

# Review of audit and assessment tools, programs and resources in workplace settings to prevent race-based discrimination and support diversity

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## **Glossary of key terms**

**An Aboriginal and/or Torres Strait Islander person:** someone who:

- is a descendent of the first people of Australia
- identifies as an Aboriginal and/or Torres Strait Islander person
- is accepted by the community in which they live as an Aboriginal and/or Torres Strait Islander.

**Anti-discrimination:** refers to treatment which results in equal power, resources or opportunities across groups (Paradies, Chandrakumar, Klocker, Frere, Webster, Burrell et al. 2009). For this review, anti-discrimination is used in the context of racial, ethnic, cultural and/or religious groups.

**Cultural competency:** defined as a set of congruent attitudes, practices, policies and procedures, and structures that come together in a system of agency and enables professionals to work more effectively in cross-cultural situations (Cross et al. 1989; Siegel, Haugland, & Chambers 2004).

**Discrimination:** refers to treatment which results in unequal power, resources or opportunities across groups (Paradies, Chandrakumar, Klocker, Frere, Webster, Burrell et al. 2009).

**Diversity:** used to describe variation between people in terms of a range of factors, including ethnicity, national origin, gender, ability, age, physical characteristics, religion, values, sexual orientation, socioeconomic class or life experiences (Bowen 2004). For this review, 'diversity' refers specifically to racial, ethnic, cultural, religious and/or linguistic diversity.

**Organisation audit/assessment tool:** a tool developed to provide a critical evaluation of an organisation in relation to issues of diversity, cultural competence and/or anti-discrimination. The terms 'audit' (particularly in relation to 'diversity' and 'anti-discrimination') and 'assessment' (particularly in relation to 'cultural competency') are used interchangeably.

**Racial, ethnic, cultural, religious and/or linguistic diversity (diversity):** used to describe variation between people in terms of racial, ethnic, cultural, religious and/or linguistic characteristics. For this review, this term is inclusive of Aboriginal and/or Torres Strait Islander people. 'Diversity' is used as a shorthand term.

**Race-based discrimination:** defined as discrimination that occurs on the basis of race, ethnicity, culture and/or religion (Paradies, Chandrakumar, Klocker, Frere, Webster, Burrell et al. 2009).

**Racism:** defined as the behaviours and practices that result in race-based discrimination, along with the beliefs and prejudices that underlie them (Paradies, Chandrakumar, Klocker, Frere, Webster, Burrell et al. 2009).

## **1. Introduction**

There is consistent evidence that both interpersonal and systemic race-based discrimination continue to exist in Australia and have a detrimental impact on health and wellbeing (Paradies 2006; VicHealth 2007). Both systemic racism and many forms of interpersonal race-based discrimination are at odds with popular understandings of racism as ‘terror and genocidal passions’ (Cowlshaw 1992: 26-27). There is continued resistance in Australia to the view that a person adopting a moderate tone, disclaiming any pretence to superiority and defending ‘common sense’ propositions can be engaged in racism (Markus 2001: 10).

However, recognising racism only in its extreme forms renders invisible its recurrent, everyday expressions (Essed 2007). Even consciously, egalitarian people may hold negative stereotypes and attitudes, of which they may not be fully conscious (Dovidio, Kawakami, & Gaertner 2002; Fazio et al. 1995), with the consequences of subtle, unintentional bias ultimately being as adverse as more overt biases (Burgess et al. 2007). Consequently, a definition of racism is adopted in this review that goes beyond both popular conceptions and legal definitions to encompass any treatment that results in unequal power, resources or opportunities across racial, ethnic, cultural and/or religious groups (Paradies, Chandrakumar, Klocker, Frere, Webster, Burrell et al. 2009).

Organisational contexts, such as workplaces, have been identified both as places where race-based discrimination occurs, as well as a priority setting where anti-discrimination and diversity can be supported and enhanced (Berman, Victorian Equal Opportunity and Human Rights Commission, and Victorian Multicultural Commission 2008; Paradies, Chandrakumar, Klocker, Frere, Webster, Burrell et al. 2009; VicHealth 2007). Organisations provide a natural environment for contact between people from diverse racial, ethnic, cultural, religious and linguistic backgrounds, and are places where established social norms are shaped. Therefore, organisations can play an important role in modelling and enforcing anti-discrimination standards (Paradies, Chandrakumar, Klocker, Frere, Webster, Burrell et al. 2009).

There is increasing emphasis on the need for workplaces to respond to issues of diversity. Managing diversity is increasingly recognised as a business imperative, reflecting changing realities about the demographic composition of the workforce, as well as increased benefits in harnessing diversity for productivity, market share, innovation and improved employee relations. In addition, policy and legislative changes have promoted access and equality of opportunity for under-represented groups; in particular, women, people with disabilities and members of diverse racial, ethnic, cultural and linguistic groups.

Legislative requirements under the Victorian Charter of Human Rights and Responsibilities 2006 and the *Victorian Equal Opportunity Act 2010* include a number of obligations for employers and workplaces relating to race and ethnicity, among other protected attributes.

Cultural-competency frameworks are increasingly being developed in Australia. Examples include the National Health and Medical Research Council guidelines for cultural competency in health (NHMRC 2005). In Victoria, the Aboriginal Cultural Competence Framework was developed by the Victorian Aboriginal Child Care Agency (2008), while the Ethnic Communities' Council of Victoria (2006) has developed cultural-competency guidelines and protocols. The cultural diversity guide was developed to assist planning and delivery of culturally-appropriate services (Department of Human Services 2004), and the cultural responsiveness framework aims to guide Victorian health services (Department of Health 2009). A statewide, Victorian Aboriginal inclusion framework is also in the final stages of development.

Two strategies that are recommended in frameworks, and commonly utilised in workplaces, are organisational auditing and diversity training. Organisational audits provide information about the current status of diversity and anti-discrimination through an assessment of workplace practices, policies and procedures. This process assists organisations to understand current practice and provide a baseline assessment from which further activity can be developed and measured against. Diversity training is probably the most common activity within organisations, with a focus on reducing discrimination and/or promoting diversity. However, despite a number of diversity programs being implemented, and considerable academic attention, very few diversity-training programs have been evaluated. A better understanding of these two key approaches may assist organisations in taking a more active role in reducing race-based discrimination and promoting diversity in the workplace.

This review considers current scholarship and approaches to organisational auditing/assessment and diversity training, providing a critical analysis of current methods and initiatives, with a focus on their relevance to workplace settings. Principles to guide the selection/development of diversity and anti-discrimination audit/assessment tools and diversity-training programs are then presented.

## **1.1 Context for this review**

In recent years, the Victorian Health Promotion Foundation (VicHealth) has developed a strong evidence base for guiding a primary prevention approach to addressing the underlying causes and factors that contribute to race-based discrimination. Part of this work includes examining the potential development of new tools and resources that can increase individual, organisational and community capacity to take an active role in changing the attitudes, behaviours, practices and cultures that allow race-based discrimination to go unchallenged.

This work emphasises the importance of mutually-reinforcing strategies being implemented and coordinated across various levels of influence, from the individual to the societal level. Key objectives of the program areas are to increase community and organisational capacity to create safe and inclusive environments, in which people from Aboriginal and/or Torres Strait Islander, migrant and refugee backgrounds can participate on equal terms, and to build leadership and skills within organisations and communities to undertake activity that can prevent race-based discrimination from occurring.

VicHealth's publication, *Building on our strengths: a framework to reduce race-based discrimination and support diversity in Victoria*, presents an extensive review of Australian and international literature on theory and interventions to reduce race-based discrimination and support diversity (Paradies, Chandrakumar, Klocker, Frere, Webster, Burrell et al. 2009). The framework outlines key themes for action that are considered critical to the implementation of a theoretically-sound and effective set of interventions to reduce race-based discrimination and support diversity:

- increasing empathy
- providing accurate information
- raising awareness
- recognising incompatible beliefs
- increasing personal accountability
- breaking down barriers between groups
- increasing organisational accountability and
- promoting positive social norms.

*Building on our strengths* also documents five actions to reduce race-based discrimination and support diversity:

- organisational development
- communications and social marketing
- legislative and policy reform
- direct participation programs
- community strengthening
- advocacy and
- research, evaluation and monitoring.

In particular, organisations are identified in *Building on our strengths* as playing a key role in reducing race-based discrimination by:

- implementing organisational accountability
- diversity training
- resource development and provision
- role-modelling and
- serving as sites for intergroup contact.

Among these roles, organisational accountability and diversity training are arguably the most important, as they tend to precede and promote resource development and provision and role-modelling, and facilitate positive intergroup contact. Auditing and assessment approaches are a means to achieve organisational accountability.

Information about diversity training and organisational auditing/assessment is required to support an existing place-based anti-discrimination program: the Localities Embracing and Accepting Diversity (LEAD) program. LEAD is funded by VicHealth, the Department of Immigration and Citizenship and *beyondblue*, in partnership with the Victorian Equal Opportunity and Human Rights Commission and the Municipal Association of Victoria. LEAD is designed to trial and evaluate a multi-method, multi-level, multi-strategy approach to reduce race-based discrimination affecting migrant, refugee and Aboriginal and/or Torres Strait Islander communities, as well as supporting cultural diversity.

Two pilot programs are being conducted by local governments in the cities of Whittlesea and Greater Shepparton. Findings from this review will support the implementation and evaluation of the LEAD Program and will inform VicHealth's broader program of work aimed at reducing race-based discrimination and supporting diversity.

Workplaces also serve as important natural contexts for intergroup contact to occur during the course of day-to-day activities. Workplaces are ideal sites for intergroup contact, as they are highly likely to meet the key facilitating conditions of positive and effective contact. That is, equal status within the contact situation (for co-workers in this case); individuals from different groups seek to achieve common work-related goals, rather than acting in competition; the contact is sanctioned (at least implicitly) by the workplace as an institution; and there is sufficient and sustained contact that allows potential for personal acquaintance and intergroup friendships to develop (Paradies, Chandrakumar, Klocker, Frere, Webster, Burrell et al. 2009).

Intergroup contact can occur incidentally or be consciously developed through activities expressly designed for this purpose. However, situations that are too 'artificial' or 'contrived' may reduce the effectiveness of intergroup contact by highlighting group boundaries, creating intergroup anxiety and reducing the perceived quality of contact (Pettigrew & Tropp 2006).

As such, organisational strategies promoting intergroup contact should be indirect and focus on ensuring representation of individuals from diverse racial, ethnic, cultural and religious groups throughout the workplace. Intergroup contact can also be fostered by matching mentors and mentees from different groups, ensuring job rotations enhance the diversity of work teams and committees and ensuring heterogeneity in diversity-training participants where appropriate. Such approaches are covered below in diversity training and organisational auditing/assessment.

The work lunch room has been identified as a potential site for intergroup contact (Commission on Integration and Cohesion 2007; Wise & Ali 2007). Although outside the scope of this review, ensuring that such shared spaces—as well as other social activities in the workplace (e.g. organised lunches and sporting teams)—are accessible and appropriate for employees from diverse backgrounds may also promote positive intergroup contact.

## 1.2 Project aims

The purpose of this review is to:

- identify key principles to guide the selection of workplace audit/assessment tools and training programs to reduce race-based discrimination and support acceptance and valuing of diversity
- identify and critically evaluate past and present audit/assessment tools and training programs of relevance to Australian workplaces that have been developed to reduce discrimination and support acceptance and valuing of diversity
- increase knowledge of effective/ineffective training programs and audit/assessment tools that have been implemented in workplaces
- identify available resources relevant to workplace auditing, assessment and training activities to support anti-discrimination and cultural-diversity strategies in Australian workplaces.

## 1.3 Project scope

The scope of the review was limited to the identification of audit/assessment tools, resources and training programs available to reduce race-based discrimination and support diversity within organisational settings. According to the *Building on our strengths* framework, organisations can be classified according to the following main functions:

- the organisation as a workplace
- the organisation as a provider of a service (e.g. schools, libraries, health services, local governments, banks)
- the organisation as a formal structure for a community of interest (e.g. a sports club)

This review focuses on organisations as a ‘workplace’, rather than as a provider of services or formal community structure. Therefore, the review is situated in the context of workplace practices that aim to achieve fairness and diversity among employees. These include mainly human resources practices, such as recruitment, remuneration and promotion practices; workforce social and organisational environments; workplace amenities; staff training; as well as monitoring and data collection. Both international and Australian literature was reviewed. However, scholarship and resources of relevance to Australian workplace settings were prioritised.

## **1.4 Review method**

The literature search for this review was conducted in two separate phases.

### **1.4.1 Review of organisational audit/assessment literature and tools**

A search of online databases, including Business Source Complete, Informit, PubMed, PsychInfo, Scopus and Sociological Abstracts, was conducted. The search was limited to published articles with abstracts between 1990 and 2010 in English. Search terms included workplace, employment, organisation, diversity, racism, racial discrimination, prejudice, audit, tool and assessment (free text and MeSH subject category). Other subject/MeSH categories used were cultural competency, self-assessment, needs assessment, organisational policy and workplace diversity. Also included were relevant articles located through broader Scopus searches with the following key terms: diversity, racism, race-based discrimination, racial discrimination, prejudice, anti-oppression/racism/bias/prejudice/discrimination, non-discrimination and prejudice/racism/stereotype reduction/modify/education.

Extensive internet searches were also conducted, including terms such as organisational self-assessment OR audit tool, cultural-competence/responsiveness assessment OR audit tool, diversity assessment OR audit tool. Internet search hits using these results were investigated until saturation of sources was reached. Reference lists of included articles and online material were searched, and relevant material referred to in these lists where obtained where possible. Contact was also made with key experts and academics in this field.

### **1.4.2 Review of diversity-training scholarship and resources**

A search of online databases, including Business Source Complete, Informit, PubMed, PsychInfo, Scopus and Sociological Abstracts, was conducted. The search was limited to published articles with abstracts between 1990 and 2010 in English. Search terms included workplace, employment, organisation, diversity, racism, racial discrimination, prejudice, anti-racism, cultural awareness, cultural competency, cross-cultural, training, program and course (free text and MeSH subject category). Also included were relevant articles located through broader Scopus searches with the following key terms: diversity, racism, race-based discrimination, racial discrimination, prejudice, anti-oppression/racism/bias/prejudice/discrimination, non-discrimination and prejudice/racism/stereotype reduction/modify/education.

