MANCHESTER DECOLONISE THE CURRICULUM

Decolonising the Curriculum Toolkit

The purpose of this toolkit is to provide foundational and accessible tools to create incremental change towards disassembling euro-centric approaches to pedagogy.

CONTENTS

INTRODUCTION

The purpose of this toolkit is to provide foundational and accessible tools to create incremental change towards disassembling euro-centric approaches to pedagogy. Efforts were coordinated by the Students' Union and funded by The University of Manchester's Flexible Learning team. This toolkit will provide general recommendations as well as specific examples of Decolonial approaches within the Faculty of Biology, Medicine & Health.

This toolkit will be sectioned into 5 categories :

1 **Survey Findings & Background information** to provide context and reasoning for the creation of this toolkit

2 **"Macro"** recommendations for creating Decolonial Reading lists, language guidelines, ways to acknowledge inequality and implement Decolonial knowledge systems/teaching methods. Led and written by Student Union Officers and Staff.

3 **"Micro"** methodology designed to aide Academics when implementing curriculum change through practical University of Manchester school/course based examples. This section will be academic led and written by student Inclusion Partners.

4 **Call to action and videography** spearheaded by an outsourced videographer & 2 paid student interns from Global Majority backgrounds with the aim to build their creative portfolios.

5 **A Decolonised Map** of campus acknowledging The University of Manchester's history. Led and designed by Students.
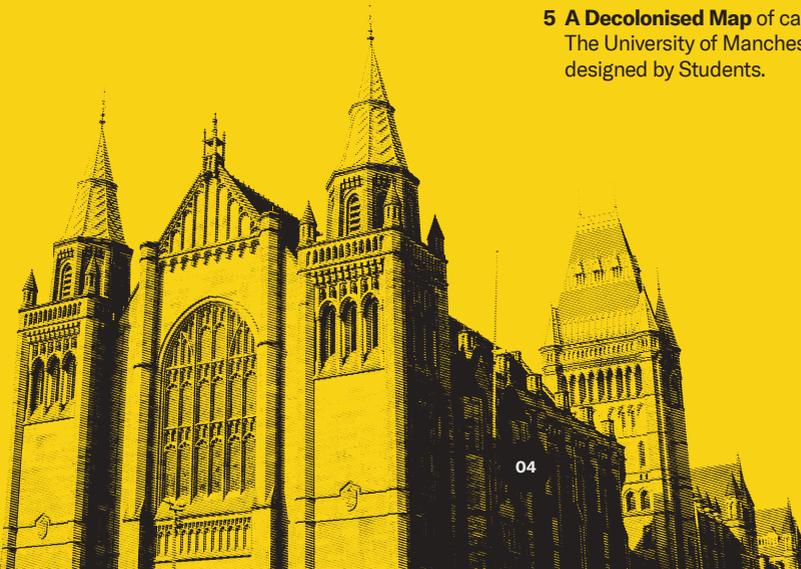
DECOLONISE THE CURRICULUM RESEARCH AND INSIGHTS REPORT SUMMARY

To ensure the decolonise project was representative of students' views and opinions, a survey was completed by over 400 students. Four key themes were highlighted; Belonging, Academic Achievements and Assessments, Racial Inequality and Privilege, and Knowledge Systems. In line with the Access and Participation plan, the target demographics for this survey were Black, Bangladeshi and Pakistani students.

Key findings can be found below:

- 81.4% of Black Heritage students do not feel represented by academic staff

- 42.9% of Black Heritage students do not feel a sense of belonging in the University as an institution

- 66.7% of Pakistani students feel disproportionately challenged by their studies

- 84.6% of Bangladeshi students feel that experiences from the global South are not considered in their assessments

- 72.1% of Black Heritage students felt that racial inequality is not acknowledged in their course

- 92.31% of Bangladeshi students do not feel that the impact of privilege differences is recognised in their course

- 55.8% of Black Heritage students do not feel safe to challenge discriminatory behaviour

- 75.6% of Black Heritage students believe the teaching methods on their course are not personalised to their needs and life experiences

Full Report: Decolonise the Curriculum Report

MACRO RECOMMENDATIONS

This section's intended use is to provide self-reflective tools to move towards a non euro-centric curriculum and praxis.

