

EVALUATING ANTI-RACISM TRAINING: A COMMUNITY BASED PARTICIPATORY ACTION RESEARCH PROJECT

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Community-based participatory action research (CBPAR) aims to create action for social change, obtained through collaboratively researching a topic identified by and with people from a particular community. This CBPAR project has been undertaken between a trainee clinical psychologist and Black Voices Cornwall (BVC). It examines if it is possible for (trainee) clinical psychologists ((T)CP) and community organisations to work in this way and the impact of BVC's anti-racism training.

To evaluate the training, a mixed-methods approach based on attendees' self-report questionnaires completed pre-training, post-training and at follow-up (at least three months later), and a post-training questionnaire completed by facilitators, was used. The questionnaires aimed to understand the impact of the training, and what helped or hindered learning being transferred into practice. Non-parametric tests and inductive content analysis were conducted. It was found that it is possible for (T)CPs to conduct CBPAR. Relationships, responsiveness, and drawing on clinical psychology skills supported the process. BVC's anti-racism training had a positive and immediate impact on attendees' knowledge, confidence, and motivation to change their behaviour, particularly in relation to interpersonal racism. It also had an emotional impact on facilitators.

CBPAR is a meaningful approach in anti-racism research and should be undertaken by (T)CPs. BVC's anti-racism training is beneficial for attendees as one aspect of wider anti-racism practice. Delivering the training requires a high level of skill and emotional resiliency from facilitators.

Keywords: Participatory research; Anti-racism training; Clinical Psychology Doctorate

1. Introduction

1.1. Terminology

Multiple terms are used to collectively describe people of different racial and/or ethnic groups, and their experience. This can be problematic because it neglects nuances which may be relevant to particular racial groups, intersectionalities, or individuals. In this article, the term 'racialised minorities' will be used. 'Racialised minorities' highlights the process of racialisation and the oppressive power of the system of whiteness (Gabriel, 2023). Similarly, the term 'race-related training' will be used to describe trainings designed to

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address racism. Where accounts have used other vocabulary or discussed the experience of a particular racial or ethnic group, that terminology will be used. Furthermore, this research has been undertaken by a trainee clinical psychologist (TCP) but is also relevant to qualified clinical psychologists, given the shared skills and training. Therefore, the term (trainee) clinical psychologist ((T)CP) will be used.

Racism in the United Kingdom (UK)

Racial inequalities are prevalent across UK society at individual, interpersonal, institutional, and systemic levels (Runnymede Trust, 2021; Salter et al., 2018; Shankley & Rhodes, 2020). Since the 1960s, racism broadly has become increasingly covert and socially unacceptable (Fernando, 2017). In line with the dynamic nature of racism, understandings and approaches to achieving racial justice have evolved over time (Eddo-Lodge, 2018; Phillips, 2010). Ben et al. (2020) reviewed contemporary anti-racism practices and concluded that successful initiatives include collaboration, ongoing engagement between stakeholders, input from racialised minority groups, and an integration of approaches, such as intergroup contact, training, media campaigns and organisational development initiatives.

Racism in Cornwall

This research was undertaken in Cornwall, a county in the southwest of the UK with low ethnic diversity; 96.8% of people in Cornwall identified as white on the 2021 Census and 3.2% as racialised minorities (Cornwall Council, 2021). Cornwall is additionally unique owing to 'Cornish' being recognised as a minority status in 2014 (Curatorial Research Centre, 2023). On the recent Census, 16.9% of Cornish residents included Cornish in their national identity, either identifying as 'Cornish only', or Cornish and another UK identity. 'Cornish' was not a pre-determined option, so it is likely that this is an underestimate.

The Office for National Statistics (2022) has not reported on people identifying as Cornish with a non-UK identity. This aligns with the implication that Cornish is synonymous with white people. Neither race nor skin colour were mentioned as part of the campaign which led to the recognition of Cornish as a minority identity, and when Cornish was included as an option under ethnicity on the Department for Education School Census in 2005 it was, and remains, coded as 'White Cornish' (Curatorial Research Centre, 2023; Department for Education, 2023).

Given this demographic, it is perhaps unsurprising that racism is prevalent in Cornwall (Cornwall and Isles of Scilly Leadership Board, 2020; Gill & Talbot, 2010). German (2021) looked predominantly at hate crime and concluded that race-related hate crime in the county was under-reported but growing; many people from racialised minorities experienced life-long and regular interpersonal racism; there was a lack of effective support and action; and people left Cornwall because of racism.

Black Voices Cornwall (BVC) was established in 2020 following the murder of George Floyd. Their vision is to enable Cornwall to become actively anti-racist through communication, education, and unification (Black Voices Cornwall, 2023). One aspect of BVC's work is delivering anti-racism training, which aims to start conversations, upskill people to talk about race and racism, and become actively anti-racist by making changes to policy and practice. BVC intends to develop the training and create a 'train the trainer' package.

Race-related training

In the UK, the origins of race-related training lie in pluralistic integration from 1966 and the Race Relations Act (1976), both of which aimed for migrants' cultures to persist and be respected. Since then, various iterations and approaches to training have been adopted, including focusing on information sharing, organisational change, equal opportunities in recruitment, language use, and/or a more general perspective on culture, diversity, and unconscious bias. Attention and inattention to racial justice societally have ebbed and flowed, often in line with shocking events and legislation (Bennett et al., 2009; Luthra & Oakley, 1991).

The effectiveness of such training is debated and the evidence-base lacking, particularly in the UK (Bennett et al., 2009). Therefore, it has been necessary to consider research conducted outside of the UK whilst acknowledging that there are likely to be international differences in the nature, context and impact of such trainings. Vella et al. (2022)'s international systematic literature review concluded that cultural competence training for healthcare workers was beneficial, leading to some improvements in patients' perceptions of health providers' competence. However, no study reviewed found significant improvements in patient health outcomes. From their meta-analysis, Kalinoski et al. (2013) concluded that diversity training can lead to improvements in skill, affective and cognitive-based proximal outcomes, but it is unreasonable to expect training to influence distal outcomes on its own. Critiques of race-related training often posit that training focuses too much on interpersonal and individual attitudes, neglecting structural and institutional racism and the need for economic, structural and policy change (Lingayah, 2021; Sivanandan, 1985). Kundnani (2020) argued that training, particularly in response to events and campaigns, enables the energy of such movements to be absorbed into existing bureaucracies, reducing the possibility for radical change. Therefore, it is important to measure the impact, positive and negative, of any training programme, what processes may be influencing outcomes and not view them as standalone interventions (Hassen et al., 2021; Kalinoski et al.).