Extensive internet searches were also conducted, including terms such as: training OR program AND cultural awareness OR anti-racism OR cross-cultural OR diversity. Internet search hits using these results were investigated until saturation of sources was reached. Reference lists of included academic articles and online material were searched for further relevant material, which was then obtained where possible.

## **2. Organisational audit/assessment tools**

### **2.1 Literature review**

#### **2.1.1 Introduction**

Organisational audit/assessment tools were located within a number of fields of work: diversity management, cultural competency, human rights, equal employment opportunity and anti-discrimination/racism. The two major areas of research and practice, in which such audit/assessment tools were located, are diversity management and cultural competency. Diversity management is the planning and implementation of organisational systems and people management practices to capitalise on the advantages of diversity, while minimising negative impacts (Cox 1993). Diversity-auditing processes have largely focused on assessing human resources practices, such as recruitment, retention, promotion, performance appraisal and training, with a diversity lens. Cultural competence takes a broader conceptualisation of organisations as both workplaces and providers of services. Cultural-competency auditing includes workplace practices, along with service delivery and customer/client outcomes. This section outlines practice and research in the area of diversity management and cultural competence that focus on approaches to organisational auditing/assessment.

#### **2.1.2 Diversity organisational-auditing approaches**

Practice and research in the area of diversity management has grown rapidly in recent years. This has stemmed from increasing pressures on employers to respond to new requirements in equal opportunity and fair work practices, as well as changing workforce demographics. Many approaches to diversity management now go beyond compliance with equal opportunity legislation by including a more proactive approach to increasing and managing levels of workforce diversity. This commitment to diversity and the growing popularity of diversity-management practice can be seen in the proliferation of books, journal articles, toolkits, handbooks and manuals, together with a burgeoning business in specialised diversity practitioners and consultants. These activities and practices have made some important contributions to the field, including a range of materials and resources to support the implementation of diversity practices within organisations.

The diversity-management field draws on theory, practice and research from human resources management, business and organisational development/psychology. Seminal work by Cox (1993, 1991) has provided a comprehensive conceptual model that considers diversity at the level of individual employees, group interactions and organisational processes. Importantly, this body of work integrates key human resources management concepts with research findings and practice-based insights. Academic scholarship has demonstrated that diversity is associated with creativity and innovative thinking (Adler 1997; Burton 1995; McLeod, Lobel & Cox 1996; Richard 2000), greater employee commitment, larger market share and better customer satisfaction (Bertone & Leahy 2001). However, other studies have found that diversity can also reduce staff morale and productivity and provoke conflict between employees and managers (Roberson & Kulik 2007; Kochan et al. 2003; Wrench 2005). The impact of diversity on social identity and team development/performance within organisations has also received considerable attention (Adler 2002; Jackson, Joshi, & Erhardt 2003; Ely 2004; Ely & Thomas 2001; Katz & Kahn 1978).

The diversity-management literature (both applied and research based) encompasses a range of workplace strategies that are being implemented with increasing momentum within organisations. Among these strategies are organisational audits and diversity training. As will be discussed in Section 3, there is now a relatively large literature base on diversity training. Approaches to organisational auditing are, however, less developed in the academic and applied literature. At present, the literature provides little guidance in relation to theoretically-based and empirically-proven approaches to organisational auditing. Such a lack may result from a stronger focus in the diversity-management field on changing individual attitudes and behaviours, rather than addressing structural issues (Kalev, Dobbin, & Kelly 2006).

### **2.1.3 Cultural-competency organisational-assessment approaches**

Cultural competency is now well established as a theoretical concept following several decades of development in a range of practice-based settings. As the concept of cultural competency has developed, there has been a growing need for reliable tools to measure the multidimensional nature of the term (Geron 2002). In meeting this need, there has been increasing development of cultural-competency assessment tools, with a sizeable number of comprehensive tools now available. The field of cultural competency has its origins in the context of health-care provision.

While the concept has since expanded to range of other settings, including community-based organisations, government and education settings, many of the tools currently available are strongly focused on health-care settings. As discussed below, this has implications for the appropriateness of current tools within Australian workplace settings.

Several systematic reviews have been conducted in relation to cultural-competency assessment tools (Gozu et al. 2007; Kumas-Tan et al. 2007; Harper et al. 2006; Olavarria et al. 2009; Price et al. 2005). As with the diversity-management literature, a major critique emerging from these reviews is that many of the currently-available tools have been designed to assess individuals, rather than organizations (Kumas-Tan et al. 2007; LaVeist et al. 2008; Harper et al. 2006; Olavarria et al. 2009), and a collective understanding of organisational cultural competence has not yet been established (Harper 2006). Individual self-assessment tools have largely taken the format of quantitative surveys that measure employee attitudes and behaviours. An advantage of this approach is that survey-based tools are relatively easy to test empirically. Indeed, a number of tools have proven to be valid and reliable tools in a range of practice-based settings (Gozu et al. 2007). However, Kumas-Tan et al. (2007) found that many cultural-competency measures were based on problematic assumptions about what constitutes culturally-competent practice. For example, widely-used tools focus on knowledge alone as an indicator of cultural competence, rather than attitudes and behaviours. Another unexamined assumption underlying current approaches is that many tools fail to assess race-based discrimination and/or include simplistic and partial notions of 'culture' as something that 'white' practitioners must deal with in their interactions with the racialised 'other' (Kumas-Tan et al. 2007). This critique is not limited to assessment approaches alone, but pertains to the field of cultural competency as a whole.

Tools designed to assess cultural competency at the organisational level are still in development, and on the whole, lack an empirical basis. As detailed in the next section, many of the tools currently available have not been tested for validity or reliability. Olavarria et al. (2009) attribute the slower development of organisational assessment tools to the relatively recent establishment of frameworks and standards, such as the U.S. Culturally and Linguistically Appropriate Standards (CLAS)(Office of Minority Health 2001), to guide cultural competency within organisations. Tools that are based on national standards and indicators provide a framework from which to assess improvements in quality and performance (LaVeist et al. 2008). The majority of tools included in this review were developed according to U.S. cultural-competency standards and theoretical concepts, such as the CLAS (Office of Minority Health 2001). These standards are, however, not necessarily applicable to Australian contexts.

There is also added complexity in assessing cultural competence in organisations, because such competence operates on multiple levels, across systems and includes individual employees and behaviours. Indeed, cultural competency must be implemented at the system level if it is to become institutionalised within organisational policy and practice (Brach & Fraser 2000).

## **2.2 Review of organisational audit tools**

This section reviews organisational audit and assessment tools designed for use at the organisational level.

### **2.2.1 Selection of audit tools**

A total of 52 tools were located for this review, with 19 tools meeting the following inclusion criteria (a reference list of tools not included in the review is provided in Appendix A):

- The tool addressed cultural competency, anti-discrimination and/or diversity.
- The tool focused at the organisational level (i.e. addressed organisational structures, policies and practices).
- The tool included operationalised cultural competency, anti-discrimination and/or diversity domains within practice settings.
- The tool could be applied in a range of organisations, rather than specific organisations (e.g. schools, hospitals).
- The tool was publicly available, rather than needing to be purchased and/or administered by a specific business or agency.

Notwithstanding the above inclusion criteria, there were several audit tools described below that did not meet all of the above selection criteria, but were nonetheless included due to a specific application or focus of particular relevance to this review.

More than half of the tools assessed (11 out of 19) were international tools, while eight of the tools were developed in Australia.

## **2.2.2 Summary of audit tools**

A summary of each tool included in this review is provided in Table 1. Information provided in the Table includes the name and source of each tool, a description of the tool and the specific organisational areas or domains that are assessed, details on the format of the tool and how it is administered, and where available, psychometric properties. Following this, each tool is analysed according to its respective strengths and limitations, and in terms of its applicability for use in Australian workplace settings. A more detailed summary of included audit tools is provided below.

### ***Cultural competency, anti-discrimination and/or diversity focus***

Of the 19 tools included for this review, 11 focused on assessing cultural competency within health-care and community service organisations. Eight of these tools were international tools, and all were developed in the U.S. General health-care organisation tools include the Cultural Competency Self-Assessment Protocol (Andrulis et al. 1998) and the Organisational Cultural Competence Assessment Profile (The Lewin Group 2002). The Cultural Competence Self-Assessment Questionnaire (CCSAQ) by Mason et al. (1995) is designed for use in child and adolescent mental health settings. The Cultural Competency Assessment Scale (CCAS) by Siegel et al. (2002) also focuses on mental health services. The Cultural Competence and Linguistic Competence Policy Assessment (CLCPA) by the National Center for Cultural Competence (NCCC) (2006) was designed to support community health centres, while the Cultural Competency Assessment Tool is designed to assist government and communities agencies (Ethnocultural Advisory Committee of the Vancouver Ministry for Children and Families 2002).

Five of the Australian-based tools also focus on assessing cultural competency. Four of these assessed cultural competency in the context of working with Aboriginal and/or Torres Strait Islander people. The Cultural Competency Self-Assessment Instrument (Department of Premier and Cabinet 2006) is designed for agencies working with Aboriginal children, families and communities. Similarly, the Making Two Worlds Work Health and Community Services Audit is designed to assist health and community services in working with Aboriginal and Torres Strait Islander communities (Mungabareena Aboriginal Corporation and Women's Health Goulburn North East 2008).

The Koori Practice Checklist is designed for the alcohol and drug service sector, but is applicable to a range of organisations (Ngwala Willumbong Co-Operative 2007). The Cultural Competence Assessment Tool, developed by Walker (unpublished document), has been developed for use by health service organisations.

The Organisational Cultural Competency Indicator (OCCI) Tool and Guide (Merri Community Health Services and The University of Melbourne unpublished document) was the only Australian cultural-competency tool that did not have a specific Aboriginal and/or Torres Strait Islander service-delivery focus. The tool was developed in partnership with refugee and migrant communities in Victoria.

Most current tools are cultural-competency focused and assess organisational practice within a health-care context. Although cultural competency is increasingly being applied in other organisational settings, its origins within the health-care sector means that some conceptual elements and operationalised domains may be of limited relevance to other organisational contexts. In particular, a key distinction of cultural-competency organisational assessment tools is a tendency to prioritise service-delivery organisational functions. This is not relevant to organisations as 'workplaces'. However, the majority of domains covered within cultural-competency organisational assessment can be applied to organisations as workplaces. Furthermore, although diversity organisational audit tools are more relevant, due to their specific focus on employment practices and processes, these tools were less readily available, and in some cases, less developed in terms of conceptual underpinnings.

Despite measurement challenges, this review and work by Harper et al. (2006) found that there is some consistency in the domains covered by assessment tools. This points to congruence in definitions of cultural competency, diversity and anti-discrimination, and a degree of consensus around the key characteristics of organisations that are committed to diversity, cultural competence and reducing race-based discrimination. Further research is required to ensure that domains used in current organisational audit and assessment tools are consistent with theoretical and practice-based standards. This is particularly important in the Australian context. Moreover, as an emerging area of research, the development of tools and resources will also inform the development of practice-based standards. Further research is also needed to determine the extent to which audit/assessment tools improve organisational cultural competence and diversity practice (Harper et al. 2006). None of the tools located in this review sought to answer this question.

### ***Diversity focus***

Four diversity-based organisational audit tools/surveys were included in this review. However, only one was in the format of an organisational audit tool. The ProMosaic™ II is a diversity/inclusion assessment tool developed by the Executive Leadership Foundation in the U.S.A. The tool was developed in consultation with senior leaders from major American corporations and diversity

practitioners. The tool focuses on four components of diversity and inclusion: leadership and business rationale for diversity management, strategic planning, as well as execution and results/measurement for diversity planning. A key strength of the tool is that it integrates diversity concepts and theory with business processes and practices. The tool is also user-friendly, with detailed instructions on implementation. However, given that the tool has been designed for U.S.-based corporations, its overall relevance for Australian workplace settings is limited.

The remaining three surveys, while not in the format of organisational audit tools, were included in this review due to their focus on diversity management and relevance in assessing organisational practice. Two of these were developed in the U.S.A. The Racial/Ethnic Diversity Management Survey, by Weech-Maldonado et al. (2002), is an organisational survey that assesses diversity management in the following areas: planning, stakeholder satisfaction, diversity training, human resources, health-care delivery and organisational change. The Society for Human Resource Management (SHRM) (2005) Workplace Diversity Practices Survey consists of a series of questions for human resources professionals in relation to organisational diversity practice.

The Making Diversity Work Employer Survey was developed by academics at the University of South Australia and the University of Melbourne through collaboration with the Australian Senior Human Resources Roundtable and Diversity at Work (Kulik & Metz 2009). The survey is strongly grounded in academic theory and has undergone a thorough feedback process to ensure its relevance for human resources professionals. The survey was developed following a systematic audit of diversity-management practices used by Australian organisations that have been associated with organisational effectiveness.

### ***Tools with a unique application***

Three other tools had a unique application in the context of organisational diversity or anti-discrimination practice. The Organisational Diversity Needs Analysis (ODNA) is an American-based tool by Dahm et al. (2009) that can be used to inform the development of diversity training. The other two tools were developed in Australia, and are thus considered particularly relevant to this review. The Human Rights Milestone Tool, developed by Ramcharan et al. (2009) aims to provide a standardised framework across local governments in Victoria to measure progress towards human rights compliance, compatibility and culture. The tool is intended as a manual for human rights implementation for local governments, and consists of a handbook, a human rights implementation tool, an assessment table and a toolbox of resources.

The tool has not as yet been developed as an organisational audit tool; however, such development was recommended following piloting of current resources within four local government settings. The Needs and Impact Assessment Tool was developed as part of the Western Australian Government's Policy Framework for Substantive Equality by the Western Australian Equal Opportunity Commission. This was the only tool that focused specifically on assessing race-based discrimination. In particular, the tool seeks to assess systemic discrimination through an assessment of policies, practices and procedures that may impact negatively on diverse racial/ethnic groups, including Aboriginal and Torres Strait Islander people.