Acknowledging Inequality

The ability to discuss subjects which may not be reflective of one's own lived experience is essential when acknowledging inequality.

General Practices:

- **Have you considered your own biases?**

  i.e. Regularly reflect on personal biases (conscious and unconscious), how these might influence your interactions, teaching, and assessments. Everyone has biases, how, practically, is the exercise of self- reflection included in pedagogy?

- **How do systems of oppression affect Global Majority students?**

  i.e. Accept the intersections between subject/ course/faculty and systems of oppression which may prevent Global Majority students from graduating with "good" degrees (2.1 and above). Consider how to help Global Majority students by providing clear feedback, accessible materials, and fostering a sense of belonging.

- **How diverse is your department?**

  i.e. Be aware of your privilege and how diverse the faculty is. Actively participate in efforts to increase representation and recognise the need for a variety of role models.

- **Do you have open and honest conversations with students?**

  i.e. Acknowledge institutional history, potential privilege and consider steps which can be taken to address this.

- **Is this the first time you've considered these materials?**

  i.e. Engage in continued learning by staying informed about current research and best practices within the field of inclusive teaching and decolonisation.

LANGUAGE GUIDELINES

Inclusive language is extremely important for a welcoming, equitable, and safe learning environment. It prevents harm and mental health impacts, while fostering value, trust, and belonging.

Critical Race Theory (CRT) explains that racism is systemic and embedded in institutions. Language is a vehicle for perpetuating or challenging these inequalities.

Inclusive language must prioritise racial equity, acknowledging the contested nature of racial terminology. Terms like "Black, Asian and Minority Ethnic" (BAME) are contested due to homogenisation. Alternatives like "marginalised/minoritised," or "Global Majority" are suggested. This reflects political and historical context over representation, which challenges colonial classifications.

General Practices: UCL Teaching Toolkit - Inclusive Language

- **What words are you using?**

  i.e. Avoid terms that patronise or trivialise (e.g., "vulnerable") or inappropriately label (e.g., "brave" for disability, "exotic-looking" for skin colour).

- **Are you making assumptions?**

  i.e. Avoid generalisations which assume homogeneity. For example, "the disabled", "the Muslims", "BAME".

- **Do stereotypes and biases affect your actions?**

  i.e. Avoid phrases that perpetuate harmful stereotypes or use derogatory terms.

Language To Use: University of Leeds' Inclusive Language Guidance

The dynamic nature of language requires continuous learning and adaptation. Staff must be receptive to new knowledge, take responsibility for mistakes, apologise, and learn from experience. Inviting student input especially from the communities harmed, is also essential for decolonising language and knowledge.

The vision is for higher education spaces where language actively contributes to human liberation, fosters belonging, validates diverse knowledge systems, and dismantles injustices. The goal is to move from reactive inclusivity to proactive, anti-racist, and decolonial praxis, using language as a tool for liberation and social justice. This is a call to collectively create safe and equitable educational spaces that are responsive, critically engaged, and committed to prioritising the wellbeing and educational needs of every student.

Other Resources:

University of Leeds' Inclusive Language Guidance equality.leeds.ac.uk/support-and-resources/inclusive-language-guidance/

London Metropolitan University Inclusive Language Guide

A guide to creating inclusive content and language - NIHR A guide to creating inclusive content and language - NIHR

Sticks and stones: the idea that words cause harm and the implications of this for higher education

What is Critical Race Theory

DIVERSIFYING KNOWLEDGE SYSTEMS & TEACHING METHODS

A key aspect of creating safe spaces is to shift Pedagogical Approaches and Classroom Dynamics.

General Practices:

- **How can critical discussions be facilitated?**

  i.e. Encourage discussions on the ethical implications of research and healthcare in diverse cultural contexts, considering different value systems and beliefs.

