



Privileging the spirit, voices, and culture of Aboriginal and Torres Strait Islander peoples in dementia care: Education for non-Indigenous health care providers

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ABSTRACT

Purpose of research: Data show that many Aboriginal and Torres Strait Islander peoples experiencing dementia receive services at mainstream health organizations and from non-Indigenous health care providers. It is imperative that non-Indigenous health care providers are educated about culturally respectful and safe care for Aboriginal and Torres Strait Islander peoples with dementia. The purpose of this research was to partner with Aboriginal Elders to co-design and implement an online unit on culturally respectful and safe care to educate non-Indigenous health care providers.

Principal results: Twelve Aboriginal Elders from four Australian states, along with state-based Aboriginal project officers, partnered with the national, interdisciplinary research team to co-create and co-deliver the 13-week unit. Elders formed a Governance Group to guide the research team and ensure the content, delivery and methods of assessment of the unit privileged the spirit, voices, and diverse cultures of Aboriginal and Torres Strait Islander peoples. A team of Aboriginal markers, including Elders and project officers, was established to evaluate students' assessments. The unit commenced in late July 2024 with 375 students enrolled.

Major conclusions: Comments from both Elders and students affirmed the importance of Elders' presence in the unit through their weekly zoom sessions with students and participation in evaluation of students' learnings. Elders' guidance in the co-creation and co-delivery of the unit has been recognized at program, college and university levels. The unit is available nationally and internationally through the online Diploma of Dementia Care offered by the University of Tasmania, Australia.

1. Introduction

Australia's recent Royal Commission into Aged Care Quality and Safety (Pagone and Briggs, 2021) highlighted the need for older Aboriginal and Torres Strait Islander peoples to receive culturally

respectful and safe, high quality, trauma-informed, needs-based, and flexible services regardless of where they live – and delivered by staff who are educated about and trained in such care. The growing literature on older Aboriginal and Torres Strait Islander peoples documents the high prevalence of dementia, disability, food insecurity, psychological

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distress, and difficulty accessing and receiving culturally respectful and safe health care (Goldberg et al., 2018, 2022; LoGiudice, 2016; LoGiudice et al., 2021; LoGiudice et al., 2023; Radford et al., 2015; Radford et al., 2019; Russell et al., 2022; Smith et al., 2021; Temple et al., 2020).

Culturally respectful and safe care reflects Aboriginal and Torres Strait Islander peoples' perspectives, priorities, and knowledge systems. It recognizes the importance of connection to Country (Aboriginal land, sea and sky or Aboriginal homelands), the right to health equity and access, and the right to determine care and how it is best delivered. This entails collaboration and coordination across services and community partnerships to ensure care is strengths-based and free of racism and that Aboriginal and Torres Strait Islander peoples feel welcome where they are receiving care, understood, and empowered (Mohamed et al., 2024; National Aboriginal and Torres Strait Islander Health Plan, 2021). At the core of culturally respectful and safe care is an acknowledgement of the ongoing effects of colonization, a recognition of the influence of social and political factors in how the health care system is experienced by Aboriginal and Torres Strait Islander peoples, and an understanding that it is the recipients of care who define whether that care is culturally safe. This final factor ensures that health care staff who feel they are culturally sensitive, culturally aware, and culturally competent are indeed providing care that is culturally safe. The purpose of ensuring cultural safety in practice and policy is to achieve justice and equity for Aboriginal and Torres Strait Islander peoples (Mohamed et al., 2024). The challenge of implementing genuine and lasting culturally respectful and safe care in mainstream aged care services is that it requires a fundamental systemic transformation in how care is provided, particularly when care is provided by non-Indigenous health care staff. In this article, we argue that culturally respectful and safe care is the responsibility of the health care provider, but it is judged by the person receiving care. This is particularly true for older Aboriginal and Torres Strait Islander peoples, including those with dementia. Cultural safety by necessity involves questions about race and racism, and care that considers the ways in which each person's specific needs are nested within the community (Mohamed et al., 2024; Watego et al., 2021).

The number of older Aboriginal and Torres Strait Islander peoples is increasing rapidly, impacting the need for culturally appropriate and safe health and aged care services in regional and remote as well as in urban areas. While older Aboriginal and Torres Strait Islander peoples prefer aged care provided by Aboriginal and Torres Strait Islander Community-Controlled Services, the capacity of these services is limited due to resources (Commonwealth Closing the Gap Implementation Plan, 2024; Larke et al., 2021). Older Aboriginal and Torres Strait Islander peoples who can access mainstream home, community or residential care receive it from 120 aged care organizations across Australia and primarily from non-Indigenous health care staff (Dawson et al., 2021).