### ***Domains covered***

A domain is defined as an area of practice for assessing an organisation's progress in terms of cultural competency (Seigel, Haugland, & Chambers 2002), diversity and/or anti-discrimination. Adapting a typology developed by Harper et al. (2006), the content covered by organisational assessment tools in this review are presented below in relation to five domains: human resources development; organisational values; policies, procedures and governance; diversity training; as well as planning, monitoring and evaluation.

Human resources practices, such as employee recruitment, retention and promotion, as well as training and performance review, are covered in some way in nearly all of the tools reviewed. This highlights the importance of workplace employment practices in the assessment of cultural competency and diversity. Eight tools included human resources practices as a domain (Bowen 2008; Andrulis et al. 1998; The Lewin Group 2002; National Center for Cultural Competence 2006; Ethnocultural Advisory Committee of the Vancouver Ministry for Children and Families 2002; Merri Community Health Services and The University of Melbourne unpublished document; Mason 1995). The four diversity tools and surveys assess human resources practices as the main purpose of the survey/tool (Society for Human Resource Management 2005; Executive Leadership Foundation 2003; Kulik and Metz 2009; Weech-Maldonado et al. 2002). The remaining tools covered some aspect of human resources practice (Andrulis et al. 1998; Mason 1995; Department of Premier and Cabinet 2006; Mungabareena Aboriginal Corporation and Women's Health Goulburn North East 2008; Walker unpublished document).

Many of the tools reviewed included a domain that assessed organisational values or commitment to diversity or cultural competency. Andrulis et al. (1998) and Bowen (2008) conceptualise this domain as the profile of the organisation. Similarly, the NCCC (2006) includes a domain called

'organisational philosophy', defined as commitment to the provision of culturally-competent services, including the extent to which this is demonstrated within organisational policy. The CCAS includes commitment to cultural competence as a domain (Siegel, Haugland, & Chambers 2004), while the Lewin Group (2002) includes a domain on organisational values. Similarly, the Ethnocultural Advisory Committee of the Vancouver Ministry for Children and Families (2002) considers an organisation's foundation statements and documents as evidence of a commitment to organisational cultural competency. The Cultural Competency Self-Assessment Instrument (Department of Premier and Cabinet 2006) includes a section on valuing culture and diversity, while Walker (unpublished document) conceptualises this domain in terms of leading and managing change. The ProMosaic™ II includes this domain as the organisational leadership's commitment and the business rationale for diversity. Each of the surveys included some measure of organisational commitment to diversity and anti-discrimination practices (Dahm et al. 2009; Kulik & Metz 2009; Society for Human Resource Management 2005).

Organisational policy, procedures and governance structures are covered as a specific domain in some tools. The Lewin Group (2002) includes a domain on governance, which covers goal setting, policy making and other oversight mechanisms. The CCSAQ also includes a section on organisational policy and procedures (Mason 1995). The Cultural Competency Self-Assessment Instrument (Department of Premier and Cabinet 2006) includes a section on governance to be completed by the board of the organisation, as well as a section on policy and program development. The OCCI includes a domain called policy (Merri Community Health Services and The University of Melbourne unpublished document). Similarly, the Human Rights Charter Self Assessment Tool includes a review of policies as a key area of assessment (Ramcharan et al. 2009). Assessing organisational policies, procedures and practices is the principal function of the Needs and Impact Assessment Tool (Substantive Equality Unit 2006). The tool can be used to assess both new and current policies, practices and procedures as either a screening device or as a more detailed assessment.

Cultural-competency or diversity training/education was covered as a separate domain in Bowen (2008), the Ethnocultural Advisory Committee of the Vancouver Ministry for Children and Families (2002) and as a key assessment area by Ramcharan et al. (2009). For the ODNA, a needs assessment of diversity training was the main function of the tool (Dahm et al. 2009). Some aspect of staff training or development was incorporated in other domains (usually human resources) in the majority of other tools.

Data collection, evaluation and research practices (e.g. planning, monitoring, evaluation and result measures) were also included as a domain in many tools (Bowen 2004; Executive Leadership Foundation 2003; Merri Community Health Services and The University of Melbourne unpublished document; Walker unpublished document) or included as a component of other domains (National Center for Cultural Competence 2006; Siegel, Haugland, & Chambers 2004; Society for Human Resource Management 2005; Weech-Maldonado et al. 2002; Department of Premier and Cabinet 2006; Kulik & Metz 2009; Andrulis et al. 1998).

### ***Response format***

The tools assessed for this review used a variety of response formats, ranging from yes/no to Likert scales and short answers/descriptions. Being surveys, the tools by Dahm et al. (2009), Kulik and Metz (2009), the SHRM (2005) and Weech-Maldonado et al. (2002) included Likert scales. Seven of the other tools included a Likert scale (National Center for Cultural Competence 2006; Andrulis et al. 1998; Ethnocultural Advisory Committee of the Vancouver Ministry for Children and Families 2002; Executive Leadership Foundation 2003; Mason 1995; Seigel, Haugland, & Chambers 2002; Department of Premier and Cabinet 2006).

Yes/no answers were also a common response format for many of the tools, with seven tools using this approach (Nguyen 2008; Anderson 2002; Andrulis et al. 1998; Bowen 2008; Executive Leadership Foundation 2003; Society for Human Resource Management 2005; Mungabareena Aboriginal Corporation and Women's Health Goulburn North East 2008; Walker unpublished document). In addition, six tools included short-description questions or space for additional questions or comments (Department of Premier and Cabinet 2006; Anderson 2002; Andrulis et al. 1998; Bowen 2004; Mason 1995; Society for Human Resource Management 2005).

Some of the tools included a tabulated worksheet for recording responses, either as the main format for the whole tool (Ethnocultural Advisory Committee of the Vancouver Ministry for Children and Families 2002; The Lewin Group 2002; Merri Community Health Services and The University of Melbourne unpublished document) or for a component of the tool (National Center for Cultural Competence 2006; Ngwala Willumbong Co-Operative 2007). The tool by The Lewin Group (2002) also provided indicators for each level of assessment, including structure indicators to assess an organisation's capacity to support cultural competence through infrastructure, governance and financial and administrative structures; process indicators used to assess the content and quality of activities and procedures; output indicators used to assess immediate effects of practices and

policies; and intermediate outcome indicators used to assess the contribution of organisational activities to the achievement of cultural-competency goals.

Two of the tools included interview questions, which could supplement the information collected through the main body of the tool (Bowen 2004; Andrulis et al. 1998). Three tools solicited demographic information about employees completing the tool or survey (National Center for Cultural Competence 2006; Dahm et al. 2009; Mason 1995). A further two tools included a check box for supporting policies and documents (National Center for Cultural Competence 2006; Executive Leadership Foundation 2003).

The use of scoring guides was a feature of three tools included in this review. The CCSAQ includes a guide to score and interpret responses across the whole organisation (Mason 1995). Results could also be calculated for individuals completing the questionnaire. The ProMosaic™ II also includes a score totalled for each domain and the overall organisation (Executive Leadership Foundation 2003). One tool uses a simple scoring guide based on yes/no responses (Mungabareena Aboriginal Corporation and Women's Health Goulburn North East 2008).

### ***Administration***

Methods for administering the tool varied depending on the format of the tool. Those that used a Likert scale were mostly administered as a survey to relevant employees encompassing a variety of different roles within the organisation. For example, the CCSAQ is administered as a questionnaire and includes two versions: one for employees involved in direct service delivery and the other for administrative staff (Mason 1995). The CLCPA can be administered to all agency personnel or a sample of staff from various organisational departments (National Center for Cultural Competence 2006). Similarly, the CCAS can be administered to different staff within the organisation (Siegel, Haugland, & Chambers 2004). The Cultural Competency Self-Assessment Scale requires each staff member of the organisation to fill out the first domain of the tool, while the remaining domains are designed for employees with certain roles in the organization: board members, senior leadership, service-delivery and administrative staff (Department of Premier and Cabinet 2006).

Many of the tools instruct the organisation to form an assessment committee of people representing key functions or departments within the organisation (as well as independent external parties) to implement the tool (Andrulis et al. 1998; Ethnocultural Advisory Committee of the Vancouver Ministry for Children and Families 2002; Department of Premier and Cabinet 2006; National Center for Cultural Competence 2006; Executive Leadership Foundation 2003).

Tools in a tabulated format are most effectively completed through an assessment committee, whereby the tool allows the organisation to gather data and arrive at a consensus about what is documented in the tool (The Lewin Group 2002).

Others suggest that the tool is administered by senior management or knowledgeable person(s) within the organisation (Siegel, Haugland, & Chambers 2004; Anderson 2002). The surveys by Dahm et al. (2009) and Weech-Maldonado et al. (2002) are administered to a cross-section of staff (or all staff) within the organisation, while those by Kulik and Metz (2009) and the Society for Human Resource Management (2005) are directed at human resources professionals. A consultation process, which includes involvement of community members and groups or other experts, is recommended during the full assessment process for The Needs and Impacts Assessment Tool (Substantive Equality Unit 2006).

### ***Psychometric properties***

Only some of the tools evaluated in this review included information about their theoretical development and whether they had undergone empirical testing. The Cultural Competence Self-Assessment Protocol by Andrulis et al. (1998) is frequently cited in the assessment literature as reflecting the majority of cultural-competency standards and indicators developed in the U.S.A. The tool has been shown to have content validity, in that it accurately measures what it has been designed to measure (Olavarria et al. 2009). The CCSAQ has also demonstrated content validity, as well as reliability, with the majority of subscales having internal consistency (Mason 1995). The CCSAQ has face validity, and according to Olavarria et al. (2009), is the most comprehensive tool in terms of its coverage of U.S.-based, cultural-competency standards.

Other tools, such as those by Bowen (2004) and The Lewin Group, have been field tested at health-care facilities. Similarly, the Cultural Competency Assessment Tool has been piloted in three sites (Ethnocultural Advisory Committee of the Vancouver Ministry for Children and Families 2002). The ProMosaic™ II has undergone extensive development with practitioners, including senior leaders of major U.S corporations and diversity practitioners. However, no information is given in terms of the tool's validity and reliability. The CLCPA has also undergone extensive development with various government health agencies, but no evidence of empirical testing is provided. The ODNA instrument has demonstrated strong construct validity, while the Racial/Ethnic Diversity Management Survey demonstrated validity in testing across more than 200 hospitals in Pennsylvania.

Of the Australian tools, the Cultural Competency Self-Assessment Instrument was adapted from the Child Welfare League of America (CWLA) Cultural Competence Agency Self-Assessment Instrument, which has undergone field testing. The tool was developed in collaboration with the Aboriginal community in Victoria, but no further information on empirical testing is provided. The other Australian-based, cultural-competency tools have been developed by or in collaboration with Aboriginal organisations and health-care organisations (Mungabareena Aboriginal Corporation and Women's Health Goulburn North East 2008; Ngwala Willumbong Co-Operative 2007). The Organisational Cultural Competency Indicator (OCCI) Tool was developed in collaboration with migrant and refugee communities in Victoria, but is yet to be field tested.

### **2.2.3 Principles to guide the selection of organisational audit tools**

Six key principles were developed to guide the selection of organisational audit and assessment tools to reduce race-based discrimination and support acceptance and valuing of diversity in the workplace. These are theoretical and empirical development; operationalised domains, practicality and feasibility of implementation, context relevance, a range of response formats and moving beyond self-assessment.

#### ***Theoretical and empirical development***

One of the most important principles to guide the selection of organisational auditing tools is prioritising those tools that have a strong theoretical basis. Ideally, tools would also have undergone some level of empirical testing. Validity, which refers to the extent to which a measurement corresponds to the concept it is attempts to measure, is perhaps the most important attribute of any empirical measure (Geron 2002). Reliability refers to the consistency of measurement, including the extent to which results can be reproduced by different people or across time (Geron 2002). As noted in this review, while there are currently a number of organisational audit tools available, very few have been empirically tested.

One explanation for the current lack of psychometric data on existing tools is the difficulties in measuring complex and multi-layer concepts like cultural competency, diversity and anti-discrimination. Both the meaning of these terms and the terminology itself is complex and contested. Furthermore, there is no accepted conceptual framework for organising the multifaceted components of the term (Geron 2002).

Some of the surveys included in this review, such as those by Dahm et al. (2009) and Weech-Maldonado et al. (2002), have undergone rigorous empirical testing, in terms of quantitative, survey-based measures, such as assessment of internal reliability and test–retest scores. Organisational audit and assessment tools are very different to survey-based tools, and often are not assessable using quantitative measures of validity and reliability. What is important then is that tools are based on theory, as well as being relevant, practical and feasible.

Three of the tools included in this review, the Cultural Competency Self-Assessment Protocol (Andrulis et al. 1998), the Cultural Competence Self-Assessment Questionnaire (Mason 1995) and the Cultural Competency Assessment Scale (Siegel et al. 2002) were assessed by Olavarria et al. (2009) as consistent with the theoretical development of cultural-competency standards and indicators.

### ***Operationalised domains***

Another consideration for the selection of organisational audit tools is ensuring that they include operationalised domains. Operationalisation is the process of turning abstract concepts into observable and measurable quantities. Put more simply, operationalisation is the process of taking a concept, such as cultural competency, from theory to action (Wu & Martinez 2006). For this review, the operationalisation of cultural competency, anti-discrimination and/or diversity concepts within practice settings was a specific inclusion criterion for audit or assessment tools. A number of other located tools covered the literature comprehensively, but functioned as guides, rather than including specific items that could be assessed. As discussed above, national cultural-competency standards and indicators in Australia currently function in this manner as frameworks/guides without any significant operationalisation.

### ***Practicality and feasibility of implementation***

Another challenge for measuring concepts like cultural competence, diversity and anti-discrimination is to reliably capture its meaning in a way that is both practical and feasible to implement (Geron 2002). This includes characteristics, such as the user-friendliness of the tool and whether academic concepts have been translated into terms that are relevant to decision makers who are operating within the constraints and opportunities of their particular and unique organisational contexts.

### ***Context relevance***

There is not a one-size-fits-all audit/assessment tool that can be applied uniformly across organisations and settings (Olavarria et al. 2009). This is reflected in the tools reviewed here, which have largely been developed for a unique organisational setting (Harper et al. 2006). Even the three most comprehensive U.S.-based tools reviewed by Olavarria et al. (2009) did not cover all of the U.S. standards for organisational cultural competence. Therefore, rather than aiming for a one-size-fits-all tool, organisations can either accept the limitations of existing tools or use a combination of different tools in line with organisational contexts and objectives (Olavarria et al. 2009).