- **How can brave spaces where students feel safe to discuss sensitive topics be fostered?**

  i.e. Encourage respectful dialogue and critical self-reflection on personal biases. Familiarise yourself with the topics at hand.

- **Are different learning styles considered?**

  i.e. Incorporate collaborative and Participatory Learning: Implement group projects exploring colonialism's impact on your subject. Organise student-led seminars on contributions from underrepresented groups.

- **Have opportunities to include community-based learning been identified?**

  i.e. Develop projects with local organisations serving diverse populations to understand health inequities firsthand.

- **Can non-academic voices be included in your curriculum?**

  i.e. Knowledge can often be shared through oral traditions- how can this be passed on to students? Invite community members, professionals etc who may not come from academic backgrounds but have subject expertise passed on to them.

- **Have sources of knowledge been critically examined?**

  i.e. Could some tools be culturally biased? Challenge the notions that attribute disparities solely to individual behaviours rather than systemic inequalities.

ASSESSMENT METHODS

It is worth critically reflecting on why assessments are carried out in particular ways and why specific methods of assessed learning are best suited to some audiences.

General Practices:

- **How can knowledge and understanding be assessed?**

  i.e. As well as, traditional reports and exams, include presentations on cultural context, portfolios showcasing critical analysis, community health needs assessments, reflective essays, and culturally appropriate health education materials.

- **Do your assessments offer choice and flexibility?**

  i.e. Offer students selections of case studies or research questions related to decolonisation.

- **Can students reflect on their own positionality and lived experience?**

  i.e. Include components requiring students to reflect on their biases related to sensitive topics and different cultural practices.

- **How is Self-Reflection and Critical Evaluation incorporated?**

  i.e. Include components requiring students to reflect on their biases. Ask students to critically evaluate research methodologies for cultural biases and inclusivity.

- **How can different scenarios and real-world context be included?**

  i.e. Design assessments that apply knowledge to real-world scenarios in diverse cultural contexts

- **Are students encouraged to critically evaluate the knowledge and research?**

  i.e. Ensure assessment criteria clearly value critical analysis of power, inequality, and cultural difference.

- **Is it accessible for all?**

MICRO RECOMMENDATIONS

A key component of this toolkit is the work produced by academics and student inclusion partners. Partners, students hired by faculties to work on Equality, Diversity and Inclusion interventions, were paired with academic leads and tasked with recording existing approaches to decolonial teaching and learning within the Faculty of Biology, Medicine and Health at The University of Manchester.

We recognise the pivotal role which academics and students play in creating a Decolonised curriculum. This section aims to provide expert led methodology and praxis to Decolonial pedagogy.

DECOLONISING LANGUAGE IN NURSING & MIDWIFERY EDUCATION:

A PRACTICAL TOOLKIT FOR INCLUSIVE, ANTI-RACIST TEACHING.

Authors: Carl Kulimushi & Lorraine Wireko-Brobbey | Academic Lead: Samantha Rogers

This section offers micro-level guidance for nursing and midwifery educators on embedding inclusive language and decolonial approaches into curriculum, assessment, and simulation.

1. Introduction & Rationale

Language is never neutral.

In nursing and midwifery education, the words we use to describe patients, communities, and care practices are often shaped by Eurocentric norms and colonial histories. These linguistic choices influence who is heard, whose knowledge is valued, and who feels recognised—or erased—across academic and practice learning spaces. Decolonising our curricula is not an abstract exercise but a matter of urgency, equity, and accountability. While this toolkit focuses on nursing and midwifery, its principles are applicable across healthcare education more broadly.

Black women are 3.7 times more likely, and Asian women 1.8 times more likely, to die during pregnancy or the postnatal period than white women (Knight et al., 2022). Similarly, racialised staff in healthcare report significantly higher rates of bullying, discrimination, and exclusion (WRES, 2023).

These patterns are not incidental. They are embedded in our systems, pedagogy, and most importantly, in our language. Terms such as 'non-compliant', 'hard to reach', or 'vulnerable populations' reinforce deficit-based thinking. Inclusive alternatives—like 'experiencing barriers to care' or 'systemically excluded'—shift focus from individual blame to structural responsibility.

