



Charles Sturt
University

Cultural competency knowledge
and practice in the health and
social care professions

Report of a pilot study – September 2020
Charles Sturt University

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We acknowledge the Wiradjuri, Ngunawal, Gundungarra and Biripai (or Biripi) peoples of Australia, who are the traditional owners and custodians of the lands on which Charles Sturt University campuses are located, and pay respect to their Elders past and present, and those emerging future Elders. Specifically, we acknowledge the Bathurst Wiradjuri Elders who hold Adjunct status with Charles Sturt. Also we pay respect to our Aboriginal and non-Indigenous friends and colleagues who support our work and with whom we continue to learn.

The authors would also like to thank all the health and social care academics who took the time to respond to the survey and provide rich responses to the questions. Without the contribution of these academics, this report would not be possible.

Humility is important, that we are never culturally competent and always working towards cultural competence. Respectful curiosity needs to be cultivated and used to engage and understand across cultures. Awareness of self and understanding of own values, culture, norms and assumptions about worldview and belief system. Acceptance and self-forgiveness for making mistakes and having visceral incongruence. Adjusting self-presentation to open the space between self and another, so that a sense of safety is created and respectful communication can take place. Active listening. Asking not assuming (survey participant anon.)

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Executive Summary

- This pilot study utilised an online survey to understand the cultural competence knowledge and practice amongst health and social care academics; identify the barriers to, and facilitators of, engagement with cultural competence; and identify support/professional development required by health and social care academics at Charles Sturt.
- The study outcomes represent the combined perspectives of 101 health and social care academics representing 15 disciplines.
- Six major themes emerged from analysis of the data:
 - experience of culture and reflection on self
 - cultural competency journeys within the institution
 - implementing an Indigenous Australian curriculum
 - enabling positive conversations to collaborate across cultural boundaries
 - key events informing cultural competence and significant learning experiences
 - professional development to build capacity for Indigenous cultural competence
- Health and social care academics are in need of continuing support in order to implement an Indigenous curriculum and educate their students to become practitioners who have the knowledge, skills and attributes to ensure culturally safe and respectful practice.
- Support and investment from senior management for professional development must be authentic and relevant to individual academics.
- This report has immediate value for senior leaders and stakeholders to complement other forms of 'reporting' on course progression towards the end of 2020 deadline.
- This pilot study has the potential to inform a larger study across Charles Sturt which would align well with a whole of university approach to implementing an Indigenous curriculum

Background

The National Best Practice Framework for Indigenous Cultural Competency in Australian Universities (Universities Australia, 2011), the Guiding Principles for Developing Indigenous Cultural Competency in Australian Universities (Universities Australia, 2011), and the Indigenous Strategy 2017-2020 (Universities Australia, 2017) are informed by the premise that a fundamental pre-condition for the development of cultural competence and long-term sustainable change, is commitment to a whole of sector and institution approach. In the Australian higher education context, an accepted definition of cultural competency is:

Student and staff knowledge and understanding of Indigenous Australian cultures, histories and contemporary realities and awareness of Indigenous protocols, combined with the proficiency to engage and work effectively in Indigenous contexts congruent to the expectations of Indigenous Australian peoples (Universities Australia, 2011, p.6).

Educating health and social care practitioners to ensure culturally safe and respectful practice is fundamental to the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025 (AHPRA, 2020). The vision in the accompanying Statement of Intent is that 'patient safety for Aboriginal and Torres Strait Islander peoples is the norm' (AHPRA, 2020).

There are a broad range of imperatives for a curriculum designed to improve the cultural competence of graduates and thereby healthcare for Indigenous Australian people (Bullen, Roberts & Hoffman, 2017; Isaacs et al., 2016; Sherwood & Edwards, 2006). For example, an understanding of the social, political and historical context of Aboriginal and Torres Strait Islander health is important in order to illuminate the intergenerational impact of colonisation, discrimination and marginalisation on Indigenous Australian peoples' engagement with health services and the 'gap' in health and life expectancy (Australian Human Rights Commission, 2019). It is also essential to facilitate student awareness of their own world view and Eurocentric knowledge so that they become open to alternative perspectives on wellness and healing. Students should be guided to explore their own assumptions and beliefs through reflection, in order to be open to other ways of knowing, being, and doing. An Indigenous health curriculum must also enable a student's understanding of critical consciousness in order to foster 'compassionate, humanistic, socially conscious health professionals who act as agents of change' (Halman, Baker & Stella, 2017, p.12), prioritising the decolonising of Indigenous health and addressing interpersonal and institutional

