Centring Aboriginal and Torres Strait Islander Voices and Ways of Knowing, Being and Becoming in Fully Online Undergraduate Health Course Curriculum Development

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Abstract

In this paper, we discuss the decolonisation of curriculum development in an online undergraduate health course at the University of South Australia, emphasising the importance of centring Aboriginal and Torres Strait Islander voices and knowledge systems. We highlight the ongoing role of higher education in perpetuating systemic racism against Aboriginal and Torres Strait Islander Peoples through colonised curricula and inadequate cultural training. We discuss how we embarked on a comprehensive course redesign aimed at fostering cultural safety and empowering Aboriginal and Torres Strait Islander perspectives, moving away from deficit-based narratives. Through our work, we advocate for integrating Indigenous knowledges across health education to prepare graduates for culturally safe practice. In the paper, we discuss challenges faced, such as institutional constraints and the need for ongoing anti-racism education. We emphasise the importance of collaborative efforts between Aboriginal and Torres Strait Islander and non-Indigenous academics in curriculum development, creating space for meaningful engagement with Aboriginal and Torres Strait Islander Elders and knowledge holders. Ultimately, we conclude that ongoing reflection and adaptation are crucial for effective decolonisation and in creating inclusive and culturally responsive learning experiences that benefit all health students.

Keywords: Aboriginal Health Education, Cultural Safety, Curriculum Decolonisation, Online Learning, Health Professions Education

Introduction

The teaching of culturally safe care for Aboriginal and Torres Strait Islander Peoples is fundamental to public and community health degrees in Australian universities. However, higher education institutions have continued to play a role in reproducing systemic racism, disadvantaging Aboriginal and Torres Strait Islander Peoples and communities. This reproduction occurs through colonised curriculum, the continuation of imperialist knowledge systems, unprepared academic staff, and professional accreditation requirements that may drive curricular stasis (Cooms et al., 2022; Durey, 2010; Gray et al., 2021; Nakata, 2002). In 2022, we commenced a complete redevelopment of a course fostering cultural learning among health students against this backdrop, with lofty aims to create a new standard at our University. Starting from a dated curriculum featuring deficit perspectives, we reconceptualised ways of engaging future health professionals in a cultural learning journey.

In this paper, we discuss the context of designing cultural safety training that prioritises partnership with and empowerment of Aboriginal peoples through a strengths-based approach. We explore our experience working against, with and under a colonial system as we asserted decolonial approaches to both our institution's existing course development process and the teaching and learning of students. Our work shows that while the content has moved from dated deficit discourse towards developing students' cultural capability, higher education institutions have a long way to go in creating space for decolonial course development and teaching processes.

Throughout this paper, we use the terminology 'Aboriginal peoples' to refer to Aboriginal and Torres Strait Islander peoples, following advice from Elders and Knowledge Holders from the place from which we write: Kaurna Yarta, home to Kaurna Miyurna (University of South Australia, 2021). We also refer to Indigenous peoples, which includes Aboriginal and Torres Strait Islander peoples, as well as other First Nations peoples across colonised countries globally.

Background
Cultural Safety and Indigenous Knowledges

Cultural safety means providing an environment where Aboriginal and Torres Strait Islander Peoples feel safe and respected without any challenge to or denial of their identity. It is a basic right for Indigenous people, recognised internationally (c.f. United Nations Declaration of Rights of Indigenous Peoples). Cultural safety training is often promoted as a strategy to address anti-Indigenous racism, yet there is little evidence on how such training programs are developed, implemented and evaluated (MacLean et al., 2023). While national initiatives in various countries have increased, focus on 'cultural safety' alone, particularly as a way to promote reconciliation, is insufficient (MacLean et

al., 2023). Anti-racism training is needed to challenge racism, white privilege, and the marginalisation of Indigenous peoples. Racism is embedded in Australia's history and continues today in myriad structural and interpersonal forms. It must be addressed at both individual and systemic levels (Fredericks, 2006).