Another important consideration when considering the selection of organisational audit and assessment tools is how well tools can be transferred between national contexts. As discussed, many of the most comprehensive tools have been developed based on U.S. standards, with applicability to the Australian context yet to be determined. Cultural competency has developed rather differently in Australia when compared to the U.S.A. In particular, a number of frameworks have been developed in the context of working with Aboriginal and/or Torres Strait Islander people (Victorian Department of Human Services and Victorian Aboriginal Child Care Agency 2008), while such an Indigenous focus is not reflected in the U.S. literature.

### ***A range of response formats***

Another key principle that emerged in the selection of organisational audit tools is diversity in response format. How data are collected through the tool has important implications for the depth and breadth of information assessed and the potential for bias. The tools included in this review used a range of response formats, including Likert scales, yes/no responses, short-answer questions and a tabulated format. Some tools used all of these response formats, while for others, only Likert scales or a tabular format were used.

Tools that use a variety of response formats and include multiple methods for data collection are likely to accurately reflect actual practice. Tools that only include yes/no answers and do not provide space for further reflection or analysis may relegate the tool to a 'tick-box' assessment. There is widespread critique of such approaches and their tendency to encourage tokenistic responses to assessment (Wrench 2005). Likert scales aim to provide an indication of organisational assessment against a continuum. This may be useful for getting a better sense of where an organisational is currently placed in relation to a particular practice, and in this way, provides more detail than a simple yes/no response. Likert scales may also be used as a scoring device.

However, the criterion for assessment on a Likert scale and resultant scores are largely subjective and it is unclear exactly what a particular score indicates. Even as a summary score to assess change over time in the same organisation, such quantitative scores are limited in their ability to assess improvement in concepts as complex as anti-discrimination, cultural competency and diversity. Furthermore, Likert scales do not necessarily allow for further reflection and discussion.

Many of the tools included in this review recommend an assessment committee to administer and implement the tool. This was particularly true of those tools in a tabulated format, where the tool functions as a worksheet that guides discussion and analysis. Through an assessment committee, a number of people within the organisation are responsible for coordinating and overseeing the assessment process.

Other strategies for collecting information include a document review process, environmental scans (e.g. a walk-through of the physical environment) and interviews/focus groups with employees. The involvement of external parties can further assist this process by providing an independent evaluation of documents and data collected through the tool. For example, in an interview or focus group process, staff may be more open with an independent assessor than with a fellow employee (Ethnocultural Advisory Committee of the Vancouver Ministry for Children and Families 2002).

### ***Moving beyond self-assessment***

Another important consideration in the selection of organisational audit/assessment tools is the method of administration. Given the potential for bias, tools that go beyond self-assessment are more likely to collect accurate data. Organisational audits that move beyond self-assessment include documenting practices, processes and outcomes. With absent strong power dynamics, a committee to guide the assessment process supports multiple perspectives and is preferable to reliance on an individual staff member. Gathering data through document review or interviews/focus groups with staff also provides a broader view of the organization, while external parties may therefore play a role in reducing bias by providing an independent voice and perspective to the assessment process.

### **3. Diversity training**

Diversity-training programs are conducted by governments and the private sector in many developed nations, with such training increasingly common in Australia (Pyke 2005). Although diversity training is one of the most widely utilised strategies for managing diversity in workplaces, such training is not easily defined. Tamkin et al. (2002) note the wide variation apparent in diversity-training practice:

It would appear that people in different sectors, organisations, and even departments within organisations, and at different times (or stages of training development) use...any one of a number of terms to describe a range of activities aiming to affect awareness, attitudes and/or skills around race, racism, prejudice, culture, equal opportunities, discrimination, harassment and/or diversity. There seems to be no real evidence of consistency in terminology and course-naming conventions (Tamkin et al. 2002: 11).

The rationale and setting of diversity training differs in each national context. In the U.S. (where much of the literature in this area originates), diversity-training approaches are framed by a history of slavery, civil rights and more recent migration from Latin America. In the recent Australian context, policy efforts to 'close the gap' in Indigenous health and social outcomes have promoted the use of diversity training in a range of settings.

More specific contextual factors relevant to any particular training program also vary considerably. Such factors include duration, location, content, delivery methods, mix of majority/minority group participants and extent of previous diversity-training experience among participants, as well as trainer experience and demographics. Delivery methods may include lectures, video and film, small group discussions, role plays, case studies and critical incidents (Sanson et al. 1998).

While the nature of diversity training varies greatly, certain shared goals have been established. It is commonly recognised that diversity training affects cognitive, skill-based and emotional 'learning domains' (Hill & Augoustinos 2001; Johnstone & Kanitsaki 2008; Kulik & Roberson 2008; Kraiger, Ford, & Salas 1993). Cognitive learning outcomes refer to knowledge of facts, rules, principles or procedures, such as knowledge about diverse cultural groups (Kraiger, Ford, & Salas 1993) or an understanding of how stereotyping and social categorisation influence attitudes and behaviours (Kulik & Roberson 2008).

Skill-based learning refers to behavioural competence in performing a task, the linking of behaviours in an organised way and the capacity to modify learning behaviours to new task settings (Kraiger, Ford, & Salas 1993), including communication, teamwork and conflict-management skills (Kulik & Roberson 2008). Emotional learning outcomes can include attitudes, preferences and motivational tendencies (Kraiger, Ford, & Salas 1993) towards other racial, ethnic, cultural or religious groups or towards diversity in general. It may also include more specific attitudes towards particular minority groups, such as Indigenous people (Kulik & Roberson 2008).

Reviews of diversity training have found that, in general, it has a positive impact on participants (Beach 2006; Paluck 2006; Kulik & Roberson 2008; Chipps, Simpson, & Brysiewicz 2008; Bhawuk & Brislin 2000; Black & Mendenhall 1990; Littrell & Salas 2005; Shapiro 2002). However, it cannot be assumed that diversity training will reduce racism, as such training can have unintended negative consequences, as discussed below. Moreover, determining the effective 'ingredients' of diversity training is difficult, given the heterogeneity of curricular content, methods and evaluation strategies.

The literature has also established that diversity training is unlikely to have sustained positive effects if implemented in the absence of broader organisational-accountability mechanisms or organisational leadership (Kalev, Kelly, & Dobbin 2006; Bendick, Egan, & Lofhjelm 2001; Paradies, Chandrakumar, Klocker, Frere, Webster, Burrell et al. 2009). Even if individual attitudes or behaviours change positively as a result of diversity training, the effects are likely to be short lived if organisational structures and policies have not adapted to reflect non-discriminatory norms. A study of diversity practices within 708 US private sector workplaces between 1971 and 2002 found significant increases in managerial ethical and racial diversity through structures that establish responsibility (action plans, strategic committees, dedicated positions, networking and mentoring), and only in the context of such structures was diversity training found to be effective (Kalev, Kelly, & Dobbin 2006). Specifically, management/leadership support increases the sustainability and success of diversity programs by legitimising such initiatives and creating a culture that is committed to diversity (Hite & McDonald 2006; Wentling & Palma-Rivas 1998).

### **3.1 Diversity-training approaches**

Diversity training can be categorized in terms of teaching approach (didactic vs. experiential), content (about general culture vs about specific cultures) and the nature of training goals: cognitive, emotional or behavioural (Bennett 1986; Gudykunst & Hammer 1983). Following a study by Tamkin

et al. (2002) of 872 U.K. workplace programs, *Building on our strengths* broadly categorises diversity programs based on their intended outcome:

- increased knowledge through information provision (with subsequent assumed changes in attitudes and behaviour)
- specific active and direct approaches that result in attitudinal change
- specific active and direct approaches that result in behavioural change.

### ***Improving knowledge***

Ignorance has long been blamed as a the root of prejudice (Stephan & Stephan 2001). Most people are fair, it is thought, but can engage unintentionally in race-based discrimination through ignorance about both minority cultures and the extent/effect of racial discrimination (Abell, Havelaar, & Dankoor 1997). Thus, providing accurate information (also referred to as ‘myth busting’ or ‘dispelling false beliefs’) is seen as one approach to enhancing awareness of inappropriate past behaviour, increase tolerance of those from minority groups and adjust peoples’ behaviours at work (Young 1999). Cultural-awareness training, also known as information training (Abell, Havelaar, & Dankoor 1997), intercultural, cross-cultural and multicultural training (Paradies, Chandrakumar, Klocker, Frere, Webster, Burrell et al. 2009) utilises ‘fact-centred’ approaches to combat such ignorance. Aspects of culture that may be addressed include history, health, beliefs, knowledge and practices around such things as diet, pain, death and dying, fertility, birth and child rearing, as well as lived experiences of institutionalised discrimination and related disparities in health and health care (Johnstone & Kanitsaki 2008).

Most organisational diversity training emphasises awareness raising/information provision (Wheeler 1994). It appears that the bulk of workplace diversity training in Australian Government and community sector organisations incorporate knowledge-raising approaches (Bean 2006). Mouron-Allen and Rockwell (1999) surveyed professional diversity trainers, and found that 83% of respondents identified heightened awareness as their primary objective in designing and administering diversity-training programs. Because it is inexpensive, simple to conduct (Bhawuk & Brislin 2000) and can be used in a wide variety of organisational contexts (Flynn 1998), cultural-awareness training may be seen as particularly easy, in comparison to training that focuses on changing attitudes or improving skills (Roberson 2003).

Dovidio et al. (2004) argue that fostering knowledge and understanding of minority groups can address race-based discrimination in at least three ways:

- with more information about others, people may be more likely to personalise them and see them as fellow human beings
- greater knowledge of others may reduce uncertainty about how to interact with them, which can reduce the likelihood of avoidance and reduce discomfort and anxiety during interaction
- greater understanding of historical background or increased knowledge about racism and prejudice may reduce bias by recognising injustice.

Two meta-analyses conducted by Smith et al. (2006) showed that interventions focused on information provision, which were based on an explicit theoretical model, yielded outcomes nearly twice as beneficial as those that included no information on their theoretical basis. Although the impact of such training was negligible in some studies, none of the 82 studies reviewed found an overall negative effect (Smith et al. 2006).

Originating in the health sector, cultural-competency training is a form of diversity training that promotes knowledge of one's own biases. Cultural awareness forms one element of cultural competence. Chipps et al. (2008) define cultural competence as 'becoming sensitive to the values, beliefs, lifestyles, and practices of clients and identifying one's own biases and prejudices through self-examination and in-depth exploration'. Similarly, Webb, and Sergison (2003) note that cultural competences relates to 'an evolving process that depends on self reflection, self awareness, and acceptance of differences, and is based on improved understanding as opposed to an increase in cultural knowledge'.

Chipps et al. (2008) systematically reviewed cultural-competence training programs for health professionals. The most common outcome reported across the five identified studies (Smith 2001; Cooper-Braithwaite 2005; Majumdar et al. 2004; Thom et al. 2006; Wade & Bernstein 1991) was knowledge gain. Only one of the five studies, that of Thom et al. (2006), failed to show significant changes in knowledge. According to Chipps et al. (2008), the validity of this result was undermined by high attrition rates. Majumdar et al. (2004) found that cultural-diversity training improved knowledge and yielded positive health outcomes for patients. Their study followed 114 health-care providers in a randomised, controlled trial for 18 months.

The training resulted in increased open-mindedness and cultural awareness, improved understanding of multiculturalism and the ability to communicate with minority patients. After 1 year, patients showed improvement in utilising social resources and overall functional capacity, without an increase in health-care expenditure.

A systematic review of diversity-training literature by Kulik (2008) found that nine of 12 studies assessing the impact of training in organisational settings reported increasing knowledge. Three studies that assessed knowledge at more than two points in time indicated that at least some knowledge gains were maintained 3–12 months after the training. In this case, such knowledge related to learning about the experiences, customs and cultures of different groups, as well as process understanding (e.g. how stereotyping and social categorisation influence attitudes and behaviour) and organisation-specific content about diversity-related, strategic initiatives.

Beach et al. (2006) found that 17 of 19 cultural-competency interventions for health professionals increased provider knowledge. This included both training that focused on general cultural concepts (such as the impact of culture on the patient–provider encounter or the ways in which provider ignorance can adversely impact patients) and those that tested knowledge of specific cultures. However, following an intervention that taught specific cultural information, one study in the review demonstrated that students were more likely to believe that Aboriginal people were all alike (Copeman 1989).

The National Rural Faculty, Royal Australian College of General Practitioners (NRFRACGP) (2004) surveyed 104 organisations across Australia regarding the provision of cultural-competence training to general practitioners and reported that training resulted in increased knowledge and understanding/awareness, as well as high satisfaction levels.

Studies focused solely on either: (1) characteristics of minority cultures; or (2) racism, privilege, power and oppression have also shown increases in participants' knowledge in these two respective areas (Johnson 2009).

In Australian research, Barlow et al. (2008) found that providing accurate information significantly reduced false beliefs, but did not alter prejudice levels, while Hill and Augoustinos (2001) found no change among participants in a cultural-awareness training program that aimed to increase knowledge among health-care professionals of Aboriginal Australian history, circumstances and local needs.

A study by Reimann et al. (2004) found that knowledge of cultural factors per se and simple exposure to other cultural groups in practice did not directly facilitate culturally-competent care. Instead, such care occurred when participants were more reflexive and recognised both cultural factors and awareness of personal biases.

Programs that focus solely on the characteristics of minority cultures risk heightened stereotyping and the entrenchment of cultural identities in static forms (Walcott 1997: 122). Pettman (1988a) argues that cultural-awareness training that focuses on Indigenous peoples in Australia has been criticised for accentuating 'otherness', in an attempt to understand 'them' better. An emphasis on Indigenous people as 'other', in relation to the dominant non-Indigenous population, results in the reinforcement of who is able to tolerate and who is able to be magnanimously tolerated, despite their 'otherness' (Hollinsworth 2006a; Colvin-Burque, Zugazuga, & Davis-Maye 2007; Hage 2003). Williams and Harris (2010) argue that awareness-raising programs that emphasise differences between cultures may lead to minority groups being blamed for their disadvantage (i.e. 'victim blaming').