racism. Critical reflection is a crucial capability for health and social care students to develop so that they have the insight to examine health systems and challenge the dominance of the biomedical model of health and systemic cultural bias in the healthcare system (Rix, Barclay & Wilson, 2014). Students must also be enabled to understand their role as advocates – highlighting the need for health funding which relates to people rather than disease – and advocating for change informed by Aboriginal and Torres Strait Islander peoples. The overarching purpose of an Indigenous health curriculum is to equip the next generation of health and social care practitioners with the knowledge, skills and values to provide culturally safe and acceptable health and social services with a focus on quality of care; improve preventative health care in order to address chronic disease; and enhance health and wellbeing outcomes for Indigenous Australian peoples (Bailie et al., 2017).

The cultural competence pedagogical framework adopted at Charles Sturt provides a systematic and systemic approach to the incorporation of Indigenous Australian content into undergraduate and postgraduate programs and the scaffolding of cultural capabilities. The pedagogical matrix illustrated in Figure 1 provides a framework to guide the development of foundational knowledge, understandings, skills and attributes required for culturally safe and respectful practice.

	Cultural incompetence	Cultural knowledge	Cultural awareness	Cultural sensitivity	Cultural competence	Cultural proficiency
Professionally specific skills						
Cross-cultural skills						
Critically examining the profession						
Reflexivity of values and attitudes						
Understanding Indigenous cultures, histories and cont. issues						
Generic understanding of culture						

Figure 1: Indigenous Cultural Competency Pedagogical Framework (ICCPF) (Ranzijn, Egege & McDermott, 2008, as cited in Ranzijn, McConnochie & Nolan, 2009, p.9).

The importance of educating culturally competent health and social care practitioners must not be underestimated and should be perceived as a core responsibility for all educators, whether in academic institutions or in clinical practice. It is only possible, however, to help students navigate their journeys of cultural competence authentically, if their teachers are also on the journey. It is critical therefore, that educators themselves are reflexive and responsive. Pitama et al (2018) identified a range of actors and events that work to disrupt or support the implementation of an Indigenous health curriculum (Pitama et al, 2018). These include external influences driving the curriculum, limited leadership capacity, hidden curricula, and insufficient institutional investment to support a comprehensive curriculum and the appropriate development of faculty staff. Workforce development and training is one of six domains that underpin culturally respectful health service delivery (Australian Health Minister's Advisory Council, 2016) and is the focus of the work presented here.

Rationale for the study

The Universities Australia Indigenous Strategy First Annual Report (2019) includes an example from Charles Sturt (p.49) to identify good practice in regard to enabling cultural capabilities of graduates. Reference is made to policy and practice which enables cross-disciplinary collaboration and quality assurance mechanisms for incorporating Indigenous Australian content in subjects and courses, including the: Indigenous Australian Content in Courses Policy; the Indigenous Board of Studies; the School of Indigenous Australian Studies; and Gulaay, First Nations Curriculum and Resources Team - Division of Learning & Teaching. This First Annual Report also states that there are 'some positive examples of embedding Indigenous curriculum into mainstream subjects' (p.51).

What remains unclear is the cultural competence knowledge and practice amongst Charles Sturt academics. Building on earlier work in the School of Community Health¹ to develop the Indigenous curriculum in undergraduate and postgraduate courses², in collaboration with

¹ Robinson, C. Smith, M, Gibson C. (2015). Respectfully leading the inclusion of Indigenous content in allied health professional curricula: our journey. Indigenous Content in Education Symposium. Adelaide, Australia. 21 Sept 2015.

Skinner, Kay; Biles, Brett; Hill, Barbara; Robinson, Caroline J. (2017). Reflecting on our first steps: Integrating Indigenous Australian Content Across a Physiotherapy degree. Australian Physiotherapy Association (APA) Conference, Sydney, 19-21 October 2017.

