

## **H.O.P.E Cross-Cultural Training Evaluation**

**Dr Olumide Adisa**

**Dr Dev Maitra**

**Dr Katherine Allen**

**Katie Tyrrell**

**Arianna Barbin**

**January 2022**

## **DISCLAIMER**

---

While every effort has been made to ensure that the information contained in this draft report is accurate and up to date, the author(s) cannot accept legal responsibility or liability for any actions taken by readers as a result of any errors or omissions.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form, or by any means, electronic, mechanical, photocopying, recording or otherwise, without prior permission of the publishers.

Published by:

Centre for Abuse Research  
Institute of Social Justice and Crime  
University of Suffolk  
Waterfront Building  
Ipswich  
Suffolk  
IP4 1QJ

# Contents

- Abbreviations ..... 6
- Executive summary ..... 7
- Introduction ..... 7
- Context and background ..... 7
- Evaluation objectives and methodology..... 8
- i. Evaluation findings..... 8
- ii. Conclusions & recommendations..... 8
- iii.) Key messages for funders and commissioners ..... 9
- Introduction: Evaluation context and scope ..... 9
  - Context and background..... 9
  - 1.2 Evaluation: Objectives ..... 11
  - 1.3 Research design and Methodology ..... 11
  - 1.4 Research questions ..... 13
  - 1.5 Ethics..... 13
- Key Findings ..... 14
  - 2.1.1 Participant overview..... 14
  - 2.1.2 Participant overview: Key Findings..... 22
  - 2.2 Qualitative survey findings ..... 22
    - 2.2.1 Knowledge ..... 23
    - 2.2.2 Lived Experience ..... 25
    - 2.2.3 Self-reflection ..... 28
    - 2.2.4 Learning outcomes ..... 31

2.2.5 Feedback.....	33
2.2.6 Open-ended survey findings: Key Points .....	37
2.3 Interview findings.....	38
2.3.1 CCT is needed .....	39
2.3.2 Accountability and Action.....	43
2.3.4 Disrupting ignorance, disseminating knowledge.....	47
2.3.4 Interview findings: Key points .....	54
2.4 Quantitative analysis: Key Findings.....	55
2.3 What has worked well .....	57
5. Conclusions and recommendations.....	58
6. Key messages for funders and commissioners.....	59
7. References .....	60

## Figures

Figure 1: Please choose the description that best describes your ethnicity .....	15
Figure 2: Have you ever had any training in cultural competency? .....	15
Figure 3: In your work, have you received guidance and help from your employer in the past in relation to working with ethnic minority clients?.....	16
Figure 4: In your work, have you encountered any instances where assumptions have been made about clients due to their culture?.....	17
Figure 5: Please choose the description that best indicates your profession .....	18
Figure 6: Please choose the description that best indicates your profession: Other (please specify).....	18
Figure 7: My expectation for the training .....	19

Figure 8: How many victims/survivors are you currently supporting (open-ended responses) – cascading learning .....20

o Figure 9: How many victims/survivors are you currently supporting (open-ended responses) – unknown survivors and community responses .....22

Figure 10: How would you rate your knowledge of the topic *before* the training? (Descriptive analysis).....57

Figure 11: How would you rate your knowledge of the topic *after* the training? (Descriptive analysis).....57

## Abbreviations

<b>CCT</b>	Cross-cultural training
<b>DA</b>	Domestic abuse
<b>DV</b>	Domestic Violence
<b>SV</b>	Sexual Violence
<b>IDVA</b>	Independent Domestic Violence Advisors
<b>ISVA</b>	Independent Sexual Violence Advisors
<b>DASV</b>	Domestic abuse and sexual violence
<b>FGM</b>	Female Genital Mutilation
<b>EDI</b>	Equality, Diversity and Inclusion

## Executive summary

### • Introduction

This report presents the findings of a study conducted to evaluate the efficacy and utility of CCT offered by H.O.P.E through a webinar to a range of researchers, professionals, practitioners and front-line workers from a range of statutory, non-governmental and third-sector organisations. The report presents a number of existing problems which arise from a lack of cross-cultural competency, and how training could mitigate against these problems and ameliorate a lack of cultural awareness/sensitivity and ability to empathize with those from specific backgrounds and understand the cultural circumstances specific to their personal situations. Both qualitative and quantitative data are presented to show participants' opinions on CCT, and how their knowledge and understanding base is affected by such training. The report concludes with the reported and perceived benefits of CCT and how further such training can be implemented in future.

### • Context and background

The need for CCT became apparent through meetings held between a range of front-line workers, led by H.O.P.E, during the early part of 2020. Drawing individuals from a range of practitioner backgrounds, it became clear that many 'generic' DA and SV services were not equipped to offer informed and culturally competent support to survivors from culturally and racially minoritised backgrounds, and lacked knowledge and confidence regarding harmful cultural practices. Accordingly, a set of training programmes were conducted by H.O.P.E to provide front-line practitioners a wider range of cultural knowledge and competencies to deal with particular and challenging situations related to issues such as FGM, forced marriage and 'honour' based violence as well as gaining a better understanding of the intersecting issues affecting Black, Asian and other racially minoritised survivors.

## • **Evaluation objectives and methodology**

The evaluation's primary objective was to assess whether, and to what extent, CCT affected the perceptions and competency of DA and DV practitioners. It sought to compare practitioners' (self-) evaluation and perspectives pre- and post- training. To do this, a mixed-methods methodology was employed: this included both quantitative survey questionnaires as well as qualitative interview questions and open-ended survey questions. Both the qualitative and quantitative data were analysed and the data is presented within the report.

### **i. Evaluation findings**

The evaluation found that CCT significantly improved practitioners understanding and comprehension of a range of cultural phenomena and issues around race, identity and cultural sensitivity. It was shown that training allowed DA and DV practitioners (as well as practitioners in a range of related fields) to better comprehend and apprehend the nuances and details of both substantive issues (e.g., FGM) but also made them more sensitive to sympathizing with (potential/future) clients from different racial and cultural backgrounds to their own, thus leading to practitioners being in favour of further such training in future.

### **ii. Conclusions & recommendations**

CCT has an overwhelmingly positive effect on better preparing individuals to deal with a range of social and cultural phenomena and issues, some of which they will invariably be confronted with in their professional lives, given the areas of expertise/work of the practitioners who participated in this research. Accordingly, it is recommended that further CCT should take place in which participants include both practitioners who participated in this CCT (i.e., those who could be offered further, advanced CCT, to build on/develop the ideas learnt in the initial training) and that CCT should be expanded to cover other practitioners, from a range of sectors and seniorities.

### **iii.) Key messages for funders and commissioners**

The findings of this report show the efficacy of CCT, and how more such programmes could be implemented in the future to help facilitate better cross-cultural understanding. As the results show, it is particularly important for individuals employed in roles which require high levels of cultural knowledge, competence and sensitivity, and especially when practitioners are from cultural groups that are different from the majority of their client-base.

- **Introduction: Evaluation context and scope**

#### **Context and background**

The catalyst for the cross-cultural training (CCT) programme emerged from the H.O.P.E national network meetings, which began in the midst of the first UK lockdown. These Zoom meetings were designed to “create a safe environment for front-line workers, activists, survivors, academics, policy makers, students, and others” to come together during the pandemic to share knowledge and discuss the issues they were encountering, with a particular focus on Black, Asian and other racially minoritised communities<sup>1</sup>. During the course of these 2020 network calls, it became apparent that there was an unmet need for training to improve cultural competency among professionals supporting racially minoritised victims of DASV. Supported by a grant from Lloyds Foundation Fund, H.O.P.E coordinated a series of 2021 CCT webinars delivered by speakers from the national network meetings. The webinars are open to all participants, and are specifically tailored for people working in the DASV and safeguarding sector who wish to improve their cultural competency.

To provide some wider background, H.O.P.E operates to challenge domestic abuse, sexual violence and harmful cultural practices through educating professionals and service providers who encounter these issues during the course of their work. It should be noted that many of these problems need high-levels of cross-cultural understanding, referred to by many practitioners as ‘cultural competency’. Such understandings are particularly relevant in the

most serious areas of offending, where victims require high levels of understanding from practitioners and others (e.g. governmental officers and members of third-sector organizations) in order to help them to escape highly harmful situations and bring perpetrators to justice. Examples include areas such as domestic violence within 'joint-families', international trafficking and domestic servitude, and 'honour killings' and other forms of 'honour' based violence (Afzal 2018). Another area that has begun receiving increasing levels of academic and practitioner-level attention is that of FGM (see, e.g. Diaz 2017).

The 2021 CCT webinar series comprised 12 sessions covering a range of topics:

- Race and privilege (March)
- Female Genital Mutilation (April)
- From reporting domestic abuse to prosecution (April)
- In conversation with Sistah Space<sup>1</sup> (May)
- Black girls' experiences of abuse (June)
- Witchcraft and spiritual abuse (July)
- Sexual abuse, exploitation and grooming within the Sikh community (July)
- Domestic abuse in LGBTQ+ communities (September)
- Domestic abuse within the Traveller community (September)
- Modern slavery (October)
- Working with Black men and boys (November)
- Incels and online hate (November)

As this overview suggests, the webinars featured trainers from research, advocacy and practice backgrounds with wide-ranging areas of expertise, including diversity and inclusion, anti-oppressive practice, critical race theory, domestic, economic, spiritual and sexual abuse, modern slavery, harmful cultural practices such as FGM, and the needs and experiences of

---

<sup>1</sup> Sistah Space is a London-based, volunteer-run specialist organisation, which provides expert 'by and for' DASV services for African heritage people (including economic abuse), as well as offering advice, advocacy and support in relation to discriminatory and organisational abuse.

different minoritised communities (including attending to the considerable variation within and between communities).

## 1.2 Evaluation: Objectives

There were a number of objectives of this evaluation project, including, but not limited to:

1. Ascertaining the difference between frontline practitioners' cultural knowledge and understanding pre and post involvement in CCT.
2. Ascertaining whether, and to what extent, CCT was found to be beneficial by frontline practitioners
3. Understanding which parts of CCT were most useful to practitioners in aiding them to better comprehend and apprehend cross-cultural social phenomena
4. Receiving feedback from practitioners on what parts of CCT could better be improved, and how this could be done.

## 1.3 Research design and Methodology

When developing the research design for the evaluation, researchers decided to adopt a mixed methods approach, collecting quantitative survey data and multiple qualitative data sources. Researchers employed this design as it supports a degree of 'triangulation', enabling researchers to gain multiple perspectives on a topic and identify patterns across the dataset; for example, comparing participant feedback with interviewee reflections, or the quantitative findings regarding increases in knowledge and confidence with survey participants' open-ended responses.

In order to understand the profile of CCT participants, and evaluate the efficacy and acceptability of the training, researchers collected pre- and post-survey data from participants, including demographic details (age, gender, ethnicity, geographical region), their profession, their expectations for the training, and their confidence and knowledge levels before and after attending the CCT webinar.

As part of the post-training survey, researchers also solicited open-ended responses regarding participants' views of the CCT session.

In addition to attending webinars as participant-observers, researchers interviewed ten CCT trainers to understand their perspectives on what needs to change within the sector and beyond to improve the support available for racially minoritised and marginalised victims and to create a more equitable, inclusive and culturally competent system.

When developing the interview questions and undertaking interviews, researchers drew on techniques associated with Harding's (2006) biographical interviewing approach. This is designed to promote an organic and "thematic" mode of engagement, with interviewers remain attentive to topics and themes introduced by participants (Harding, 2006: 4).

All interviews were recorded (with the informed consent of the interviewee) and recordings were uploaded to a secure speech-to-text platform to create clean verbatim transcripts<sup>2</sup>. All interviewees have been assigned a pseudonym by researchers, and any details which could directly identify the participant or the institutions or organisations with which they are involved have been redacted. As with any qualitative research that hopes to provide "rich, detailed accounts" of the experiences of those working within a particular discipline or sector, researchers had to carefully consider concerns around "deductive disclosure" i.e. the possibility that someone with sufficient inside knowledge of the sector and its inhabitants may be able to piece together individually non-identifying details about a participant to deduce their identity (Kaiser, 2009: 1). Therefore, in order to safeguard interviewees' privacy, where necessary researchers have further redacted details about a participant's field of interest/practice.

---

<sup>2</sup> Open-ended survey responses and interviewee quotes included in this report have been edited for concision and clarity.

The quantitative findings from the survey were analysed to assess whether improvements in knowledge and confidence were statistically significant, using a Wilcoxon Signed-Rank Test.

Researchers used Atlas ti to analyse open-ended survey responses and interview transcripts, producing inductive codes which were derived from the data. The thematic relevance and significance of these codes was then evaluated with reference to co-occurrence and prevalence across the data set. Researchers generated overarching themes which encompass and draw out the significance of frequently occurring codes.

## 1.4 Research questions

The two principal research questions this project sought to answer were:

- To ascertain whether participants' levels of cultural competency and wider knowledge on cross-cultural issues were improved post-CCT training as compared to pre-CCT training
- To investigate what are participants' wider feelings on CCT, and its application to their working lives.

-

## 1.5 Ethics

The research was conducted having been augmented by the University of Suffolk's Research Ethics Committee. All voluntary participation was based on informed consent. Research undertaken at the University of Suffolk complies with the RCUK Policy and Guidelines on Governance of Good Research Conduct (2013)<sup>3</sup>.