While we wait for the Aboriginal and Torres Strait Islander community-controlled sector to be adequately resourced and supported, we must educate non-Indigenous health care providers about culturally respectful and safe care for Aboriginal and Torres Strait Islander peoples with dementia and change the conversation from a focus on deficit to one on strength, resilience, and holistic approaches. This education must involve a partnership with Aboriginal and Torres Strait Islander peoples (Hall et al., 2023), and a focus on non-Indigenous health care providers' self-reflection and how to apply and sustain what they have learned in their education (Mohamed et al., 2024).

The objective of this project was to partner with Aboriginal Elders from communities in four Australian states (Tasmania, Victoria, New South Wales, and Western Australia) to co-create and co-deliver a 13-week online university unit where content, delivery, and assessment privilege the spirit, voices, and diverse cultures of Aboriginal and Torres Strait Islander peoples. The unit is focused on improving health care for Aboriginal and Torres Strait Islander peoples with dementia by helping students understand the importance of culturally respectful and safe care and how to apply such care in everyday practice. It will be required study in the online Diploma of Dementia Care, offered by the University

of Tasmania and available nationwide. The online structure and tuition-free scholarship for students enrolled in this Diploma make it readily accessible and affordable for adults who are working in aged care. Most students undertaking this Diploma program are not Indigenous.

Four funded initiatives underpin this project: the *Good Spirit, Good Life* quality of life package for older Aboriginal peoples (Smith et al., 2021; Gilchrist et al., 2023); the online *Caring for Spirit* program (Poulos et al., 2021; Radford et al., 2014); *Let's CHAT (Community Health Approaches to) Dementia in Aboriginal and Torres Strait Islander Communities (Let's CHAT Dementia; Bradley et al., 2020)* and *Aboriginal women learning on Country* (Goldberg et al., 2022). In these four co-designed initiatives, Aboriginal and Torres Strait Islander communities were involved in all key aspects of the research journey – building relationships, developing the research idea, collecting, and analyzing data and sharing and translating the results. These initiatives provide pathways for Aboriginal and Torres Strait Islander community members across the country to readily access dementia information. All resources are culturally relevant, appropriate, and sensitive. All contribute to strengthening the soul and spirit of Aboriginal and Torres Strait Islander communities as they address health promotion, dementia risk reduction, and dementia care. Health care providers working with Aboriginal and Torres Strait Islander peoples need to understand that culturally respectful and safe care focuses on much more than dementia alone. Rather than working within a deficit discourse and a narrow focus on the condition, best-practice care focuses on the person, close and extended family, and a holistic approach that recognizes all the factors central to enjoying a good life (Fogarty et al., 2018; Lavrencic et al., 2024; National Aboriginal and Torres Strait Islander Health Plan, 2021; Smith et al., 2021).

2. Methods

This paper presents the preliminary findings from the process of developing the unit and the initial eight weeks of its implementation.

2.1. Ethics

The study was approved by the University of Tasmania Human Research Ethics Committee (HREC) H0029817 and by the Aboriginal Health and Medical Research Committee (AH&MRC).

2.2. Participants

2.2.1. Elders

Twelve Aboriginal Australian Elders (three from each of the four states), along with four state-based Aboriginal project officers, were recruited to partner with the national, interdisciplinary research team. The 12 Elders formed a Governance Group to guide the research team through project refinement, creation and review of data collection instruments, approval of procedures, moderation of yarning circles and interpretation of findings from yarning circles and unit assessments.

2.2.2. Students

With the implementation of the unit, additional participants were the university students enrolled in the unit. Students were purposively sampled and recruited from those enrolled in the online Diploma of Dementia Care. Based on data collected since the Diploma of Dementia Care began in 2012 (Goldberg et al., 2023), 300–400 enrolments were expected with the majority of students involved in care for people with dementia and being non-Indigenous.

2.3. Procedures

2.3.1. Co-creation of the unit

Elders and project officers, along with research team members from

their state, initially met face-to-face in their respective communities to yarn and review the four initiatives on which this project is based and consult on project design and the projected timeline. Yarning is an Indigenous and culturally safe form of conversation and storytelling that privileges Indigenous knowledge systems. It is a way of connecting, making meaning, communicating and passing on history and knowledge. It can be social or more formal, such as collaborative yarning, and is recognized as a valid form of qualitative research methodology (Bessarab and Ngandu, 2010; Kennedy et al., 2022; Sharmil et al., 2021). All team members then met in a series of 4-hour virtual workshops in May and June 2024 to co-create the online university unit. A Smoking Ceremony and Welcome to Country was hosted virtually from Lutruwita/Tasmania before the initial workshop.