Robinson, Caroline J., Hill, Barbara; Biles, Brett; Hamam, Natalie. (2017). Reflecting on our First Steps: Indigenisation of the Curriculum in Occupational Therapy and Physiotherapy. CSUed, Orange, 21-23 June 2017

<http://www.csu.edu.au/csued/2017-program>

Robinson, Caroline J., Hill, Barbara; Gibson, Chontel; Hamam, Natalie; Skinner, Kay; Biles, Brett. (2017). Reflecting on our First Steps: Indigenisation of the Curriculum in Occupational Therapy and Physiotherapy. Leaders in Indigenous Medical Education Conference (LIME) Network VII, Melbourne, 4-7 April 2017

<http://www.limenetwork.net.au/conference/lime-connection-vii-new/program>

² B Health & Rehabilitation Science; B Occupational Therapy; B Physiotherapy; B Podiatric Medicine; B Speech and Language Pathology; M Speech Pathology.

colleagues in the School of Indigenous Australian Studies and Gulaay, First Nations Curriculum and Resources Team, this pilot study focuses on health and social care academics. The purpose of this pilot study is to gain insight into academics' knowledge of, and experiences with, Indigenous cultural competence in order to identify the need for continuing support and professional development.

This study addresses the following elements of the Indigenous Cultural Competency in Universities Australia Best Practice Framework (2011) and the Universities Australia Indigenous Strategy 2017-2020:

Indigenous Cultural Competency in Australian Universities Best Practice Framework

Key guiding principle

- *All graduates of Australian universities will have the knowledge and skills necessary to interact in a culturally competent way with Indigenous communities.*

Universities Australia Indigenous Strategy 2017-2020

Initiatives

- *Increase the engagement of non-Indigenous people with Indigenous knowledge, culture and educational approaches.*

University commitments: Sharing the workload

- *Universities are encouraged to develop the skills of non-Indigenous staff to enable them to effectively share the extra workload currently delegated to Aboriginal and Torres Strait Islander staff.*

Research question

What is the cultural competence knowledge and practice amongst health and social care academics?

Study aims

- To gain an insight into cultural competence from the perspective of Charles Sturt health and social science academics;
- To identify the barriers to, and facilitators of, engagement with cultural competence;
- To identify support/professional development required by health and social care academics at Charles Sturt.

Study design

Methodological approach

An online cross-sectional survey was designed using Survey Monkey®. The purpose of this online survey was to gain insight into academics' knowledge of and experiences with cultural competence, in order to identify the need for continuing support and professional development. The survey was developed by an interdisciplinary team in consultation with the Gulaay, First Nations Curriculum and Resources Team and reviewed by a reference group which included the Bathurst Wiradyuri Elders who hold Adjunct status with Charles Sturt.

Survey design

Survey data was collected relevant to four headings: Charles Sturt context; personal cultural competence; professional development; demographic information. Data was collected anonymously and each participant had the option not to disclose their discipline. To further protect confidentiality, participants were not required to identify their cultural background.

Ethical approval

Approval for this study was granted by the Charles Sturt Human Research and Ethics Committee – protocol number H19020.

Participants

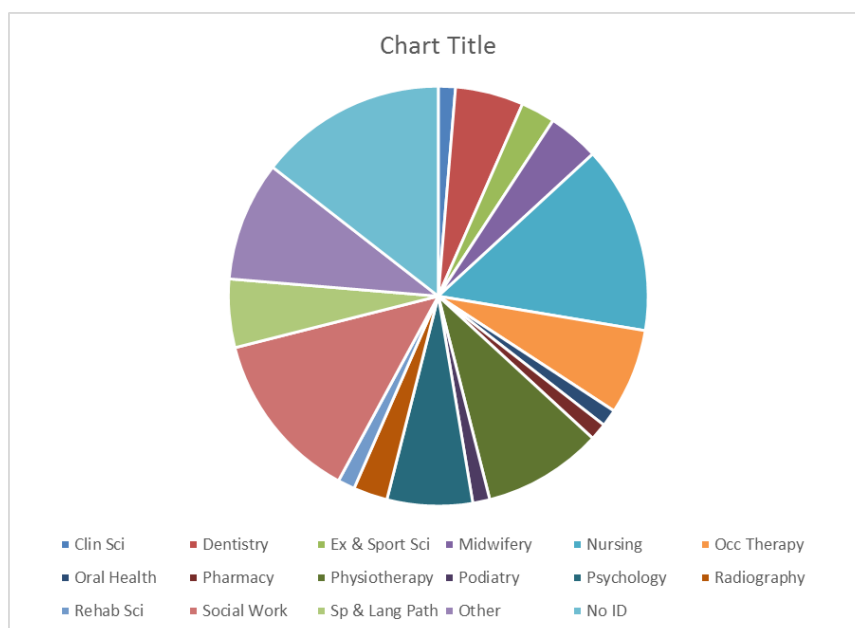
An invitation to participate in the study and a link to the online survey, was delivered to all health and social care academics via School email lists for the following discipline groups: Clinical Physiology; Clinical Science; Dentistry; Exercise and Sport Science; Midwifery; Nursing; Nutrition and Dietetics; Occupational Therapy; Oral Health; Paramedicine; Pharmacy; Physiotherapy; Podiatry; Psychology; Radiography; Radiology; Rehabilitation Science; Social Work; and Speech and Language Pathology. In this way, the survey was delivered to approximately 200 academics. Informed consent was enabled through provision of contextual information about the study, the purpose of the study, intended use of the study outcomes, and the research team. Participants were given a 14-day period of time in which to complete the survey, with a reminder email sent after seven days.