---

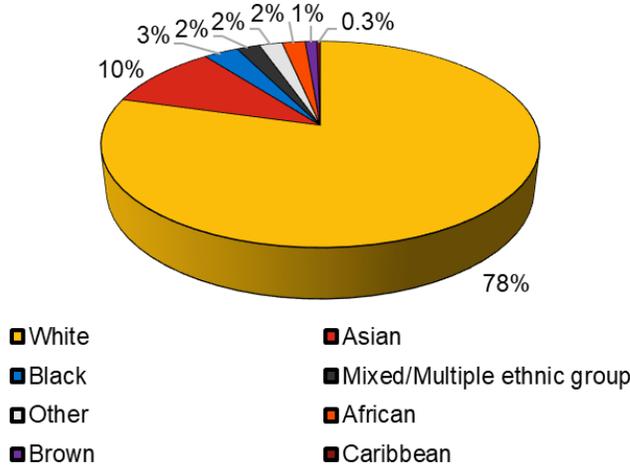
<sup>3</sup> <http://www.rcuk.ac.uk/documents/reviews/grc/rcukpolicyguidelinesgovernancegoodresearchconduct-pdf/>

Once consent was given, the researcher was provided with names of speakers who wished to be interviewed.

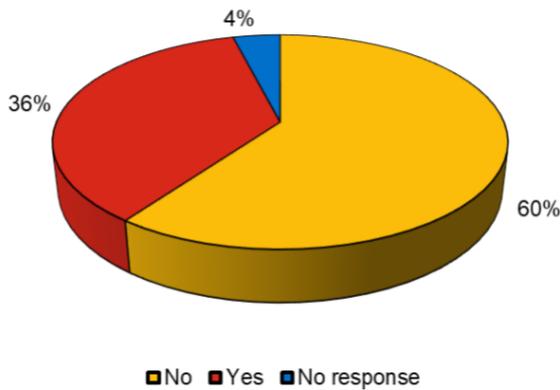
- **Key Findings**

### **2.1.1 Participant overview**

Pre-training survey data collected from participants (n = 329) suggests that the webinars have been successful in attracting an audience which is likely to benefit significantly from CCT: a predominantly White audience (78%) with limited prior training in cultural competency (just 36% reported undertaking cultural competency training before). (See Figures 1 and 2)

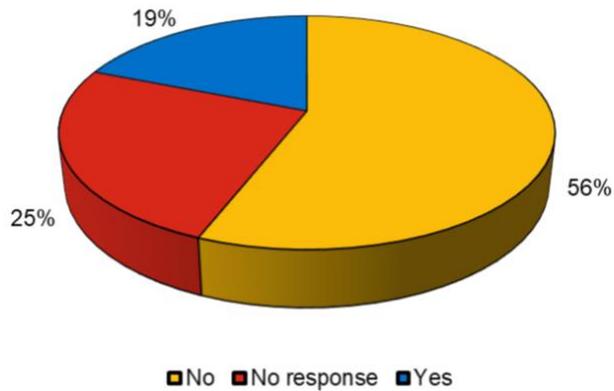


**Figure 1: Please choose the description that best describes your ethnicity**



**Figure 2: Have you ever had any training in cultural competency?**

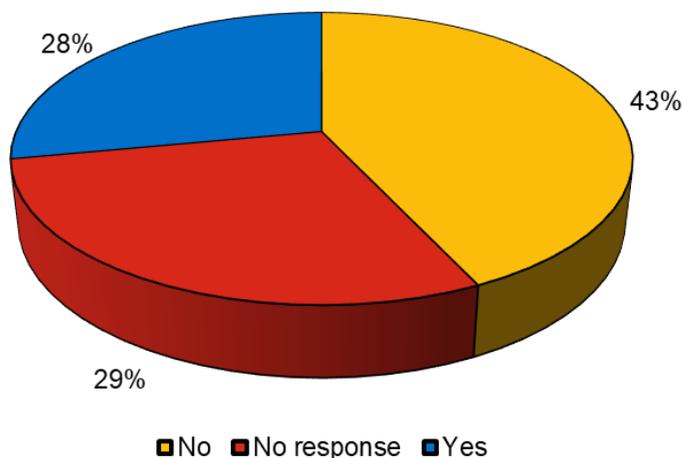
While a higher proportion of participants had previously completed training in supporting victims from Black, Asian and other racially minoritised communities (53%), the majority of participants (56%) also reported that they had not received guidance or support from their employers in relation to working with racially minoritised clients (**Figure 3**). This suggests that, while most professionals are accessing appropriate training, there is less in the way of sustained, day to day guidance in the workplace on anti-oppressive and inclusive practice.



**Figure 3: In your work, have you received guidance and help from your employer in the past in relation to working with ethnic minority clients?**

While there may be a wide range of explanations for this relative lack of guidance, it is plausible that reticence about broaching sensitive subjects in the workplace plays a role (and findings from open-ended survey responses lend support to this explanation, see section 2.2.5, where participant feedback indicates the desire for a forum to discuss these subjects openly). Similarly, it may stem from the apparently egalitarian concept of ‘colour blindness’, which is grounded in the view that race is immaterial and should therefore not be a major focus in interactions with others. However, this view has been criticised for reflecting “a limited understanding of the ways bias and discrimination operate and affect Black people and other minorities, as well as an unwillingness to acknowledge racism in contemporary society” or take steps to combat it (West *et al*, 2021).

Whatever the explanation for this finding, the lack of embedded support in this area is concerning given that over one-quarter (28%) reported encountering stereotyping of clients based on their culture (Figure 4). In the absence of ongoing guidance, professionals may be less equipped to effectively challenge such stereotyping and deliver the best possible support for racially minoritised victims.

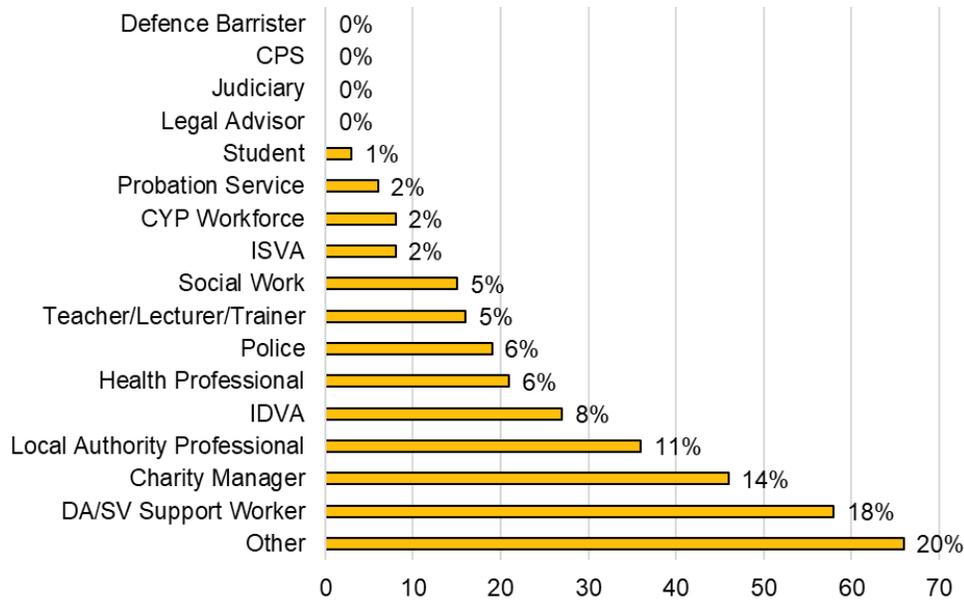


**Figure 4: In your work, have you encountered any instances where assumptions have been made about clients due to their culture?**

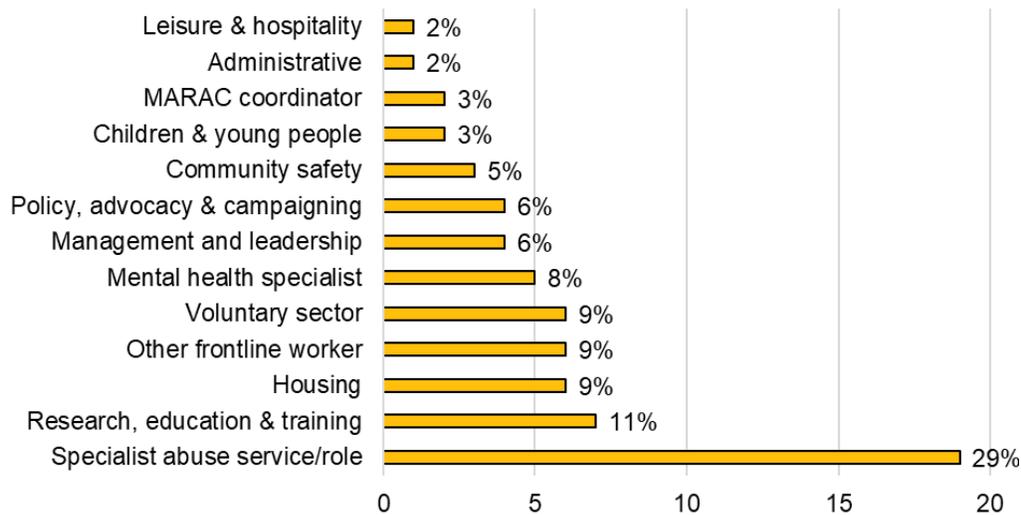
The breakdown of participant employment indicates that a plurality of participants are in frontline roles such as DA/SV Support Workers (18%), Independent Domestic Abuse Advisors (IDVAs) (8%), Independent Sexual Violence Advisors (ISVAs) (2%) or work within statutory, health or educational services. A further 14% work as charity managers suggesting that, while less likely to be engaged in frontline work with service users, they will have significant strategic and operational responsibility and may be managing professionals from a range of backgrounds.

Among participants who identified as 'Other' (20%), those who specified their role worked in specialist abuse services including DA, 'honour' based abuse and stalking (29%), research, education and training (11%), housing, including specialist roles related to DA or mental health (9%), other frontline support roles (9%), the voluntary sector (9%), mental health (8%), management and leadership (6%), or policy, advocacy and campaigning (3%), among others.

This breakdown indicates that attendees overwhelmingly work within roles, or sectors, in which cultural competency is vital. Additionally, a significant minority (28%) reported that their role involves managing professionals from Black, Asian and racially minoritised communities.



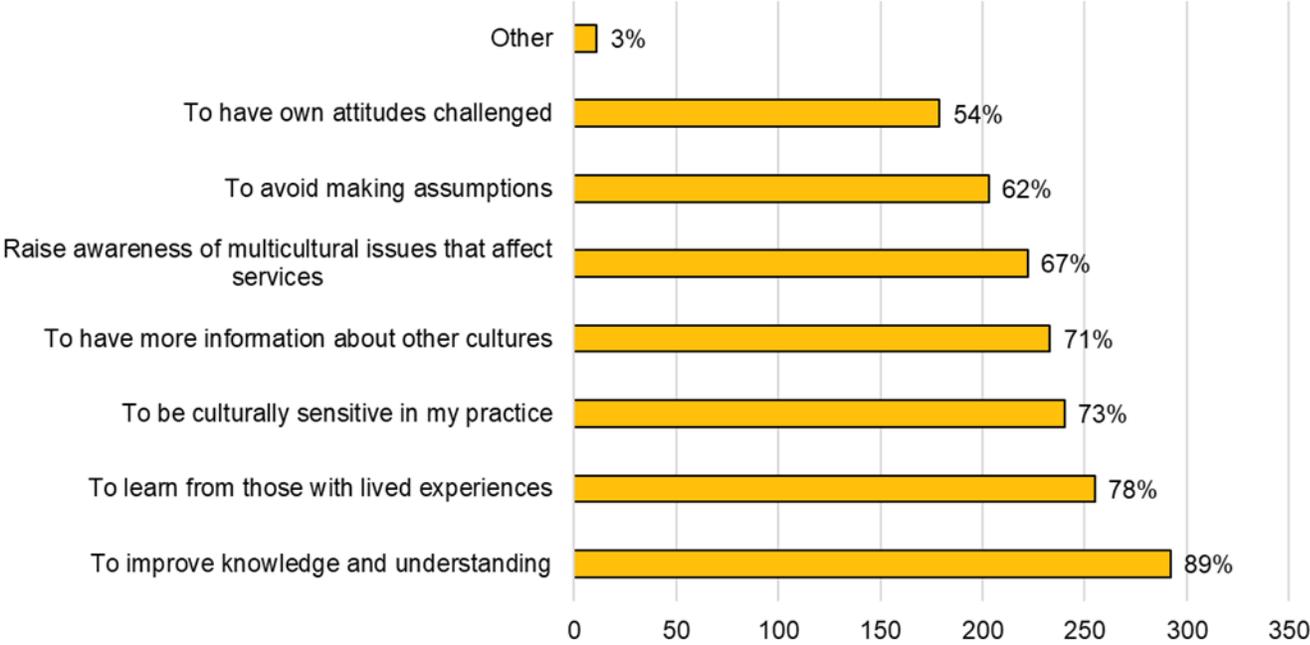
**Figure 5: Please choose the description that best indicates your profession**