Following social yarning in the initial workshop to find common ground and to build trust and rapport between team members (comprised of Elder co-researchers and researchers from different regions), Elders guided collaborative yarning to share experiences and stories to inform the development of unit content, assignments, and a pre-unit survey. Collaborative yarning allows for knowledge sharing in a culturally safe, relaxed, and informal manner guided by respectful semi-structured and open-ended questions (Kennedy et al., 2022). This yarning with Elders in the virtual zoom sessions documented rich, powerful, and poignant interactions from which unit content was refined and research team members, particularly non-Indigenous team members, gained meaningful insights. Written summaries were developed from the zoom sessions of each workshop, recorded with permission, and verified by the Elders and other research team members through a respectful two-way learning and refinement process. The unit met the requirements for educational resources developed by mob, with mob, and for mob (Australian Institute of Aboriginal and Torres Strait Islander Studies [AIATSIS], 2022). Unit content, sequence of delivery and three authentic assignments were aligned with Australian Qualifications Framework Council (AQF) Level 5/Diploma specifications (Australian Qualifications Framework Council, 2013).

The pre-unit survey comprised 17-items to capture demographic data about students and their work in dementia care, their engagement, both personal and professional, with Aboriginal and Torres Strait Islander peoples, and their awareness of historical and cultural factors affecting care. Questions with yes/no/I don't know responses included: *Does the care you provide include care for Aboriginal and Torres Strait Islander peoples? Are you aware that a person's Health Care Plan includes their identification as an Aboriginal or Torres Strait Islander person?* Open-ended questions focused on concepts important to health and wellbeing included: *What do you understand by the term "Country" in relation to Aboriginal and Torres Strait Islander peoples? What factors do you think might impact the journey of an Aboriginal and/or Torres Strait Islander person with dementia? Are you familiar with the concept of "intergenerational trauma"? If yes, how might intergenerational trauma relate to providing culturally respectful and safe care for Aboriginal and Torres Strait Islander people? Have you heard about the Stolen Generations? If yes, how might care for Aboriginal and Torres Strait Islander peoples with dementia consider the needs of people who are members of the Stolen Generations? Are you familiar with the term "colonization"? If yes, how has colonization impacted the provision of culturally respectful and safe care for Aboriginal and Torres Strait Islander peoples?*

2.3.2. Establishment of an Aboriginal marking team

The focus of the project was the education of non-Indigenous students in understanding and learning to provide culturally respectful and safe care for Aboriginal and Torres Strait Islander peoples. As Aboriginal and/or Torres Strait Islander peoples determine if the care being provided is culturally responsive and safe, it was important to establish an Aboriginal marking team to assess if students were understanding and meeting these requirements and to ensure students received expert and authentic feedback on their work.

2.3.3. Implementation of the unit

The inclusion of the planned unit in the Diploma of Dementia Care was approved administratively in late 2023. University staff then employed existing marketing approaches, including social media, to inform health care providers and students about the unit. The first author, an educator in the Diploma program, was appointed as Unit Coordinator, working closely with Elders and project officers. Ethics approval of the project included informed consent for enrolled students to agree to the use of their pre-unit survey data and de-identified comments.

2.4. Theoretical approach

Our approach reflects Indigenous and decolonizing theories guiding students' acquisition of cultural knowledge, and facilitating changes in attitude, settler mentality, racial positioning, and ultimately behavior through embracing cultural safety and the balancing of power to ensure health and wellbeing for Aboriginal and Torres Strait Islander peoples with dementia (Evans, 2023; Heckenberg, 2020; Nakata, 2007). We need students to gain insight into Indigenous ways of knowing, being and doing; to understand how these ways are essential to culturally appropriate and safe care for Aboriginal and Torres Strait Islander peoples with dementia; and how culturally appropriate and safe care can enrich and complement Western-oriented ways of providing care. In providing culturally appropriate and safe care, students can contribute to the self-determination and agency of Aboriginal and Torres Strait Islander peoples. We were guided by Nakata's Indigenous Standpoint Theory, with Elders infusing an Indigenous perspective through their cultural knowledges and experiences. These cultural knowledges and experiences shaped unit content, delivery, and evaluation, demonstrated the importance of Indigenous-led learning, and showed how approaches to dementia care can have cultural meaning and perspective for Aboriginal and Torres Strait Islander peoples. This approach helped students understand how the effects of colonization are linked to ongoing structural inequalities affecting the health of Aboriginal and Torres Strait Islander peoples and the role students can play in advocating for culturally appropriate and safe dementia care.