Furthermore, the cultural 'simplicity and knowability', encouraged by programs focusing solely on cultural differences, promote the false ideal of 'mastery' of different cultures (Walcott 1997:122). Highlighting this risk, a woman interviewed in a study by Fredericks voiced her concern that health workers who attend cultural-awareness training are led to feel a false sense of 'cultural knowledge', stating that participants 'just go off for a 2-day training course and have a piece of paper to say I know everything there is to know about Murri stuff now' (Fredericks 2008: p. 90). Those who believe they have mastery of such 'cultural knowledge' are in danger of understanding clients in a very superficial and inaccurate manner (Gross 2000).

While the potential risks of cultural awareness must be considered, cultural differences should not be ignored entirely. The strategy of colour blindness, in which racial categories are not 'seen', is associated with increased racism, increased stereotyping and generalization and unfriendliness (Norton & Sommers 2006; Richeson & Nussbaum 2004; Vorauer et al. 2009; Wolsko et al. 2000). Thus, approaches to diversity training should not over-emphasise differences or commonalities between groups (see also the section below on key principles). Rather than simply emphasising the cognitive aspect of traditions, cultures, customs and values, programs are most effective when they aim to enhance awareness of racial discrimination and the complex power relations that are embedded in contemporary and historical structures and processes in society (Hill & Augoustinos 2001; Mansfield 1994; McGregor 1993).

Hollinsworth (2006) delineates between three types of education that aim to raise awareness of the mechanisms that contribute to racism and prejudice: racism-awareness training, anti-racism strategies and social justice strategies. Racism-awareness training is implemented with the understanding that individual 'white' racists are the problem, whereas anti-racism strategies focus on the power relationships embedded in institutions and on the discourses that reproduce and legitimate those relations. Social justice strategies also focus on underlying institutions and structures, but see racism as just one of many forms of social exclusion that rationalise and justify inequality.

During recent years, the notion of 'white privilege' has been theorised, with increasing influence on diversity-program content. Whiteness is viewed as the invisible norm against which racial/ethnic minorities are evaluated, judged and often found to be lacking, inferior, deviant or abnormal (Frankenberg 1993; Sue 2006). McIntosh (1990) asserts that the beliefs and practices reinforcing white privilege are 'an invisible package of unearned assets'. Similarly, Poteat and Spanierman (2008) note that as a result of their racial identity, white people have greater access to resources and the power and position to define rules, norms and world views.

Making whiteness visible and challenging white privilege are seen by some scholars as critical to addressing racism (Frankenberg 1997; Helms 1990; Bonnett 2000). Anti-racism trainers typically aim to encourage white people to shift their thinking of racism from something individual, malicious, overt and possibly exaggerated by minority groups, to seeing it as a pervasive reality that they themselves have a responsibility to address (Miller & Harris 2005).

### ***Changing attitudes***

Providing accurate information is one approach to attitude change (Nelson, Acker, & Manis 1996; Batterham 2001; Pedersen & Barlow 2008). Research has shown that negative stereotypes and accompanying high levels of prejudice are often influenced by false beliefs that people hold about particular groups, and can therefore be countered by accurate information about such groups (Paradies, Chandrakumar, Klocker, Frere, Webster, Burrell et al. 2009). However, prejudice is largely underpinned by emotions (Talaska, Fiske, & Chaiken 2008) and a biased interpretation of information and experience, which both serve to maintain or strengthen entrenched beliefs, despite evidence to the contrary (Dovidio et al. 2004). As a result, giving factual information can fail to create attitudinal change.

The effectiveness of information dissemination depends on the degree to which people are committed to their views. If individuals have strong negative attitudes along with a strong commitment to the associated beliefs, they may not benefit from awareness training. Conversely, those who are weakly committed to their views are more likely to learn from new information, which may then lead to attitude change (Roberson 2003).

Programs aimed at changing attitudes can also attempt to directly challenge the conscious and unconscious stereotypes and prejudices that contribute to race-based discrimination (Paradies, Chandrakumar, Klocker, Frere, Webster, Burrell et al. 2009). These programs attempt to demonstrate how subtle forms of historical beliefs pervade cultures and systems in which people work (Paradies, Chandrakumar, Klocker, Frere, Webster, Burrell et al. 2009).

Some studies have shown increases in the perceived importance or value of diversity following diversity training in organisational settings (Abernethy 2005; Chudley et al. 2007; Ellis & Sonnenfeld 1994). Diversity training can also improve racial attitudes (Choi-Pearson, Castillo, & Maples 2004; Fitzpatrick & Gillies 2000; Hill & Augoustinos 2001; Johnson 2009), with changes in attitude remaining after 3 months in some studies (De Meuse et al. 2006; Thomas & Cohn 2006). Mixed effects on attitudes towards particular demographic groups have been noted (Kulik & Roberson 2008). A meta-analysis conducted on the effectiveness of multicultural training for police found that police officers who received multicultural training exhibited 16% less racial prejudice in comparison to control groups (Ungerleider & McGregor 1993). Where such information was available, it appears that successful programs focused either on increasing knowledge of the history and impact of racism, privilege, power and oppression (including one's own cultural values and assumptions) alone or in combination with information about minority cultures.

In contrast, Baba and Hebert (2005) assessed the results of a cultural-awareness/diversity-training program administered to former inmates as part of a post-release program in California. The results indicated that participants became more aware of negative intergroup relations and expressed a greater degree of comfort in persons of their own race/ethnicity as a result of the course, with no significant change in participants' attitudes to other groups.

Another study, which produced mixed results, was a review that assessed teacher-training courses across 19 studies (McGregor & Ungerleider 1993). The review found that participants displayed less discriminatory attitudes and beliefs than almost 60 per cent of those who did not participate in the training.

However, the potentially-negative impact of diversity training was highlighted by the fact that 15 per cent of participants showed an increase in discriminatory attitudes and beliefs (McGregor & Ungerleider 1993).

Encouraging participants to reflect on their own racial, ethnic, cultural or religious identity is another approach to changing attitudes (Dass-Brailsford 2007). Challenging the incompatible beliefs that people may hold is a common self-reflection strategy. Psychologists use the terms 'cognitive dissonance' or 'value discrepancy' in reference to the sense of psychological discomfort people feel when their stereotypes and prejudices are shown to be inconsistent with their values or principles (Paradies, Chandrakumar, Klocker, Frere, Webster, Burrell et al. 2009). Highlighting the disjuncture between egalitarianism and race-based discrimination, for instance, can be effective. For example, if people realise that their negative attitudes towards Muslim Australians do not fit with their belief in 'a fair go for all', those negative attitudes may shift (Paradies, Chandrakumar, Klocker, Frere, Webster, Burrell et al. 2009).

Approaches aiming to address attitudes of white people through reflection can involve an examination of white privilege. Such discussions are associated with evoking highly-charged reactions among participants (Lucal 1996; Mio & Barker-Hackett 2003). Discussion, and a greater awareness of white privilege, has been associated with higher levels of personal guilt (Case 2007; Pinterits, Poteat, & Spanierman 2009; Spanierman & Heppner 2004), guilt about the existence of racism (Swim & Miller 1999) and collective guilt (Branscombe, Schmitt, & Schiffhauer 2007). Feelings of collective guilt (Halloran 2007; McGarty et al. 2005; Powell, Branscombe, & Schmitt 2008) and moral outrage (Barlow, Louis, & Pedersen 2008) have, in turn, been associated with reduced prejudice. Empathy among white people has also been associated with higher levels of guilt and lower levels of fear (Poteat & Spanierman 2008), which has, in turn, been linked to an increased awareness of racism (Poteat & Spanierman 2008). With considerable evidence that empathy is associated with reduced prejudice (Paradies et al. 2009), it is notable that collective guilt and empathy are strongly correlated (Pedersen et al. in press).

However, exposing white privilege and encouraging collective guilt in anti-racism training can have undesirable effects. White students may disengage from training, as they become overwhelmed with discussions of race (Slocum 2009; Pack-Brown 1999; Utsey 2005). Such approaches also run the risk of erroneously portraying racism as something primarily, if not exclusively, perpetuated by whites (Von Bergen, Soper, & Foster 2002). This propagates a 'we-them' perspective towards difference that is simplistic and binary (Gosine 2002: 96) and can create an atmosphere of alienation and bias against white people (Von Bergen, Soper, & Foster 2002: 243).

White participants may consequently avoid interracial contact due to increased anxiety (Gaertner & Dovidio 1986), deny their race completely or resist learning about race and racism after being labelled an 'oppressor' (Miller & Harris 2005). Alternatively, they may re-characterise their self-concept in terms of an identity that has less focus on anti-racism and egalitarian values (Doosje, Ellemers, & Spears 1999; Slocum 2009).

According to Lynch (1994: 34), the field of diversity training is 'rife with stories of blowups' occurring from anti-white exercises. During one simulation exercise, several senior executives stormed out after being told to sit on the floor as members of the 'oppressed group'. Jane Elliott's *Blue Eye* program is a popular racism-awareness training program that has also produced negative outcomes. The program aims to give white people an opportunity to find out how it feels to be 'oppressed' by creating a situation in which participants experience discrimination themselves, and therefore feel its effects emotionally, not intellectually. In this way, participants' own emotions are used to make them feel discomfort, guilt, shame, embarrassment and humiliation. Stewart and La Duke et al. (2003) found that college students who had participated in a blue eyes/brown eyes exercise reported anger with themselves when they engaged in prejudiced thoughts or actions. Such an effect can be helpful in the short term, but if individuals cannot move beyond anger at themselves to empathy and/or moral outrage, they are at risk of falling back into an even stronger identification with and defence of their privileged position (Stewart et al. 2003; Tatum 1997).

Although exploration of white privilege in pedagogy is increasingly common in Australia and elsewhere (e.g. Green & Sonn 2005), training programs that address white privilege have shown mixed results to date (Boatright-Horowitz 2005; Johnson et al. 2009).

### ***Changing behaviours***

Programs that focus on behavioural change have developed partly in response to increasing criticism of cultural-awareness training (Roberson 2003). In the health sector specifically, training that focuses directly on practice, skills and efficacy is generally based on notions of 'cultural safety' (Williams 1999) or 'cultural security' (Farrelly & Lumby 2009). The Canadian National Aboriginal Health Organisation outlines two objectives for cultural safety training. First, attitudes that may consciously or unconsciously exist towards cultural/social differences in health care should be identified. In addition, attitudes should be transformed by tracing them to their origins and seeing their effects on practices through reflection and action (Canadian National Aboriginal Health Organisation 2006).

A systematic review of 34 diversity-training programs among health-care providers found evidence that cultural-competence training improves the skills of health professionals (Beach et al. 2005). All of the 14 studies that evaluated skills demonstrated a beneficial effect. Kulik and Roberson (2008) reviewed two diversity-training programs that increased participants' intentions of engaging in positive diversity behaviour, while Wade and Bernstein (1991) found that training increased participants' skills in identifying cultural factors in clinical cases following a 4-hour cultural-sensitivity course. Williams (2005) found that a 3-hour diversity-training course had positive effects, as perceived by clients, while De Meuse et al. (2006) found that positive gains in skill were maintained 3 months after a diversity-training course. General practitioners in Australia reported improved confidence in negotiating health-management plans and networking with Indigenous people after a cultural safety-training program (Reath & Pow 2008).

Thomas and Cohn (2006) assessed a program aimed at developing communication skills for nurses and midwives to handle difficult and sensitive situations in their daily practice. The program focused on multi-racial, multicultural and multi-religious issues, and sought to break down institutionalised intolerance in health-care practice. Results found a sustained level of confidence in dealing with communication situations, both 3 months and 6 months after the program. The communication skills used most frequently by participants, as indicated in the post-course surveys, were improved listening, showing empathy, taking a non-judgmental approach, enhanced awareness of others, as well as awareness of their own non-verbal communication. Case studies, practical exercises and role-plays using actors as simulated patients were noted as effective in helping participants learn and practice communication skills in a safe environment.

Reimann (2004) investigated predictors of culturally-competent actions towards Mexican Americans among 134 physicians, finding that culturally-competent actions are strongly influenced by recognition of cultural factors and awareness of personal biases. While exposure to information about trends, cultures and shared history contributed to such awareness, this information in itself did not predict competent actions (Reimann et al. 2004).

One study reported a negative effect on differential treatment of co-workers following a 1-day mandatory diversity awareness-training session attended by 125 managers in county government (Sanchez & Medkik 2004).

### **3.2 Key principles of diversity training**

Successful diversity training requires a balanced focus on awareness, attitude and skills. All three outcomes are interrelated, and it is recommended that each are addressed in a mutually-reinforcing manner. In particular, providing information about minority groups can have negative outcomes when used in isolation. In certain cases, while such a strategy may reduce false beliefs, it may not reduce prejudice. Furthermore, cultural-awareness training and similar approaches run the risk of reinforcing/creating negative stereotypes, homogenising and essentialising minority groups.

Information provision, in conjunction with self-reflection/exploration and skills learning, has the potential to be effective (Pedersen, Walker, & Paradies in press). The focus should not be solely on cultural differences, but should also encourage enhanced awareness of the self and of the processes that contribute to racism and prejudice. Awareness can help participants to understand what diversity means and why it is important, while skills training provides the specific information needed for behavioural change (Roberson 2003).

Loudin (2000) suggests that at least half of a training program should be devoted to raising awareness of people's thoughts about difference as a necessary precursor to behaviour change. Furthermore, training programs that combine cognitive and behavioural techniques, by simulating critical incidents or exploring alternative response strategies, result in better assimilation of information (Kealey & Protheroe 1996).

It is important to identify the principles of diversity training that contribute to positive outcomes. Similarly, it is also necessary to understand what approaches to diversity training result in unintended negative outcomes. Very little detail is provided in relation to the content of diversity training referenced above. Even where such detail is available it is unclear at present what particular elements of a diversity-training course are effective, ineffective or potentially dangerous under which conditions for what type of participant.

Given that knowledge in this area is still indicative, rather than definitive, the following section outlines a number of principles of relevance to diversity-training strategies:

- address both differences and commonalities
- white privilege
- action-oriented learning/reflective thinking
- perspective taking
- role-playing
- free discussion/dialogue
- a supportive environment
- multidisciplinary approaches
- facilitator characteristics
- confrontation
- group heterogeneity
- voluntary participation
- tailored training
- knowledge transfer
- length and reinforcement.