**Figure 6: Please choose the description that best indicates your profession: Other (please specify)**

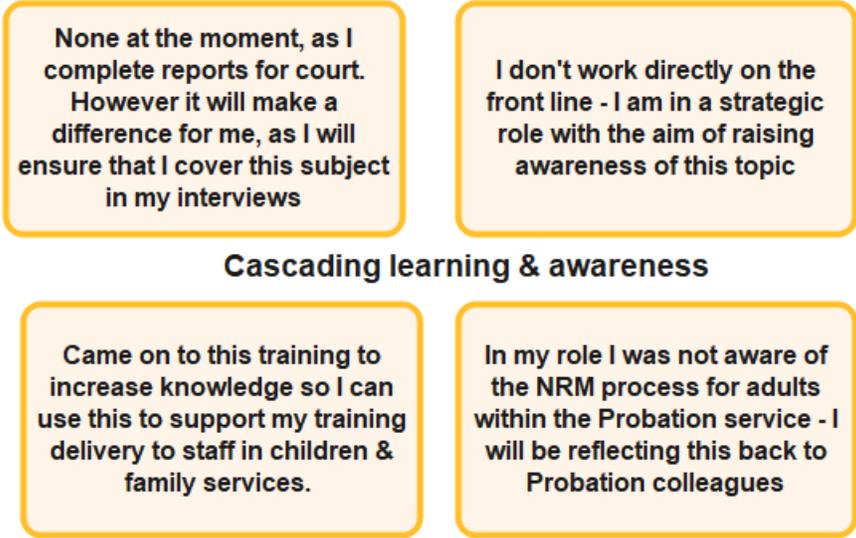
The pre-survey data also supports the finding from the 2020 H.O.P.E calls that there is an appetite within the sector for training to enhance professionals' cross-cultural competencies. 89% of attendees reported that their expectation for the CCT was to improve their knowledge

and understanding, while 78% expected to learn from those with lived experiences. A further 73% expected that the training would enable them to become more culturally sensitive in their practice, while 71% anticipated gaining information about other cultures and 67% expected to raise awareness of multicultural issues. Interestingly, only around half (54%) of participants expected have their own attitudes challenged and 62% hoped to avoid making assumptions – this suggests that, prior to engaging with training, participants were less likely to identify their own attitudes and assumptions as the intended/foreseen object of intervention than their knowledge of other cultures. This may point to a volunteer bias effect, whereby those who choose to attend CCT webinars and contribute to their evaluation are genuinely lower in discriminatory attitudes than the sector ‘average’, and are aware of this. However, it could also indicate that, prior to attending CCT, participants were merely unaware of underlying biases or assumptions. Post-training data suggests that the latter explanation may be nearer the mark, indicating a change in this respect due to an increased sensitisation to issues surrounding equality, diversity, inclusion and anti-oppressive practice (see section 2.2.3)



**Figure 7: My expectation for the training**

Notably, participant information regarding estimated caseloads indicates that the gains in knowledge and confidence from these initial 12 CCT webinars has the potential to ‘reach’ and positively impact thousands of survivors within attendees’ direct and organisational orbits; a conservative estimate based on the figures provided by 163 participants<sup>4</sup> suggests that these attendees (and their organisations) are collectively supporting around 5,528 survivors. Meanwhile, although 90 of the 163 participants who answered this question (around 55%) noted that they do not work in a frontline role and therefore have no routine/direct contact with survivors, many of these participants reported that they were planning to use the training to benefit their work in other ways, cascading learning and raising awareness within their team or service:



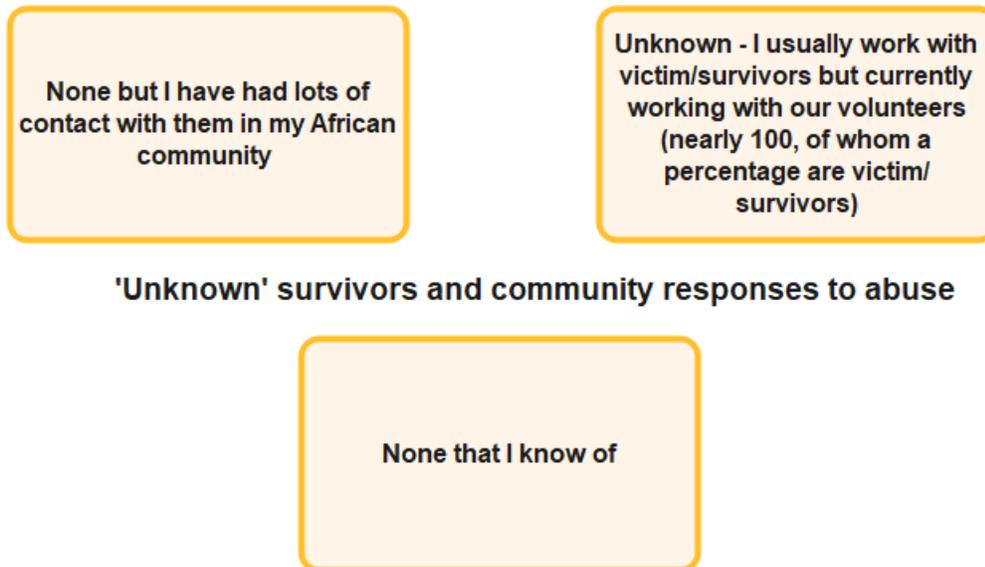
**Figure 8: How many victims/survivors are you currently supporting (open-ended responses) – cascading learning <sup>5</sup>**

Others observed that, while their job description does not currently/typically include supporting survivors, this does not preclude them from regularly encountering survivors in their professional and personal lives, or mean that they are not already working with survivors.

<sup>4</sup> With three apparent duplicate answers removed to prevent over-counting.

<sup>5</sup> ‘NRM’ is short for the National Referral Mechanism, a “framework for identifying and referring potential victims of modern slavery and ensuring they receive the appropriate support” (Home Office, 2021)

Indeed, emerging models for tackling abuse at a community level such as the DA Champions approach are predicated on the notion that we should equip 'generalist' professionals with the information and skillset to recognise warning signs, respond to initial disclosures and signpost to appropriate statutory and specialist services in a safe, knowledgeable and empathetic manner (see Bunn, 2019; Allen *et al* 2020). This is an important point, which underlines the need for more widespread access to CCT, not only for frontline practitioners or those who work in roles or services where it is seen to be self-evidently relevant, but at a wider societal level. When it comes to understanding the dynamics of violence, abuse and deleterious practices, and recognising how survivors' needs and experiences may be inflected by cultural norms and intersecting forms of marginalisation, we are all operating on a 'need to know' basis because we will inevitably come into contact with survivors from a range of communities.



- **Figure 9: How many victims/survivors are you currently supporting (open-ended responses) – unknown survivors and community responses**

## 2.1.2 Participant overview: Key Findings

## 2.2 Qualitative survey findings

Analysis of the open-ended survey responses yielded several key clusters of codes.

The main categories identified include:

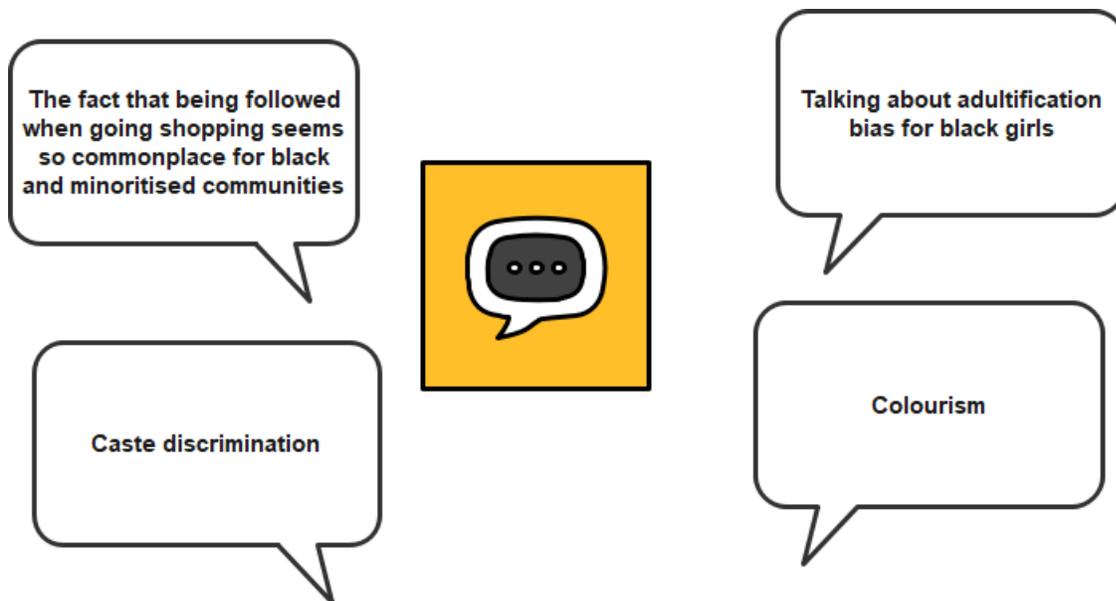
1. Knowledge – learning about concepts, dynamics or practices; growing more familiar with different communities and faiths; understanding that victims' needs, experiences and help seeking behaviours will vary according to individual, cultural and structural/systemic factors
2. Lived experience – the affective and educative value of lived experience
3. Self-reflection – becoming aware of, interrogating and rethinking one's own assumptions, biases and positionality
4. Learning outcomes – what has changed for the participant as a result of the training; what are the main takeaways or next steps as a result of undertaking CCT?

5. Feedback – what would increase the accessibility, impact and/or effectiveness of the training?

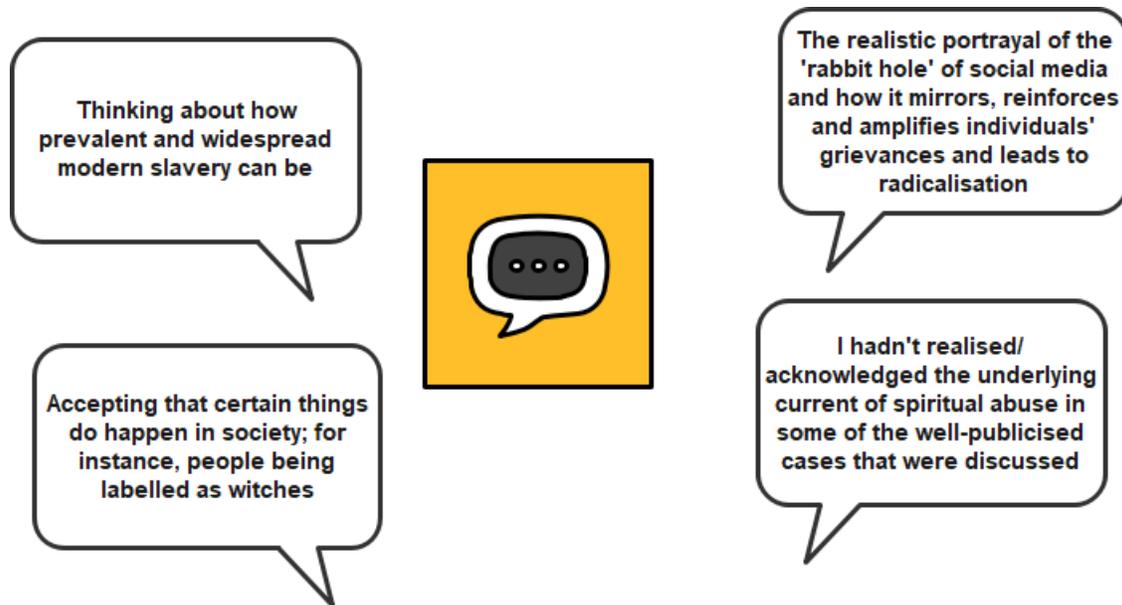
## 2.2.1 Knowledge

Unsurprisingly, the knowledge gained through CCT, and how this would benefit their practice, was a major theme across participants' responses.

Participants described the information and insights they had taken away from the training, including becoming aware of, or developing their awareness of, concepts such as discrimination, unconscious bias, privilege, and colourism, particularly as they relate to safeguarding and supporting racially minoritised victims.

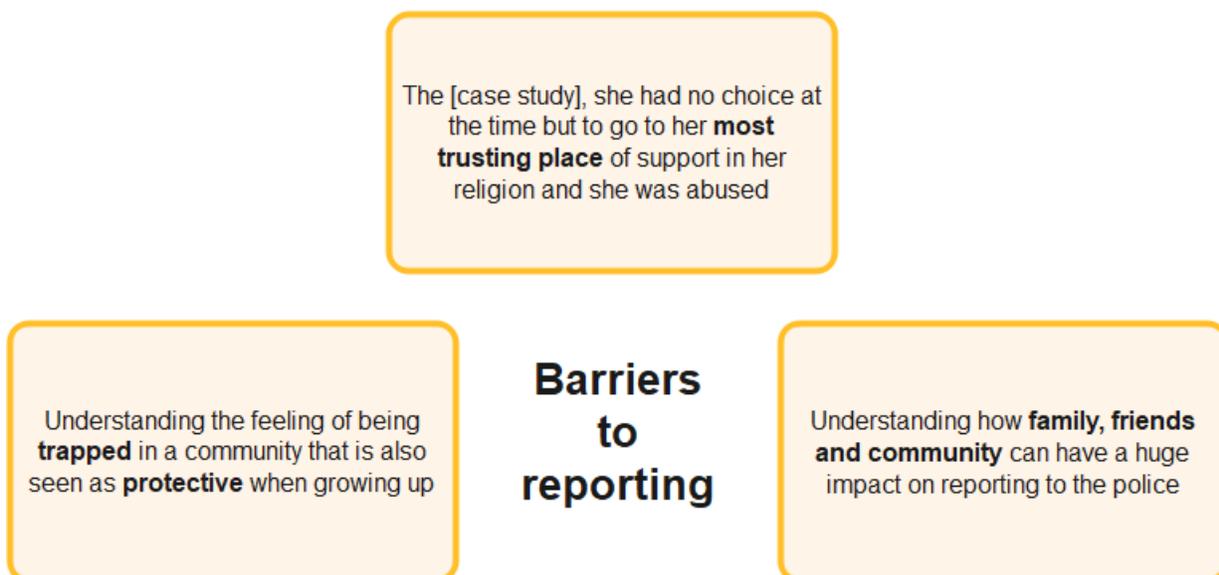


Another key area where participants felt more knowledgeable was in relation to unfamiliar phenomena or patterns of abuse, particularly those perceived to be 'hidden' from everyday view such as spiritual abuse, modern slavery and online radicalisation.