2.5. Data analysis

Reflexive thematic analysis (Braun and Clarke, 2019) of the recorded virtual collaborative yarning workshops was completed by the first author, to identify themes and exemplars to frame the content, sequence of delivery, and methods of assessment for the online unit. Data about the profile of students and their engagement with Aboriginal and Torres Strait Islander peoples, and awareness of history and cultures were analyzed from students' completion of the pre-unit survey. Comments from Elders and students during the first eight weeks of the unit, including Discussion Board posts, provided insight into unit progression.

3. Results

3.1. Co-creation of the unit

Content of the 13-week unit was organised into a 1-week Introduction and three 4-week modules as illustrated in the Unit Outline in Appendix A. In Week 1, students were asked to listen to a webinar by an esteemed Aboriginal researcher, Professor Maree Toombs, addressing Indigenous co-design and intervention in research and practice, and to reflect on what they learned on a communal Discussion Board. Module 1 (weeks 2–5) addressed the need for culturally respectful and safe care: focusing on the rights of Indigenous peoples; social justice; cultural awareness and training; past and current policies and effects on health care. Students were introduced to the *Good Spirit, Good Life* 12-factor cultural framework (Smith et al., 2021; Gilchrist et al., 2023), the online *Caring for Spirit* program (Poulos et al., 2021; Radford et al., 2014),

Let's CHAT Dementia (Bradley et al., 2020), and Aboriginal women learning on Country (Goldberg et al., 2022). Guiding concepts from these initiatives, developed by and with Aboriginal people, were infused into content of the modules that followed. This was important to emphasize to students that, in providing culturally appropriate and safe care for Aboriginal and Torres Strait Islander peoples with dementia, all factors in a holistic framework need to be in balance and ongoing to ensure a good life with a strong spirit.

Module 2 (weeks 6–9) addressed what culturally respectful and safe care entails: implementing a cultural framework for strengths-based and healing care; caring and sharing through yarning; addressing the power imbalance; proactive care plans; lifestyle factors and wishes; appreciating the diversity of Aboriginal peoples; the Stolen Generations and trauma-informed care; and end-of-life care/entering the Dreaming. Module 3 (weeks 10–13) addressed students' roles in ensuring culturally respectful and safe care: becoming an ally and advocate.

Elders indicated they would like to have a regular presence throughout the unit for their voices to be heard. This was achieved through weekly zoom sessions to yarn with students. Elders' participation rotated depending on availability but on average, five of the 12 Elders were present for each session. Project officers also participated. The number of students who attended ranged from 32 to 56. These weekly zoom sessions enabled Elders and project officers to guide students in exploring content, addressing questions, and learning to take time to listen and reflect. All zoom sessions were recorded, with permission, for students who were unable to attend.

Elders also guided the development of the three assignments for the unit. Assignment 1 focused on understanding and applying the *Good Spirit, Good Life* cultural framework. Assignment 2 had two parts: (a) critically reviewing four assigned articles about caring for Aboriginal and Torres Strait Islander peoples with dementia, and (b) completing a self-reflection tool about culturally responsive and safe care (Smith et al., 2024). This tool uses a 7-point Likert-type scale for students to respond to 36 items addressing awareness, knowledge, inclusive relationships, cultural respect, cultural safety, social justice and human rights, self-reflection, cultural humility, and cultural competencies. For Assignment 3, Elders stressed the importance of students meeting and connecting with Aboriginal and Torres Strait Islander peoples and organizations in their own communities. However, doing this directly was not possible with the large number of students in the unit and the lack of time in which to prepare both students and community organizations for such interactions. Assignment 3 thus focused on students working in small groups to explore web-based information on Aboriginal and/or Torres Strait Islander Community-Controlled Health Services in their area and develop a 10-min oral presentation addressing cultural safety, culturally responsive and respectful care, relationship building, and cultural labour. Cultural labour, a term used by the Elders, described the need for non-Indigenous people to work in ongoing unity and respectful partnership with Aboriginal and Torres Strait Islander peoples. In addressing cultural labour, students were asked to identify components they considered critical to ensure culturally responsive and safe care for Aboriginal and Torres Strait Islander people with dementia and how they would work in partnership with Aboriginal and Torres Strait Islander people to achieve these components. This group work was complemented by students writing an individual 1000-word essay on the same topics.

3.2. Aboriginal marking team

Four Elders and three project officers participated in the marking team, complemented by an Aboriginal community member and an Aboriginal postgraduate student at the university. All markers were involved in developing the rubrics for each assignment, meeting via zoom to practice on randomly selected submissions, and grading students' work. A challenge arose from a small group of students whose writing implied that an Aboriginal marking team did not meet

University standards. After consultation with Elders, a written announcement was posted for all students advising care about the use of language that could be interpreted as racist.