To decolonise healthcare education is to confront these realities head-on. It means rethinking what we teach, how we teach, and who we centre in our narratives and learning experiences. It calls for a shift from passive inclusion to active transformation, ensuring that all students—and all patients—are seen, respected, and safe, regardless of background. This toolkit offers:

- A glossary of inclusive, reflective terminology for teaching and feedback (see Appendix A)

- Case studies demonstrating practical application

- Reflection prompts and practical strategies for embedding race-conscious pedagogy

This work supports the Faculty of Biology, Medicine, and Health's commitment to inclusive education and the University of Manchester's Access and Participation Plan (2025–2029), prioritising reducing racial attainment gaps. Decolonising is not about erasure but expansion: making space for new voices, perspectives, and ways of knowing.

Pre–Toolkit Prompts

(Before engaging with the content)

• How often do I reflect on the impact of my language in clinical notes, feedback, or simulations?

• Have I been taught how language relates to power or exclusion in maternity or healthcare contexts?

2. Glossary of Inclusive Language

The following examples illustrate how inclusive, anti-racist language can be embedded into midwifery and nursing education. These are selected from a broader body of work developed by programme teams and student partners. They are offered here to support adaptation and inspire further development across teaching, assessment, and feedback practices.

Preferred Term	Avoid	Rationale
Racially minoritised	Racially minoritised BAME, ethnic minority	Centres' structural marginalisation over population size
People seeking asylum	Asylum seekers	Person-first language emphasises humanity
Mixed heritage	Mixed race, half-caste	More accurate and respectful terminology

3. Case Study: Decolonising the Midwifery Curriculum - Applying Inclusive Language in Practice

Inclusive, race-conscious language is not merely a matter of terminology; it reflects underlying pedagogical values and broader shifts in how knowledge, identity, and power are constructed in healthcare education. The following case study demonstrates how linguistic choices within teaching materials and curricula can reproduce structural inequities or actively resist them. Framed through context, issue, intervention, and outcomes, it highlights how deliberate, well-integrated changes can contribute to more culturally safe, equitable, and inclusive learning environments.

While the example is within midwifery education, the pedagogical principles and curriculum strategies apply to other healthcare programmes. Programme teams are encouraged to consider how similar approaches might inform their curriculum design, teaching practices, and assessment frameworks.

Programme: BMidwif/MMidwif

Learning Objective: To promote a curriculum that supports culturally safe, anti-racist care for women, birthing people, and families from all racial, ethnic, and cultural backgrounds.

Context and Problem: A curriculum review revealed the use of racialised language that framed Black, Asian, and other racially minoritised groups as inherently "at risk" or "complex." This language and limited representation of diverse family structures and cultural norms risk reinforcing stereotypes, reducing trust, and negatively affecting communication and engagement in clinical learning environments.

Curriculum Intervention: The midwifery team implemented several interventions aimed at decolonising teaching and learning practices:

Intervention Focus	Example Practice
Inclusive Case Scenarios	Rewriting clinical cases to reflect a range of racial, cultural, and family contexts
Terminology Reform	Replacing deficit-based language (e.g. "non-compliant") with context-aware terms
Co-production	Involving students and service users with lived experience in curriculum design
Anti-Racism Frameworks	Embedding the NHS Anti-Racism Framework into the core curriculum and professional standards
Cultural Safety Training	Delivering sessions on the impact of racism in care, with opportunities for reflection
Active Allyship	Providing Active Bystander training to prepare students to challenge discrimination
Diverse Representation	Inviting speakers from racially minoritised backgrounds into teaching spaces
Assessment Redesign	Embedding intersectionality and cultural humility in written and practical assessments

Reflections and Early Observations:

While formal evaluation is ongoing, initial feedback from staff and students suggests these changes foster more inclusive discussions and a deeper awareness of culturally safe practice. Staff report greater confidence in addressing issues of race and equity, and students have shared positive reflections on feeling more represented and prepared to work with diverse populations.