Participants particularly valued the more practice- or intervention-focused insights from the training, such as developing their understanding of differences in help seeking behaviour, the differing support needs and experiences among racially minoritised victims, and how these are informed by cultural and structural influences and systemic barriers.

This included learning about how intra-community dynamics and a context of wider societal marginalisation can make it more challenging for victims to access safety and support, particularly those abused by popular or powerful 'in-group' members:



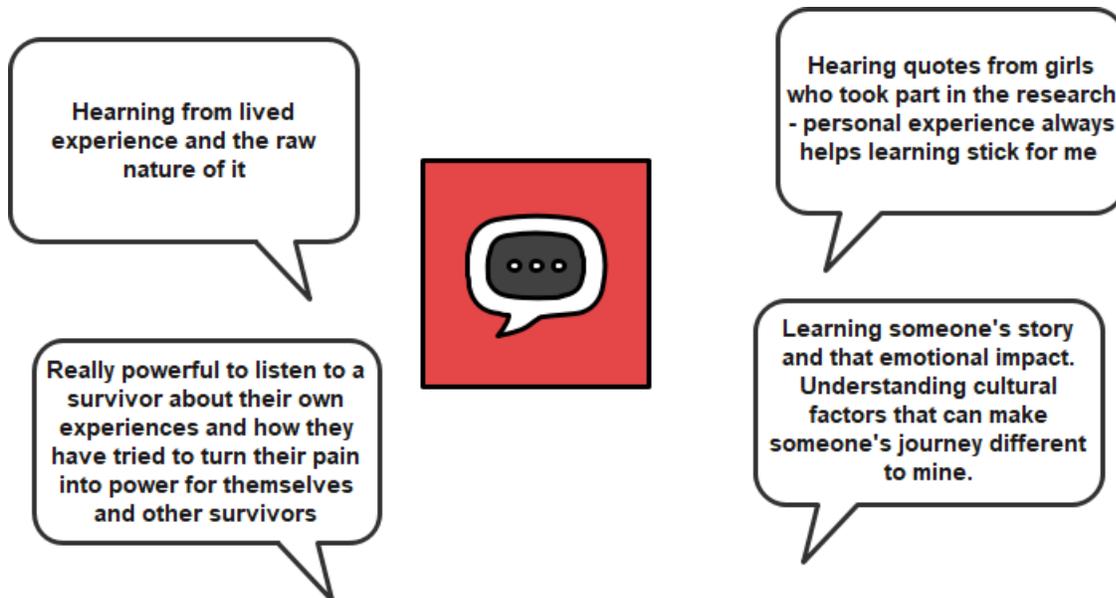
Developing a more nuanced understanding of how extended social networks can shape a survivor's experiences of abuse and help-seeking – in some instances serving as a protective factor and in others further emboldening the perpetrator and entrapping the survivor – is an important outcome for CCT. Both our own interview findings (discussed in section X) and the wider literature illustrate that ignorance or stereotyping from statutory and 'mainstream' voluntary sector services regarding familial and social influences and cultural context inhibits some minoritised survivors' ability to access support. Receiving, or merely anticipating, uninformed or biased responses from such organisations can deter reporting and reduce the efficacy of any support that is provided. For example, an Imkaan report on service responses to racially minoritised survivors of SV found that both intra-community pressures such as fear of stigmatisation and reprisals, and 'external' factors such as incomprehension or judgement from service providers – e.g. the "assumption that it's [SV] ok 'in that culture'" , played a role in raising further barriers to support and safety (Thiara *et al*, 2015: 23).

## 2.2.2 Lived Experience

A second theme, with areas of overlap with the first, was that of lived experience.

Lived experience emerged as a common response to questions about which aspects of the training participants liked most, would have liked more of, or found most useful, challenging or thought-provoking. In quantitative terms, lived experience was the most significant inductive/researcher-generated code, occurring in 104 open-ended survey quotations, as well as 13 interview quotations

Participants emphasized the affective and educative value of lived experience, which they felt helped to draw them into a session, bring a topic to life, give concrete examples of why a topic matters, allow them to appreciate a different perspective, and motivate them to take action.

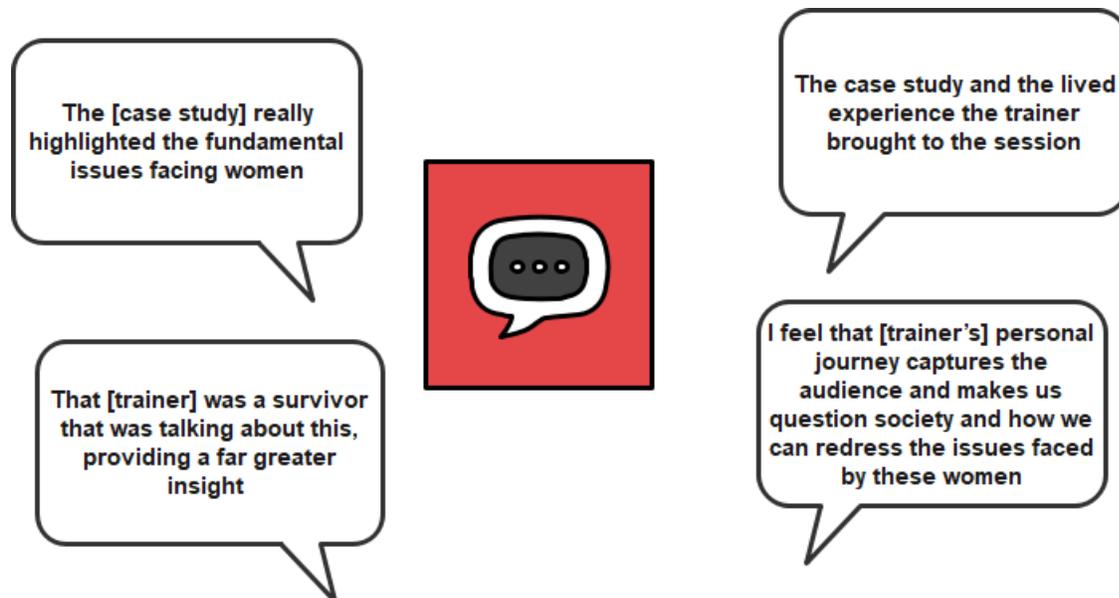


This finding chimes with research on the pedagogical and philosophical value of sharing and reflecting on lived experiences, particularly neglected, marginalised or culturally ‘unspeakable’ forms of experience. This can include highlighting commonalities of experience – and their socio-political causes and significance - among a group of marginalised people (Fricker, 2007) problematising ‘common sense’ assumptions or underlying theoretical frameworks (van Manen, 1990) and elucidating the interconnections between different systems of oppression (such as race, gender, class and sexuality) (Hill Collins, 2015).

Storytelling and emotion are similarly central to some forms of learning, including the confrontation of uncomfortable power relations or cultural legacies through transparent discussion of differences in experience, for example, via a “pedagogy of discomfort” (Gachago *et al*, 2013). Notably, this sharing is distinct from the “de-contextualised celebrations of diverse cultures [which fail to address] critical issues of power and social forces” (Ibid: 22), which some interviewees felt could characterise poorly designed or delivered CCT interventions (see section 2.3.1).

Survey respondents clearly emphasised the emotional and educative impact of lived experience; as mentioned above, lived experience was the most prevalent code among open-

ended responses and featured prominently in answers about the most useful learning activities.



Several participants cited the diversity of lived experiences highlighted during webinars, and the attention to power dynamics and differences within and between minoritised communities, as particularly helpful and thought-provoking aspects of the CCT. Rather than gesturing to a singular Black, Asian, Traveller, Sikh, LGBTQ+ or 'BAME' experience, the webinars instead drew attendees' attention to complexities and uncertainties. As discussed further in the following section, orienting learners to gaps in their current knowledge and helping them move beyond an initial state of 'unconscious incompetence' is an important step in any educational journey, and has been particularly well-researched as a function of professional development (see Benner, 1984).

What feels really powerful about these webinars is that they feel **rich with lived experience** and that there is **space for difference** without it 'clashing' or getting ironed out into one neat 'BAME' experience.

I understand the structures and principles of racism fairly well but am missing the **nuance of felt and lived experience in a UK context** (I find the **US experience often dominates these conversations** in the mainstream media)

### **Appreciating complexity, difference and 'unknown unknowns'**

How **little I know** about the day to day details of African heritage women's lives e.g. hair washing. Don't think that's the be all and end all of understanding their experience but it highlighted to me how there will be **so much I don't know I don't know.**

Notably, the significance of lived experience was another theme among the survey feedback which was mirrored and elaborated in the interview findings. This 'triangulation' or consistency in findings across data collection methods supports the view that lived experience – expressed through case studies, contextual evidence from survivor narratives and trainers' own experiential knowledge - fulfilled an important role in the CCT webinars.

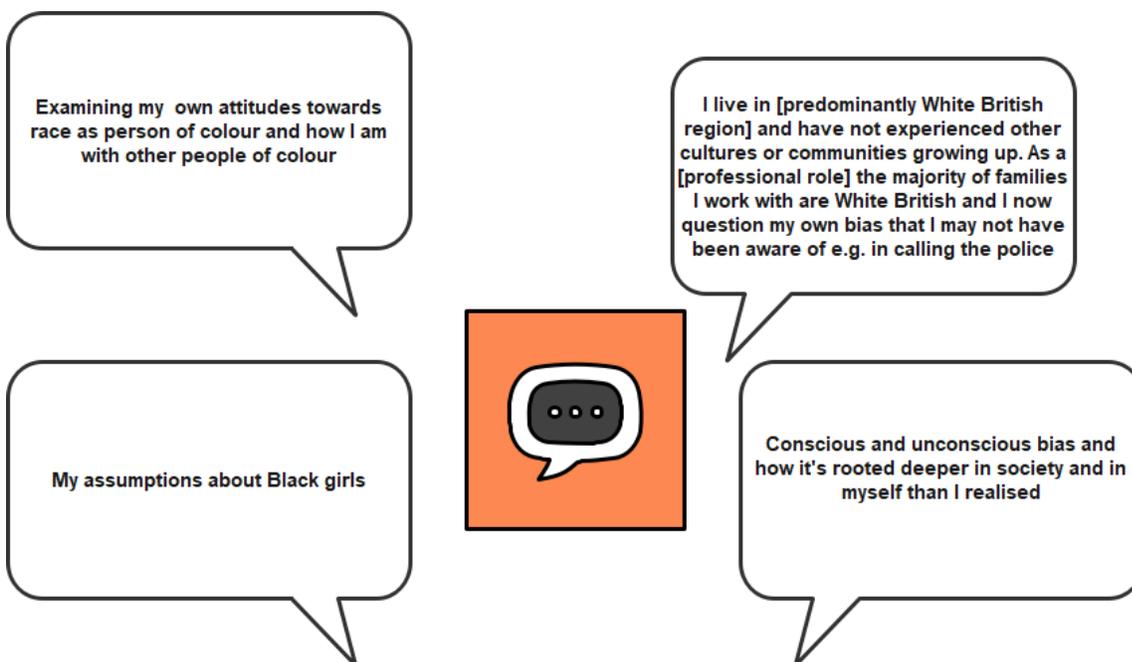
## **2.2.3 Self-reflection**

Another area of learning which participants highlighted was the training's capacity to engender self-reflection and flag– and challenge - previously unexamined biases or unconscious assumptions they might have made.

Participants reported reflecting on past experiences, and becoming more aware of their own positionality:



This theme commonly emerged in participants' responses regarding the aspects of the training that had most challenged or made them think, or areas that they intended to investigate further after the webinar.



In contrast to the findings regarding lived experience, where survey respondents and interviewees were largely in sync, one interviewee expressed scepticism about the effectiveness of highlighting unconscious biases as a means of achieving positive systems/organisational change, especially if such exercises/training were adopted as the primary or exclusive means of promoting cultural competence and inclusive practice:

At its root, [unconscious bias training] gets one to kind of self-reflect on one's thoughts, ideas, about different people. But what it doesn't do is force one to **act upon those issues**.

The second issue, which I think is probably more the predominant one, is that the way in which we understand and frame racism is as an unconscious bias or prejudice. But that's not racism. **Racism looks at systems and structures**, and the way that those systems and structures operate. So if you're only doing training that looks at dislike and prejudice, what you're not doing is looking at the **power dynamic that impacts people at a mass scale**, through hostile policies, through procedures, and the implementation of that that creates environments for these behaviours, like racial profiling, to be a norm within society. So at its roots, unconscious bias training, what that suggests is that the perpetrator doesn't know and is not aware that their behaviours that they're doing adversely impacts people. And that's why it's quite frustrating when you look at things like the George Floyd case or you look at some of the deaths within police custody here within the UK. **How is that unconscious? When someone jumps on your neck, strangles you, restrains you for a long period of time. That is not an unconscious action, and I think that's why there is such a kind of resentment for this notion that unconscious bias and racism is kind of on the same lines.** Racism is the umbrella. Unconscious bias may be a tenet of the umbrella, but that's not what it ultimately is, so to combat racism, it means that we need to look at what is the root cause and the issues within our society.

Interviewee H

Looking at the wider literature, there is extensive psychological research examining how implicit biases contribute to discrimination and unjust social outcomes, as well as whether targeted training can disrupt bias and yield tangible impacts on behaviour. Implicit biases are commonly defined as "unconscious and/or automatic mental associations made between the members of a social group (or individuals who share a particular characteristic) and one or more attributes (implicit stereotype)" (Fitzgerald *et al*, 2019: 1). Implicit biases are, by definition, the products of unconscious cognitive processes shaped by our wider cultural environment, and may therefore diverge from our considered beliefs and opinions as

individuals. Evidence suggests that these processes are capable of subverting our consciously egalitarian principles and aspirations by biasing our social judgements and decision-making in ways that systematically favour socially dominant groups and disfavour socially marginalised groups (Ibid). Disrupting these biases has therefore been viewed as essential to creating a fairer society.

