don't like research'. We only had Aboriginal presenters – which was a first that we knew of – but all were welcome to attend. The workshop helped people to realise that their work – evaluation, projects, health promotion – was, in fact, research by another name.

Our community development team – which includes Nicole Shanahan and Paul Stewart – repeated the workshop a few years ago and there had been a big shift in attitude. Elders had noticed that more Aboriginal people were prepared to say they were doing research – the 'shame' factor had gone – so we renamed the workshop 'We Can Like Research'. I feel really good about that as it showed the work we do does in fact make a difference to community.

What does Indigenous development mean to you?

It's about listening and working with the Aboriginal community to understand their priorities and then to create better health outcomes. We also involve community Elders in our work and have our Patrons at Onemda who oversee our broader vision. How lucky are we to have Aunty Joan, Aunty Joy and Uncle Kevin as it says a lot about our community's faith in us to deliver, to be authentic. It's also about being able to work with non-Indigenous people who 'get it', and who have worked with Aboriginal people for a long time. What they have is a sense of social justice, empathy and their own lived experiences. Everybody's stories are valued, and from that you build and develop under strong Aboriginal leadership.

Angela Clarke can be contacted at: www.onemda.unimelb.edu.au.

Building Sustainable Partnerships

Victorian Aboriginal Community Controlled Health Organisation

The Victorian Aboriginal Community Controlled Health Organisation or VACCHO is the peak body representing Aboriginal community controlled health organisations around Victoria. A centre of expertise, policy advice, training and leadership in Aboriginal health, VACCHO advocates for the health equality of all Aboriginal people in Victoria.

VACCHO has been a key partner of Onemda's for more than a decade, a link formalised in 2005 with a Memorandum of Understanding. Many of our staff and students have worked closely with VACCHO on community development, teaching and research initiatives. One of these led to models that ensure Aboriginal people have input into the ethics of any research that is carried out in, or impacts upon, their communities. Currently, an Onemda staff member is based at VACCHO one day a week supporting the public health team around research projects and possible links with the University.

For more on VACCHO go to:
www.vaccho.org.au.

Victorian Health Promotion Foundation

The Victorian Health Promotion Foundation, or VicHealth, works in partnership with organisations, communities and individuals to make health a central part of our daily lives. The Faculty has had a long-standing relationship with

VicHealth through its funding and support of both Onemda and the McCaughey VicHealth Centre for Community Wellbeing. Onemda was established in 1999 with five years of core funding from VicHealth and the Australian Government Department of Health and Ageing. The decision to fund this new initiative, under the leadership of Ian Anderson and Angela Clarke, followed a period of consultation with the Victorian Aboriginal community. VicHealth has always seen the value of community engagement, and its funding of core positions in this area has enabled Onemda to build and develop its community development focus.

For more on VicHealth go to:
www.vichealth.vic.gov.au.

Residential colleges: Supporting transition

Ormond College, home to nearly 400 students, is committed to fostering educational opportunities for Indigenous students to study at the University, through the Ormond College Indigenous Program (OCIP). This provides Ormond's 10 Indigenous students with both academic and financial support. This includes tutoring and supervising Indigenous students, while financial support is given through bursaries: the Hugh Taylor Helen Keller Award for an Indigenous undergraduate resident in a bio-medical or health sciences-related degree; the Freemantle Fellowship for an Indigenous doctoral candidate; and the Sir Andrew and Lady Fairley Scholarship for an undergraduate from the Goulburn–Murray area.

These partnerships and initiatives reflect the aims of the OCIP and the building of collaborations with the Faculty of MDHS and other faculties. Such opportunities encourage our undergraduates to consider a career in medicine, allied health care and teaching in Indigenous communities through Teach for Australia Programs.

For more on OCIP go to:
www.ormond.unimelb.edu.au.

Trinity College has around 300 students, of whom 22 are Indigenous, a number that doubled in 2013. Trinity's active Indigenous engagement policy aims to increase access for Indigenous students to study at the University and to foster knowledge about Indigenous Australians for all Trinity residents.