### ***Addressing both differences and commonalities***

As previously mentioned, training that focuses only on the characteristics of minority groups risks producing negative outcomes (Walcott 1997; Pettman 1988a; Colvin-Burque, Zugazuga, & Davis-Maye 2007; Hill & Augoustinos 2001; Reimann et al. 2004). Similarly, training that encourages the acceptance of 'others', by emphasising commonalities with the majority group, risks promoting assimilation (Donovan 2008).

Thus, such approaches should be implemented in conjunction with a focus on the individual, societal and structural mechanisms pertaining to racism and prejudice. It is important to address issues relating to both diversity and commonality, both between and within groups (Paradies, Chandrakumar, Klocker, Frere, Webster, Burrell et al. 2009; Pedersen, Walker, & Paradies in press). Both diversity and commonality are required to give a balanced perspective, and to help to effectively de-centre the 'mainstream' as the implicit norm against which all groups are compared (Pedersen, Walker, & Paradies in press).

### ***White privilege***

While negative feelings can be helpful in certain situations, exposing white people to issues of white privilege may induce guilt, humiliation, sadness, shame and embarrassment, which has been found to result in negative effects (as outlined above). White people should not be characterised solely in a negative light or portrayed as inherently racist. Similarly, evidence of racism committed by 'non-whites' should be acknowledged as valid and discussed, rather than ignored or denied. Locke and Kiselica (1999) also highlight the importance for educators to 'supportively confront' students of colour and other individuals with their own experiences of privilege. Stressing that we all enjoy privilege at some level, using an article by Peggy McIntosh (1989), is one approach to examining white privilege.

### ***Action-oriented learning/reflective thinking***

Learning that involves active participation (referred to as action-oriented learning or reflective thinking) is an effective way of approaching the complexity of issues involved in cultural awareness, prejudice and belief systems (Duckitt 2001; Jakubowski 2001). Action-oriented learning can provide a vehicle for moving forward to support and challenge the learner and encourage development (McGill & Beaty 1992). Action learning may involve relating, experimenting, exploring, re-interpreting from different points of view or within different contexts, theorising and linking theory with practice (Moon 1999). Activities that promote such learning include role-plays, worksheets, quizzes, debates, group discussion and short presentations.

Juarez et al. (2006) assert that a structured but participatory curriculum, where participants provide input into learning activities (such as selecting topics for panel discussions) ensures consistency over time, maintains participant interest and creates meaningful outcomes. Similarly, Buhin and Vera (2009) note the importance of problem-based and interactive learning, in allowing ample opportunity to reflect on course content.

### ***Perspective taking***

Approaches that change people's perspectives can lead to an appreciation of the contextual factors (above and beyond personal characteristics) that result in disadvantage (Vescio 2003). Perspectives that involve both imagining how one would feel in another person's situation (Findlay and Stephan

2000) and focusing on the feelings of another (Vescio 2003) are effective in reducing racism (Findlay & Stephan 2000; Vescio 2003).

### ***Role-playing***

By participating in role-playing activities, participants can demonstrate or vicariously experience prejudice and discrimination (McGregor 1993). Role-playing can be effective, as it involves active interaction between (and targets the feelings of) participants. In addition to dramatizations, students can physically act out an unfamiliar role or engage in a forced-compliance situation, where they recognise the other point of view, and may begin to question their own through supporting a position they oppose, either in writing or orally (McGregor 1993). Discussions of equality and freedom can also demonstrate inconsistencies between the values held and students' existing attitudes or behaviours (discussed above as 'cognitive dissonance' or 'value discrepancy'). Historical material can also be used to induce self-insight and demonstrate inconsistencies in values and attitudes over time.

Thomas and Cohn (2006) assessed a training program that employed professional actors to be simulated patients in practical exercises and role-plays. This strategy was developed as a means of creating reality for participants to learn and practice communication skills. Participants showed increase in confidence in dealing with challenging patient situations which was sustained 6 months after the course.

When implementing role-plays, facilitators should attempt to dispel unintended victimisation of minority groups, and should be prepared for reluctance to participant and difficulty in recognising situations requiring empathy (Kehoe 1981; McGregor 1993).

### ***Free discussion/dialogue***

Many have advocated for the use of free discussion/dialogue in diversity-training courses (Gamble 1999; Jakubowski 2001; Gany & Thiel de Bocanegra 1996; Buhin & Vera 2009). Free discussion/dialogue incorporates both interactive and reflective learning approaches. Buhin and Vera (2009) assert that discussion should be open and frank, while Locke and Kiselica (1999) argue that free discussion is an effective way to introduce notions of privilege and power. A training program that placed emphasis on free discussion demonstrated positive change in both participants' knowledge and attitudes (Gany & Thiel de Bocanegra 1996).

### ***A supportive environment***

The importance of creating a space of trust, support, acceptance and respect has also been noted (Baron 1992; Kobayashi 1999; Burgess et al. 2007; Buhin & Vera 2009). People are often motivated to appear non-prejudiced to avoid negative reactions from others (Devine & Plant 2002). However, the suppression of prejudice should not be encouraged, as this can have a paradoxical effect. In many cases, the suppression of prejudice leads to increased prejudice. When people feel forced to suppress expression of prejudice as a result of situational constraints, this may decrease a person's sense of freedom and lead to greater prejudice over time (Plant & Devine 1998, 2001). It is important that participants have confidence in the support available to them so that they can genuinely explore their beliefs and feelings.

### ***Multidisciplinary approaches***

Multidisciplinary approaches and multimedia formats can be employed to encourage discussion and reflection (Cohen 1995; Gamble 1999). Films are a particularly useful method of disseminating information, provoking reflection and presenting a 'personal face on racism' (Gamble 1999). A study by Thomas and Cohn (2006) used videos to trigger discussion about potentially-problematic situations, successfully improving the knowledge and skills of participants (Thomas & Cohn 2006). Because it isn't 'real', fiction may also be a safe way of discussing challenging and sensitive issues (Gamble 1999). Moreover, as effectiveness of any one approach will vary for each individual participant, it is advisable to utilise a variety of engaging formats.

### ***Facilitator characteristics***

Reactions towards the diversity trainer/facilitator influence participants' learning and transfer of knowledge, attitudes and skills into the workplace, with participants who have more favourable reactions to their diversity trainer exhibiting greater cognitive and affective learning (Holladay 2004). Some have noted the need for trainers/facilitators to avoid an authoritarian style (Kobayashi 1999; Karp & Sammour 2000), and should instead encourage the group to set the guidelines for appropriate behaviour throughout the entirety of the course (e.g. 'ground rules'). Participants are then able to take responsibility for themselves and will be less inclined to resist the trainer when they encounter challenging topics (Karp & Sammour 2000). Furthermore, facilitators should remain neutral (Gamble 1999), but should not leave emotional issues unaddressed (Cohen 1995; Kobayashi 1999).

Participants' reactions to the trainer/facilitator were dependent on their race and gender. Specifically, individuals in the study rated the black male trainer most favourably (Holladay 2004). Research conducted within the U.S. government suggests that pairs of diversity trainers that differ in terms of ethnicity or gender produced significantly more learning among participants than homogeneous trainer pairs (Hayles 1996). Trainers should not be selected solely on the basis that they either represent or are advocates for a particular minority group.

### ***Confrontation***

Roberson (2003) argues that in order to prevent backlash, techniques that aim to 'confront' participants should be employed with caution. If an organisation is hiring an outside trainer to conduct a short-term, once-off diversity-training program, confrontation may be not only inappropriate, but damaging. Examples of such elements include encouraging employees to directly confront one another on issues surrounding race, or deliberately creating 'unsafe' situations, in which participants are targeted because of their race. It is thought that by employing these techniques, participants will be 'shocked' into changing their attitudes and subsequent behaviour. Confrontation may be appropriate if trainers are trusted insiders who are familiar with the participants and who will be available to conduct follow-up sessions.

### ***Voluntary participation***

Those who do not volunteer for diversity training may be more resistant to change than those who do (Castillo et al. 2007). However, the influence of the compulsory vs voluntary nature of training has been the subject of very little research. One review noted that two out of four studies assessing training programs that were mandatory reported negative effects (Kulik & Roberson 2008). Baba and Hebert (2005) found that compulsory participants had reduced comfort with culturally-different others, while Sanchez and Medkik (2004) found an adverse effect of compulsory diversity training on differential treatment. However, an evaluation of a compulsory, cross-cultural awareness program for employees of the South Australian Courts Administration Authority by Hill and Augoustinos (2001) found positive results with regards to knowledge and attitudes. No negative outcomes were reported across 27 studies assessing voluntary programs (Kulik & Roberson 2008).

### ***Group heterogeneity***

There has been considerable discussion of the relative advantages of diversity-training groups that are heterogeneous (Ellis & Sonnenfeld 1994) vs homogenous (Allen 1995; Katz 1978; Roberson, Kulik, & Pepper 2001) in relation to racial, ethnic, cultural and/or religious backgrounds. Roberson et al. (2001) found that, as an independent factor, training group composition does not influence diversity-training outcomes. However, the results provided evidence that heterogeneous training groups are most effective for participants with no diversity-training experience, while homogenous training groups are most effective for participants with some prior diversity experience.

### ***Tailored training***

Diversity training has been criticised for its lack of attention to the specific needs of organisations and their employees. Thayer (1997) asserts that most diversity-training programs are implemented without an analysis to determine existing attitudes. Geographical differences in racist attitudes and beliefs (Forrest & Dunn 2007; Pedersen et al. 2000; Markus & Dharmalingam 2008) suggest that both individual and locational differences in attitudes and beliefs should be taken into account, as strategies that are useful in one context may not be useful in another (Pedersen, Walker, & Wise 2005). Successful programs are tailored to each organisation and are linked to operational goals (Bendick, Egan, & Lofhjelm 1998). Therefore, needs assessment, including organisational, operations and person analyses, are critical to training design (Roberson 2003). Questions to include in needs assessment (Roberson 2003) include:

- What is the organisations' motivation for initiating change efforts?
- What are employee attitudes towards diversity and how strongly are those attitudes held?
- Is the training proactive or reactive?
- Are resources available to provide sufficient practice time and reduce cognitive load on critical tasks?
- Are there inconsistencies in participant attitudes/beliefs and behaviours?
- Are sufficient resources available to develop and maintain a long-term relationship between the trainer and participants?
- Will the training be conducted by organisational outsiders or insiders?
- How much previous exposure to diversity issues have participants had?
- How familiar are the participants with one another?
- What are the participants' current levels of trust?

As discussed above, the ODNA is an example of a tool designed to inform the development and tailoring of diversity training (Dahm et al. 2009).

### ***Knowledge transfer***

It cannot be assumed that positive outcomes from diversity training will lead to decreased racism in the workplace, as training that appears to produce positive outcomes frequently fails to lead to changes back in the workplace (Hesketh 1997). Latham (1997) proposed that goal setting and mental rehearsal increases the transfer of knowledge, skills and attitudes to the workplace, in that it enhances participant self-efficacy. Similarly, Noe et al. (1990), in line with social learning theory, argue that mental rehearsal increases transfer behaviour, as it facilitates retention of learning and use of skills.

Individual, self-directed learning that enables people to progress at their own pace in the privacy of their own office or home can also be a useful strategy. Regardless of whether or not group-based activities are conducted in a 'safe' space, not all people are able to interact effectively in a group. An individualised approach, such as a computer-based resource, may consolidate, refresh or expand learning and assist behaviour change within the workplace. Moon (1999) suggests that writing creates time for reflection, organises and clarifies thoughts, focuses attention, captures ideas for later consideration and sets up a feedback system that promotes behaviour change.

### ***Length and reinforcement***

Although it has been suggested that diversity-training programs that are longer, rather than shorter (McGregor 1993; Duckitt 1992), and occur multiple times throughout the year (Roberson, Kulik, & Pepper 2001) are most likely to be most effective, such courses tend to be short and are rarely repeated (Taylor et al. 1997). Pedersen et al. (in prep) argue that anti-prejudice interventions are best run over the medium to long term, as there needs to be time for in-depth analysis and reflection on feelings of denial and resistance that may occur in the initial stages. Gould (2000) suggests that success in changing either a behaviour or an attitude comes in only small increments, and that actual changes occur over long periods with repeated reinforcement. While this may be supported in theory, the results to date are mixed.

Johnson (2009) found that the racial attitudes of individuals participating in an anti-racism workshop were influenced over 2.5 days. Conversely, Baba and Hebert (2005) assessed a course that consisted of 4 hours of training per week over an 8-week period. Despite its relative length, the results of the course were negative; the participants were more aware of negative intergroup relations and expressed a greater degree of comfort in people of their own race/ethnicity. The courses included in a review by Beach et al. (2005) were relatively short. Of the 34 evaluated interventions to improve cultural competence, 11 were less than 8 hours in duration, five were between 1 to 5 days, and nine were greater than 1 week. Beach et al. (2005) conclude that both shorter- and longer-duration interventions appear effective. However, a review by Ungerleider and McGregor (1993) found that multicultural-training programs that were longer produced a greater reduction in prejudice.

### **3.2.1 Summary of principles**

#### ***Do's***

- Aim to enhance the three central learning outcomes: awareness, attitudes and skills.
- Focus on both cultural awareness and issues relating to racism and power.
- When addressing racism, power inequalities and whiteness, focus on both interpersonal and systemic racism.
- Encourage self-reflection.
- Emphasise both commonality and diversity.
- Discussions of white privilege are important, but should be used with caution.
- Allow ample opportunity for reflection on course material during the course.
- Complex or difficult issues should be addressed.
- Use perspective-taking approaches.
- Encourage participation in role-plays.
- Ensure the atmosphere in which discussion takes place is open and safe, and provide ample time to address complex issues.
- Use confrontation with caution.
- Utilise a diversity of media formats in course material.
- Employ facilitators who are qualified and experienced.
- Facilitators should remain neutral, informal and address emotional issues.
- Facilitators should encourage students to take responsibility for their learning (e.g. allowing them to establish ground rules).