However, recent systematic reviews and meta-analyses suggest that there is still a dearth of tailored interventions proven to effect long-term reductions in implicit bias (Fitzgerald *et al*, 2019; Forscher *et al*, 2019). Additionally, in cases where reductions in implicit bias measures are achieved, there is a lack of evidence linking this to desired behavioural outcomes (Forscher *et al*, 2019).

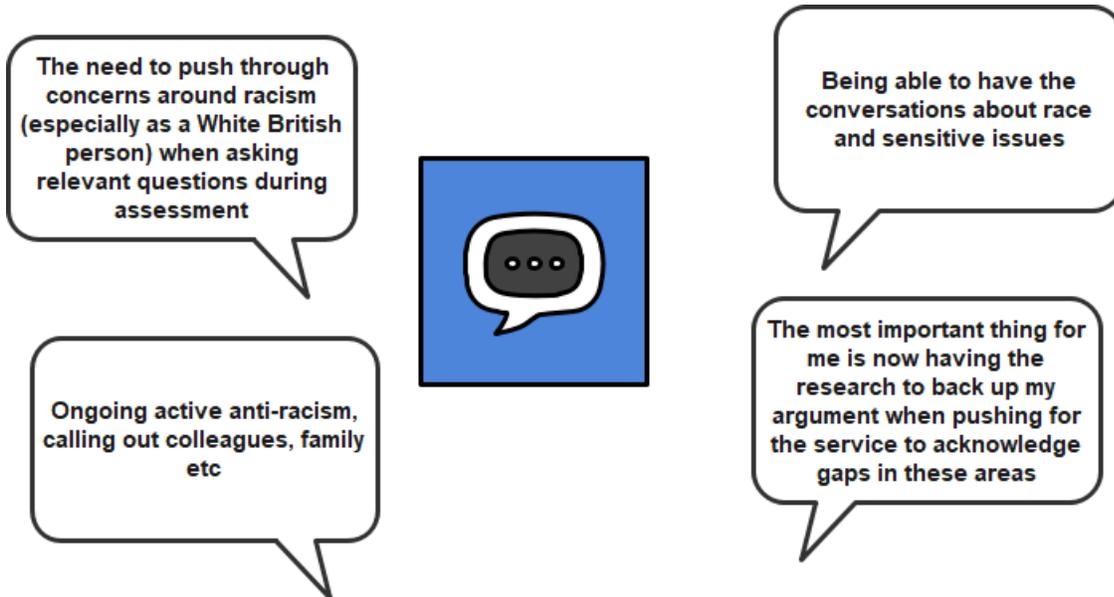
These findings suggest that, as interviewee 'H' argues, there are reasons to be cautious regarding the over-application of implicit bias as a unifying causal model of societal inequality, or an over-reliance on tackling individual biases in order to change discriminatory systems. However, when considered as part of the wider pattern of pre- and post- webinar survey findings, and the more holistic CCT programme offering, participants' ability to critically reflect on how such assumptions might shape their practice is a positive sign.

Equally, as discussed in Section 2.2.2, when accompanied by the motivation to continue learning and a supportive organisational context, an increased sensitisation to areas where one's present knowledge and skills are lacking is intrinsic to professional development.

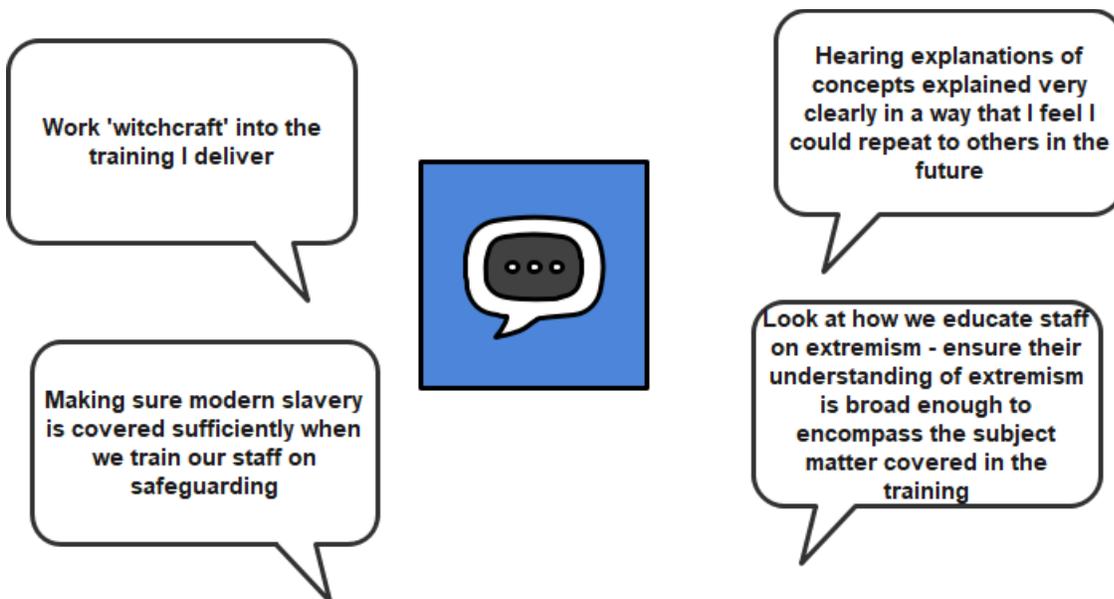
## 2.2.4 Learning outcomes

In terms of specific learning outcomes or next steps to take following the training, participants' responses fell into three main categories.

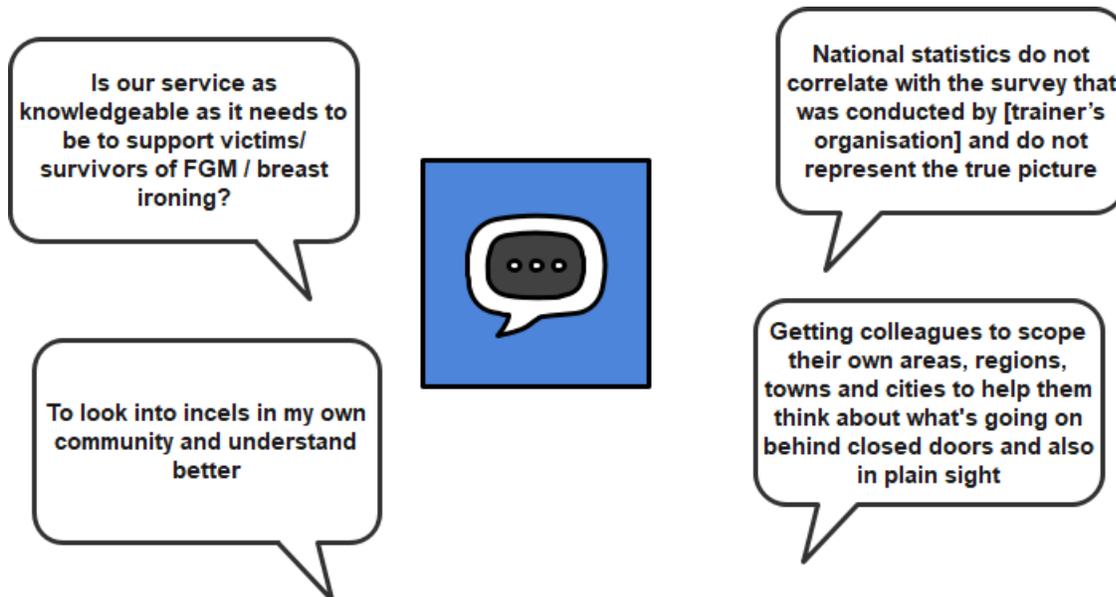
The first cluster of responses point to an increased level of comfort and confidence in raising awareness of issues around diversity and inclusion, challenging inequality and talking about sensitive subjects.



A second group of participants planned to use learning from the webinar in their professional and/or personal lives:



A third set of responses described how the training had highlighted areas in which they felt they were currently ignorant or lacking key information, or where there were ‘gaps in the picture’ afforded by available research and mainstream media sources.

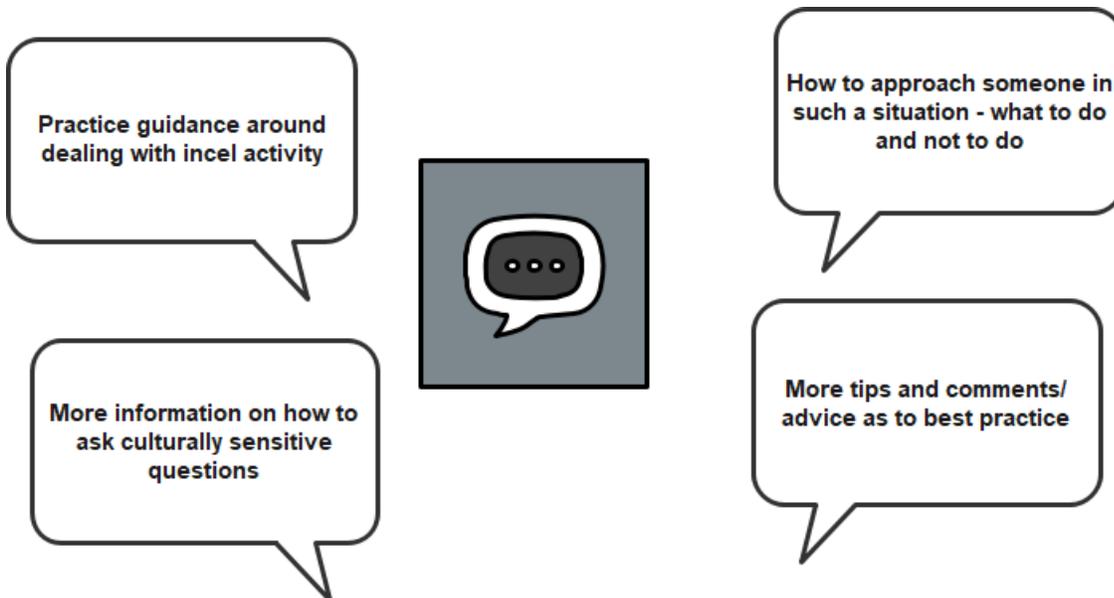


The theme of unequal knowledge production and dissemination also featured significantly in interviews with CCT trainers (as discussed further in section 2.3.4 ).

## 2.2.5 Feedback

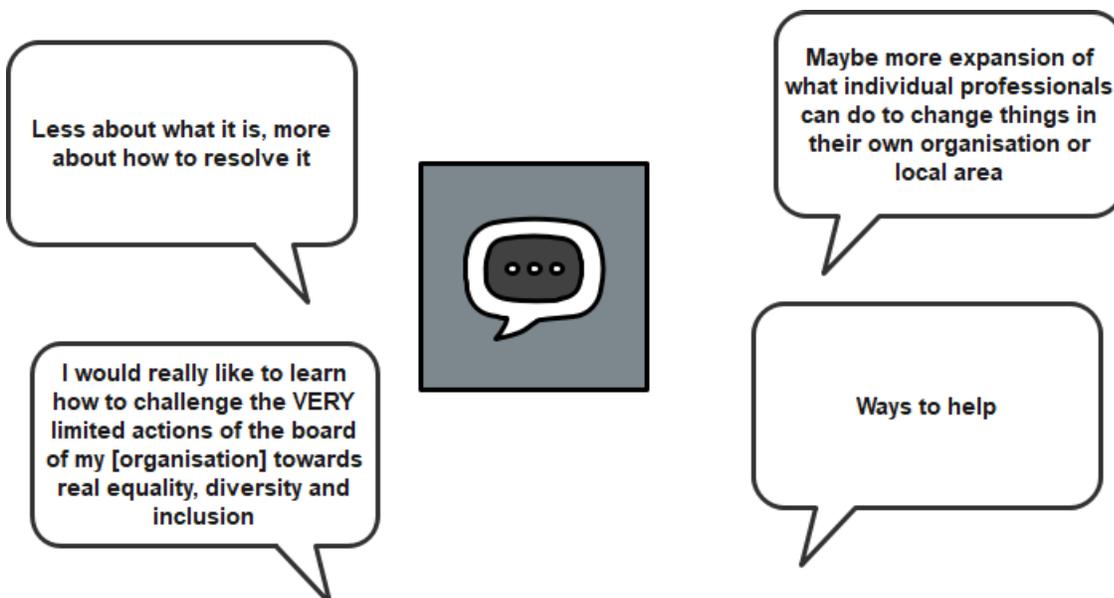
The final overarching theme or category of response was in relation to what had worked well and what could work better.