3.3. Implementation of the unit

The administratively approved unit was implemented in late July 2024 as a core (required) unit in the online Diploma of Dementia Care. The unit concluded in late October 2024. Data for this paper were collected until Week 8 and do not reflect results of assignments. There were 375 students enrolled. Of these students, 92 (25%) were beginning their Diploma studies, having completed no previous units; 70 (19%) were half-way through the Diploma, having completed 4 units; and 81 (22%) had completed 6 ($n = 45$) or 7 ($n = 36$) of the required 8 units. Four students had completed the Diploma and were continuing in a Bachelor of Dementia Care program. Table 1 shows the number of units students completed before enrolling in this new unit, identifying where they were in the 8-unit Diploma program.

One challenge with implementation of the unit centered in its being the first unit of online study for many students as they had not completed recommended introductory units and had difficulty navigating the online system. An additional challenge was the completion of Assignment 1, infusing the 12 inter-related factors of the *Good Spirit, Good Life* cultural framework into one activity to demonstrate the importance of addressing all factors and keeping them in balance to ensure culturally appropriate and safe care. Some students said this was not possible and many were confused regarding what was meant by "activity." Students struggled with the need to change their perspective from task-oriented care to one of listening, getting to know the people with whom they were working, and appreciating the importance and value of establishing a cultural framework for care. These struggles were also reflected in some students' negative comments regarding the need to work collaboratively for the final assignment.

3.3.1. Completion of the pre-unit survey

Two hundred and one (201) students (54%) engaged with the unit when it opened and completed the pre-unit survey. Of these 201 students, 10 identified as Aboriginal and/or Torres Strait Islander and 191 (95%) as neither Aboriginal nor Torres Strait Islander, as expected. Of these 191 students, 2 identified as Māori from Aotearoa/New Zealand with 7 identifying as First Nations people from Zimbabwe, Chile, Cambodia, Sri Lanka, Mexico, Singapore, and Khazakistan. Most students were living in Australia ($n = 194$) and over the age of 40 years; 193 (96%) were working with people with dementia across a range of settings, with 127 (63%) not working with, or not knowing whether they were working with Aboriginal and/or Torres Strait Islander peoples. "Not knowing" was an interesting finding given that 170 students (84%) reported they knew where to find information about people's identification as an Aboriginal and/or Torres Strait Islander person. Most students (125; 69%) described some personal or professional engagement with Aboriginal and/or Torres Strait Islander peoples. Responses were

Table 1

Students enrolled in the unit ($n = 375$) and their progress in completing the 8-unit Diploma.

Completed Units	Number of Students (Percentage)	Progress
0	92 (25%)	Beginning the Diploma
1	17 (5%)	
2	42 (11%)	Half-way through
3	31 (8%)	
4	70 (19%)	
5	38 (10%)	
6	45 (12%)	Enrolled in 8th (final) unit
7	36 (10%)	
	$n=371$ (100%)	

Note. Four additional students enrolled in the unit had completed the Diploma.

positive and ranged from childhood friendships, travel, and chance encounters, to learning from challenging experiences in providing care when “I didn’t know enough.”

Further questions asked students about the concepts of Country, intergenerational trauma, and colonization and how these and other factors relate to providing culturally respectful and safe care for Aboriginal and/or Torres Strait Islander peoples with dementia. Most students appeared to respond thoughtfully but there was a small group (up to 24%) that responded, “don’t know”, “don’t care”, or used wording that blamed Aboriginal and/or Torres Strait Islander people for ongoing issues with chronic health conditions and dementia. When asked about Country, one student wrote “I’m a white Australian and this is my country.” Asked about the impact of colonization on care, one student questioned “Has it affected care? Need proof.” Details are provided in [Appendix B](#).

3.3.2. Elders’ comments

Elder’s comments were consistently positive and reflected the importance of their involvement in the development and implementation of the unit:

“I am very grateful to be a part of a new and exciting journey to assist and share my input to such a worthy unit of study.”

“Our people need respect – to be well respected. That’s what we just need to see happen for our people and their services. With this new unit, it feels like we are getting somewhere – so good seeing so many people interested in learning about us!”

“It’s [providing care] about listening to the person. What they know, what they’re telling in their story, like what happened when they went rabbit trapping. I think it could be beautiful between non-Aboriginal staff who are caring for older Aboriginal people – to see them as human beings. Obviously, we want it done by our own people, but there are occasions where it’s not always possible, so if we can have that care for mob – if we can teach non-Aboriginal people to care for mob the way we would care for them, I think that’s important.”

“We’ve been, for years and years, labouring to get our rights met and justice in our Country. I make the point about “cultural labour” - non-Aboriginal people need to pick up the banner and work with us in unity and respect. This is important as a lot of the time, the load is put on Aboriginal people – but until white fellas get the heart sense that you’re in it there, with us, together ... The outcome of the referendum showed us that the country is not on our side, we’ve still got that hard work to do – but we need to do it together.”