4. Opportunities for Continued Development: Actions for Programme Teams

The midwifery team has taken essential steps to decolonise language and embed cultural safety in its curriculum. Programme teams can take further actions to strengthen and sustain this work. Drawing on wider sector practice, the following development areas offer practical next steps for implementation:

1. Establish Student-led Restorative Dialogue Spaces

Introduce restorative circles or small group facilitated discussions where students are invited to reflect on the impact of racism, white privilege, and microaggressions. These sessions should prioritise safety, listening, and reflection, and may be co-facilitated by trained peers or staff.

2. Embed Cultural Safety into Ongoing Staff Development

Make cultural safety training a core, recurring component of staff professional development. All teaching staff should engage in training that includes structured reflection, opportunities to share practice, and clear expectations for applying learning to curriculum content and delivery.

3. Apply Trauma-Informed Pedagogy in Teaching and Simulation

Integrate trauma-informed approaches into teaching strategies, particularly in clinical simulation. Ensure teaching scenarios consider learners' emotional and psychological safety and reflect diverse patient experiences, especially those of racially minoritised communities.

4. Incorporate Intersectionality into Assessment Design

Design assessments that encourage students to critically explore how intersecting identities (e.g. race, class, disability, gender, migration status) shape experiences of care. For example, reflective assignments or case-based analysis can ask students to demonstrate their understanding of equity-informed practice.

5. Develop Longitudinal Evaluation and Feedback Mechanisms

Establish a straightforward process to monitor the impact of decolonisation initiatives over time. This could include annual student surveys, focus groups, curriculum audits, and data on attainment gaps. Use these insights to refine and adapt the curriculum as an ongoing, collaborative process.

5. Practical Strategies & Reflection Prompts

Inclusive language is not a checklist; it is a commitment. A commitment to critically examine how words shape power, how feedback communicates value, and how students experience belonging. This work cannot be optional in nursing and midwifery education, where care, identity, and authority intersect daily.

Language has the power to either sustain structural exclusion or actively disrupt it. Decolonising how we speak, write, and assess means going beyond terminology to challenge the assumptions beneath it - in classroom dialogue, OSCE scenarios, case studies, and feedback conversations.These reflective strategies are particularly important in high-stakes environments such as OSCEs and simulation-based teaching, where language, empathy, and cultural safety are integral to both assessment and real-world practice.

This section offers a framework to begin, or deepen, that shift.

In practice, this might mean:

• **Audit** course materials and simulations for deficit-based or homogenising language

• **Replace** phrases that centre blame (e.g. "non-compliant") with ones that name structural barriers

• **Professionalism** criteria and debrief protocols

• **Encourage** students to question normative framings and co-create more equitable ways of speaking about care

• **Create** a protected space for students and staff to raise concerns about language without fear of dismissal

The following reflection prompts help educators and students think critically about how language, power, and representation operate in their teaching and learning environments.

Prompt	Educator Lens	Student Lens
Who is centred in the examples I use? Who is missing?	Curriculum design and teaching materials	Case studies and placement encounters
Do I name structures or focus blame on individuals?	Framing of assessment tasks and feedback	Interpreting patient behaviours and care outcomes
What language do I use in feedback or teaching?	Terminology in written and spoken comments	Communication during placements or OSCEs
How do I describe families from diverse backgrounds?	Use of inclusive, non-stereotypical scenarios	Awareness of personal bias in clinical interactions

There is no single script for inclusive language. But a shared responsibility is to notice, reflect, and act. Decolonising language in healthcare education is not about perfection but integrity, accountability, and care.

6. Measuring Impact

While formal evaluation of inclusive language interventions may take time, academic teams may consider the following indicators to measure impact:

- Student feedback on belonging, relevance, and representation in case materials.

- Uptake and engagement with inclusive language resources.

- Reflections and observations captured through staff development or peer review.

- Reduction in racial awarding gaps and/or improved OSCE performance.

- Increased confidence in discussing race, power, and language in teaching.