One factor which may influence outcomes is white fragility. Ford et al. (2022) argued that because white people disproportionately occupy influential positions in systems, they need to be involved in anti-racism work. They posit that white fragility is an umbrella term for a variety of emotional and regulatory responses, such as denial and defensiveness, which stem from white people considering their own role in racism and appraising it alongside a fundamental goal to be 'good'. These responses can be harmful to people from racialised minorities and further demotivate white individuals from engaging in anti-racism. This would be an important factor to consider in any race-related training.

The role of clinical psychologists and CBPAR

The connection between racism and mental health, racism in the field of clinical psychology, and the lack of racial representation in the profession in the UK is well established (Association of Clinical Psychologists UK, 2022; Fernando, 2017; Patel, 2022). British clinical psychology competencies include effective communication skills, the ability to prepare and deliver training, influence service delivery and leadership skills (British Psychological Society, 2019). Perhaps in conflict with clinical psychology's traditional focus on individual pathology and treatment, the 'Neighbourhood Community Psychologist' guidance argues that psychologists are well placed to work in, and with, communities to improve public health and wellbeing (British Psychological Society, 2021). Given this, it is reasonable to expect clinical

psychologists to attend, develop, and deliver co-produced anti-racism policies, practices, and training.

In understanding health disparities and the under-representation of people from racialised minorities in health and social care research, it is increasingly recognised that research needs to involve community organisations and people from racialised minorities (Gardiner et al., 2021; National Institute for Health Research, 2020). Furthermore, (T)CPs can be well-placed to engage in anti-racism practices (British Psychological Society, 2020; Kessedjian et al., 2021), drawing on community psychology approaches and using participatory research approaches looking to decolonise knowledge production (Bell, 2020; Thomas & Zuckerman, 2018).

Community based participatory action research (CBPAR) is one method which links psychological knowledge, a social change approach and the underrepresentation of marginalised groups. It is sometimes referred to as participatory action research, community based participatory research (CBPR) or similar variations (Burns et al., 2011; Vaughn & Jacquez, 2020). Minkler (2004) defined CBPR as:

“a collaborative process that equitably involves all partners in the research process and recognises the unique strengths that each brings. CBPR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change” (p. 686).

Challenges related to CBPAR include insider-outsider tensions; racism; understanding who the ‘community’ is; its time consuming and unpredictable nature; competing agendas; and dissemination and implementing action (Baum et al., 2006; Minkler, 2004). Minkler argued that building on the strengths of different stakeholders, developing relationships, open communication, and establishing clear parameters for the research help navigate these challenges. Challenges withstanding, CBPAR can lead to fundamental changes to better address complex systems and inequality disparities (Baum et al.; Kidd et al., 2018).

1.2 Positionality

This research was undertaken as part of the lead author (BP)’s Doctorate in Clinical Psychology (DClinPsy). The DClinPsy is a 3-year UK training course undertaken by TCPs and is required to qualify as a clinical psychologist (University of Plymouth, 2023). All authors have been involved in different, often overlapping, aspects of the research process. Given the challenges of CBPAR, the necessity of critical reflection, and the focus on racism, it is important to consider the position and role of all researchers in relation to the research. Each author has provided a summary of their role and position.

BP described: As someone who is white British and grew up in the southwest of England, like many of the training attendees, there was very little racial or ethnic diversity around me until I moved to more urban, diverse settings in my adult life. At times during data analysis, I could see reflections of myself and/or familiar people in the participants’ comments, which led to me feeling frustrated and/or fragile in relation to my own whiteness. Through reflective discussions with the other researchers, I was able to notice when this happened and attempt to separate my own feelings from the attendees’ responses.

MA reported: It never fails to make me chuckle internally, watching the cogs turn in confused faces, when I identify as Afro-Caribbean-Cornish. It is the process of any decent cognitive journey which both fascinates and intrigues me. The curiosities are centred around not ‘if and when’ there is a revelation or moment of clarity during training and educating but it is the ‘why’. I have moved to a predominantly white rural area from a global majority urban environment and experienced my own journey of cultural and racial discovery since the

murder of George Floyd. My role within this research was strategic and operational. The process has uncovered several challenges both within and outside our own community and keeping the work on track has posed its own issues. This work and the work we do as an organisation is clearly and unquestionably needed as is validated by this research.

JB-B explained: As a dual heritage woman growing up in the southwest, I have always been subject to a racialised reality; thus, I am committed to sharing my lived experiences and educating through empathy, to empower all communities in challenging racist systems and rhetoric. Delivering training evokes both a sense of hope at the willingness of most people to engage and horror at the amount of work that still needs to be done. Overall, this research has provided me with validation for the merit of the work and helped me to understand that we need to find innovative ways to reach those who need it most.

AH described: I am multi-heritage and female and never really considered my race as a big factor growing up in Birmingham. It was only when I moved to Cornwall and witnessed George Floyd's murder online, that I became completely engrossed into race, racism, and my heritage. Observing attendees during training was an eye-opening experience, noting when people were engaged or not, in accordance with which topic was being taught. It was insightful to read some of the ignorant comments which I had never been exposed to before and evidenced people's lack of empathy and/or willingness to learn. Overall, it was a positive experience, knowing that the training has made an impact, confirming white fragility is very real in Cornwall and being aware that more people have taken up the burden of tackling racism.

HH noted: I am a white British woman with two dual heritage daughters. I have been a teacher at all levels for over thirty years, but I can honestly say my passion for tackling racism is probably the greatest passion of my life so far. I have found being involved in every step of this research fascinating, including creating the questionnaires, delivering the training, and analysing the feedback. Whilst most of the feedback demonstrated a positive impact, I found myself enraged at the ignorance displayed by some, and to my surprise from attendees in educational establishments. I am now more acutely aware of my white privilege and white fragility, but I would not have been before working with BVC and through this research.

NE stated: I am a Black British/African clinical psychologist who trained and works in Cornwall and Devon. Moving to Cornwall forced me to explicitly acknowledge and begin a relationship with my identity as a 'Black' person, due to the interactions I was having with people in the community – people were trying to be kind, but their communication due to their ignorance was extremely 'othering'. I was part of the creation of BVC and introduced BP to members of the group. I have supported BP with the development of this research project as I consider it important to elevate the voices of People of Colour, by facilitating research which is embedded within the community it is researching, and therefore contrary to the traditional forms of Western research currently informing practice. My direct involvement with the research is as 'Second Supervisor', and in this capacity I have supported BP by providing a supportive space to explore her assumptions and reasons for undertaking this research, via informal discussions and bracketing interviews.