And from one project officer: *“Listening to these students learn and answering their questions – it’s healing.”*

3.3.3. Students’ comments

Six Discussion Boards were established: one for students to introduce themselves and establish relationships; one for each of the three individual assignments to ensure students understood what was required; one for students to express any general concerns; and one to share items of interest that complemented unit content. The Unit Coordinator monitored and responded to these Discussion Boards daily on workdays. Students’ positive comments from Weeks 2–8 reflected their learning, the challenges of the material, and how they valued the Elders’ guidance:

“I am really excited about this unit. So many things are changing in the aged care space and the expectation that Aboriginal care is an essential part of understanding within the staff demographic is only enhanced through the strengthened [aged care] Standards. I want to learn as much as I can as I feel a genuine sense of responsibility to be informed and enabled to provide improved care outcomes to all Aboriginal and Torres Strait Islander people. This is a great new subject.”

“I just listened to the recording of Monday’s yarning session; please pass on my thanks and gratitude to the Aunties and Uncles for sharing their wisdom and knowledge with kindness, patience, gentleness and insight. I always finish listening to the session, feeling that I am not only learning so much in this unit, but how to be in this world, through connection to others, community and nature. Time for me to walk out in the garden with bare feet and listen to what the magpies are talking about.”

“I was unable to participate in the live zoom meeting, but I have just watched the recording, I found it very interesting and informative. Thanks to those who asked questions, and thanks to all the Elders for providing an excellent insight into the Good Spirit, Good Life cultural framework.”

“I love the yarning sessions with the Elders each week. I always watch the replays as I cannot join live due to work, but I feel privileged to be a part of these sessions and I learn so much. These sessions are the highlight of my week. The yarning sessions challenge me to reflect on past and present practices and better understand how I can provide culturally safe and respectful care. Thank you to all the Aunties and Uncles who take the time to share your knowledge. I feel the knowledge shared is irreplaceable and cannot always be shared or captured in learning modules alone, so I hope these sessions continue in the future!”

“Thank you for including Caring for Spirit in our coursework for Week 4. I thoroughly enjoyed this and spent time delving into the many extra resources and videos. I really appreciated the heartfelt personal stories, as well as the links to some excellent external videos. I didn’t know about this training resource beforehand, and I am now keen to encourage others to partake. I greatly appreciate the national collaboration that has gone on between universities and Aboriginal Elders to create this unit. It is an amazing feat to have achieved so much goodwill, well done!”

“I just completed this online [Caring for Spirit] course, thank you so much for including this in our learning. The presentation and access to so much Aboriginal content was fantastic. There was a particular animation on intergenerational trauma that was very moving and confronting. There are so many challenges in this unit, it is incredible learning and opening up my mind to my own culture.”

“Thank you to the Elders for such an in-depth session today [on the Stolen Generations]. Uncle, among others, addressed my question outlining the multitude of things that have been stolen, such as Country, language, culture, though what could be worse than taking children. His positive comment that the Dreamtime, Dreaming, could never be taken, demonstrates a strength of spirit that enables people to continue to survive and live a good life despite such treatment. My question demonstrated the beginning of my cultural labour to be more aware of the trauma that Aboriginal and Torres Strait Islander peoples have continually, to this day, survived and endured.”

Despite these positive comments, challenges arose with a small group of students stating they were not interested in the health of Aboriginal and Torres Strait Islander peoples and feeling forced to complete this required unit. When other students responded encouragingly, the students posting negative comments pushed back in a bullying manner. After consultation with Elders, the Unit Coordinator posted a general announcement reminding students of the University Behaviour Policy to ensure the health and wellbeing of all students, and calling for the disrespect, unpleasantness, bullying and lateral violence to stop to provide a safe environment for those who genuinely appreciated the Unit.

A student then posted *“I am sorry for the negativity some students are expressing, and it is unfortunate that some people are not more willing to think outside the box and enjoy the opportunity to learn about a complex issue which has had very little attention ... I had never considered the issues raised so far in this unit, so it has already been a valuable unit for me to take part in and has already made me think more about living in a diverse and multicultural nation and how the industry needs to step up to meet these needs.”*

Negative comments by some students about the expectation to work in small groups for Assignment 3 were countered by this post: *“I met up with a fellow student yesterday, which is the first time since studying at UTAS that this has happened. Online learning can be isolating and a little daunting. Being in a classroom and being able to talk directly to one another and the lecturers is a different environment and provides students an outlet for feedback and receiving advice from others. Anyway, meeting up with another student was a wonderful experience and we both chatted a lot about the unit, about aged care in general, about cultural awareness and we both shared tales of our work and life experiences. If it wasn't for being part of this unit, I don't think this meeting would have happened; so, because of the nature of this unit it has already encouraged us to step outside our comfort zones and reach out and do something different. Having a yarn and starting to think about our assessments was beneficial for both of us.”*