Aboriginal law, philosophy and knowledge systems are core to Aboriginal identities and ways of life, but have been systematically marginalised by colonialism (Watson, 2014). Higher education exacerbates this marginalisation through the reproduction of imperialist, colonial and Eurocentric knowledge, particularly when fundamental assumptions and stereotypes are not challenged (Cornelius-Bell & Bell, 2023, 2024; Sherwood et al., 2021). To counter this, Indigenist and decolonising approaches are critical for upholding Indigenous Peoples' right to culturally safe education and healthcare (Sherwood et al., 2021). The ongoing systems of colonisation continue to replace Indigenous populations to establish settlements on their lands, involving both physical elimination through violence, as well as cultural and structural means over time to destroy Indigenous groups and cultures (Wolfe, 2006). Settler colonialism, here, is an ongoing structure that endures beyond initial invasion and involves continuous reproduction of colonial society on Indigenous lands (Wolfe, 2006). The recognition of the ongoing impacts of structural racism are slowly leading to change in higher education curricular, however this is frequently too little, too late (Durey, 2010; Geia et al., 2020; Power et al., 2021; Sherwood et al., 2021).

Curriculum

Moving towards a decolonial curriculum develops graduates who are better prepared to work in a culturally safe way. This involves weaving Indigenous knowledges throughout degrees, valuing them as equal but different epistemic systems for understanding the world (Edmondson, 2022; Paradies et al., 2015). Nakata (2007) argues that Indigenous knowledge systems differ fundamentally from hegemonic Western scientific knowledge systems in their cosmologies, epistemologies and ontologies, creating complexity that requires collaborative and expert navigation. In health professional education, there has been a sustained focus on developing cultural safety and capability of students, rather than immersing them in Aboriginal knowledges at the outset (Australian Government Department of Health and Aged Care, 2020). This has seen a collective striving towards work at the cultural interface where different knowledge systems meet. However, there are limits on critical examination and exploration of inherent tensions in these spaces, particularly for Indigenous students in higher education where hegemonic western episteme remain dominant and fixed.

Approaches that support the creation of high-quality education, which draw on strengths-based approaches, use the platform of higher education for truth telling, and

deliver anti-racist curricular are essential. Strategies such as centring relationship building and incorporating yarning and other discursive learning opportunities can create safe spaces for students and staff to develop their understandings of Indigenous health and capability to work at the cultural interface (Drummond, 2020). Priority should be given to the cultural safety of Aboriginal students who are often othered, excluded, or extracted from, in higher education (West et al., 2019). While institutional support for cultural safety curriculum, resources and policy continues to be essential for successful program delivery and sustainability (Kurtz et al., 2018), the othering and exclusion of Indigenous knowledges continues to plague genuine commitment to woven curricular. Faculty and students highlight, often to the point of overemphasis, discomfort when discussing perceived cultural and racial issues due to fears of offending or stereotyping. However, individual courses can begin to challenge this thinking through measures such as the integration of case studies, small group work exercises, and including and prioritising diverse guest speakers to improve the diversity of voices in cultural capability education (Shattell et al., 2013), eventually moving towards a more holistic programmatic approach to curriculum design (Rigney, 2017).

Limitations of Existing Models

Across health disciplines, courses have been developed to encourage students to engage with cultural curriculum, supporting their cultural safety and capabilities. However, standalone Aboriginal health courses often uphold notions of white superiority, rather than acknowledging Aboriginal sovereignty (Laccos-Barrett et al., 2022). In addition, the perpetuation of stereotypes and deficit discourses in curricular, even when challenged, may lead to students' disengagement with development of cultural safety (Isaacs et al., 2016).

At the core of many health degrees is a centring of the western biomedical model (Wade & Halligan, 2004; Yuill et al., 2010). Here, Aboriginal health courses may be exclusively positioned to introduce alternative models, a task they should not bear alone. Importantly, the weaving of alternative ways of thinking about health need to be expanded beyond a single course context. The introduction of Aboriginal health from an Aboriginal perspective is helpful in challenging the dominance of a single narrative around the biomedical model and the centring of community-controlled service models as providers of culturally responsive, holistic and client-centred care are meaningful. However, there remains an important role for fostering interdisciplinarity which involves various health professionals and respects Aboriginal knowledge that benefits health and wellbeing outcomes (Dudgeon et al., 2014). In addition, transformative, self-reflective, critically anti-racist and transformative models need to be examined with students to understand how these connect with diverse learning and healthcare practices (Edmondson, 2022; West et al., 2019). Durey et al. (2012) advance the key role of critical reflection from healthcare

professionals on their attitudes and beliefs about Aboriginal peoples and how these impact care provided, highlighting that awareness of one's (often privileged) position in society is important. This should be developed, according to the Aboriginal and Torres Strait Islander Health Curriculum Framework, from the first year of undergraduate study in Australian universities (Australian Government Department of Health and Aged Care, 2020).