SM described: My official position is as Director of Studies for BP's DCLinPsy research. At my university, I am involved in attempts to decolonise teaching and research, and I believe that projects such as this can serve in helping to achieve this. Such research deliberately unsettles the traditional power relationships in much Western research and is characterised by a more egalitarian partnership/community-identified needs approach. Decolonisation has been a personal journey for me, as a white Englishman who has spent much of his life living

in Scotland and Ireland; as one whose research and professional practice has focussed on countering hateful attitudes and behaviour; and as one who is appalled by the increased embracing of right-wing populism in the political and media agendas of many Western countries.

1.3 Research Aims

The research aims for this project were to:

1. Understand if (T)CPs can conduct research together with community organisations, using a CBPAR framework.
2. Evaluate the impact of BVC's anti-racism training, considering what broad, audience-related factors help or hinder anti-racism practices being implemented.

The results from aim 2 will be used to develop the training and a 'train the trainer' package.

2. Methods

2.1 Research approach

In line with CBPAR, the needs and concerns of the community (BVC) were centred and informed the research design, data collection, analysis, dissemination, and actions to be taken. Various measures were taken, given the potential for unhelpful power dynamics to arise. We were aware of this in light of two of the academic researchers being white, two were psychologists and one a trainee clinical psychologist, who were approaching a community organisation whereby the Directors were predominantly people of colour. Although it is of note that one of the academics was a black clinical psychologist, who was also a founding member of BVC and one of the BVC Directors was white.

The measures taken included BVC researchers interviewing BP at the beginning of the project. This allowed for them to get to know BP, ask honest questions in relation to her experiences, attitudes and motivations and the power dynamic to shift towards BVC. In addition, BP kept video and written field notes and undertook bracketing interviews and reflective discussions with NE throughout the project, some of the themes of which were shared with BVC. Furthermore, the two academic researchers who were not previously a part of the BVC community, attempted to embed as much as possible with BVC's other events, volunteering and becoming a part of their community, aside from the research. All authors also met up on a social level, connecting as humans aside from the research. It is likely that these elements over the first year of the project, allowed for open, honest relationships to develop between all involved. Throughout the process, disagreement and discussion were encouraged and everyone's capacity and commitment to the project was discussed, with opportunity for community members to withdraw if needed.

In evaluating the training, a mixed-methods approach was utilised.

2.2 Research process

Willig (2008)'s view of research as an adventure has underpinned this project, drawing on creativity and exploration to address the research aims. It is known that CBPAR projects take a unique, non-linear path and often many unpredictable challenges arise (Burns et al., 2011; Kidd et al., 2018). An overview of the project timeline is provided.

Table 1. Project Timeline.

Date	Event
January 2021	Initial contact with BVC Directors and DClinPsy researchers through BVC attendance at a DClinPsy meeting on diversity and inclusion.
February – April 2021	Meeting to explore ideas, feasibility of a project, understanding each other's standpoint and possibilities. Joint proposal and contract setting out parameters of project created by all researchers.
May – July 2021	Ongoing meetings, agreed initial research aim: exploring Directors' stories regarding motivations and hopes for BVC. BP attended BVC events to better understand and embed in the organisation. BP began reflective spaces with NE.
August 2021	BVC interviewed BP.
September – November 2021	Ethics approval for interviews sought and obtained.
December 2021 – February 2022	Changes in BVC meant interviews were no longer possible. Met together to discuss feasibility of continuing and redesign the project. New research aim: evaluating training.
March – June 2022	BP shadowed training sessions. BVC and DClinPsy researchers met to co-design training evaluation, creating data collection materials based on existing BVC feedback forms and academic research evidence regarding training evaluations.
July – December 2022	Ethical approval sought and gained. Planning for data collection.
January – March 2023	Data collection. As the training was conducted by BVC, BP collected the data.
March – June 2023	Co-analysis of data initially with all BVC and DClinPsy researchers, then with BP and JB-B. BP and JB-B presented findings to BVC, together generated recommendations, actions, and final report.

2.3 Data collection instruments

To realise aim 1, BP documented reflective field notes and videos throughout the research process.

To realise aim 2, four novel self-report questionnaires were utilised. The pre-training questionnaire was completed by attendees immediately before the training session. The same participants completed a post-training questionnaire which included some same and some different questions for comparative purposes. The third questionnaire was completed post-training by the facilitators, and the fourth was a follow-up questionnaire completed by attendees who had undertaken training at least three months prior.

The development of the questionnaires took place over many months. Given the want to obtain objective results and pre-post statistical comparisons, as well as a better understanding of the more subjective, nuanced aspects of the training, it was agreed from the outset to use both Likert scale and open-ended questions. The post-training questionnaire completed by attendees was the first one to begin development. Initially it was developed in line with the structure of BVC's training, based upon Maya Angelou's ideas of needing to know better, then do better. Therefore, the first section related to knowledge, and the second, to behaviour. Then, drawing on the evidence base, we incorporated Kraiger et al. (1993)'s model of training evaluation and added specific cognitive-based (e.g., rating understanding of different terminology), skills-based (e.g., rating perceived ability to undertake specific anti-racist behaviours) and affective-based (e.g., motivation to be anti-racist) questions. These

questions were the main comparative items, pre and post training. In subsequent discussions, BVC raised concerns that the post-training questionnaire did not adequately attempt to understand what aided or hindered learning and therefore, questions regarding the training process and white fragility were added (e.g., impact of one trainer being a person of colour, perceived barriers to implementing anti-racist practices).

Following the development of the post-training questionnaire and identifying which questions would be beneficial to have comparisons for, the pre-training and follow-up questionnaires were developed. BVC were interested in how people felt prior to training, to see if they should change the set up, or how they explain and market the training. Therefore, questions regarding potential concerns and readiness to engage were added to the pre-training questionnaire. It was important throughout this process to ensure the questionnaires were not too long and made sense. Therefore, at times, questions were added and removed, and various versions were sent to three external colleagues to complete. This provided us with an estimate of how long the questionnaires took to complete and how people were interpreting the questions.

The post-training questionnaire for facilitators was the last to be developed. BVC hoped to capture how facilitators were feeling post-training and their impressions of the training experience, including the prevalence and management of any challenges, such as white fragility. This formed the basis of the questionnaire, and it was hoped it would also help in the development of the train the trainer package and in considering what support and/or skills facilitators need to deliver the training.