This toolkit supports educators in embedding inclusive, anti-racist language and decolonial practice into curriculum design, simulation, and assessment. Grounded in lived experience, current research, and sector frameworks, it offers practical strategies, reflective prompts, and examples of implementation from within the Faculty.

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DECOLONIAL APPROACHES TO SCHOOL OF BIOLOGICAL SCIENCES

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1. Language Accessibility:

Why is it important?

Language accessibility ensures that all students, regardless of their English proficiency level, can fully engage with course content. While students may meet standard language requirements (e.g. IELTS), many are less familiar with academic or technical English, particularly in specialised fields like the biological sciences. Supporting linguistic accessibility helps reduce barriers, promotes deeper understanding, and enables more meaningful participation for all learners.

How this can be considered in your module:

Tip 1: Avoid or explain jargon

• Aim to make a conscious effort to avoid jargon where possible

• When technical terms are necessary, provide brief definitions and explain their relevance.

• Key terms should be repeated throughout lectures to reinforce understanding and help students become more familiar with essential vocabulary

For example, instead of saying, "This assay quantifies cytokine expression to assess immunogenicity," say, "This test measures the amount of cytokines, which are small proteins that help control the immune system, to see how strong the immune response is."

• Additionally, avoid using multiple terms for the same concept without explanation.

For example, using "gene knockout" and "gene silencing" interchangeably without clarifying the difference.

Tip 2: Support understanding through accessible delivery and varied resources

• Aim to use plain, direct language during live sessions, particularly when introducing new or complex concepts.

• Helps ensure that all students, including non-native speakers, can follow along without feeling overwhelmed.

• To support preparation and processing time, lecture slides should be posted in advance so that students can review the material, translate it if needed, and look up unfamiliar terms before the session.

• Diversify our course materials by supplementing dense academic readings with other formats such as podcasts, videos, and animations.

2. Representation:

Why is it important?

How different communities are portrayed in teaching materials has a powerful impact on how students perceive themselves, each other, and the world. In particular, depictions of marginalised communities can either challenge or reinforce stereotypes. Representation should be balanced: people from Black, Indigenous, and other communities of colour (BIPOC) should not appear only as those in need of help, and non-BIPOC individuals should not appear only in positions of authority. Using empowering, respectful imagery helps challenge harmful narratives and avoids symbolic violence. It also encourages more inclusive, socially aware learning that reflects real-world complexity.

How this can be considered in your module:

Tip 1: Using imagery and case studies respectfully and critically

• Graphic imagery should only be included when it is absolutely necessary to support learning, and we always give students advance notice.

For example, before showing a photo from a disease outbreak, say: "The next image is graphic and shows the severity of a health epidemic. This image is being used to understand the public health response, not to sensationalise the issue."

• Avoid consistently portraying Global South countries as the only sites of suffering or intervention.

• Select images to reflect general public health concerns rather than defaulting to stereotypical depictions of individuals in poverty.

For example, when teaching about how poverty may delay puberty in some countries in the Global South, include images related to broader public health indicators, such as access to clean water and healthcare, rather than a stereotypical image of a malnourished child

Tip 2: Acknowledging physiological variation without stereotyping

• Including diverse case studies to show how health behaviours, access to care, and outcomes vary within and between different regions can help us move away from simplistic comparisons and help students understand the complex interplay between biology, environment, and society. This approach supports inclusive teaching by recognising global diversity in a respectful and scientifically accurate way.

In the BIOL21272 Body Systems 2 unit, it is taught that gallstones are less prevalent in Asian countries compared to North America and Europe, suggesting that this difference may be related to dietary patterns.

• This inclusion acknowledges global variation in health outcomes without suggesting that ethnicity alone is the cause. To ensure the content remains inclusive, we take care to frame the discussion around modifiable risk factors, such as diet and lifestyle, rather than making broad generalisations based on culture or ethnicity.

3. Inclusive Language:

Why is it important?

The language used in academic content helps shape how students understand global health and society. Using vague or generalising terms to refer to people from certain regions of the world risks erasing important cultural, political, and economic diversity. These broad terms can misrepresent complex realities and often reflect outdated or neo-colonial worldviews. Students from these regions may feel unseen or stereotyped, and the teaching may unintentionally reinforce a hierarchical view of the world.