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- Facilitators should be willing to act as a mentor after training.
- When working in pairs, choose facilitators that are from differing cultural backgrounds.
- Consider whether participants volunteered or were required to attend, and the possible implications.
- Organisations need to be clear about what they want to achieve through diversity training.
- Conduct a needs assessment prior to training.
- Tailor training to specific geographical, social and organisational contexts.
- Reference aims and intended outcomes at regular points throughout the training.
- Aim to meet the needs of learners on an individual level.
- Encourage further learning and provide information about where to access information and resources.
- Heterogeneous training groups may be more effective for participants with limited prior diversity-training experience, while homogenous training groups may be more effective for participants with some prior diversity experience.

***Don'ts***

- In the risk of perpetuating or formulating stereotypes, programs should not solely focus on enhancing awareness about specific minority groups.
- Do not focus solely on individually-based racism, while ignoring racism that exists at a structural level.
- Do not focus solely on either commonality or diversity.
- Do not characterise white people as either inherently racist or the sole perpetrators of racism.
- Do not encourage the victimisation of minority groups.
- Facilitators should refrain from preaching and addressing the learners in an authoritarian manner.
- Do not encourage a colour-blind perspective.
- Facilitators should not be chosen solely on the basis that they either represent or are advocates for a minority group.
- If facilitators are not well known or trusted by participants, they should refrain from confrontational approaches.
- Do not assume that participants will automatically transfer what is learnt during training to the workplace.

Table 2 critically evaluates resources that have been developed by diversity-training providers in Australia that can be accessed by the public. The extensive diversity-training programs in Australia that are delivered on a fee-for-service basis are beyond the scope of this review.

**Table 1: Review of organisational audit/assessment tools**

This Table is a comprehensive review and critical evaluation of seminal international and Australian organisational audit/assessment tools

NO	TOOL Authors/Name/Publication	DETAILS Domains/Sections/Response Format and Administration/Development and Psychometric Properties	EVALUATION Strengths/Limitations/Applicability to Australian Workplace Settings
<b>INTERNATIONAL ORGANISATIONAL ASSESSMENT TOOLS</b>			
1	Andrulis, D, Delbanco, B, Avakian, L, and Shaw-Taylor, Y. 1998. <i>The Cultural Competence Self-Assessment Protocol for Health Care Organisations and Systems</i> . Available from <a href="http://erc.msh.org/provider/andrulis.pdf">http://erc.msh.org/provider/andrulis.pdf</a> .	<p>The Cultural Competence Self-Assessment Protocol is an organisational cultural-competency assessment tool</p> <p><u>Domains/Sections</u></p> <p>The tool includes three sections, and following subsections:</p> <ol style="list-style-type: none"> <li>1. Ethnic/cultural characteristic of staff and organisation               <ul style="list-style-type: none"> <li>• Board, staff, and patient/community profiles</li> <li>• Health-care organisational recognition of diversity needs</li> </ul> </li> <li>2. Organisational approaches to diversity               <ul style="list-style-type: none"> <li>• Diversity training</li> <li>• Human resources programs</li> <li>• Union presence</li> </ul> </li> <li>3. Organisational links to communities               <ul style="list-style-type: none"> <li>• Health-care organisational links to community</li> <li>• Organisational adaptation to diversity</li> <li>• Database systems and data development</li> </ul> </li> </ol>	<p><u>Strengths/Applicability</u></p> <ul style="list-style-type: none"> <li>• Strong theoretical development</li> <li>• Has content validity</li> <li>• Diversity in the response format</li> <li>• Practical and feasible</li> <li>• Goes beyond self-assessment</li> </ul> <p><u>Limitations/Applicability</u></p> <ul style="list-style-type: none"> <li>• Lack of information on empirical testing</li> <li>• Developed for health-care organisations, therefore not all sections relevant for workplace contexts</li> <li>• Based on U.S. cultural-competency standards</li> </ul>

		<ul style="list-style-type: none"> <li>• Language and communication needs of patients and staff</li> <li>• Business strategies attracting patients from diverse cultures</li> </ul> <p><u>Response Format and Administration</u></p> <ul style="list-style-type: none"> <li>• 122 items</li> <li>• Yes/no, Likert (1–5) and short descriptions</li> <li>• Includes interview questions</li> <li>• Provides step-by-step instruction on how to administer the tool, including the development of an assessment committee to lead the assessment process</li> </ul> <p><u>Development and Psychometric Properties</u></p> <ul style="list-style-type: none"> <li>• Based on Cross et al.’s (1998) cultural continuum model</li> <li>• Developed for health-care organisations</li> <li>• Content validity</li> <li>• Reflect majority of cultural-competency standards and indicators (U.S. based)</li> </ul>	
2	<p>Bowen, S. 2004. <i>Assessing the Responsiveness of Health Care Organizations to Culturally Diverse Groups</i>. Ph.D. thesis, University of Manitoba.</p>	<p>Document review instrument designed to assess organisational cultural responsiveness</p> <p><u>Domains/Sections</u></p> <p>The tool includes eight domains:</p> <ol style="list-style-type: none"> <li>1. General profile of cultural responsiveness within the organisation</li> <li>2. Human resources</li> </ol>	<p><u>Strengths/Applicability</u></p> <ul style="list-style-type: none"> <li>• Strong theoretical development</li> <li>• Includes dimensions (of organisational philosophies and approaches to addressing diversity) as well as domains</li> <li>• Diversity in the response format (including the most comprehensive document review component)</li> <li>• Goes beyond self-assessment</li> </ul>

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		<ol style="list-style-type: none"> <li>3. Cultural training</li> <li>4. Language access services</li> <li>5. Organisational framework and integration</li> <li>6. Information for clients and communities</li> <li>7. Data collection, evaluation and research</li> <li>8. Partnership with community</li> </ol> <p>The tool also includes seven dimensions of organisational philosophies and approaches to addressing diversity:</p> <ol style="list-style-type: none"> <li>1. Definition of culture and cultural group</li> <li>2. Multicultural, anti-racist or equity orientation</li> <li>3. Voluntary or required action</li> <li>4. Individual or organisational focus</li> <li>5. Provider competence or client/community access focus</li> <li>6. Approach to human resources management</li> <li>7. Approach to cultural training</li> </ol> <p><u>Response Format and Administration</u></p> <ul style="list-style-type: none"> <li>• Yes/no, short description, tabulated</li> <li>• Includes document review</li> <li>• Includes interviews questions</li> <li>• The instrument was piloted through document analysis, key informant interviews and parent focus groups, with guidance from an advisory group. No information on how to administer future versions of the tool</li> </ul>	<p><u>Limitations/Applicability</u></p> <ul style="list-style-type: none"> <li>• Currently not in a user-friendly format</li> <li>• Need for further empirical testing</li> <li>• Developed for health-care organisations, therefore not all sections relevant for workplace contexts</li> <li>• Based on U.S. and Canadian cultural-competency standards</li> </ul>
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		<p><u>Development and Psychometric Properties</u></p> <ul style="list-style-type: none"> <li>• Developed following an extensive review of cultural competence, health-care access and health disparities literature and review of cultural-competence standards and existing organisational assessment instruments</li> <li>• Instrument has been piloted at a large health-care organisation, but there is a need for further testing to explore generalisability to other settings</li> </ul>	
3	<p>Dahm, Molly J., Edwin P. Willems, John M. Ivancevich, and Daniel E. Graves. 2009. Development of an Organisational Diversity Needs Analysis (ODNA) Instrument. <i>Journal of Applied Social Psychology</i> 39 (2):283-318.</p>	<p>The Organisational Diversity Needs Analysis is a survey instrument that has been developed as an individual needs assessment tool to inform the development of diversity-training programs. The tool can also be used to measure the effectiveness of diversity-training programs</p> <p><u>Domains/Sections</u></p> <p>Survey items developed from eight dimensions:</p> <ol style="list-style-type: none"> <li>1. Organisational inclusion/exclusion</li> <li>2. Cultural group inclusion/exclusion</li> <li>3. Valuing differences</li> <li>4. Workload</li> <li>5. Affirmative-action group perceptions</li> <li>6. Trust</li> <li>7. Adaptation</li> <li>8. Sensitivity/flexibility</li> </ol>	<p><u>Strengths/Applicability</u></p> <ul style="list-style-type: none"> <li>• Strong theoretical development</li> <li>• Focused on workplace diversity</li> <li>• Has strong construct validity</li> <li>• Specific application as a needs assessment for diversity training</li> <li>• Could be used as a pre- and post-evaluation tool to measure the effectiveness of diversity training, including over time</li> </ul> <p><u>Limitations/Applicability</u></p> <ul style="list-style-type: none"> <li>• Not an organisational assessment tool</li> <li>• Potential bias due to self-assessment</li> <li>• Developed in the U.S.A</li> </ul>

		<p><u>Response Format and Administration</u></p> <ul style="list-style-type: none"> <li>• 53 items</li> <li>• Responses on a five-point Likert scale (strongly agree to strongly disagree) and one open-ended question about diversity</li> <li>• Solicits demographic information and work department</li> <li>• The tool could be administered as a survey of all employees or selection of employees</li> </ul> <p><u>Development and Psychometric Properties</u></p> <ul style="list-style-type: none"> <li>• Two-part study to develop a set of dimensions that were deemed relevant and expected to exist in a diverse workforce, using theories and literature concerning groups, cultural diversity, stereotyping, communication, bias, prejudice, affirmative action, trust and change</li> <li>• Rigorous empirical testing has shown strong construct validity</li> </ul>	
4	<p>Ethnocultural Advisory Committee of the Ministry for Children and Families (Vancouver). 2002. <i>Cultural Competency Assessment Tool</i>. Available from <a href="http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs/339295/assessment_tool.pdf">http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs/339295/assessment_tool.pdf</a>.</p>	<p>This Cultural Competency Assessment Tool has been designed to assist the Vancouver region of the Ministry for Children and Families and community-based agencies in becoming more culturally competent</p>	<p><u>Strengths/Applicability</u></p> <ul style="list-style-type: none"> <li>• Strong theoretical development</li> <li>• Diversity in the response format</li> <li>• Practical and feasible</li> <li>• Goes beyond self-assessment</li> </ul> <p><u>Limitations/Applicability</u></p> <ul style="list-style-type: none"> <li>• Lack of information on empirical testing</li> <li>• Developed for health-care organisations, therefore not all sections relevant for workplace contexts</li> <li>• Based on U.S. cultural-competency standards</li> </ul>

		<p><u>Domains/Sections</u></p> <p>The tool assesses seven areas of impact:</p> <ol style="list-style-type: none"> <li>1. Organisational statements and documents</li> <li>2. Program policies and procedure</li> <li>3. Program practices</li> <li>4. Personnel policies, procedures and practices</li> <li>5. Skills and training</li> <li>6. Organisation composition and climate</li> <li>7. Community consultation and communication</li> </ol> <p><u>Response Format and Administration</u></p> <ul style="list-style-type: none"> <li>• Tabulated worksheet</li> <li>• Likert (1–5) ranking and space for written comments against a criterion statement for the area of impact</li> <li>• Can be administered internally or by an external assessor; suggested method is for some or all employees within the organisation to complete the worksheet. If administered externally, it is suggested that a document analysis is undertaken, as well as interviews or focus groups, with employees to complete the worksheets</li> </ul> <p><u>Development and Psychometric Properties</u></p> <ul style="list-style-type: none"> <li>• Tool developed using the Defining Cultural Competence Framework for Contracted Service Providers and the Ministry</li> <li>• Tool has been piloted in three sites</li> </ul>	
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5	<p>Executive Leadership Foundation. 2003. <i>ProMosaic™ II, Diversity/Inclusion Assessment Tool</i>: Executive Leadership Foundation. Available from <a href="http://www.promosaic.org/">http://www.promosaic.org/</a>.</p>	<p>The ProMosaic™ II, Diversity/Inclusion Assessment Tool is an organisational diversity and inclusion assessment tool</p> <p><u>Domains/Sections</u></p> <p>The ProMosaic™ II, Diversity/Inclusion Assessment Tool focuses on four components of diversity and inclusion:</p> <ol style="list-style-type: none"> <li>1. Leadership and business rationale</li> <li>2. Strategic planning</li> <li>3. Execution</li> <li>4. Results and measurement</li> </ol> <p><u>Response Format and Administration</u></p> <ul style="list-style-type: none"> <li>• 36 items</li> <li>• Yes/no answers</li> <li>• Scoring guide for each item, ranging from 0 (area not addressed) to 5 (exceeds expected)</li> <li>• Administration via several internal experts in each of the assessment areas, and that questions will require research and information gathering</li> </ul> <p><u>Development and Psychometric Properties</u></p> <ul style="list-style-type: none"> <li>• Developed over 5 years, with advice from senior leaders of major U.S. (Fortune 500) companies and diversity practitioners</li> </ul>	<p><u>Strengths/Applicability</u></p> <ul style="list-style-type: none"> <li>• Strong theoretical and practice-based development</li> <li>• Focused on workplace diversity</li> <li>• Diversity in the response format</li> <li>• Practical and feasible</li> <li>• Goes beyond self-assessment</li> </ul> <p><u>Limitations/Applicability</u></p> <ul style="list-style-type: none"> <li>• Lack of information on empirical testing</li> <li>• Based on U.S. diversity concepts</li> </ul>
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<p>6</p>	<p>Mason, J. L. 1995. <i>Cultural Competence Self-Assessment Questionnaire: A Manual for Users</i>. Portland State University, Portland: Research and Training Center on Family Support and Children's Mental Health; Regional Research Institute for Human Services; Graduate School of Social Work. Available from <a href="http://www.eric.ed.gov/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/14/b5/54.pdf">http://www.eric.ed.gov/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/14/b5/54.pdf</a>.</p>	<p>The Cultural Competence Self-Assessment Questionnaire (CCSAQ) is an assessment instrument designed to assess individual and organisational level cultural competency</p> <p><u>Domains/Sections</u></p> <p>CCSAQ includes five domains:</p> <ol style="list-style-type: none"> <li>1. Knowledge of community</li> <li>2. Personal involvement</li> <li>3. Resources, and linkages</li> <li>4. Staffing, service delivery and practice</li> <li>5. Organisational policies and procedures</li> <li>6. Reaching out to communities</li> </ol> <p><u>Response Format and Administration</u></p> <ul style="list-style-type: none"> <li>• Four-point Likert scale, short-description questions</li> <li>• Two versions of the tool: one for employees involved in service delivery (79 items) and one for administrative staff (60 items). Solicits demographic information for each respondent group on an additional (13 item) survey</li> <li>• Administered as a questionnaire to individual employees</li> <li>• Includes scoring based on five subscales. The scoring provides a ranking for establishing training and/or policy and procedural priorities</li> <li>• Individual behaviours can also be examined when considering responses individually</li> </ul>	<p><u>Strengths/Applicability</u></p> <ul style="list-style-type: none"> <li>• Strong theoretical development</li> <li>• Has content validity and acceptable reliability</li> <li>• Diversity in the response format, including scoring mechanism</li> <li>• Practical and feasible</li> </ul> <p><u>Limitations/Applicability</u></p> <ul style="list-style-type: none"> <li>• Potential bias due to self-assessment</li> <li>• Developed for health-care organisations, therefore not all sections relevant for workplace contexts</li> <li>• Based on U.S. cultural-competency standards</li> </ul>
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		<p><u>Development and Psychometric Properties</u></p> <ul style="list-style-type: none"> <li>• Content validity supported by literature and expert review</li> <li>• Acceptable reliability, apart from items on one subscale (personal involvement subscale)</li> <li>• Authors note the CCSAQ will evolve into a better tool over time with increased utilisation</li> </ul>	
7	<p>National Center for Cultural Competence. 2006. <i>Cultural and Linguistic Competence Policy Assessment</i>: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.</p> <p>Available from <a href="http://www.clcpa.info/documents/CLCPA.pdf">http://www.clcpa.info/documents/CLCPA.pdf</a>.</p>	<p>The Cultural Competence and Linguistic Competence Policy Assessment (CLCPA) is an organisational assessment tool designed to support community health centres</p> <p><u>Domains/Sections</u></p> <p>The CLCPA includes seven subscales:</p> <ol style="list-style-type: none"> <li>1. Knowledge of diverse communities</li> <li>2. Organisational philosophy</li> <li>3. Personal involvement in diverse communities</li> <li>4. Resources and linkages</li> <li>5. Human resources</li> <li>6. Clinical practice</li> <li>7. Engagement of diverse communities</li> </ol>	<p><u>Strengths/Applicability</u></p> <ul style="list-style-type: none"> <li>• Strong theoretical development</li> <li>• Diversity in the response format</li> <li>• Practical and feasible</li> <li>• Goes beyond self-assessment</li> </ul> <p><u>Limitations/Applicability</u></p> <ul style="list-style-type: none"> <li>• Lack of information on empirical testing</li> <li>• Developed for health-care organisations, therefore not all sections relevant for workplace contexts</li> <li>• Based on U.S. cultural-competency standards</li> </ul>