Where 7-point Likert scales were used, these were rated as 1 'Very unX', 2 'Moderately unX', 3 'Slightly unX', 4 'Neither X nor unX', 5 'Slightly X', 6 'Moderately X', and 7 'Very X' whereby X represented the factor in question e.g., confidence.

2.4 Training

The training package was a three-hour session designed for adults in any setting in Cornwall. It covered UK and Cornish Black history, definitions of key concepts, contemporary lived experience of racism, unconscious bias, and practical ideas for undertaking anti-racist practices. The training used different techniques to aid learning, such as didactic information sharing, large and small group discussion, videos, and sharing of facilitators' own experiences. BVC also deliver more personalised training, adapted to the needs of a particular group which may take place over multiple sessions, but these were not evaluated in the current research.

The pre, post-training questionnaires, and the facilitators' questionnaire, were completed across three different training sessions. Two of the sessions, 'College Group 1' (CG1) and 'College Group 2' (CG2), were conducted on the same day in February 2023, as part of a Cornish College's learning and development day for their staff. Employees chose sessions to attend from a varied programme across the day. Both anti-racism training sessions were three hours in duration and conducted by two facilitators. 120 College employees attended the first session (CG1), and 28 different employees attended the second (CG2).

The third training session was conducted in March 2023 with a Cornish Business Network (BN) who represent and provide support to local businesses. This session was two hours in duration and therefore, some content (videos and group discussion) was removed. The session was scheduled into employees' working days and therefore attendance, although not compulsory, was strongly encouraged. It was conducted by two facilitators and attended by 14 employees.

2.5 Participants

For aim 1, BP was the participant. For aim 2, purposive sampling was used to recruit participants. For each training session, attendees were informed of the research when the training was advertised. The time allocated to the training session was extended by 30 minutes, allowing 15 minutes before and after for completion of the questionnaires. Attendees were asked to bring a smartphone, and QR codes were provided which linked them electronically to the questionnaires. Paper versions were also provided as required.

The facilitators were involved in the development of the research, and therefore were aware of it prior to training. They completed an electronic version of the facilitators' questionnaire.

In May 2023, the follow-up questionnaire was emailed to all attendees of previous BVC training who had consented to be contacted. Respondents ($n = 14$) had attended seven different training sessions between three months and two years prior. Eight participants were from the college group, two were from a government department, one from an NHS healthcare team, one from a museum, one from an arts company and one from a mental health charity. The sessions they had attended varied in content and delivery.

Across all questionnaires, participants were provided with a free text box to describe their ethnicity. From CG1, across the pre- ($n = 77$), and post-questionnaires ($n = 74$), one person indicated they were mixed race, noting 'White Indian mixed'. On the pre-questionnaire 14 people described themselves as 'White Cornish' or 'Cornish' compared to 16 people on the post-questionnaire. All other responses across both questionnaires for CG1 indicated people were white, and/or some derivation of British, or no response was given.

From CG2, no one clearly indicated they were from a racialised minority. One person on both the pre ($n = 21$) and post-questionnaire ($n = 23$) indicated they were 'British/Canadian/Portuguese'. Five participants on the pre-questionnaire, and six on the post-questionnaire wrote 'White Cornish' or 'Cornish'. All other responses across both questionnaires indicated people were white, and/or some derivation of British, or no response was given.

From BN, one person indicated they were 'Multi-ethnic (Black & White)' on both the pre ($n = 14$) and post-questionnaire ($n = 12$). Three people on both questionnaires wrote they were 'White Cornish'. All other respondents indicated they were white and/or British.

The facilitators indicated the same ethnicities across all three training sessions, with one stating they were 'White British' and the other noting 'Dual heritage British White-Black Caribbean'.

No respondents on the follow-up questionnaire ($n = 14$) indicated they represented a racialised minority. Three described themselves as 'White Cornish' and all others indicated they were white and/or British.

2.6 Data analysis

For aim 1, the reflective field notes and videos produced between November 2020 and April 2023 were reviewed by BP. To maximise the richness and accuracy of these accounts throughout the research process, the notes and videos were shared and reviewed with co-researchers. For example, with NE during and after reflective spaces and with BVC colleagues during the development of questionnaires. The analysis of this data was primarily conducted by BP in May 2023. This process involved BP reviewing and familiarising themselves with the data and then identifying themes around the aim of can (T)CPs conduct research using a

CBPAR approach, in particular looking at what supported this process. The themes were then shared with the research team for them to offer feedback, allowing the final themes to be created. The main findings from these will be presented.

For aim 2, quantitative and qualitative analyses were undertaken. Data from the closed, Likert scale questions was converted into ordinal data and will be presented descriptively, or, when the same group conducted pre and post-questionnaires, through Wilcoxon Signed Ranks, McNemar's chi-square and Fisher's exact non-parametric tests, for comparative purposes.

Given the lack of research in the area, BVC's unique training, and the novel questions used, qualitative inductive content analysis (ICA) was conducted for the open-ended questions (Vears & Gillam, 2022). Racism is not a purely objective topic, and much of how it manifests is covert, in inferences and subjective interpretations (Fernando, 2017). However, the researchers aimed to be objective and non-interpretative, in line with the ICA method. The researchers realised this aim by discussing differences of opinion throughout the analysis process and aiming for semantic codes reflecting the explicit content of the data.

When developing the codes, the research team met together on two days in March 2023, to go through the pre and post-training questionnaires. One question at a time, they individually read the responses, thought holistically about what was being communicated and discussed their impressions and understandings together, creating 'big-picture codes'. Following this, they went through each response and labelled them with a succinct description, or code, creating 'fine-grained codes'.

Within these two days it was not possible to create codes for all the questions. Therefore, using the codes and, based on the information previously discussed, BP and JB-B met separately on many more occasions to develop the remaining codes for the pre, post, follow-up, and facilitators' questionnaires. This was an iterative process which involved several rounds of coding as new information and perspectives arose. Once all responses had been coded, BP and JB-B completed one final round of coding and finalising of the codebook to ensure they were accurate. The synthesis, bringing together the different categories, was conducted by BP, culminating in the written results section below. This has been circulated to all authors for feedback and changes made based on their feedback.