How this can be considered in your module:

Tip 1: Replacing broad and reductive geographic terms with specific language

• Avoid terms like "Horn of Africa," "Sub-Saharan Africa," or "developing countries" when discussing global health or disease burden.

• These terms group together vastly different nations and cultures, and risk portraying entire continents as homogenous or perpetually in crisis.

• Instead, refer to individual countries or sub-regions, such as "Uganda" or "West Africa", depending on the context.

• When older sources use generalising or outdated terms, we address this explicitly during lectures.

For example, if a research paper says, "In Africa, infectious diseases are common…", we use this as an opportunity to critique the phrasing and model a more accurate alternative: "In Uganda and Ethiopia, infectious disease burdens remain high, particularly in rural areas due to [specific factors such as lack of access to healthcare or sanitation]."

•These choices allow us to portray countries and communities with greater nuance and accuracy.

•They also help students from those regions feel seen and respected. By actively creating space to reflect on the implications of language, we support a more equitable and socially aware approach to biosciences education.

Tip 2: Addressing gaps in research representation

In the Pharmacology course, students are asked to carry out an exercise to critically engage with an article by Lawrence and Hirsch (2020) exploring the issues of representation in global health research and the importance of decolonisation in research.

• By critically engaging with the article, students can examine how the underrepresentation of diverse populations in research contributes to skewed data and policies that do not account for the health needs of people from low- and middle-income countries or non-European ethnic groups.

• This exercise also encourages students to reflect on the concept of decolonisation in the pharmaceutical industry, prompting them to explore potential ways to improve research inclusivity

• Allows for critically analysis of the historical context that led to the current state of global health research and explore how future research practices can be restructured to foster equity, representation, and ethical integrity.

• Through this, students can gain a deeper understanding of the structural inequalities in global health research, how these issues intersect with ethics, and why inclusive research is essential for better health outcomes across diverse populations.

• In BIOL10822: the concepts of biopiracy vs bio prospecting are discussed; recognition of Brahma Singhs contribution to the classification of antidysrhythmic drugs (Singh Vaughan Williams system).

• Recognises and values diverse contributors to scientific knowledge.

• Supports decolonising the curriculum by including non-Western perspectives.

Sources used

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PSYCHOLOGY – APPROACHES TO DECOLONISING THE CURRICULUM

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Decolonising the curriculum involves critically examining and revising educational content to challenge and move beyond the dominance of Western-centric perspectives.

At the University of Manchester, Dr. Anna Hood and Dr. Louisa Shirley have focused on Decolonising the psychology curriculum through the methods described below.

1. Co-creation with students as essential praxis

Involving students in curriculum review and decolonising processes is important as their experiences have been affected by colonialism and Eurocentric curricula. It also shifts traditional power dynamics and involves students as active learners and co-creators of knowledge. This in turn, encourages students to engage with their education and foster a sense of belonging.

Example: Focus Groups

Hood and Shirley worked with student partners throughout the process of developing resources and new processes. One piece of work consisted of gathering data from focus groups. Students from the BSc Psychology course were asked about their perspectives on decolonisation and potential changes to the current curriculum.

Positionality and Cultural Humility

Ability to position the self differently to one's own lived experience is central to teaching and future practice where clinical psychologists and therapists support a range of individuals. Taking into consideration a person's cultural background and values may give context to the client and aide in deciphering avenues of care. When teaching, cultural humility may take the form of initial acknowledgement of systemic power and own privilege (if relevant) whilst applying continued and dynamic learning principles to one's own praxis. This is not to say that topics of Decoloniality should be avoided, rather, these should be tackled with openness, care and self-reflection.

E.G. Clinical Psychology Programme & Assessment methods

In 2022, a lecture and seminar on Cultural humility, power structures and decolonising therapeutic process, taught by Dr. Anna Hood, was added to the third year Clinical Psychology Module. This lecture focused on cultural and social factors that can influence the therapeutic relationship and psychologists' role in changing practices.