Data analysis

Descriptive statistics were used to analyse and illustrate the quantitative data. Qualitative data analysis was enabled with the use of NVivo® to facilitate preliminary coding of transcribed data by two members of the research team. Subsequent to the preliminary data coding, the research team utilised the constant comparative method to facilitate a deep interrogation of the qualitative data (Kolb, 2012).

Outcomes

101 health and social care academics representing 15 disciplines returned a completed survey (Figure 2).



'Other' includes: Humanities; Medical Radiation Science; Sociology.

Figure 2: Professional discipline as identified by the respondent

The survey participants represented a range of academic experience, from 'currently on probation' to 'more than 20 years'. 61 of the academics (61%) indicated that they were at the stage of 'cultural sensitivity' as compared to 21 who considered that they were at a level of 'cultural competence' (21%) (Figure 3). 81% of the health and social care academics were employed on a continuing contract and 38% of the total group of participants stated their role as 'teaching-focused'.

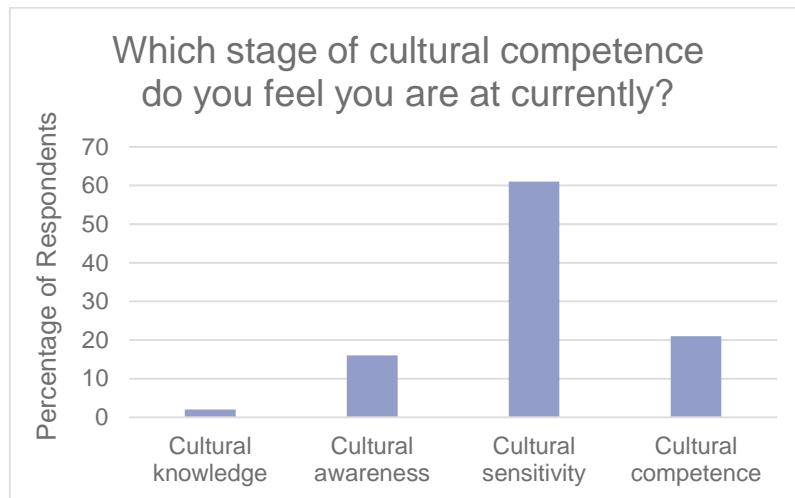


Figure 3: Participants' stage of cultural competence (cultural competence continuum derived from Wells, M.I. 2000).

A large majority of these academics (59.8%) indicated that development of their cultural competence had taken place over a period of 10 years or more (Figure 4). This is important to note in light of the qualitative comments which these staff provided.

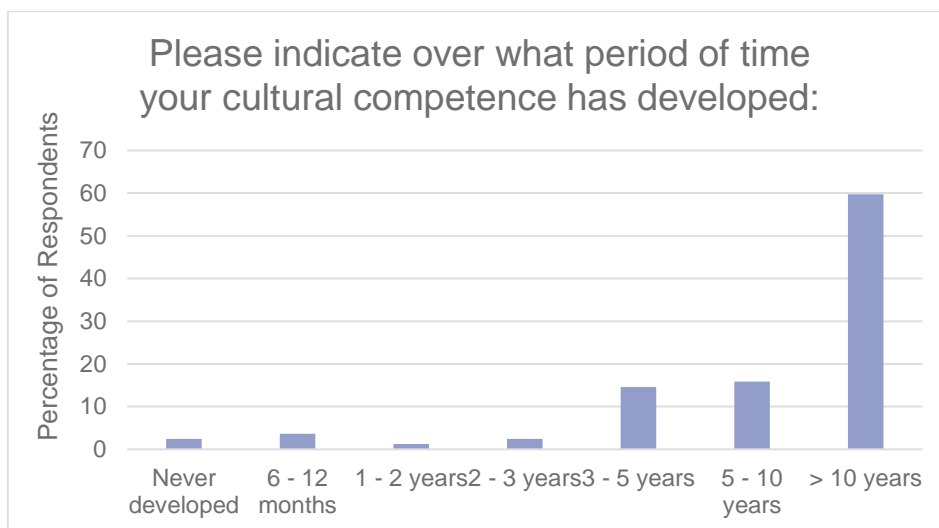


Figure 4: Time over which cultural competence has developed.