2.7 Ethical considerations

Engaging in training and discussions, as well as being asked to think about racism can be distressing (Eddo-Lodge, 2018). Consideration was given to question phrasing and each item was optional, so participants could choose which questions to engage with. All participants were over 18 years old and made aware of their right to withdraw and not participate in the research. Research information sheets, consent forms and debrief sheets were adapted depending on which aspect of the research participants were invited to participate in. Ethical approval was sought and obtained from the University of Plymouth Faculty of Health Research Ethics and Integrity Committee.

3. Results

3.1 Aim 1: Understand if (T)CPs can conduct research together with community organisations, using a CBPAR framework

These results are written in the first person by BP and presented in three sections: relationships, responsivity, and clinical psychology skills.

Relationships

Relationships sustained this project. As is typical in CBPAR, a period of getting to know each others' language, knowledge, expectations, and ways of working was undertaken. As a white person engaging in anti-racism work, questions understandably arose regarding my motivations and reasons for involvement. I found transparency, openness and embracing imperfection helped with these sometimes uncomfortable conversations. It was beneficial for me to attend BVC's events and get involved with their work aside from the research project. This allowed for continual relationship building, and a better understanding of barriers and facilitators of this project. At times, meetings based on 'relationship building' could be frustrating and felt like we were not doing anything. Overall, I believe the strong foundation of connection, respect and understanding which developed through these meetings and the wider project has been imperative to its success.

Responsivity

Responding sensitively and with understanding to challenges has been paramount. Whilst accurate, the project timeline in the methods section does not reflect the changes and uncertainty that arose. On occasion, demands in people's personal and professional lives meant the project had to lie dormant whilst other needs took priority. This meant energy and enthusiasm also waned and sometimes questions of 'is this worth it?' and 'is this feasible?' were raised. It could be anxiety-inducing, as a TCP relying on this project to qualify as a clinical psychologist, to not know if it would come to fruition. It was important for me to respond with empathy and understanding and, in line with CBPAR and a truly collaborative approach, discuss these questions and concerns openly.

Another complicating factor was competing, dynamic agendas. BVC is not a static entity, with a fixed view and DCLinPsy requirements meant that some of the communities' suggestions could not be actioned. Discussing these challenges and how we wanted to approach them helped. Overall, the research process involved a significant time commitment, strong belief, and level of trust in the project from all stakeholders, which cannot be underestimated.

Clinical psychology skills

During the project, I have asked myself questions such as 'am I needed for this?' and 'where is the psychological component?'. However, I believe that clinical psychology training and skills are a good fit for CBPAR and anti-racism. This is not to say that those with different skills cannot do this work, nor that it cannot happen without clinical psychologists.

I have utilised my relational, assessment, formulation, communication, and consultation skills throughout the process. It has been important to acknowledge and be thoughtful in the

use of the power that is given to me, as a TCP. Furthermore, as reflective-scientist-practitioners, clinical psychologists draw together research evidence, their own experience, and that of the individuals or systems they are working with, which has been necessary for this project. Racism is a complex topic that can lead to complex reactions. An understanding of identity development, trauma, group, and emotional processes has been beneficial in considering consequences of racism, people's responses, and anti-racism approaches. It was useful for me and BVC to draw on this knowledge and expertise in relation to the content and approach used in their training.

3.2 Aim 2: Evaluate the impact of BVC's anti-racism training, considering what broad, audience-related factors help or hinder anti-racism practices being implemented.

Pre-training

Prior to training, attendees reported they felt able to engage with the training ($M = 5.88$, $SD = 1.31$) and that it was possible that it could have an impact ($M = 6.19$, $SD = 1.01$).

When asked to describe any concerns they had regarding the training ($n = 34$), 16 attendees reported 'none', six noted 'difficult content', six noted concerns related to 'self-revelations', four reported concerns regarding the 'practical environment' and two said they were 'unsure'. This suggests that most participants did not have any concerns prior to training.

Furthermore, responses to the question 'what do you hope to achieve from this training' ($n = 105$) suggested that participants were attending for various reasons, but mainly to obtain knowledge, understanding and/or skills. 56 participants reported hoping to achieve some sort of 'vague understanding', 34 noted 'anti-racism skills', 25 described 'vague knowledge', 12 spoke of 'personal development', six noted 'specific knowledge', two reported they hoped 'others gain' something, two noted attending for 'compliance' and two described hoping to achieve 'specific understanding'.

During training: attendees' perspective

Given the topic, attendees were asked if they thought it made a difference that at least one of the trainers was a person of colour, to which 94 participants chose 'yes' and 11 chose 'no'. They were asked to explain their response. Of those who provided an explanation to a 'yes' response, 59 noted it was important for 'sharing lived experience', nine cited 'sharing emotion', five reported 'representation', five noted 'relatability' and three spoke of it being important 'alongside a white trainer'. Three participants gave explanations for why they did not feel it made a difference. One respondent said they 'felt uncomfortable' and the other two provided colourblind sentiments, e.g., "I see people as people". This suggests that it was important that one trainer was from a racialised minority, and attendees benefitted from them sharing their lived experience.

During training: facilitators' perspective

Facilitators were asked about positive learning moments. There was a 100% consensus ($n = 6$) that learning occurred in all three trainings. The antecedents noted ($n = 6$) were 'stories of racism' ($n = 4$), 'sharing own lived experience' ($n = 1$), 'scenarios' ($n = 1$) and 'direct suggestions' ($n = 1$).

Facilitators were also asked about challenging moments, with an emphasis on white fragility. They noted that white fragility occurred in all three trainings ($n = 6$). The antecedents noted ($n = 6$) were 'evidence of racism shared' ($n = 5$), 'small group discussion' ($n = 2$), 'direct suggestion of different action' ($n = 1$), and 'uncomfortable subject' ($n = 1$). The white fragility behaviours noted ($n = 6$) were 'centring whiteness' ($n = 4$), 'did not engage' ($n = 1$), 'whataboutery' ($n = 4$), 'interrupting person of colour' ($n = 1$), and 'angry and defensive' ($n = 2$). Facilitators' responses ($n = 3$) included 'indirect approach' ($n = 2$), 'direct approach' ($n = 2$), and 'emotional response' ($n = 1$).

This suggests that positive moments of learning and white fragility occurred during BVC's training and had similar antecedents, notably direct sharing of evidence of racism. How white fragility presented and was responded to varied.

Post-training: facilitators' impact

Facilitators were asked to rate and explain their emotional state post-training. Across the trainings on five occasions facilitators chose 'happy', on four occasions 'emotionally drained', three times 'confident', twice 'empowered' and once 'disappointed', 'satisfied' or 'tired'. When asked to explain their choice, on four occasions facilitators reported it 'generally went well', 'positive attendee responses' or 'practical/environmental aspects', on three occasions 'personal element' was noted, and twice 'attendee white fragility' or 'overcame a challenge' were stated.