When asked what they would have liked the session to include or expand on, some responses expressed that the session could have been more practice-focused and offered more detailed recommendations and ‘how tos’/‘how not tos’:

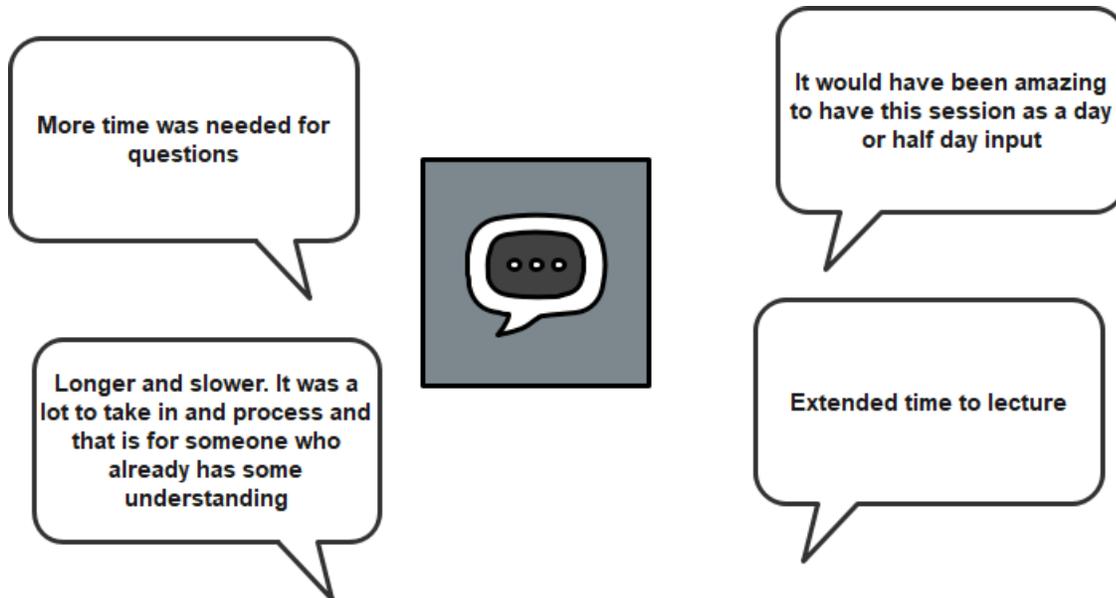


This desire for more detailed, practice-related information not only reflects the fact that a significant proportion of webinar attendees work in frontline roles, but may also speak to the finding from the pre-intervention survey that the majority of participants (56%) had not received guidance or support from their employers in relation to working with racially minoritised clients.

Similarly, other participants felt that the training could be more solution-focused, elaborating more on possible resolutions to the issues raised:



The most common piece of feedback was the suggestion that sessions would benefit from being longer and/or incorporating more time and space for discussion.



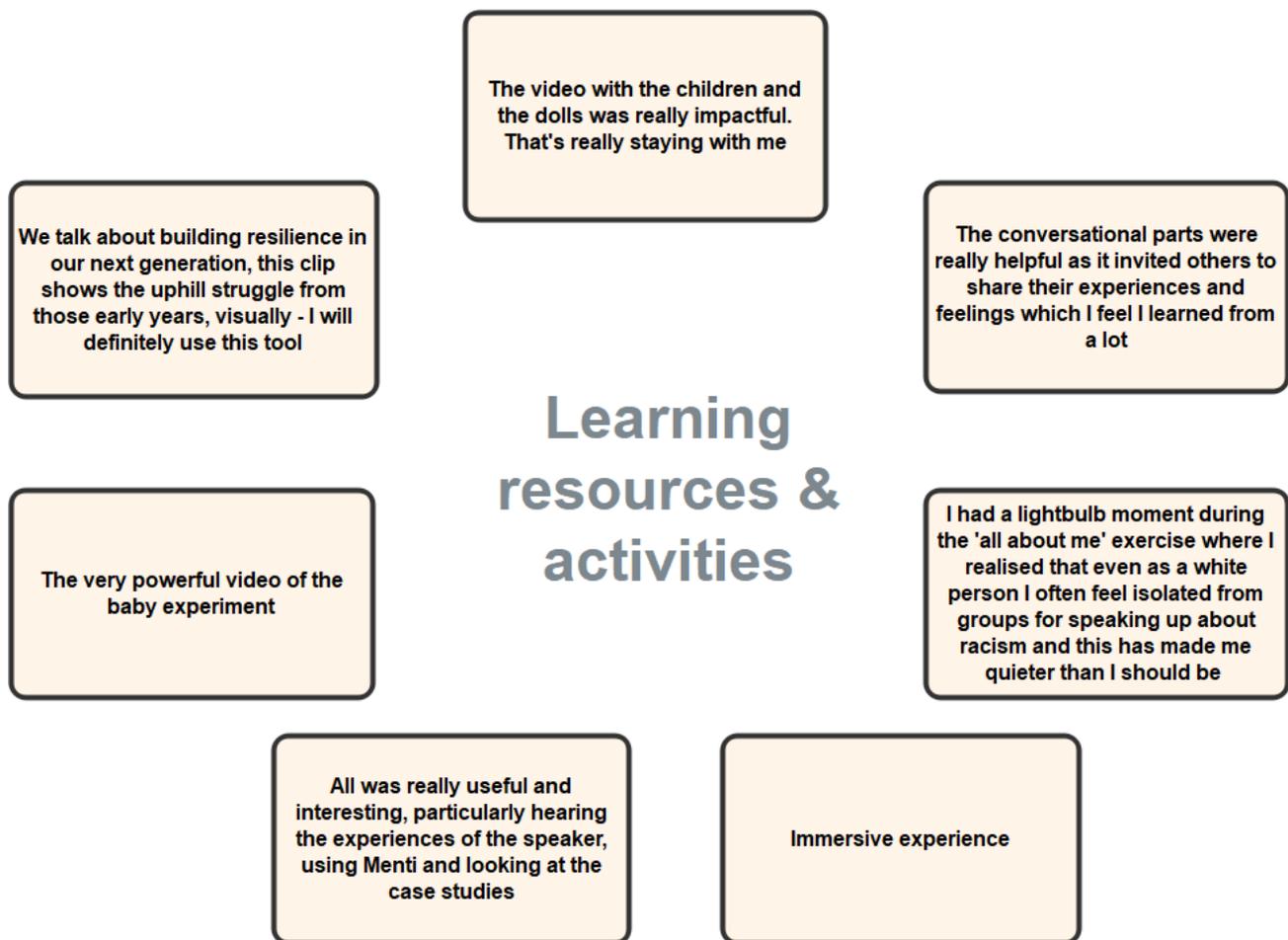
When identifying what they particularly valued about the training, a majority of participants cited the role of experiential knowledge (as previously discussed in section 2.2.4) or having a safe space to talk honestly about sensitive topics.



These findings suggest that there is a hunger for the kind of forum offered by the 2020 H.O.P.E calls and the 2021 CCT webinars: a space in which it is safe to ask questions and talk about contentious and emotive topics, and in which the knowledge and experiences of diverse survivors, researchers and professionals are centered.

A third set of responses identified specific learning resources or activities as the aspect of the training they had liked most. Among participants who referenced particular resources, several identified a video demonstrating the effects of racism from early childhood<sup>6</sup>. Multiple respondents also cited more interactive elements of the webinar.

<sup>6</sup> The 'doll study' paradigm was first developed by Clark & Clark (1939) as a means of understanding racial identity in children. The most cited version of the study employed "two dolls, one White and one Black,



## 2.2.6 Open-ended survey findings: Key Points

- Analysis of qualitative survey responses suggests that participants valued the knowledge they gained through the training, particularly knowledge associated with lived experience.

---

matched to the gender of the child. The instructions were 'Give me [the experimenter] the doll that . . . .' (1) you like to play with, (2) is a nice doll, (3) looks bad, (4) is a nice color, (5) looks like a [dual heritage] child, (6) looks like a [Black] child, (7) looks like you'. The first four questions measure racial preference; the fifth and sixth measure racial awareness, and the final question measures racial self-identification" (Byrd, 2012: 11-12)

- Participants also valued the openness and authenticity of the webinar discussions, which gave participants a forum to address sensitive but important social and cultural issues.
- Participants also reported that the CCT had helped them to reflect on their own biases and assumptions.
- Learning outcomes identified through participants' responses included: increased confidence in broaching sensitive cultural issues and challenging inequality or bad practice; disseminating the learning from CCT in their personal or professional lives; highlighting gaps in knowledge.
- Other positive feedback included the use of case studies, interactive learning activities and resources.
- Suggestions for improvement included: longer webinars (or webinar series); more time for interaction and discussion; more practice- or solution-focused learning

## 2.3 Interview findings

Researchers interviewed ten CCT speakers: 'A' – 'J'. The semi-structured interview schedule was designed to elicit trainers' views on the concept and implementation of cross-cultural training, and their thoughts on how to achieve a more informed and culturally competent workforce and create substantive and enduring change across the sector.

Mapping of the data identified a rich array of themes. For the purposes of this report, researchers' analysis will focus on those which were 1. Present across the entire, or an overwhelming majority of, the dataset and 2. Relate to strategies for producing knowledge and fostering and capturing change within the sector and beyond. These themes also offer a compelling narrative about why there has been a recent shift in public awareness in relation to equality, diversity and inclusion, how services can make the most of this opportunity and embed learning, and the systemic factors which can make or break efforts to achieve a more equitable and representative sector.

- CCT is needed

- Accountability
- Deeds not words
- Disrupting ignorance/disseminating knowledge

### 2.3.1 CCT is needed

An overwhelming majority of interviewees felt that there was a clear need for CCT, and that an historic lack of attention to this need by mainstream services, funders and commissioners had contributed to gaps in provision for Black, Asian and racially minoritised survivors.

Several interviewees were more ambivalent about past/current iterations of CCT beyond the H.O.P.E webinars, concerned that these too often focus on superficial cultural differences rather than dealing with less comfortable, but more crucial, questions of power and deep-rooted inequalities. However, all interviewees agreed that “*meaningful*” (J) and well-executed CCT that delved beyond surface-level depictions of ‘diversity’ was beneficial, and had a role to play in creating organisational and sectoral change.

‘B’ felt that a lack of awareness of why specialist and by and for services are needed had resulted in a decline of provision and worse outcomes for survivors from diverse communities. However, B also saw the enthusiastic take-up of H.O.P.E’s CCT webinars as a positive sign, heralding professionals’ own awareness that they were lacking in knowledge and a “*hunger*” to change this:

I think [CCT is] something that's very much required. Covid has really shone a light on the gaps in service provision, and I think we've almost been floating along blindly. Particularly from a commissioners' and a leadership perspective, I think for a long time, at least the last 10 years, I've seen a decline in specialist service provision for diverse communities. I think that there was this sort of thought process where it was assumed that having somebody who speaks a South Asian language in your organisation makes you culturally diverse because now you can meet the needs of the community. And I think that this mindset almost overtook this whole sector, and it meant that the government saved a lot of money, and commissioners and local authorities saved money, because it meant that they didn't have to commission specialist services and so on with this presumption that, if they just employ somebody with the language skills, that that generic organisation can then provide support. And I think over the last 10 years, what we've seen as a consequence of that, is a decline in [racially minoritised] victims reporting, we've seen a decline in them accessing help, in them trusting service provision to come forward. I think it's led to some very, very dangerous situations and people remaining in abusive relationships for a lot longer.

And so, therefore, I think this whole move to having more training and having more awareness around the impact of abuse in diverse communities, I think is absolutely crucial. And I commend the H.O.P.E calls, because I know how many people come around the table. For me, what that demonstrates is that there is a desire, there's a hunger for people wanting to understand what is happening because they obviously don't know what is happening. And people are coming to these H.O.P.E calls to understand.

Interviewee B

'C' also felt that CCT was needed in order to better equip services to support Black, Asian and other racially minoritised survivors, and that attending the 2020 H.O.P.E calls had even increased their own awareness:.

I think that [CCT is] imperative really for services to be able to respond in a way that is really helpful and for the best outcome for the survivor who is using that service. I haven't been able to attend as many other cross-cultural trainings as I would have liked. However, I did attend many of the national H.O.P.E calls last year. And just listening to all these different people with different organisations talk about why it's important, why it's needed for their particular community or ethnic group, it's been eye opening.

Interviewee C

'D' argued that CCT was needed to address knowledge and skills gaps within the sector, such as a lack of attention to intersectionality and cross-cultural working.

**Oh, my God, it's so needed. I mean, the thing is, this is where I feel a lot of organisations fail because they're not looking at cross-cultural issues, they're not looking at intersectionality. [...] There's too many people doing things separately and not working together. [...] So for me, cross-cultural working is a real benefit in so many ways. It's addressing where I feel there is a gap**

**Interviewee D**

While 'A' had reservations regarding the potential for CCT to result in meaningful change throughout the sector unless other material and structural issues were adequately addressed (further discussed in section 2.3.2), they believed that CCT was crucial for puncturing the illusion of a "*universal experience*" common to all survivors, and for allowing those working in the sector to critically examine their own practice and develop their professional curiosity:

**I think I like the idea of it, and having the opportunity to explore different narratives and perspectives in it [...] think it's really important that there is a real in-depth exploration about different experiences to ensure we don't assume a universal experience. And I think it challenges professionals more in terms of their curiosity, in terms of them being able to really place a magnifying lens on their own practice, what they're doing within their services, their policies, the research they undertake. So, on the whole, I think it's really important**

**Interviewee A**

Similarly, 'H' argued that CCT is valuable when it is action-focused and incorporates substantive examination of core concepts , rather than relying on surface level critiques or the use of buzzwords.

**I think cross-cultural training is good, providing it has the elements that enable practitioners to look beyond the superficial things that we hear about. So we use words like cultural competency. We use words like inclusion and equality. But what is the action that entails all of these words that we use? What does it mean in terms of the context of change?**

**Interviewee H**

One interviewee, 'J', expressed a more equivocal view regarding the benefits of CCT, in part stemming from past experiences of clumsy and ineffective 'cross-cultural' learning events.

I think if it's meaningful and it's done... When I think of the term cross-cultural training, it makes me cringe. Because once upon a time, it was all about doing trust falls and singing Kumbaya in a circle, you know, it was it was that kind of team building and it wasn't really cross-cultural. Really, it was like, why don't you bring some fried samosas in and we could experience one another's culture? And it's really just not very meaningful. There's nothing that you actually fathom from it. So I think what I like about what [H.O.P.E] has done here is giving us a little bit of intellectual and artistic freedom. To push the boundaries a little bit to really get people thinking because, you know, if it's just about making people either feel better or making them feel like they're racist, then it doesn't really serve a purpose. It pushes people to the margins.