Standalone courses which focus on the history of Aboriginal health, develop students' cultural safety, and work towards a lifelong learning journey can be effective in intervening into students' conceptions of health professions and Aboriginal peoples, however they are rarely 'enough' across students' learning journeys (Laccos-Barrett et al., 2022). Developing cultural safety is a lifelong process that requires foundations set in undergraduate courses, which ought to be further developed across postgraduate education and professional practice (Ranzijn et al., 2008). Importantly, producing culturally safe graduates should be regarded as core to health education and must be a critical consideration in course development in Australian higher education (Australian Government Department of Health and Aged Care, 2020; Ranzijn et al., 2008).

Decolonising Course Writing

Development of curriculum requires a course development process, which is itself decolonial and addresses and supports students to develop understandings of: social and cultural determinants of health; truth telling and the rich historical context of Aboriginal peoples; robust self-examination and reflective practice; stereotypes and challenging them; and, transformative and strengths-based practices. Moreover, both the development process and curriculum must centre Aboriginal ways of knowing, being and becoming, and actively work to create space for a living curriculum. In these next sections, we delve further into the onus on course writers in Aboriginal health to challenge the status quo relating to curriculum development. In particular, we emphasise the importance of approaches which support the creation of high-quality education drawing on strengths-based approaches, those which use the platform of higher education for truth telling, and deliver anti-racist curricular.

The voices and practices of Aboriginal peoples are central in this space. Delbridge et al. (2021) have explored centring Aboriginal ways of knowing and being through co-creating health curriculum with Aboriginal expert partners and models which empower Aboriginal academics to write curriculum in consultation with Community, which are essential for challenging colonial curricular development processes. Importantly, this is a challenge both to the normal production of curriculum by "discipline experts" and demands relational and long-term reciprocity (*yara* in Kaurna language) to continue empowering Aboriginal knowledge holders as *holders* of cultural knowledge. When Aboriginal peoples are in a key role designing or co-designing curriculum and programs, there is an inherent

re-centring of Aboriginal voices. Moreover, the process of co-constructing curriculum and pedagogies is inherently dependent on strong relationships, shared commitment, and uses reflective practices towards cultural capability amongst students. However, evaluative strategies to understand sustained student learning and health practice as a result of these kinds of curriculum designs are still in their infancy (Delbridge et al., 2021). These models are often at odds with the rapid course development processes required by neoliberal and commercialised universities (Connell, 2019; Giroux, 2014) and may lead to extractive and appropriative practices that distance Aboriginal peoples from cultural knowledge.

Weaving of Aboriginal and Torres Strait Islander ways of knowing, being and becoming across curricular is becoming the preferred mode of advancing cultural capability, and has been shown to foster more culturally safe graduates (Australian Government Department of Health and Aged Care, 2020; Coombe et al., 2016; Paul et al., 2006). However, Aboriginal knowledges are often only accepted if they can be understood and validated through Western scientific models, and participating in higher education often requires Indigenous scholars and students to reject their own methodologies in favour of normalised, "validated" Western episteme, which serves to continue appropriation and reproduction of a raced status quo (Morgan, 2003; Thunig & Jones, 2021). With a long history of extractivism and epistemicide, a truly "woven" curriculum requires immense efforts to decolonise the higher education institutions frameworks, processes, structures and people (Harvey & Russell-Mundine, 2018; Rigney, 2017).

Course Context & Ways of Working

"First Peoples' Health" is a discrete, core, first-year undergraduate course in our University's online arm for public and community health degrees. On-campus students in some allied health programs can also undertake this course. At our institution, online courses are delivered asynchronously, with all materials presented to students through a "teacher's voice" narrative in the course Moodle site. Students have the option to attend voluntary weekly drop-in sessions with their Online Course Facilitators and Online Tutors.

New courses are typically built over an intensive 12-week period, with regular major redevelopment approximately every three years (McInnes et al., 2020). This process is designed to enable the institution to rapidly create large numbers of courses in a neoliberal higher education landscape. However, this approach is challenging for courses requiring significant consideration or transformation, relationship building and Indigenisation.