Facilitators were also asked if they were 'triggered' (experienced a strong emotional reaction), during the training ($n = 6$). They answered 'yes' on five occasions and 'no' once. When asked 'what triggered you?' ($n = 5$), responses were 'stories of other people' ($n = 3$), 'others' white fragility' ($n = 2$), 'sharing my own story' ($n = 1$), and 'vague training sentiment' ($n = 1$). These results suggest that the training has an emotional impact on facilitators, for various reasons, which can be both positive and negative.

Post-training: knowledge acquisition

On the post-training and follow-up questionnaires, attendees were asked to describe what they had learnt. Of the respondents immediately post-training ($n = 100$), 36 reported gaining 'specific knowledge' (illustrated by comments such as "adultification and burden of race", "better understanding of terminology" and "the meaning of micro-aggression and impact of this"), 21 'anti-racism skills' (such as "how to move forward and help deal with any problems in the future" and "how to challenge more conversations"), 20 'personal development' (for example "to think about my own consciousness re racism" and "confidence"), 19 'vague knowledge', 13 'vague understanding', 13 'understanding of lived experience', 12 'knowing what is acceptable', seven the 'value of anti-racism', one 'regarding others' and one wrote 'nothing'.

At follow-up ($n = 13$), four said they gained 'knowing what is acceptable' (illustrated by comments such as "the correct terms to use" and "not to ask where a person of colour has come from"), or 'specific knowledge' or 'understanding of lived experience', and there was one response citing each of 'anti-racism skills', 'regarding others', 'to feel guilty for being white', 'learning from conversation post-training', 'value of anti-racism' and 'nothing'.

These results suggest that most attendees gained skills and knowledge from the training. Furthermore, some reported gaining knowledge regarding acceptability or the moral value of anti-racism, and some reported gaining nothing or feeling guilty for being white.

On the pre and post-questionnaires, attendees were asked to rate their understanding of terminology on a 5-point Likert scale whereby one was 'never heard the term before' and five indicated 'understand it and could explain it to others'. Wilcoxon Signed Ranks tests indicated that there was a significant difference in attendees' understanding of all terminology post-training compared to pre-training. The specific terminology rated were 'racist' ($Z = 5.38, p < .001$, with a large effect size $r = .52$), 'nonracist' ($Z = 6.55, p < .001$, with a large effect size $r = .64$), 'actively anti-racist' ($Z = 8.01, p < .001$, with a large effect size $r = .78$), 'institutional racism' ($Z = 7.20, p < .001$, with a large effect size $r = .70$), 'systemic racism' ($Z = 8.20, p < .001$, with a large effect size $r = .80$), 'interpersonal racism' ($Z = 8.60, p < .001$, with a large effect size $r = .83$), 'internalised racism' ($Z = 8.50, p < .001$, with a large effect size $r = .82$), 'white privilege' ($Z = 6.93, p < .001$, with a large effect size $r = .67$), 'white fragility' ($Z = 8.55, p < .001$, with a large effect size $r = .83$), 'racial trauma' ($Z = 8.57, p < .001$, with a large effect size $r = .84$), 'racial burden' ($Z = 8.69, p < .001$, with a large effect size $r = .85$) and 'adultification' ($Z = 8.75, p < .001$, with a large effect size $r = .85$).

Furthermore, pre, post and on follow-up, attendees were asked to rate themselves as 'racist', 'non-racist', 'actively anti-racist', or 'don't know'. No one chose 'racist'. Pre-training ($n = 114$), 81 attendees rated themselves as 'non-racist', 28 as 'actively anti-racist' and three chose 'don't know'. For the same groups post-training ($n = 108$), 27 chose 'non-racist', 79 'actively anti-racist' and no one indicated 'don't know'. At follow-up ($n = 14$), three people chose 'non-racist' and 11 'actively anti-racist'. Including only the 'non-racist' and 'actively anti-racist' responses pre and post-training, a McNemar chi-square test found a significant difference in attendees' ratings towards actively anti-racist following training ($\chi^2 = 41.40, p < .001$) using Cohen's g , a large effect size was found $g = 0.86, 95\% [0.73, 0.99]$.

Attendees were asked to explain their responses. Of those who provided an explanation to their 'don't know' responses on the pre-questionnaire ($n = 2$), one response was coded as 'don't understand the terms' and the other as 'society has gone soft'. Tables 2 and 3 describe the explanations provided by those who rated themselves as 'non-racist' and 'actively anti-racist'.

Table 2. 'Non-racist' responses to 'please provide some explanation'.

Code	Pre-training ($n = 66$)	Post-training ($n = 20$)	Follow-up ($n = 2$)
Because I am	29	0	0
Could do more	13	15	1
Passive racial action	17	2	0
Passive racial awareness	10	1	1
Colour blind sentiment	8	1	1
Actively anti-racist behaviour	6	1	0
Do not understand terms	6	0	0
Training was biased	N/A	1	0

Overall, these results suggest that following training, attendees were more likely to see themselves as actively anti-racist, and this was sustained on follow-up. There are several reasons for this perceived shift. The most common reasons provided were obtaining an understanding of what it means to be actively anti-racist compared to non-racist, illustrated by comments such as "I now understand the meaning of being actively anti-racist" and "As I have learnt new terms and definitions from this training"; doing anti-racism actions such as "I

would question any behaviour I see” and “I feel confident to have an open, factual discussion”; and/or having knowledge, e.g., “I feel very informed now”.

Code	Pre-training (<i>n</i> = 20)	Post-training (<i>n</i> = 53)	Follow-up (<i>n</i> = 10)
Active anti-racist actions	13	22	5
Acquired knowledge	2	15	2
Self-reflection	2	10	2
Did not understand terms	N/A	12	1
Because I am	3	8	0
Passive racial awareness	3	1	3
Passive racial action	3	3	1
Could do more	1	3	1
Promote representation	1	0	0
Validation from others	1	0	0

Table 3. ‘Actively anti-racist’ responses to ‘please provide some explanation’.

Post-training: behavioural changes

Attendees were asked whether or not they intended to change their behaviour following the training, and why. Immediately post-training, 85 attendees reported they intended to act differently, and 20 said they did not. At follow-up, six stated they had behaved differently following the training, and seven said they had not. Of those seven, five had received training only three months prior. Responses to why participants did or did not report a change in behaviour are shown in Table 4.