Participants also contributed written responses to a range of questions which explored perspectives on culture and cultural values; cross-cultural collaboration; cultural competency; significant learning experiences; key influencing people; barriers to cultural competency journeys;

professional development relevant to Indigenous Australian Cultural Competence (IACC); curriculum support; and barriers to teaching and assessing students' cultural capabilities.

Preliminary coding of the data yielded 56 codes which were collapsed into 27 sub-themes and six major themes: experience of culture and reflection on self; cultural competency journeys within the institution; implementing an Indigenous Australian curriculum; enabling positive conversations to collaborate across cultural boundaries; key events informing cultural competence and significant learning experiences; and professional development to build capacity for Indigenous cultural competence (Table 1).

Table 1: Thematic analysis of qualitative survey data

Major themes	Sub-themes
Experience of culture and reflection on self	<ul style="list-style-type: none"> - Critical reflection - Insights to cultural competence
Cultural competency journeys within the institution	<ul style="list-style-type: none"> - Self-reflection and unconscious bias - Cultural privilege - Living in two worlds: bias, discrimination, prejudice and workplace cultures - Institutional racism and a lack of institutional support - Lack of time and opportunity for connection and relationship building - Lack of a safe space for conversation
Implementing an Indigenous Australian curriculum	<ul style="list-style-type: none"> - Barriers: self and others - Opportunities - Resourcing
Enabling positive conversations to collaborate across cultural boundaries	<ul style="list-style-type: none"> - Lack of critique from a different cultural perspective - Opportunities for cross-cultural collaboration - Indigenous Australian and non-Indigenous academics - Indigenous Australian colleagues/friends/family/Elders and community members/clients - Contemporary and historic eminent individuals
Key events informing cultural competence and significant learning experiences	<ul style="list-style-type: none"> - Lived experience and engagement with Indigenous Australian people – social and through employment - Travel and being a migrant to Australia - Cultural immersion experiences and formal education - Opportunities for informal learning - Listening, reading, writing, teaching and research
Professional development to build capacity for Indigenous cultural competence	<ul style="list-style-type: none"> - Adequate support and investment - Formal learning opportunities - Experiential/situated learning - Working with Indigenous Australian people and communities

	<ul style="list-style-type: none"> - Collaborative learning, teaching and research - Being a mentor/mentee
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Each of the six major themes comprises a broad range of experiences which the participants shared. It is not the intention of this report to explore these themes but rather to illustrate the breadth of issues which health and social care academics offered, in regard to their journeys of cultural competence at Charles Sturt. It is evident that for the participants who completed this survey, cultural competence is considered to be of great relevance for personal and professional growth, and also for educating students. Positive contributions from the participants focused on the value of inter-personal relationships and inter-cultural collaboration. This may be within the institution or external for example, family and friends; health and social service colleagues and industry partners. Health and social care academics develop their cultural competence knowledge, skills and attributes through these relationships and also importantly through the often-challenging experience of teaching and assessing students. It is evident that resistance to the Indigenous curriculum may sometimes be from colleagues rather than students.

Staff push-back in terms of teaching the content can be overt (which is preferable because that can be worked on) or covert (more challenging, and harder at times to identify). Student push-back was initially challenging, but I'm gradually getting more things in my tool kit to address this (survey participant anon.)

Inadequate time for coming together with people from diverse cultural backgrounds, engaging in personal and professional development, and also developing resources for learning and teaching, was a common issue for many of the health and social care academics. This also appears to be exacerbated in some instances by a lack of institutional support.

Despite the rhetoric, CSU has not facilitated or supported this process as much as it could/should have and is certainly not 'bringing everyone along' - an instruction to do something but with no resources allocated to achieve it, is not effective (survey participant anon.)

It is also important to pay attention to the way in which culture and cultural competence is conceived in institutional policy at Charles Sturt.

The linear notion of cultural competence is a barrier, as is the narrow definition of 'culture' (survey participant anon.)

This conceptualisation, influenced by 'dominant Euro-Western discourses and under-examined 'whiteness' (survey participant anon.), is a major barrier to the progression of an academic's journey of cultural competence. Western frameworks enable explicit institutional expressions of racism. It is particularly important that non-Indigenous academics understand the daily reality for Indigenous Australian academics in a Western institution.