The assessment method was changed from essay to presentation format, as it better reflected students' understanding and incorporated various learning styles. The presentation allowed students to reflect on their own positionality and lived experience.

NEXT STEPS AND RECOMMENDATIONS

This toolkit offers a comprehensive framework for advancing decolonisation across the university but to ensure lasting impact and coordination across our 47,000-student institution, our next steps and key recommendations are clear.

It is important to establish a dedicated Decolonial Teaching Community of Practice for both professional services and academic staff to dismantle silo working and encourage collaboration. We must work with EDI teams and inclusion partners to coordinate decolonisation work across the institution, while formally embedding these efforts into our teaching. Similarly, in order to ensure a holistic approach to decolonisation, we will work with the Union Education team to train school reps and inclusion partners on what it means to decolonise a course, utilising strategies outlined in the toolkit. Cultivating a stronger sense of belonging will involve collaborating with Success teams and student societies to enhance community-building initiatives and partnering with Global Majority-led external organisations to diversify our service-learning offers.

Finally, our commitment includes continuing to work with the University's Race and Equality Charter team to improve academic representation and fostering continued partnerships with organisations such as The Guardian's Legacies of Enslavement Project and The Ahmad Iqbal Race Centre.

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NEXT STEPS

To ensure impact and continuing coordination across a 47,000-student wide institution resourcing is key. It is key to build on current momentum but also to enable next steps.

Strategic Alignment

• University of York: Has a "Statement of approach-decolonising and diversifying the curriculum" emphasising an ongoing process of examining and adapting pedagogy and research alongside content.

Curriculum Change

Implement a regular Decolonial Teaching Community of Practice for Professional Services & Academic staff to combat silo working & encourage collaboration

Example: Liverpool John Moores University: Established a Decolonising the Curriculum Working Group to coordinate activities and included decolonising the curriculum in Programme Validation and Periodic Programme Review templates.

• Work with EDI teams across the institution to deliver Decolonial training

• Train School Reps & Inclusion Partners with current and future partners to "Decolonise school" by utilising strategies outlined in toolkit.

Belonging

• Collaborate with Success teams & student Societies to improve and/or resource community building initiatives

• Partner with Global Majority led external organisations to diversify service-learning offer

Representation

• Continue work with University's Race and Equality Charter team to improve academic representation

Recognition of inequality & Privilege

• Continued Partnership with Organisations such as The Guardian's Legacies of Enslavement Project & The Ahmad Iqbal race centre to partner in delivering the 80th anniversary of the1945 Pan African Congress.

MAP

ANWAR DITTA
JOHN RYLANDS
2

Dr. Parise Carmicheal-Murphy
3
Town Hall

RAINBOW NOIR
6

LEN JOHNSON
5
MMU GROSVENOR EAST

WINNIE BYANYIMA
8
ENGINEERING

BIBHA CHOW DURI
9
JAMES CHATWICK

TRAS MAKONNEX
10
BUSINESS SCHOOL

AHMED IQUBAL ULLAH RACE RELATIONS RESOURCES CENTRE AND EDUCATION TRUST
4

JITENDRA PAL SINGH UBEROI
HUMANITIES BRIDGEFORD ST
11

ALI ALAMIN MAZRUT
BEYER BUILDING
14

PHIL MAGBOTIWAN
15
UNIVERSITY PLACE

ERICA MCINNIS
16
ZOCHONIS

ABASINDI CO-OPERATIVE
OLD QUAD
13

OLIVE MORRIS
17
WHITWORTH

LOCITA BRANDY
MAIN LIBRARY
12

MAMA ELOUISE EDWARDS
JOHN OWENS
18

IRENE KHAN
19
ALAN BILBERT

KURSHEED KAMAL AZIZ
20
SAMUEL ALEXANDER

MANCHESTER DECOLONISE THE CURRICULUM

Scan the QR code and visit the Decolosise website for more information.

CREDITS

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Scan the QR code and visit the Decolosise website to watch our promotional video.

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