These results suggest that immediately post-training, most attendees intended to change their behaviour in a variety of ways, but this intention did not always transfer into daily practice, as found on the follow-up questionnaire. It is unclear from these results why this is. Attendees' motivation and perceived ability to undertake specific anti-racist behaviours were measured on 7-point Likert scales, pre-training, post-training and at follow-up. Wilcoxon Signed Ranks tests indicated that there was a significant positive difference post-training compared to pre-training. The specific questions asked were ‘motivation to be actively anti-racist’ ($Z = 3.63, p < .001$, with a medium effect size $r = .35$), ‘able to be actively anti-racist’ ($Z = 4.43, p < .001$, with a medium effect size $r = .42$), ‘able to have conversations about race and ethnicity’ ($Z = 3.94, p < .001$, with a medium effect size $r = .38$), ‘confident in identifying racism’ ($Z = 3.46, p < .001$ with a medium effect size $r = .33$), and ‘able to call out racism when it is happening’ ($Z = 3.43, p = .001$ with a medium effect size $r = .33$). This high level of motivation and ability was sustained on follow-up ($n = 14$), as shown by participants responses to each question: ‘motivation to be actively anti-racist’ ($Mdn = 7.00$), ‘able to be actively anti-racist’ ($Mdn = 6.00$), ‘able to have conversations about race and ethnicity’ ($Mdn = 6.00$), ‘confident in identifying racism’ ($Mdn = 7.00$), and ‘able to call out racism when it is happening’ ($Mdn = 6.00$). These results suggest that BVC’s training had a positive impact on attendees’ motivation and subjective ability to be actively anti-racist.

Table 4. Attendees' explanations regarding change in behaviour.

Code	Responses to 'If yes, what?'	
	Post-training (n = 69)	Follow-up (n = 6)
Challenge racism	24	2
Personal development	22	2
Knowledge development	17	1
Educate others	13	1
Increase representation	13	0
Continuation	3	1
Vague anti-racist sentiment	2	0
Unsure	1	0

Code	Responses to 'If no, why is that?'	
	Post-training (n = 9)	Follow-up (n = 1)
Vague already do enough	4	1
Already teach enough	3	0
Context does not allow	3	0
Already challenge	2	0

Post-training: barriers to transfer

To better understand transfer of learning into practice, post-training, attendees were asked open-ended questions about potential barriers to undertaking anti-racist behaviours. The results from the post-training questionnaire are shown in Table 5.

Table 5. Responses to potential barriers to implementing anti-racist practices.

Code	Barriers to motivation and ability to be actively anti-racist (n = 68)	Barriers to having conversations about race and ethnicity (n = 56)	Barriers to confidence in identifying racism (n = 44)	Barriers to calling out racism and questioning other people when you see it happening (n = 51)
No barriers	19	16	28	26
Lacking knowledge	16	15	5	2
Self-development	15	8	4	6
Societal or institutional barriers	11	10	3	6
Lack of psychological safety	7	6	3	10
Lack of exposure	6	1	2	1
Do not want to get it wrong	2	4	2	0
Because I'm white	1	3	0	1
Factors related to known others	2	1	0	0
Perceiving anti-racism as political	1	1	0	0

These results suggest that most people did not perceive any barriers to implementing actively anti-racist practices. When barriers were perceived, they mostly related to one's own knowledge or internal challenges (illustrated by comments such as "we don't want to teach the wrong material", "need to read more literature", "I need to learn to feel more confident" and "make a conscious effort to overcome preconceived perception") and then to institutional (such as "I would like training, resources, materials and regular information as a teacher to actively teach more", "the dated curriculum"), societal (e.g. "Cornwall suffers from a lack of diversity", "it would help if the concept of having racial discussions openly was considered to be socially encouraged" and "lack of hope across society"), or interpersonal factors (such as "I would consider my own safety in the action too", "others cognitive level"). This was slightly different for calling out racism whereby, after 'no barriers' the most common responses related to interpersonal factors, predominantly lack of psychological safety.

Responses from the follow-up questionnaire ($n = 6$) suggest that these predictions may be accurate, as most attendees had not experienced any barriers to implementing anti-racist practices. Four respondents reported 'none', one stated 'others', and one named 'self'. Regarding factors which made transfer easier ($n = 6$), 'others' were most commonly reported as helpful ($n = 3$), then 'self' ($n = 2$), then 'none' ($n = 1$).

Additional training

Lastly, attendees were asked on follow-up if they would benefit from further training. Five said 'yes' and nine said 'no' ($n = 14$). It is noteworthy that six of the 'no' respondents had received their training only three months prior. When asked to elaborate on positive responses ($n = 5$), areas for additional training to cover were 'understanding terminology' ($n = 1$), 'systemic racism' ($n = 2$), and 'interpersonal racism strategies' ($n = 2$). One respondent's explanation for why they would not like further training was coded as 'session was too combative'.

4. Discussion

This was a CBPAR study looking at the feasibility of CBPAR for UK-based (T)CPs, the impact of BVC's anti-racism training, and broad, audience-related factors which may have helped or hindered this impact.

4.1 Findings

Despite some thinking in clinical psychology typically focusing on individuals, this research has found that (T)CPs can draw on broader systemic thinking and community psychology theory to undertake CBPAR. Relationships and responsivity by all aided the success of the project and it aligned with clinical psychologists' skills.

The results suggest that BVC's anti-racism training had a positive impact on attendees' knowledge and understanding of racism; confidence in identifying racism; skills for addressing interpersonal racism; knowledge of what is 'acceptable'; perception of themselves as 'actively anti-racist' rather than 'non-racist'; and motivation to change behaviour. The results from the follow-up questionnaire suggest the training had a similar longer-term impact on attendees, although this varied across training sessions attended and the small sample means conclusions are limited.

In addition, in line with BVC's request, we attempted to understand if some broad factors influenced the outcome of the training. However, due to the small scale of this research and the lack of a control group, conclusions are tentative and limited. Participants expressed that it was beneficial for one of the facilitators to be from a racialised minority. It is recommended that this should be carefully balanced against the emotional impact of delivering training, for both those from a racialised minority and white facilitators. According to facilitators, positive moments of learning and white fragility occurred in every training session and were predominantly triggered by sharing explicit examples of racism.