4. Discussion

This project focused on a partnership with Aboriginal Elders to co-create and co-deliver a 13-week online university unit where content, delivery, and assessment privilege the spirit, voices, and diverse cultures of Aboriginal and Torres Strait Islander peoples. Australia's National Health Plan for Aboriginal and Torres Strait Islander peoples (2021) and Commission on Quality and Safety in Health Care (Lavrencic et al., 2024; Pagone and Briggs, 2021) document the need to educate non-Indigenous health care providers about culturally respectful and safe care for Aboriginal and Torres Strait Islander people with dementia. Providing culturally respectful and safe care changes the conversation from a focus on deficit to one celebrating the strength and resilience of Aboriginal and Torres Strait Islander peoples with culture at the centre of care. This conversation also tackles racism and unconscious bias and seeks equity and respect, impacting social change to decolonize approaches to dementia care. It recognizes the importance of taking a holistic approach to dementia care that infuses the 12 factors inherent in maintaining a good spirit and a good life (Gilchrist et al., 2023; Smith et al., 2021) and working in ongoing partnership with Aboriginal and Torres Strait Islander peoples, the experts in Indigenous knowledge and cultural practice, to ensure care reflects individual and community strengths to redress power imbalances and is culturally respectful and safe (Lavrencic et al., 2024; Mohamed et al., 2024).

The Wicking Dementia Research and Education Centre at the University of Tasmania offers the unique online Diploma of Dementia Care program, with its national and international reach, in which to embed culturally respectful and safe care for Aboriginal and Torres Strait Islander peoples. The Diploma program attracts both direct care providers and health care professionals (Goldberg et al., 2022). Currently, there are 877 people enrolled (including the 375 students in this new unit); 2555 people have been admitted, and 1847 have graduated. As with the development of the four initiatives that underpin this new unit, the unit was co-created with and guided by Aboriginal and Torres Strait Islander Elders and community members, making it a valuable and authentic educational resource for non-Indigenous health care providers working with Aboriginal and Torres Strait Islander peoples with dementia (AIATSIS, 2022).

The advantage of the tuition-free online Diploma of Dementia Care program is its accessibility and students' ability to engage at a time that suits them. However, online learning can also be perceived as lonely and alienating (Kaufman and Vallade, 2020)). To counter such perceptions in this new unit, students were offered separate, weekly, hour-long synchronous opportunities to engage with Elders and to meet with the Unit Coordinator and Student Advisor to clarify assignment requirements and address any concerns. These sessions were recorded for students who could not attend. It was interesting to note that these opportunities were seen as different from other units in the Diploma program and perceived as confusing and burdensome by some students. A contributing issue was the discontent some students expressed at the group work required for the final assignment. This speaks to the

importance of clearly explaining the construction of the unit in the Orientation week, but it was intriguing to note that some students working in aged care and with people with dementia did not wish to work collaboratively with others or learn about culturally appropriate and safe care, and viewed learning from those who were receiving care as “outside the box.”

Two primary challenges were encountered in the first eight weeks of the unit. One challenge was the racism, intended or not, expressed by some students in their responses to the pre-unit survey and subsequent Discussion Board posts. The other challenge was the resistance of some students to learning about culturally appropriate and safe care. For many students, this resistance subsided as they interacted with Elders, or listened to the zoom recordings, and allowed themselves time to reflect, share, and learn. For a small number, particularly those who used inappropriate and bullying language, their resistance to understand and employ a culturally appropriate framework for care remained. These students are employed in aged care and may well be providing care for Aboriginal and Torres Strait Islander people with dementia. The possibility of the silent presence of covert racism in dementia care is an ongoing concern as these students will be providing care that is not culturally respectful and safe. We plan to address this concern directly in the next offering of the unit, aligning this with asking students to complete the self-reflection tool at the beginning and end of the unit. This will enable insight into students' perspectives on cultural awareness, knowledge, inclusive relationships, cultural respect, cultural safety, social justice and human rights, cultural humility, and cultural competencies at the beginning of the unit, and provide more time to address negative perspectives.