Interviewee J

As this range of responses shows, while all participants agreed that some form of CCT is necessary to effect positive change within the sector and beyond, there was more of a spectrum of views regarding the extent to which CCT as it is currently practiced across the rest of the sector is advancing this aim. As these responses also indicate, several interviewees particularly valued the opportunity afforded by the H.O.P.E webinars to engage attendees in a more interactive, reflective and critical way.

### 2.3.2 Accountability and Action

When reviewing and analysing interview transcripts, two interlinked codes, 'Accountability' and 'Deeds not Words', proved to be particularly salient in understanding interviewees' perspectives on the next steps the sector needs to take beyond scaling up effective CCT provision.

As discussed in the previous section, while interviewees believed that promoting access to CCT was a necessary step in the process of building a more equitable sector capable of

meeting the needs of diverse survivors, they also emphasised that it would not be sufficient in itself; instead, they stressed the need for accountability and concrete, measurable actions.

For example, A observed that those most in need of CCT may be the least likely to access it of their own volition. If CCT is seen as discretionary and “*specialist*”, it is unlikely that the learning will reach all professionals who could benefit from it. In order to build a culturally competent workforce, the learning therefore needs to be embedded at a more “*systemic*” level, where acknowledging and responding to survivors’ differing needs becomes “*everyday*” and expected.

**I think one of the limitations is that you do training and then so what? So we can say this is great because it means that you get to hear different experiences - but then there is the so what? How do we ensure it's systemic? How do we ensure it's not just [reaching] those who are actually engaged and who enjoy this work anyway? How do we [reach] those who turn up their noses or think that this is all just a bit political correctness gone mad? It's those ones, it's the people who aren't in the spaces who need to be in the spaces.**

**So I think with regards to workforce development, I think we still have quite a long way to go for it to be systemic and not based on individual interest or individual expertise, but something which is very much brought in from a director level all the way down, that it's something which is role modelled and acknowledged as just a part of our everyday. Where cross-cultural training isn't seen as something so specialist or unique, [and] it's not challenging for workers to force themselves to acknowledge identity, to think about intersectionality, to think about equity, diversity and inclusion, that it's just embedded in the everyday. And I think until we get there, I think any kind of training whether it's cross-cultural or not, is always going to have its limitations.**

**Interviewee A**

Like some other interviewees, A also felt that the anti-racist statements published by mainstream organisations in the wake of widespread Black Lives Matter (BLM) protests meant little if they were not followed by tangible actions to promote change:

*“No, the statement doesn't mean anything to me at all. I think I'm interested in seeing what action looks like and not short-term, but long-term action.”*

In order to achieve more equal representation at all levels throughout the sector, A believed that accountability or “*audit*” mechanisms were needed to identify system dysfunctionalities.

These were views shared by another interviewee, C:

**A lot of organisations have woken up to you know, Black lives mattering (laughs) in the wake of George Floyd. And they've changed their EDI plans, they've put out that anti-racist statement. But what is actually happening on the inside? Because for me, change isn't coming quick enough. It's almost like people are scared to move. Like, yes, you've put out this statement. Yes, you've commemorated it's been a year since George Floyd has passed away. But is your staff predominantly still white? Like what have you actually done for the community and for change?**

**Interviewee C**

When asked about how the sector could promote accountability and track change, C also suggested the introduction of an audit process or regulatory body:

**I suppose the same way Ofsted captures schools or the Care Quality Commission regulates care homes like, you know what I mean? Like I don't think there's any regulation for services. . So I think that if there was some sort of audit. And so, you know, 'These are the things that you said you're going to set out to do, what have you done and what changes [have you made]?' And it needs to be over a long period of time as well**

**Interviewee C**

Interviewee 'E' also raised the idea of CCT being reframed as a “core” aspect of professional development, with inbuilt checks and balances to ensure a basic level of competency across the workforce.

**There has to be some way of making [CCT] mandatory. Maybe mandatory is a bit strong, but do you know what I mean? Core, yeah, you go and do a course on whatever you do, social work and there's some core modules that you do to be a practitioner. I believe that that should be the same with cross-cultural training. And in fact, I've gone in other bits where I've done specifically antiracist training. I've said to people there really needs to be at the end of that training a test, and if you fail it, you need to do it again. Health and safety online stuff. If you fail, if you get two wrong or whatever it is, it makes you do it again because it means you're not safe or you will put other people at risk. I think it should be the same really for for specifically antiracist training.**

**Interviewee E**

D referenced a need for services to put “*their money where their mouth is*” and meaningfully invest in long-term equality, diversity and inclusion strategies, rather than engaging in time-limited, tick box exercises.

**So to me, it's around working with the people who are in those powerful positions, them understanding their power and them understanding their privilege and what are they doing with that power and privilege for one. And then are they putting their money where their mouth is, basically? Because it needs money, and it needs investment. What are you doing to make sure there are real opportunities for Black and Brown people ? So for me, put your money where your mouth is. Educate the people with power and control and privilege so they know what they need to be doing. Also challenging and getting rid of any of those who aren't adhering to inclusion principles and challenging them. Because often people are in those roles and they shouldn't be, because they're not fostering good relations in terms of inclusion, whether it's race, whether it's gender, whether it's disability, LGBT plus whatever. So it's holding those people to account who aren't currently doing what they're saying. They may say it on a tin, they may say it on a website, in a meeting, but are they truly demonstrating it?**

**Interviewee D**

Meanwhile, interviewee 'I' felt that the progress the sector had already made in recent years was in part due to a growing sense of being publicly held to account:

**What has changed, I think- well, I think at the moment, the whole atmosphere, the country, especially after George Floyd. But I think even before that. People have realised that it can't continue as it has, with very white middle class needs only being taken into consideration. We know from every social indicator that minorities are faring much worse in mental health, in domestic abuse, and services still are too much designed by white middle class people for white middle class people. But I think that that narrative is starting to change. And I also think that the younger generations are great, amazing and making a lot of noise. So I think that it is starting to change, I think it has been allowed to continue for too long with the services trying to cater for those that the society considers 'normal'. So I think that that's been a big change in that they can't get away with it anymore, and now they have to start to really consider- not just box ticking, which has been happening for the last 20 years, but actually making a change. And I really hope that it does something, and is not just a tick box exercise again**

**Interviewee I**

This sense of crossing a cultural Rubicon, beyond which the sector – and society as a whole – can no longer “*get away with*” ignoring or minimising such disparities would also feature in the final themes which emerged during the analysis, regarding knowledge and lived experience.

### **2.3.4 Disrupting ignorance, disseminating knowledge**

As with the survey participants, lived experience and experiential knowledge emerged as major themes throughout the interviews. One overarching theme was the relationship between knowledge and power, including the privilege *not* to know – an epistemic “*bubble*” (D) associated with being insulated from experiences of cultural or racial marginalisation. Equally, the ability to speak authoritatively on a subject and be believed, to convert shared experiences into “*public knowledge*” (C), was connected with power and reach.

When asked about their motivations for getting involved with the sector, several interviewees referred to their lived experiences and desire to change “*hearts and minds*” by sharing their

experiential knowledge as a powerful driver. In some instances, this was knowledge grounded in lived experiences of marginalisation or abuse, whereas in others it was in relation to having a shared religious or cultural background with survivors which reduced the need for “*explanations*”.

So for me, being a person of colour and from a diverse community, I don't think the issues were understood in my journey, my own survivor's story. Even not just during that journey, but afterwards because of therapists not understanding about [these issues]. And so I could never find a therapist at all who would actually think, 'Ah, I understand'. I just went through several therapists and nobody understood that I was going through this grief process.

That then led me on to [professional role], because I wanted to be a voice for the diverse communities, and just to change those hearts and minds of professionals as well to look at it differently. And if I can do that through my own story, change hearts and minds.

Interviewee G

So my biggest motivation was just having the lived experience and going through [these experiences] at a young age. And then my journey through recovery, you know, I just felt so alone. And again, I was referred to services. However, the services did not fit me, they weren't right for me. So then these services were quite happy to mark me off as disengaged or not attended, but nobody really came to ask the questions why. So that really ignited a passion in me to say, like, wow, I want to make sure that I can heal myself and do all the learning I can to go back into my community and help those young people that are maybe living with similar circumstances. [...] For me, it's like, you know, because my heritage is Black Caribbean, that's my motivation in terms of ensuring that my community gets this message and understands that there is help out there. Because we're still underrepresented, we're still the least funded. There's still work to be done to ensure the future of our children and our children's children is better, and they get a better response

Interviewee C

I worked in a fairly white area and I won't name the area, but a lot of my service users were Black. And just hearing each different one say exactly the same story as the one prior thinking 'They don't know each other. How come their stories are so similar?'. So kind of for me anecdotally and through practice, hearing all these little things and thinking, 'Well, where can I be of most use? How can my existing knowledge feeding more easily into certain areas? And what can I do in terms of those outcomes that I'm hoping to avoid in the future?' Bearing in mind that I was starting out, I was newly married, I was beginning to have children. Starting to think, 'Oh, you know, what's going on here? I really do need to get a grip on this'. So there was a lot of personal thinking that went into it, but also a real sense of how can I use who I am to change, inform, transform these areas?

Interviewee E

For me when I first started working in the voluntary sector, it was really about it was my own experience. It was knowing as a South Asian gay man, actually, there wasn't a lot out there. I suppose on a personal level, I've always known that there's a lack. In a way, doing LGBT activism work was always going to be in my DNA from a very young age. And I think as a result of that, that's what always drew me. And then the other part of it was also understanding that, you know, when I had gone through [experience], I realised actually my story's really important. People need to know about this because it's still missing.

Interviewee F

My motivations were- I was fed up of experiences like mine just not being acknowledged, I was fed up of picking up a report which said it was about children and young people, but the sample only included two percent or three percent of those from Black communities. I was fed up of seeing that footnote which you tend to see at the bottom of a report saying 'We do know that 'BAME' children experience additional barriers...'. [...] So I think I wanted to ensure that I was very much a part of providing a narrative which [isn't] overwhelmingly based on the experiences of the dominant group, which for me erased and continue to raise our experiences

Interviewee A

I think that people [in generic organisations] still don't pick up issues like, for example, in our community, the birth of girls can be used as an issue. It can be made an issue, and that can lead to abuse. And it's really hard, I think, for generic organisations to understand that concept. And so it's things like that that quite nuanced, I think, that organisations like us can pick up because we know it exists and we don't need explanations. If somebody says yes, because I had a girl, that's when the abuse started. We understand that. Nobody can say, 'Well, hold on, what do you mean, explain that?' We get it. And I think that's the difference.

Interviewee B

D also felt that having access to professionals with shared lived experience could be vital for some survivors:

I think you need both [a diverse workforce with a range of lived experience and CCT], because you can see it from both sides. For example [in a previous support organisation] you'd have somebody who might have been a victim of race hate crime, and you would put in place the person to support them who's got experience dealing with race hate, who has got the knowledge and ability. And they weren't always necessarily Black or Asian or minority ethnic, but you would match according to background, experience, skill and knowledge.

But at the same time, if from talking to the survivor, you knew they would have a greater response from somebody from their own community, then they'd be matched. So I think both can work because you don't want to go, 'Well, actually you're white or you're not gay or you're not from that faith', that you can't help somebody. But there needs to be a process of assessing that they're able to do that. And so I don't know what it's like now, but at the time we used to have an accreditation process. So nobody could go out and do work on certain areas unless they've been assessed and tested and checked, you know, so for me, if you aren't from that community, it's what assessments have been put in place to show that you are the right person to carry that out. And that's what I'd be more involved about, getting the right person. For some people, it absolutely needs to be somebody from their lived experience. But I think you look at each case individually

Interviewee D

As these quotes demonstrate, the desire to share knowledge acquired through lived experiences –particularly in the context of ongoing societal inequalities and ignorant or ineffective responses from service providers - emerged as a significant motivator to work in the sector.

Conversely, a *lack* of relevant lived experience among a predominantly white (and often middle class) leadership was linked to deficits in knowledge and a lack of awareness around the importance of culturally competent and anti-oppressive practice.

D observed that *“the thing is, some of them because they've not lived any of the experiences, they're living in their own bubble. [...] Because they really haven't got a handle on how important inclusion and diversity is, because they've only looked at it through their own lens”*.

In contrast to this picture of a sector which, in the recent past, was often lacking in knowledge and curiosity about the experiences of minoritised survivors, interviewees broadly agreed that there had been a recent growth of awareness among 'generic' organisations. Some interviewees attributed this shift to advances in technology and the growth of transnational social justice movements such as Black Lives Matter empowering grassroots organisations and racially minoritised people to reach a wider and more receptive audience.