4.2 *Strengths and limitations*

This study provides an innovative and unique contribution to the literature. Its collaborative nature means the needs of the community have been centred throughout and a local, context-specific understanding of BVC's trainings has been produced. This is particularly appropriate given Cornwall's distinctive historical and current context (Celtic roots, 'Cornish' as a minority status, and low ethnic diversity) that impact the nature of racism and how it is understood in the county. During analysis, researchers wondered if, due to the lack of ethnic diversity, the degree of ignorance and racist implications in the comments was greater than what would be in other geographical areas. Furthermore, the use of CBPAR means the understanding obtained through the research provides a clear link to action and recommendations for the community. They can understand the impact of their work, and start to develop their training, and a 'train the trainer' package.

This project attempts to go beyond a typical training evaluation to provide some understanding of which factors may help or hinder people from engaging in anti-racism, and longer-term impacts. However, as mentioned above, the small sample and lack of any control conditions means these conclusions are limited. Furthermore, what stood out during analysis was the subjective, covert nature of human behaviour surrounding racism. Discussions between the research team during the research process debated incidences of white fragility, microaggressions, racism, and the overlaps between these. It was challenging to objectively measure and analyse such subjective content. In addition, this research considered the impact on facilitators from racialised minorities. However, it did not consider the impact on attendees from racialised minorities compared to their white counterparts. It would be reasonable to anticipate that particularly given the lack of racial diversity and prevalence of racism in Cornwall that they may experience the training differently (Cornwall and Isles of Scilly Leadership Board, 2020; Gill & Talbot, 2010).

The data was gathered from attendee and facilitator reports through novel questionnaires. Some questionnaire items were vague, and some incorporated several questions in one item, both of which led to a variety of interpretations by participants and impacts the data's validity. Furthermore, it is known that self-reported data and objective measures can produce different results (Thalheimer, 2018). Therefore, it may have been beneficial to include objective comparative measures pre-training, post-training and at follow-up, related to decision making and task competence e.g., through using scenario-based items or simulations. In addition, it is known that transfer of learning from training can be challenging and is rarely evaluated (Bennett, 2013; Thalheimer). This study attempts to understand these factors through asking about barriers to implementing anti-racism practices, and the follow-up questionnaire. However, the data obtained is lacking in depth.

4.3 Implications

Notwithstanding the above limitations, the findings of this study have several important implications.

In relation to research and policy, whilst CBPAR is an efficacious approach, it requires a strong commitment from all stakeholders. It is important that those engaging in the approach and recommending it through policy consider the challenges of doing so and provide a realistic outlook. The necessary complexity and challenge add a richness and more meaningful, action-orientated understandings to our knowledge base. In addition, it is complementary to the skills and training of (T)CPs in the UK. Generalising to (T)CPs internationally, further consideration of the differences in training and practice would be required to each countries' context.

It may be beneficial for future anti-racism training research to explore transfer of learning, barriers to anti-racism practices, and longer-term impacts on attendees, facilitators, and people from racialised minorities. A qualitative approach would provide a more nuanced understanding of the subjective aspects of covert behaviours such as white fragility, microaggressions and racism, and could consider these factors from a variety of perspectives, i.e., from attendees and facilitators of different racialised groups, particularly given the potential risks of retraumatisation and additional emotional labour for those from racialised minorities. A systemic approach looking at the combination of training with other anti-racism approaches, such as organisational development, policy change and campaigns, is also recommended. Moreover, it may be beneficial to understand which components of the training were most effective. Additional research at a larger scale, across varying contexts and/or inclusive of different conditions may provide a greater level of understanding of this.

Regarding practice, this research suggests that training requires a high level of skill and emotional resiliency from facilitators, for many reasons. Interpersonal racism and white fragility are sometimes subjective and therefore the pedagogical approach, including how incidences are managed during training, should be carefully considered. It can be challenging for facilitators to be empathetic and understanding with attendees, whilst also holding them to account, addressing inaction and racist views or attitudes. It is notable that some attendees may be attending for compliance reasons, or wanting others to gain something, rather than themselves. It can be argued that these are the people who may benefit from anti-racism training the most, and it is therefore necessary to create a space where these views can be explored, and change is possible. This, and other aspects of the training, can be emotionally demanding for facilitators, who should be offered appropriate support.

It is unreasonable to expect one three-hour training session to enable all attendees and their respective organisations to become actively anti-racist and for any positive impacts to be sustained. Attention to improving the sustainability of the positive effects of intervention in systems has been important in the development of anti-bullying programmes for schools (see Minton, 2016, 2022; Roland, 2000). Certain evaluations of earlier nationwide programmes in Norway had evidenced a short-term positive effect only (see Roland, 2000; Roland & Munthe, 1997), with Midthassel et al. (2009) attributing this to the fact that most of the work the schools had been doing was directly dealing with bullying incidents. Subsequent programmes, therefore, were designed with clearer structure, and a focus on competence building and preventative practice (Midthassel et al, 2009; Minton, 2016; Roland, 2000). Critical to the success of such programmes were the provision of enhanced and long-term systems of collaborative support of the participating schools by programme

teams, taking into full and practical account limitations such as time constraints and staff 'buy-in' (e.g. Hitchings & Clarkson (2015) in the UK; Olweus (2004) and Roland (2000) in Norway; Minton et al. (2013), in Ireland; and especially Salmivalli et al. (2005, 2011, 2012) in Finland), rather than the former reliance on initial training and resource provision.

The lesson for would-be anti-racist practitioners, then, from this history of anti-bullying action, is that whilst awareness-raising is an important phase in addressing complex and deep-seated phenomena, the provision of longer-term active, preventative-focused and collaborative support to participating institutions is essential to ensure that apparent gains that may have been accrued in the short-term do not dissipate.

This research suggests that BVC's training is a beneficial part of an anti-racism journey, providing people with foundational knowledge and ideas for addressing interpersonal racism. In the future, it may be beneficial for each training session to be adapted to the pre-existing knowledge and skills of the specific attendees. It may also be appropriate for follow-up training sessions to be more challenging, building on this knowledge and considering the complexities of structural racism, intersectionalities and policy change that is required.

5. Conclusion

Overall, this research has shown that CBPAR provides a good architecture for (T)CPs and community organisations to collaborate, develop and evaluate social interventions. BVC's current anti-racism training is impactful: immediately after the training attendees had improved knowledge, confidence, and motivation for behavioural change regarding interpersonal racism. The nature of the training and responses from attendees can be emotionally impactful for facilitators and attendees. Standalone anti-racism training is insufficient in creating meaningful social change. Therefore, it should be incorporated alongside other anti-racism interventions.

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