Non-Indigenous people who think they know best and impose their ideas on us about what is 'best' (survey participant anon.)

Stigmatisation - prejudice - white supremacy. Because of my skin colour, people think I cannot perform and they automatically rule me out even without seeing what I can do. [I] fear making a mistake and my confidence has been eroded away by less recognition of my achievements and hearing praise when other people do well (survey participant anon.)

In regard to key influencing people who have assisted the health and social care academics to progress their journey of cultural competence, these are numerous. Many of the survey participants noted the importance of family, friends, colleagues and mentors. In the context of Charles Sturt, however, participants noted the immeasurable value and worth of Aboriginal and Torres Strait Islander academics and practitioners; this includes the Bathurst Wiradyuri Elders and Aboriginal Elders in other communities. Non-Indigenous academics in Gulaay and Gulaay's Learning Resources Officer (First Nations) are valued highly for the curriculum and personal support which they provide to academics, and so too are individual staff in the School of Indigenous Australian Studies and elsewhere in the institution.

It is clear that academics are in need of continuing support, in order to implement an Indigenous curriculum. The survey respondents identified a range of barriers to teaching and assessment in this space, including: time; self-confidence; self-perceived capability as a non-Indigenous academic; a lack of Indigenous Australian academics at Charles Sturt; inertia of colleagues; student resistance; and institutional constraints. The difference in the level of understanding of health and social care academics about Indigenous cultural competence, is illustrated starkly by the following three quotes:

I haven't taught it (survey participant anon.)

The subject I teach has very little room for cultural competency issues (survey participant anon.)

The assumption that the Indigenous Cultural Competence is a linear, competency skill that can be 'ticked off' as 'achieved'. There needs to be an appreciation of the ongoing nature of intercultural awareness, not an 'us-them' approach. The linear, 'us-them' approach just reproduces damaging power relations. 'We' all need to genuinely explore the range of cultural diversities that we all embed and enact (survey participant anon.)

At one end of the continuum are academics who conceive Indigenous cultural competence as an 'add-on' and perhaps the responsibility of someone else. Collaboration with Indigenous Australian academics and colleagues within Charles Sturt, and also external to the institution, enables powerful opportunities to challenge the taken-for-granted and facilitate academics to take responsibility for progressing their own journey towards cultural competence. It is clear, however, that this is not the experience for many of the health and social care academics at Charles Sturt. In order for academics to be supported to look outside of the School and Faculty to develop relationships, there does need to be clear leadership from the highest level of the institution.

The School, Faculty, and University not having a solid mutually beneficial relationship with Indigenous Australian peoples, communities and organisations - I feel the University needs to take a stronger lead in relationship building for each of its campuses (survey participant anon.)

Clear visibility of this support is important because academics themselves can be the barrier to implementation of an Indigenous curriculum.

A lot of the learning is passed through non-verbal communication therefore, it is difficult to assess one's (and my own) level of competence (survey participant anon.)

Even though I feel OK within myself for my own personal cultural competency, I feel that I am not qualified or experienced enough to 'teach' cultural competency (survey participant anon.)

These responses highlight the need for academics to be supported, and their learning to be scaffolded, as Charles Sturt expects academics to facilitate for their students. Figure 5 illustrates the survey respondents' need for ongoing curriculum support to develop subjects which scaffold cultural competence learning experiences for their students.