Our Approach

Research literature has informed our understanding as course writers and teachers, and also positions our reimagining of this course within a broader framework of

colonisation and ongoing racism. From the research, we have prioritised cultural safety as a key framework and principle for moving towards centring Aboriginal voices. We have drawn on deliberate anti-racism to challenge the status quo which reinforces racism, white privilege, and marginalisation of Indigenous peoples. By focussing on student's own position in society, and the potential for their agency, we also begin to prepare them to understand the diversity and importance of Aboriginal lore, philosophy and knowledge systems, and to avoid cycles of colonial marginalisation through diverse representation of Aboriginal peoples and challenging monocultural ways of understanding health.

Our approach to course development was informed by several key principles:

1. Cultural safety as a framework: We centred cultural safety as a key principle for moving towards centring Aboriginal voices.
2. Deliberate anti-racism: We challenged the status quo that reinforces racism, white privilege, and marginalisation of Indigenous peoples by engaging students in critical self-reflection and exposing them to a primarily Aboriginal-authored reading list and learning activities.
3. Student agency: We focused on students' own role in society and their potential for agency in challenging systemic racism through assessments asking them to set intentions for anti-racist future practice.
4. Diversity and importance of Aboriginal knowledge systems: We aimed to avoid cycles of colonial marginalisation through diverse representation of Aboriginal peoples and challenging monocultural ways of understanding health.
5. Commitment to ongoing anti-racism: We developed assessment practices that ask students to undertake a commitment to ongoing anti-racism and challenging of stereotypes in their practice.
6. Inclusive assessment: We created space for Indigenous students' cultural diversity, enabling them to participate in assessments that meet them where they are, rather than enforcing stereotypical assessment practices.

In recognition that cultural safety education alone is not enough to transform health systems, we also ask students to undertake a commitment to ongoing anti-racism and challenging of stereotypes in their practice through assessment. Moreover, we have developed assessment practices such as reflective journaling and encouraging students from a diverse cohort to identify real-world case studies from reputable sources (i.e., the Australian Indigenous HealthInfoNet). We have created space for Indigenous students' cultural diversity and enabling their participation in assessments that allow them to work as "knower", rather than enforcing stereotypical assessment practices. Ultimately, we acknowledge that developing cultural safety is a lifelong process requiring foundations in undergraduate courses – and not constrained to a single course.

Our approach to course writing, an ongoing project, was underpinned by principles of self-reflexivity, "Right Way, Wrong Way", weaving, reimagining, decolonising, and

implementation of the Health Curriculum Framework. The reimagining took us beyond the baseline requirements, driven by individuals coming together with shared resources, commitment and expertise. Moreover, we applied a cultural safety lens to the course writing process, continuously reflecting on our content and obligations to *keep doing more*. Critically, this approach necessitated engaging with Elders and knowledge holders on several occasions, ensuring that our curriculum development was grounded in Aboriginal perspectives and ways of knowing.

Considerations, Expectations and Standard Practices

The retention of individuals who have contributed to the curriculum's development is crucial for maintaining its quality and relevance. This also ensures cultural knowledge stays with its owners. Challenges therefore arise with the turnover of tutors and course coordinators who may lack the background or context of the developed curriculum. Staff turnover underscores the need for a different approach to onboarding and handover processes, ensuring continuity in the delivery of quality Aboriginal health education and optimal student learning outcomes, as well as ensuring culturally safe transmission of knowledge between coordinators and the retention of Aboriginal staff.

Additionally, the constraints posed by specific timelines, typically the 12-week course development window, highlight the difficulties in achieving the desired depth and breadth of consultation and curriculum development within standard institutional timelines and processes. These constraints necessitate a revaluation of resource allocation and the prioritisation of funding to include Aboriginal Elders and knowledge holders in the curriculum development process for courses about Aboriginal peoples, and also more broadly as knowers and knowledge holders. This would ensure that the curriculum is not only appropriate and aligned with the Health Curriculum Framework, but also reflective of the values and ethics of the communities it aims to serve.