Trinity is currently involved in developing the BSc (Extended) course, based on the Arts model, to start in 2015 as a pathway for Indigenous students to enter Science and Health Sciences. Every year, Indigenous students enter Trinity both through a series of Indigenous and Medical scholarships (e.g. the Yorta Yorta Scholarship for an Indigenous student preferably studying Medicine), as well as through regular undergraduate admissions. Approximately five of these students are enrolled in the Faculty of MDHS, and they are actively supported in their transition to University life both by our staff and students through the Trinity College Activities Committee.

For more on Trinity go to:
www.trinity.unimelb.edu.au.

Melbourne Football Club: Eliminating trachoma

A series of football clinics held in remote Indigenous communities form part of a health promotion and social marketing strategy to eliminate trachoma and Close the Gap for Vision. These clinics, an initiative of the Indigenous Eye Health Unit, highlight the importance of community engagement for improved health and wellbeing, and encourage young Indigenous Australians to participate in sport.

Australia is the only developed country in the world where trachoma is still prevalent, although the condition was eliminated in the non-Indigenous Australian population more than 100 years ago. In a bid to also rid the Indigenous population of trachoma, the Unit works with both local services in

remote communities and the Melbourne Football Club (MFC) to run football clinics. Each clinic involves a day of hygiene- and health-inspired activities combined with a football clinic run by MFC players. Three clinics have so far been held in the NT: the first in 2010 at Yuendumu, the second in Katherine in 2011 and the most recent in Alice Springs in 2012.

MFC Senior Coach Mark Neeld says that the clinic has been a hugely positive experience for everyone taking part. 'The club is proud to partner and support this public health initiative as it reinforces our commitment to the Territory and provides incredible personal development opportunities for our playing group'.

The 2011 clinic was followed by the launch of the 'Clean Faces =

Strong Eyes' campaign, which engages with community groups, schools and health clinics to teach children, teachers and clinic staff about the most effective way to prevent the spread of disease – through maintaining clean faces by regular face washing. A mascot, Milpa the Trachoma Goanna, now joins popular children's television character Yamba the Honey Ant to promote the campaign with young children and families.

The program has built on opportunities to create new partnerships and bring together an increasing number of diverse Indigenous stakeholders. The 2012 Alice Springs event had more than 200 attendees – an incredible show of support from the local community.

For more on the football clinics go to: www.iehu.unimelb.edu.au.



Youngsters don Demons footy jumpers at Yipirinya School, Alice Springs, July 2012. Photo courtesy of IEHU

Profile: Professor Kerry Arabena

Chair of Indigenous Health, Melbourne School of Population and Global Health

Kerry Arabena is Chair of Indigenous Health and Australia's first female Torres Strait Islander professor. A descendant of the Meriam people of Murray Island in the Torres Strait, she has a background in social work and a doctorate in human ecology from the Australia National University.



Photo courtesy of MDHS Advancement and Communications Unit

What was your pathway to working at the University of Melbourne?

Prior to this appointment, I held positions as co-chair of the National Congress of Australia's First Peoples, CEO of the Lowitja Institute, and Professor and Director of Research at Monash University's School of Indigenous Health. I also have an extensive background in public health, administration, community development and research, and held senior roles in Indigenous policy and sexual health.

How do you envisage your role as Chair of Indigenous Health and Director of Onemda?

I see the Chair's role as focusing the Faculty's efforts both on Close the Gap initiatives and on implementing a National Aboriginal Health Plan as it relates to the University through developing capacity building, ensuring policy impact and facilitating knowledge exchange. One of my first initiatives is a series of writing workshops and retreats, a space for students, staff and partners – VACCHO, Oxfam, Victorian Indigenous Leadership Network (VILN) – to write about Aboriginal health research and policy.

How critical are community partnerships to the work you do?

Partnerships are opportunities to extend development processes and joint learning. I've worked in community organisations for most of

my adult life. In terms of setting our research agenda, unless you have a relationship with communities, and learn about what's important to them, and therefore to us, the work we do won't be meaningful.

I am looking forward to working with the local community here. We are currently helping to place health economists with VACCHO to assist with the policy work required on the big reforms going on in the State and being rolled out through Aboriginal cooperatives and Medicare locals. There are also new funding formulas that the Commonwealth is working on, and these will all impact upon health service delivery.

What does Indigenous development mean to you?