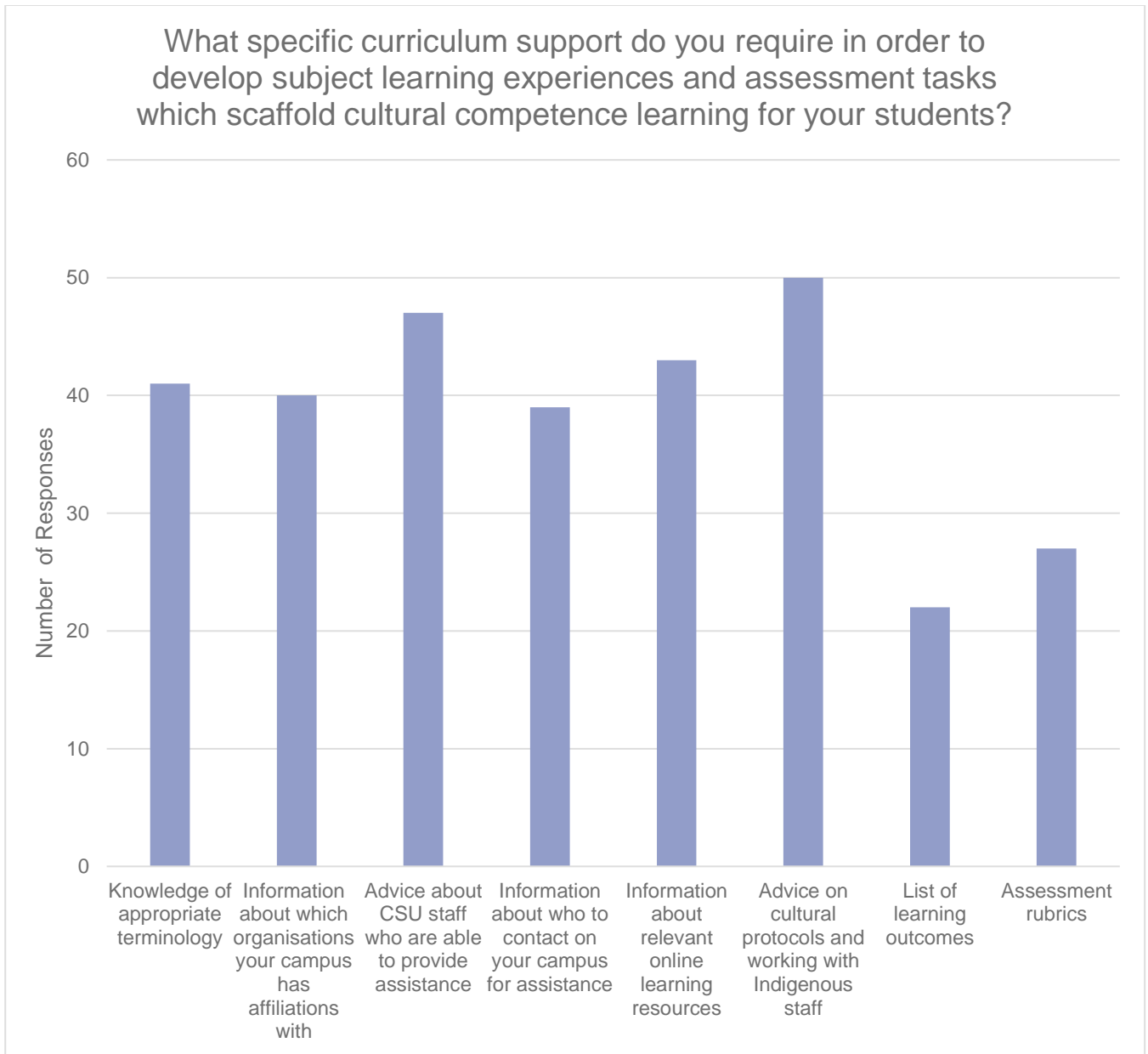


Figure 5: Curriculum support required for subject development

Professional development to build capacity for Indigenous cultural competence amongst the health and social care academics, may occur through a range of formal and informal learning opportunities. Examples of learning by doing academic work include: working with a Wiradjuri Elder in Residence; collaborative development of an Indigenous hybrid subject with academics in the School of Indigenous Australian Studies (SIAS); PhD study; peer learning through the development of an inter-cultural conference presentation; and participation in a learning and teaching conference.

I have loved the research and writing opportunities that I have had with Indigenous Australian people. I have learnt so much from my co-authors and friends (survey participant anon.)

My professional development in relation to Indigenous Australian cultures has occurred throughout my working life. A single learning module or experience within CSU is not a panacea (survey participant anon.)

The value of researching Indigenous issues in order to develop learning resources for students, is also an important opportunity for an academic to progress their professional development. Some of the academics also highlighted important opportunities for professional development through activities outside of Charles Sturt, such as working for an Indigenous Australian health care service; completion of formal study modules; participation in cultural awareness workshops; or being a Board member for a multi-cultural agency. Informal opportunities for professional development are equally valuable and can arise through 'sharing and talking with people from other cultures' and just 'listening'. Mentorship also provides valuable professional development for both the mentor and mentee.

While I have completed the mandatory ICCP training and it was beneficial, I feel I have learnt more by developing personal relationships with Indigenous people (survey participant anon.)