**Those from the communities that have been a part of this, understand that it's always been needed. But I think what's changed in wider society and the world is more awareness of race and how important a part culture plays in healing, recovery and services. So I think that's been a big shift, a big shift there. And I suppose things like people having access to the Internet, it's allowed smaller grassroots organisations to really utilise some tools and put that information out there so that knowledge is becoming more public. Whereas before, like I said, those from different communities or different ethnic backgrounds would have known that these problems were always there, but I feel like it's more public now, more public knowledge**

**Interviewee C**

**I think what's happened over the last year is that people have thought about this, and Black Lives Matter has also given people encouragement to speak up where things aren't working, even in the VAWG sector. It's made people sit back and think about their organisation. And like I said, they might not be organisations who are overtly racist or anything, but they stepped back and thought to themselves, how are we presenting ourselves? Are we inclusive? What more can we do to be inclusive? And so I think that there is a hunger for more of this learning**

**Interviewee B**

**Well, I think unfortunately, it always takes some major tragedy. It's either, you know, the brutal murder of Sarah Everard in the UK or Black Lives Matter to make people think 'What! We have a problem with racism here? No!'. It's always, unfortunately, some major event that makes people think, 'Oh right, we should probably do this thing. We should probably learn something'**

**Interviewee J**

Others felt that organisations which had formerly resisted this kind of self-reflection had been forced to speak out, in some instances not only due to the growing momentum of the global anti-racism movement but for more cynical reasons relating to resources and public scrutiny:

**It probably will sound like a cliché if I say the murder of George Floyd and the global [Black Lives Matter] movement, I think that has been a big catalyst that has really pushed things forward. But also, like I said earlier, the overrepresentation is beginning to be- it's a bit too obvious, you know, overrepresentation of Black children being taken into care, Black boys not necessarily finishing or being pushed to achieve their best in education, going into lives of crime. I think that's obvious for those of us in the sector. That's probably been obvious for much longer than those who are only beginning to hear. And really it's just no longer good enough to just acknowledge that 'Yeah, sorry.**

**We really do need to do something about it'. And it's not just a local UK perspective. I think globally there are shifts in looking at where these trends are and who these trends are affecting disproportionately [...] and just looking at those on the ground will tell you that there is something that needs to be done. There is the sense now that people are taking it more seriously and people are are not prepared to keep quiet about these things any longer.**

**Interviewee E**

**I think first and foremost, the murder of George Floyd in America, the massive magnifying lens of the Black Lives Matter movement [...] I do feel that definitely had a massive impact. You know, it's not just on the individual level, but I think from a service institutional wide level [...] I feel what's now happened is those places who haven't been so open or willing always to address discrimination, particularly anti Blackness and racism, have now been forced into a space where now not only is there focus, there's resource**

**Interviewee A**

As this range of responses illustrates, while interviewees offered varying perspectives on recent shifts in awareness within the sector, all emphasised the role that meaningful and well-crafted CCT – which engages with substantive issues around structural/systemic inequalities - has to play in creating a fairer sector that can effectively support survivors from diverse communities.

### **2.3.4 Interview findings: Key points**

- Interviewees felt that CCT was needed to improve responses to racially minoritised survivors, and to create a more equitable leadership and workforce
- However, interviewees also felt that while CCT was a necessary step to creating change, it was not a sufficient one: action plans and accountability mechanisms are required to empower those pushing for change and hold leadership to account
- Knowledge production and dissemination is linked to structural power/marginalisation: minoritised communities have a greater understanding of racial and cultural marginalisation but have historically found limited audiences/uptake for their knowledge, while many of those in positions of power have historically had the privilege not to know.

- Technological and social changes (accelerated by Covid) have empowered grassroots organisations and racially minoritised people to find a wider audience and make their shared experiences ‘public knowledge’

## 2.4 Quantitative analysis: Key Findings

In order to evaluate the statistical significance of the CCT's impact, two research team members, KT and AB, independently conducted Wilcoxon signed-rank tests comparing survey participants' pre- and post-intervention knowledge and confidence self-ratings.

The Wilcoxon signed rank test is a non-parametric equivalent of the paired samples t-test. This means that it can be used to measure individual differences at two points in time, in this case comparing the pre- and post- intervention scores for survey participants, when a parametric test would not be suitable (e.g. when the dataset is based on ordinal data such as Likert scales).

Participants' pre- and post-intervention data were matched based on date of birth ID and, where this was unclear, additionally using reported location and date of completion.

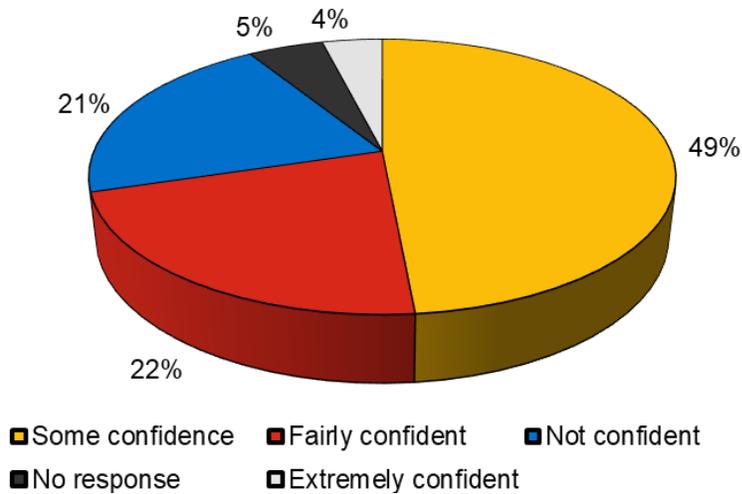
Using this method, researchers identified 147 matched pre- and post-intervention responses, meaning that they were able to compare the average (median) knowledge and confidence self-ratings pre- and post- training for 147 participants.

The results of the test indicated that there was a **significant difference in knowledge and confidence levels in pre- and post-training conditions**. Self-reported knowledge ratings changed significantly from before to after the training programme ( $Z = -9.385$ ,  $p = < 0.01$ ), with median ratings scores at 1 (Some Confidence) pre-training and 2 (Fairly Confident) post-training.

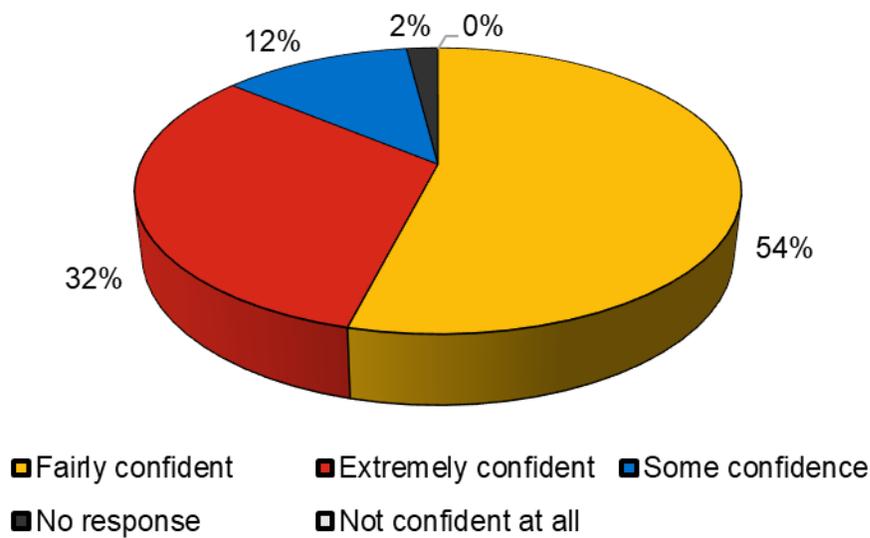
With regards to confidence, confidence in supporting victims/survivors from diverse racial and ethnic backgrounds also changed significantly in pre and post training self-reported ratings ( $Z = -8.288$ ,  $p = < 0.01$ ), with median scores at 1 (Some Confidence) pre-training and 2 (Fairly Confident) post- training. Furthermore, confidence in challenging misconceptions or discriminatory statements made by colleagues also changed significantly in pre and post training ratings ( $Z = -8.353$ ,  $p = < 0.01$ ), with median scores at 2 (fairly Confident) pre-training and 3 (Very Confident) post-training. There was also a significant difference in confidence ratings in applying sensitivity and understanding of another ethnic group at both pre- and post-training ( $Z = -8.202$ ,  $p = < 0.01$ ), with median scores at 2 (Fairly Confident) and 3 (Very Confident) respectively.

Finally, there was a statistically significant change in self-reported ratings of confidence in supporting colleagues from diverse ethnic groups ( $Z = -8.588$ ,  $p = < 0.01$ ), with median scores at 2 pre-training and 3 post-training.

**This quantitative analysis lend further support to the pattern of results observed across the open-ended survey findings, demonstrating notable gains in knowledge and confidence.**



**Figure 10: How would you rate your knowledge of the topic *before* the training? (Descriptive analysis)**



**Figure 11: How would you rate your knowledge of the topic *after* the training? (Descriptive analysis)**

## 2.3 What has worked well

Many of those who participated in CCT praised the benefits of providing a holistic service, informing practitioners of a wide range of often under-reported cultural phenomena. The inclusion of information on a wide range of cultural practices were seen as being particularly

helpful to frontline workers and practitioners. Combing the responses to surveys along with interview responses to wide questions around CCT, cultural competency and diversity, it was viewed as being important for individuals who were participants in CCT to be given information on ground-level, real world problems and solutions rather than mere 'sound bites'. Again, this is another dimension on which the training was seen to operate effectively. The overall efficacy of CCT was demonstrated through both positive responses to qualitative interviews, as well as due to statistical analysis showing that post-training individuals had significantly higher levels of knowledge and confidence, as compared to pre-training.

## 5. Conclusions and recommendations

- Continue to provide CCT that deals with a wide range of cultural, religious and social experiences and phenomena, including both those that are regularly discussed, but also the cultural practices and specificities of less widely reported, smaller cultural groups within the United Kingdom.
- Continue to provide holistic CCT, and keep abreast of new developments in areas of socio-cultural behaviours and norms, as well as how to identify these and deal with harmful ones.
- Attempt, wherever possible, to link CCT to 'real world' examples, and other examples from practitioner-focused spheres of work
- Continue to build on the CCT already provided in previous sessions, reaching out to front-line practitioners who have previously engaged with HOPE, whilst also broadening out to new stakeholders and partners.

## 6. Key messages for funders and commissioners

When looking at the data in its totality, it is clear that CCT training is viewed as beneficial by the vast majority of practitioners. However, what is important is that such training is perceived as broad enough to encompass a wide range of cultural phenomena, as well as being specific enough to allow individuals to better identify both deleterious practices within particular communities, as well as becoming aware of the particular racial struggles, vicissitudes and discrimination faced by individuals from within minority communities. The training offered by HOPE was seen to ameliorate many of the deficiencies individuals had in their pre-existing training; this was particularly true as regards providing individuals with additional knowledge and understanding of specific forms of discrimination faced by members of minority communities, who would often be service users, but might be faced by practitioners unaware of their particular lived experiences. Many participants voiced concerns that more orthodox/'traditional' training around race often focused on well-worn paths of conversation, and that, going forward, training should reflect a more solutions-based, time sensitive, holistic framework.

Outside of responses to the quantitative questionnaires, which showed that post-CCT training showed marked improvements to cultural understanding pre-CCT training, the responses to qualitative interviews were illuminating. Specifically, (and a more general point, not directly linked to HOPE's CCT) participants demonstrated that what is viewed as particularly beneficial is the inclusion of wider cultural contexts and background information, rather than limited, over-prescriptive analyses. Future CCT programmes should aim to continue include such wide ranging, considered nuanced training and development. Overall, participants showed varying levels of 'cultural competence' pre-CCT, however, the training was able to cater to these wide range of backgrounds, participants from different racial backgrounds and with different life experiences. The high level of favourable comments delivered by this wide range of participants demonstrate the utility of the training provided by HOPE, and illustrates both its general and specific nature.

## 7. References

Afzal, N. (2018) *The Prosecutor* London: Penguin

Allen K., Adisa O., & Tyrrell K., (2020). Evaluation of Suffolk's Domestic Abuse Champions Project. University of Suffolk.

Benner, P., 1984. From novice to expert: Excellence and power in clinical nursing practice. *AJN The American Journal of Nursing*, 84(12), p.1480.

Bunn, A. (2019) The Impact of the Domestic Abuse Champions' Network. Available at: <https://reducingtherisk.org.uk/wp-content/uploads/2020/12/Summary-Report-The-Impact-of-the-Domestic-Abuse-Champions-FINAL-docx.pdf> (Accessed: 14 January 2022)

Byrd, C.M., 2012. The measurement of racial/ethnic identity in children: A critical review. *Journal of Black Psychology*, 38(1), pp.3-31.

Dias, D. (2017) *The Ten Types of Human*. London: Windmill Books

FitzGerald, C., Martin, A., Berner, D. and Hurst, S., (2019) Interventions designed to reduce implicit prejudices and implicit stereotypes in real world contexts: a systematic review. *BMC psychology*, 7(1), pp.1-12.

Forscher, P.S., Lai, C.K., Axt, J.R., Ebersole, C.R., Herman, M., Devine, P.G. and Nosek, B.A. (2019) A meta-analysis of procedures to change implicit measures. *Journal of personality and social psychology*, 117(3), p.522.

Fricker, M., (2007) *Epistemic injustice: Power and the ethics of knowing*. Oxford University Press.

Gachago, D., Ivala, E., Condy, J. and Chigona, A. (2013) Journeys across difference: pre-service teacher education students' perceptions of a pedagogy of discomfort in a digital storytelling project in South Africa. *Critical Studies in Teaching and Learning (CriSTaL)*, 1(1), pp.22-52.

Harding, J. (2006) Questioning the subject in biographical interviewing. *Sociological Research Online*, 11(3), pp.16-25.

Collins, P.H., 2015. Intersectionality's definitional dilemmas. *Annual review of sociology*, 41, pp.1-20.

Home Office (2021) National referral mechanism guidance: adult (England and Wales). Available at: <https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms/guidance-on-the-national-referral-mechanism-for-potential-adult-victims-of-modern-slavery-england-and-wales> (Accessed: 14 January 2022)

Thiara, R., Roy, S. & Ng, P. (2015) Between the Lines: Service Responses to Black and Minority Ethnic (BME) Women and Girls Experiencing Sexual Violence. Available at: <https://www.imkaan.org.uk/research> (Accessed: 14 January 2022)

Van Manen, M., 2016. *Researching lived experience: Human science for an action sensitive pedagogy*. Routledge.

West, K., Greenland, K. and van Laar, C. (2021) Implicit racism, colour blindness, and narrow definitions of discrimination: Why some White people prefer 'All Lives Matter' to 'Black Lives Matter'. *British Journal of Social Psychology*.