To address these challenges, we developed additional tutor resources to ensure that they bring a level of cultural understanding in delivering the content in the culturally safe ways intended. This approach aligns with Fredericks et al. (2022), who note that First Nations students believe support within the wider university would be enhanced by cultural competency training for non-Indigenous staff and a greater recognition of racism in the curriculum. In addition, we recognised the importance of creating a sense of belonging for Indigenous students within the university environment (Behrendt et al., 2012). This was a key reflection for our writing team, where we needed to re-centre our priority and ensure this curriculum was first and foremost culturally safe for Aboriginal student participants (R. West, pers. Comms, 2023).

Values Driving Our Approach

Our approach to curriculum development was driven by several key values:
1. Accountability and commitment to "doing it right"
2. Prioritising Aboriginal health education and cultural learning outcomes
3. Genuine commitment to curriculum transformation
4. Creating a culturally safe online learning environment
5. Collaboration among team members with diverse skillsets and backgrounds and liaison with Elders and knowledge holders to ensure a culturally informed approach
6. Autonomy and agency in curriculum development
7. Relationship-building within the working team and with other Aboriginal staff in the institution.

These values underpinned our decision-making processes and guided us towards a more holistic and culturally responsive curriculum design. Our work challenged the standard systems and status quo that Western epistemologies and knowledges are "gold standard", through centring Aboriginal knowledges and ways of knowing, being and becoming as the core of the course (Carey & Prince, 2014; Delbridge et al., 2021).

Navigating Institutional Tensions

Throughout the process, we encountered institutional tensions which we navigated to work towards success (as determined by us, Elders and Community, not necessarily the University). We worked together in reciprocal partnerships grounded in relationships which proved essential. Ensuring that Aboriginal voices, knowledge and content were foundational in course design enabled us to craft a course, resources and assessment which honours truth telling, cultural safety and shared responsibility. This highlights the importance of the partnership between Aboriginal and non-Aboriginal team members for the success of this course and ongoing project, as well as invaluable input from Elders and knowledge holders throughout the process.

We approached this work through Aboriginal co-leadership, coming together to achieve a common goal through social responsibility to enhance this course design and delivery. Reflecting upon the literature (Godwin et al., 2023), we embedded relationship-building into our curriculum development process, not only amongst the team, but with other staff who had oversight or responsibility for the course. This ensured our messaging and advocacy to challenge the constraints of system-imposed, or academy-imposed, writing boundaries were met with understanding and endorsement, rather than complete resistance.

Conclusion

The reimagining of the "First Peoples' Health" course represents a significant step towards decolonising curriculum development in higher education, particularly in the context of health professional education. Our experience highlights the complexities and challenges inherent in this process, as well as the potential for meaningful change when Aboriginal voices and ways of knowing are centred in curriculum design.

Key takeaways from our experience include:
1. The importance of collaborative, interdisciplinary teams that include Aboriginal academics and knowledge holders
2. The need for institutional support and resources to enable thorough consultation and development processes
3. The value of applying a cultural safety lens throughout the curriculum development process
4. The potential for online learning environments to be adapted for culturally responsive pedagogy
5. The ongoing need for reflection and adaptation in curriculum design to ensure cultural safety and relevance

Our work in redesigning this course challenged the status quo of Western epistemologies and knowledge by centring Aboriginal knowledges and ways of knowing, being and becoming as the core of the course. We found this to be necessary work which required appropriate resourcing, going beyond what was initially allocated. This included designing, writing and recording interview-style yarns on various related course topics, which improved the teaching of the course and provided more in-depth, personal experiences of working with Aboriginal communities.

As we move forward, it is clear that decolonising curriculum development requires sustained effort, institutional commitment and a willingness to challenge established norms and practices. Future work in this area might consider a focus on:
1. Developing more robust processes for knowledge transfer and continuity in course delivery
2. Expanding the involvement of Aboriginal Elders and knowledge holders in curriculum development
3. Exploring innovative approaches to online pedagogy that support cultural safety and engagement
4. Investigating the long-term impacts of decolonised curricula on student learning outcomes and professional practice

By continuing to centre Aboriginal voices and ways of knowing in curriculum development, we can work towards creating more inclusive, culturally safe and effective

learning experiences for all students in health professional education. This work not only benefits Aboriginal students, it also prepares all future health professionals to provide more culturally appropriate and effective care in their practice. The process of decolonising curriculum is ongoing and requires constant reflection, adaptation and commitment from all involved. It is our hope that by sharing our experiences and insights, we can contribute to the broader conversation on decolonising higher education and inspire others to undertake similar transformative work in their own contexts.

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