A friend who did work in Sri Lanka after the tsunami was part of a team working to redevelop those communities that had lost everything. At one point a villager said to him, 'That's enough now, you can go: we're happy'. This leads me to the conclusion that development can be many things to many people, but for me it's predominantly about pursuing and achieving personal happiness, in ways that enrich the community in which you live. You wouldn't want to develop people to be miserable, would you?

30 *Cultural Recognition*



A final but critical plank in our Reconciliation Action Plan is the element of Cultural Recognition. How do we work to ensure that both our built and natural environment, as well as our protocols and ceremonies, incorporate and embed appropriate cultural recognition of the ancestors on whose land we now occupy and work, and the Indigenous people who we now serve?

We have made some fundamental gains in this area, which are outlined here, but many more opportunities remain for both the Faculty and the University to mark their respect for the contribution of Indigenous peoples to this institution.

[The Possum Skin Cloak] honours the Wurunderji tradition, their high formal culture and their countrymen, the Bunerorong, Waudawurrung, Dja Dja Wurrung, and Tungwurrung...

Ian Anderson, Director of Murrup Barak

Consider your place here on this land today. What does it mean or represent to you? How do you interact with it? How do you connect with its history and how will you contribute to its memories?

Commentary from Billibellary's Walk, The University of Melbourne

Profile: 'Billibellary's Walk'

Billibellary's Walk is a cultural and historical interpretation of the urban landscape and an exploration of the experience of 'place' as it may have been for the traditional custodians of the land, the Wurundjeri people, before colonisation.

'Consider your place here on this land today. What does it mean or represent to you? How do you interact with it? How do you connect with its history and how will you contribute to its memories?'

Onemda VicHealth Koori Health Unit has collaborated with other Centres, Faculties and Institutes at the University of Melbourne and the Wurundjeri Tribe Land and Compensation Cultural Heritage Council to develop a walk through the University's Parkville site using a narrative from an Aboriginal perspective.

The self-guided tour will guide and enable students, staff and visitors to the University to explore and imagine the University landscape across time, thinking about the social and cultural constructions of 'place.' This includes the meanings and relationships attached to it by different groups and, importantly, its broader connection to health, education and community.

The walking tour and resources (including the forthcoming tour narrative in the form of a downloadable podcast) can be accessed on the Murrup Barak website. Established in 2009 to increase the impact of the University's Indigenous programs, Murrup Barak is a Woiwuring term meaning 'Spirit of Barak', a name chosen to honour the memory of the visionary Aboriginal leader William Barak.

Tour highlights

- The six cycles
'Feel, know, imagine Melbourne's six cycles as they are subtly reconstructed as the context for understanding place and belonging for the Wurundjeri people.'

The Wurundjeri people marked the differentiation of seasons differently from the way we do today. The six seasonal cycles – Early Winter, Deep Winter, Pre-Spring, True Spring, High Summer and Late Summer – governed the lifestyle patterns of the people.

- Eel migration patterns (corner of Bouverie and Grattan Streets)
'Looking around, you may not see any evidence of a landscape that once supported the waterways, rivers and wetlands of the area. Take yourself back to 1830 once again – Billibellary's time – and here you would have been standing on the bank of a creek, a tributary of the Birrarung.'

The creek in Bouverie Street was home to short-finned eel that would migrate upstream to fresh water after their juvenile years in salt water. Eels were a staple part of the diet of the Wurundjeri people, commonly speared or trapped using sophisticated industrial methods.

Today, the eels continue to migrate up Bouverie Street, using the drainpipes beneath the road and buildings – maintaining their ancient migration patterns of which Billibellary and his people had intimate knowledge.

For more on Billibellary's Walk, the Possum Skin Cloak (see overleaf) and Aboriginal cultural protocols go to: www.murrupbarak.unimelb.edu.au.

Profile: The Possum Skin Cloak



Professors Marcia Langton and Ian Anderson share a lighter moment with the possum skin cloak prior to the Special Conferring of Degree Ceremony celebrating 150 years of the Melbourne Medical School.
Photo by Michael Silver

As part of the Melbourne Medical School's sesquicentenary celebrations in 2012, a solemn handover ceremony was held in the University of Melbourne's Raymond Priestley Building to recognise the significant Indigenous contribution to the School's long and distinguished history.