Academics identified professional development opportunities which could be implemented to build capacity for Charles Sturt staff. Some of the suggestions relate to current practice for example, the cultural immersion experience at Menindee Lakes, NSW and enrolment in subjects offered by SIAS. Health and social care academics also see the potential of initiatives which take time to develop such as, inter-cultural research; mentoring; the scholarship of Indigenous pedagogies; learning some Wiradjuri language; and the opportunity to build meaningful relationships. Support and investment to enable professional development must come from senior management at Charles Sturt, be authentic and relevant to individual academics.

I find that having opportunities imposed on me, by CSU or CSU staff, is not helpful. It is just another 'one size fits all' approach and does not respect the person's journey - just ticks a box for CSU and associated staff (survey participant anon.)

As illustrated in Table 6, there is a strong preference amongst the health and social care academics for situated learning but considering current constraints on face-to-face gatherings and

travel, it is encouraging to note that academics also value professional development opportunities which are offered in a blended delivery mode.

	* 1	2	3	4	5	total
Situated learning on country	48	5	2	5	9	69
Face to face on campus	9	39	8	8	7	71
Self-directed online study	9	6	6	16	32	69
Blended delivery	2	6	42	15	7	72
Online seminar/workshop	4	12	13	25	17	71

* 1 = highest preference; 5 = lowest preference

Figure 6: Preference for mode of professional development activity

Summary

The outcomes of this pilot study provide a valuable insight to the experience of health and social care academics and are applicable to informing professional development planning at Charles Sturt, to progress cultural competency journeys for academic staff. On a broader scale, the outcomes of this study will assist Charles Sturt in addressing the National Best Practice Framework for Indigenous Cultural Competency in Australian Universities; the Universities Australia Indigenous Strategy 2017-2020; the Universities Australia Good Practice Principles for Course Accreditation and Review of Indigenous Curriculum; and the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025 (AHPRA, 2020).

Additionally, it is relevant to reflect on this report in the broader context of a *whole of university approach* to the development of an Indigenous curriculum. Matthews et.al (2016) identified three themes of leadership, transformation and institutional change which are foundational to a university-wide approach. In their report, Charles Sturt's achievements in developing the infrastructure for institutional change and enabling leadership structures to implement a strategic plan to include Indigenous Australian content across the curriculum, are acknowledged as best practice (Matthews et.al., 2016). Based on the outcomes of this survey, however, it would seem that we still have some way to go at Charles Sturt to achieve a 'sustained and deep commitment across the whole institution' to realising the transformational nature of an Indigenous curriculum for staff and students (Matthews et.al., 2016, p.45). Specifically it is the support for, and development of, academics in their journeys towards cultural competence which

requires closer attention, to enable them in turn to support their students to become practitioners who have the knowledge, skills and attributes to ensure culturally safe and respectful practice.

The further I go along this journey, the more I value the challenges and feel less defensive about where I am at, and where I need to go. Becoming less defensive has freed me to put myself out there more, take some risks in terms of challenging myself and others, try new things, be more honest with myself and feel like I am making some progress in my cultural competence (survey participant anon.)

The outcomes of this survey on a defined group of health and social care academics has the potential to inform a larger study across Charles Sturt and this would align well with a *whole of university approach* (Matthews et.al., 2016). Looking forward, it is also relevant to extend thinking beyond cultural competency to 'cultural proficiency':

'The integration of cultural competence into one's repertoire for scholarship. At the organisational level, cultural proficiency is an extension of cultural competence into the organisational culture. For the individual and the institution, it is mastery of the cognitive and affective phases of cultural development' (Wells, M., 2000, p.193).

This report is a useful resource which can provide a foundation for continuing conversations at all levels across the institution. The report has immediate value for senior leaders and stakeholders to complement other forms of 'reporting' on course progression towards the end of 2020 deadline. Specifically, within the Faculty of Science it has particular relevance to the School of Community Health Indigenous Curriculum Working Group and the Faculty of Science Indigenous Curriculum Working Group, to inform support for academics in curriculum design, learning and teaching. There is also the opportunity to return to the expert Bathurst Wiradjuri Elders group to further explore the outcomes of this pilot study. The research team continues to focus on sharing this work with the broader community, to highlight issues relevant to academics' cultural competence and also to promote Charles Sturt as an institution which is leading the way.

Outputs

Lewis, M.J., Robinson, C.J., Skinner, K., Bilton, N., & Hill B. (*under review*). Connecting commonalities between Indigenous Australian cultural competence teaching, with participatory educational research. *Educational Action Research Journal* - special issue on Pedagogical Action Research in Higher Education.

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