The Elders are the heart of this unit. Their generous presence in weekly zoom sessions, and their patience, consideration of and response to difficult questions enriched the content they helped create. Students felt invited to ask questions and share their ideas – in person and on Discussion Boards. They are learning about the diversity of Aboriginal and Torres Strait Islander peoples and cultural protocols. They are learning to pronounce Aboriginal terms and names of Country, and on whose sovereign Country they live and work. They are learning to listen to the histories and stories of Aboriginal and Torres Strait Islander peoples. They are learning to reflect on and discuss their own socio-cultural and racial positioning as it relates to engaging with Aboriginal and Torres Strait Islander peoples and in dementia care. They are assisting in the process of decolonizing approaches to dementia care and addressing the power imbalances that often occur in Western approaches to care. They are understanding the importance of cultural labour – learning to let go of “I” and “you” referents and working in ongoing unity and respect with Aboriginal and Torres Strait Islander peoples, including people with dementia, to ensure culturally respectful and safe care. The quiet and respectful silences that sometimes occurred in the zoom sessions illustrate the importance of deep listening and the fact that answers are not always immediate. Students are learning to be “comfortable with being uncomfortable, and with being vulnerable” (Ratana, 2022, p. 92). Students who listened to the recorded sessions cited the benefit of being able to stop, have time out to reflect, then listen again – especially for challenging/distressing stories. Students who have never engaged with Aboriginal and Torres Strait Islander peoples now have a model to follow. Hopefully, the students who wrote disrespectful and dismissive responses in the pre-unit survey will write differently when completing the post-unit survey. Time will tell.

5. Conclusion

Partnering with Aboriginal Elders to co-create and co-deliver an online unit to educate non-Indigenous health care providers on culturally respectful and safe care for Aboriginal and Torres Strait Islander peoples with dementia has been successfully achieved. The importance of this partnership is evident in comments by Elders and students, and has been recognized at programmatic, college and university

administration levels. It has the potential to drive social change in dementia care and to assist the university in strengthening and promoting Indigenous knowledge.

Ethics approval for this new unit includes Indigenous data sovereignty and governance, ensuring correct arrangements for Indigenous Cultural and Intellectual Property rights. With these rights in place, content, including the *Good Spirit*, *Good Life* framework, *Caring for Spirit*, and *Let's CHAT dementia* information and supporting resources, can be freely available to other universities, Technical and Further Education (TAFE) organizations, aged and dementia care organizations, hospitals, and General Practice to improve support for Aboriginal and Torres Strait Islander peoples with dementia.

Soon, quantitative and qualitative data will be available from the three co-created assignments and the pre-and post-unit surveys in this initial offering of the unit. Such data will enable an adequately powered analysis of the impact of the unit, document health care providers' beginning and acquired knowledge of culturally respectful and safe care, including reflections on their new knowledge, potential barriers to the implementation of culturally respectful and safe care, and ways in which such barriers may be overcome for sustainable improvements in care. Elders will be invited to participate in all analyses. Ideally, further qualitative data will be derived from follow-up contact with students who are health care providers, and from yarns with Aboriginal and Torres Strait Islander people receiving care.

CRedit authorship contribution statement

Lynette R. Goldberg: Writing – review & editing, Writing – original draft, Project administration, Methodology, Funding acquisition, Formal analysis, Conceptualization. **Kylie Radford:** Writing – review & editing, Methodology, Funding acquisition, Formal analysis, Conceptualization. **Kate Smith:** Writing – review & editing, Methodology, Funding acquisition, Formal analysis, Conceptualization. **Dina LoGiudice:** Writing – review & editing, Methodology, Funding acquisition, Formal analysis, Conceptualization. **Lauren Poulos:** Writing – review & editing, Methodology, Funding acquisition, Formal analysis, Conceptualization. **Dianne Baldock:** Writing – review & editing, Methodology, Funding acquisition, Formal analysis, Conceptualization. **Clair Andersen:** Writing – review & editing, Methodology, Funding acquisition, Formal analysis, Conceptualization. **Janaya Charles:** Writing – review & editing, Methodology. **Alison J. Canty:** Writing – review & editing, Project administration, Funding acquisition, Formal analysis, Conceptualization. **Dawn Bessarab:** Writing – review & editing, Methodology, Funding acquisition, Conceptualization. **Jade Cartwright:** Writing – review & editing, Methodology, Funding acquisition, Formal analysis, Conceptualization. **Jo-anne Hughson:** Writing – review & editing, Methodology. **Merete Schmidt:** Writing – review & editing. **Jennifer Evans:** Writing – review & editing, Methodology, Funding acquisition. **Caleb Rivers:** Writing – review & editing, Methodology. **Jacqueline Spotswood:** Methodology. **James Vickers:** Writing – review & editing, Resources, Project administration.

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University students participating in the new online unit.

Glossary

No field specific terms are used.

Abbreviations

AQF Australian Qualifications Framework
AIATSIS Australian Institute of Aboriginal and Torres Strait Islander Studies

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.ssmmh.2025.100395>.

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