The gift of a possum skin cloak, commissioned by the Faculty of MDHS and fashioned by local Wurundjeri artist Mandy Nicholson (formerly Thomas), was presented to Murrup Barak's Director, Professor Ian Anderson. Later that day, Professor Anderson, the University's first Aboriginal medical graduate, was conferred the degree of Doctor of Medical Science (*honoris causa*).

Professor Anderson donned the cloak for an academic procession which included nine other Melbourne graduates honoured for their remarkable achievements, and whose lives and careers have, in the University of Melbourne Chancellor Elizabeth Alexander's estimation, 'generated enduring improvements in the health and wellbeing of individuals and communities across the world'. The conferral ceremony was the first of such formal University occasions at which the cloak will feature.

'The cloak is a rare and significant cultural gift,' says Professor Anderson. 'It is also a gift to the University of the Wurundjeri. It honours the Wurundjeri tradition, their high formal culture and their countrymen, the Bunurong, Waudawurrung, Dja Dja Wurrung, and Tungwurrung.'

In accepting the gift of the cloak, Professor Anderson asked guests to cast their minds back 150 years. The timeframe is significant, marking as it does the opening of the Melbourne Medical School and pointing to a period of catastrophic impact on Melbourne's Aboriginal population.

'For the Wurundjeri the situation was dire,' Professor Anderson says. 'Colonisation had been rapid and cataclysmic, with the Aboriginal peoples of Victoria reduced to a tiny number. The Wurundjeri were dying of starvation in the streets of Melbourne. And for nearly 20 years no Aboriginal babies were born who survived to leave family.'

'It was at this moment that a number of inspirational men and women, including nurungaeta (leaders, elders) Simon Wonga and William Barak made a profound contribution to the futures of their people. They were nurungaeta profoundly rooted in their cultural tradition who had a vision for their people as settled farmers.'

This vision resulted in the Coranderrk settlement near Healesville, which ran a successful enterprise selling wheat, hops and crafts, winning first prize at the Melbourne International Exhibition.

It is significant that, in the 150th anniversary year of the Melbourne Medical School's establishment, population parity was achieved for Aboriginal and Torres Strait Islander students going into the first year of medicine in universities across Australia.

From the creator of the Possum Skin Cloak – Mandy Nicholson (formerly Thomas)

I have always loved drawing and creating things with my hands. I was taught all types of craft skills from my grandmother and mother, and I copied my teenage sisters drawings when I was young. Eventually I worked on murals and large-scale collaborative works such as the large rock carving at Birrarung Marr. I also do works for government agencies and community organisations.

The Melbourne Medical School at the University of Melbourne asked me to create a cloak with traditional Wurundjeri designs, and which also reflected a student's life at university. I was delighted to create the cloak for the University, as I feel more awareness of Victorian Aboriginal culture is very important and what better way to do it than on a cloak as the designs are distinctly Victorian. The use of traditional Wurundjeri symbology is respecting the fact that Parkville is on Wurundjeri Country and as a sign of respect to my ancestors.

The swirl throughout the design depicts two things. Firstly, it represents the smoke of a welcoming fire (by way of a traditional Wurundjeri Welcoming Ceremony). This welcomes all students from the local area to all over the world.

Secondly, the smoke swirls depict the learning and personal journeys of students and the connections that they make personally and professionally while at university. This can be on a small scale (the University/Parkville), and on a larger scale as once they have completed their courses they can share this knowledge with their own, and the wider, community. This is shown in the design by the swirls that go in all directions, but at the same time never swaying too far away from their main goal of attaining a degree.

The lines within the swirls show on more of a macro scale the obstacles that may present themselves throughout study life. These smaller, wavy lines all remain connected to the support structure of friendships and the University itself.



Photo by Michael Silver

'This Progress Report represents a substantial and inspirational body of work, and I am extremely proud to be part of a Faculty that is so supportive of our Indigenous development agenda. There are many colleagues throughout the Faculty who contribute to this agenda, and I would like to thank you all. Let's use this body of work as a foundation upon which to further develop and continue to contribute to Indigenous, and Australian, development.'

Associate Professor Shaun Ewen

Associate Dean (Indigenous Development), Faculty of MDHS

Indigenous Development

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