		<p><u>Response Format and Administration</u></p> <ul style="list-style-type: none"> <li>• 51 items</li> <li>• Four-point Likert scale, check box for supporting policies/documents.</li> <li>• Tabulated to provide information for each designated cultural group</li> <li>• Solicits demographic information on an additional survey (12 items)</li> <li>• The instrument can be administered to all agency personal or a sample of staff from different departments</li> <li>• Includes a detailed guide on how to implement and analyse the CLCPA</li> </ul> <p><u>Development and Psychometric Properties</u></p> <ul style="list-style-type: none"> <li>• Development at request of Bureau of Primary Health Care, Health Resources and Services Administration and the U.S. Department of Health and Human Service, and designed for community health centres</li> <li>• No information provided on empirical testing</li> </ul>	
8	<p>Seigel, C., Haugland, G., and Chambers, E.D. 2002. <i>Cultural Competency in Mental Health Systems of Care: Selection and Benchmarking of Performance Measures</i>: The New York State Office of Mental Health, Nathan S. Kline Institute for Psychiatric Research, Centre for the Study of Issues in Public Mental Health.</p>	<p>The Cultural Competency Assessment Scale (CCAS) is an organisational cultural-competency assessment scale</p>	<p><u>Strengths/Applicability</u></p> <ul style="list-style-type: none"> <li>• Strong theoretical development</li> <li>• Face validity</li> <li>• Diversity in the response format</li> <li>• Goes beyond self-assessment</li> </ul>

		<p><u>Domains/Sections</u></p> <p>The CCAS's areas of assessment include:</p> <ol style="list-style-type: none"> <li>1. Organisational commitment</li> <li>2. Service needs/identification of threshold-level cultural groups</li> <li>3. Integration of cultural competence in the organisation</li> <li>4. Training activities</li> <li>5. Recruitment, hiring and retention</li> <li>6. Language capacity/service and educational materials</li> <li>7. Service development</li> </ol> <p><u>Response Format and Administration</u></p> <ul style="list-style-type: none"> <li>• Five-point Likert Scale</li> <li>• Tabulated worksheet</li> <li>• Scoring mechanism</li> <li>• Administered by knowledgeable or senior person(s) within the agency</li> </ul> <p><u>Development and Psychometric Properties</u></p> <ul style="list-style-type: none"> <li>• Developed as part of a two-part project to select and benchmark performance measures of cultural competence in behavioural health-care settings.</li> <li>• The tool has face validity and reflects the majority of standards and indicators that have been identified as relevant to assessing cultural competency (Olavarria et al. 2009)</li> </ul>	<p><u>Limitations/Applicability</u></p> <ul style="list-style-type: none"> <li>• Developed for health-care organisations, therefore not all sections relevant for workplace contexts</li> <li>• Based on U.S. cultural-competency standards</li> </ul>
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<p>9</p>	<p>Society for Human Resource Management. 2005. <i>Workplace Diversity Practices Survey</i>: Society for Human Resource Management. Available from <a href="http://www.shrm.org/Research/SurveyFindings/Articles/Documents/05-0509WkplcDivPrcSR_FINAL_rev.pdf">http://www.shrm.org/Research/SurveyFindings/Articles/Documents/05-0509WkplcDivPrcSR_FINAL_rev.pdf</a>.</p>	<p>Society for Human Resource Management (SHRM)'s Workplace Diversity Practices Survey is a survey of human resources workplace diversity practices</p> <p><u>Response Format</u></p> <ul style="list-style-type: none"> <li>• 21 Items</li> <li>• Survey, yes/no/not sure, tick box, short-description answers</li> <li>• Administered as a survey to human resources professionals</li> </ul> <p><u>Development and Psychometric Properties</u></p> <ul style="list-style-type: none"> <li>• The Workplace Diversity Practices Survey was developed by the SHRM survey program</li> <li>• No information provided on empirical testing</li> </ul>	<p><u>Strengths/Applicability</u></p> <ul style="list-style-type: none"> <li>• Focused on workplace diversity</li> <li>• Diversity in the response format</li> </ul> <p><u>Limitations/Applicability</u></p> <ul style="list-style-type: none"> <li>• Lack of information on theoretical development and empirical testing</li> <li>• Survey of workplace diversity practices, rather than organisational audit tool</li> <li>• Potential bias due to self-assessment</li> <li>• Developed in the U.S.A</li> </ul>
<p>10</p>	<p>The Lewin Group. 2002. <i>Indicators of Cultural Competence in Health Care Delivery Organizations: An Organizational Cultural Competence Assessment Profile</i>. Washington, D.C.: Prepared for The Health Resources and Services Administration, U.S. Department of Health and Human Services.</p>	<p>The Organisational Cultural Competence Assessment Profile is designed to assess cultural competence at the organisational level</p> <p><u>Domains/Sections</u></p> <p>Assessment profile is designed as an organising framework, with three major components, including domains of cultural competence, focus areas within domains and specific indicators against each focus area.</p>	<p><u>Strengths/Applicability</u></p> <ul style="list-style-type: none"> <li>• Strong theoretical development</li> <li>• Diversity in the response format, includes structure, process and outcome indicators (collects data on process, as well as outcomes)</li> <li>• Practical and feasible</li> <li>• Goes beyond self-assessment</li> </ul> <p><u>Limitations/Applicability</u></p> <ul style="list-style-type: none"> <li>• Developed for health-care organisations, therefore not all sections relevant for workplace contexts</li> <li>• Based on U.S. cultural-competency standards</li> </ul>

	<p>Available from <a href="http://www.culturallycompetentmentalhealthnj.org/docs/2006-12-training/CC-LewinReport.pdf">http://www.culturallycompetentmentalhealthnj.org/docs/2006-12-training/CC-LewinReport.pdf</a>.</p>	<p>Seven domains include:</p> <ol style="list-style-type: none"> <li>1. Organisational values</li> <li>2. Governance</li> <li>3. Planning and monitoring/evaluation</li> <li>4. Communication</li> <li>5. Staff development</li> <li>6. Organisational infrastructure services/interventions</li> </ol> <ul style="list-style-type: none"> <li>• Indicators in the profile are classified into structure indicators, process indicators, output indicators and intermediate outcome indicators</li> </ul> <p><u>Response Format and Administration</u></p> <ul style="list-style-type: none"> <li>• Tabulated worksheet</li> <li>• Tool is structured as an analytic or organising framework. Progress in cultural competency is measured against each set of indicators</li> </ul> <p><u>Development and Psychometric Properties</u></p> <ul style="list-style-type: none"> <li>• Developed through literature review and technical expert panel of cultural competency and diversity experts</li> <li>• Tested through site visits to health-care facilities. Each indicator was confirmed as evidence of cultural competence. Authors note further refinement of the performance areas/domains and indicators, definition and validation of performance measures, identification or development of data sources and data collection instruments and field testing are required</li> </ul>	
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<p>11</p>	<p>Weech-Maldonado, Robert, Dreachslin, Janice L., Dansky, Kathryn H., De Souza, Gita, and Gatto, Maria. 2002. Racial/ethnic diversity management and cultural competency: the case of Pennsylvania hospitals. <i>Journal of Healthcare Management</i>, 7 (2):111–16.</p>	<p>The Racial/Ethnic Diversity Management Survey</p> <p><u>Domains/Sections</u></p> <p>Includes six diversity performance scales:</p> <ol style="list-style-type: none"> <li>1. Planning</li> <li>2. Stakeholder satisfaction</li> <li>3. Diversity training</li> <li>4. Human resources</li> <li>5. Health-care delivery</li> <li>6. Organisational change</li> </ol> <p><u>Response Format and Administration</u></p> <ul style="list-style-type: none"> <li>• 70 items</li> <li>• Administered as employee survey</li> </ul> <p><u>Development and Psychometric Properties</u></p> <ul style="list-style-type: none"> <li>• Developed through literature review and organisational change theoretical framework and performance indicators developed by Dreachslin (1991, 1996).</li> <li>• Was field tested in over 200 hospitals in the U.S. state of Pennsylvania and has been shown to be a valid instrument</li> </ul>	<p><u>Strengths/Applicability</u></p> <ul style="list-style-type: none"> <li>• Focused on workplace diversity</li> <li>• Strong theoretical development</li> <li>• Assessed for validity and reliability</li> </ul> <p><u>Limitations/Applicability</u></p> <ul style="list-style-type: none"> <li>• Survey of workplace diversity practices, rather than organisational audit tool</li> <li>• Potential bias due to self-assessment</li> <li>• Developed in the U.S.A</li> </ul>
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*Review of audit and assessment tools, programs and resources in workplace settings  
to prevent race-based discrimination and support diversity*

<b>NO</b>	<b>TOOL</b> Authors/Name/Publication	<b>DETAILS</b> Domains/Sections/Response Format/Administration/Development/Psychometric Properties	<b>EVALUATION</b> Strengths/Limitations/Applicability to Australian Workplace Settings
<b>AUSTRALIAN ORGANISATIONAL ASSESSMENT TOOLS</b>			
12	Department of Premier and Cabinet. 2006. <i>A Cultural Inclusion Framework for South Australia</i> . Government of South Australia. Available from <a href="http://www.premcab.sa.gov.au/pdf/cultural_inclusion_framework_assessment.pdf">http://www.premcab.sa.gov.au/pdf/cultural_inclusion_framework_assessment.pdf</a> .	<p>The Cultural Competency Self-Assessment Instrument has been developed as part of the South Australian Cultural Inclusion Framework</p> <p><u>Domains/Sections</u></p> <p>Instrument is divided into seven sections. Each section is administered by different personnel within the organisation (in brackets):</p> <ol style="list-style-type: none"> <li>1. Valuing culture and diversity (whole agency)</li> <li>2. Document checklist (the assessment committee)</li> <li>3. Governance (board of directors)</li> <li>4. Administration (chief executive/senior leadership and management)</li> <li>5. Policy and program development (leadership/supervisors)</li> <li>6. Service delivery (individuals/supervisors involved in service delivery)</li> <li>7. Children, youth and families served (service population)</li> <li>8. Interpreting assessment results (assessment committee)</li> </ol>	<p><u>Strengths/Applicability</u></p> <ul style="list-style-type: none"> <li>• Strong theoretical development</li> <li>• Diversity in the response format</li> <li>• Practical and feasible</li> <li>• Goes beyond self-assessment</li> <li>• Developed in Australia, in collaboration with Aboriginal and/or Torres Strait Islander people</li> </ul> <p><u>Limitations/Applicability</u></p> <ul style="list-style-type: none"> <li>• Lack of information on empirical testing</li> <li>• Developed for health-care organisations, therefore not all sections relevant for workplace contexts</li> </ul>

		<p><u>Response Format and Administration</u></p> <ul style="list-style-type: none"> <li>• Five-point Likert scale, space for written comments and recommendations at end of each section</li> </ul> <p><u>Development and Psychometric Properties</u></p> <ul style="list-style-type: none"> <li>• The Assessment tool was adapted from the Child Welfare League of America (CWLA) <i>Cultural Competence Agency Self-Assessment Instrument</i></li> <li>• Designed for agencies working with Aboriginal children, families and communities.</li> <li>• The CWLA on which this instrument is based has undergone field testing.</li> </ul>	
13	<p>Kulik, C. T., and Metz, I. 2009. <i>Making Diversity Work: Employer Survey</i>. Available from the authors.</p>	<p>The Making Diversity Work Employer Survey 2009 was developed from a systematic audit of diversity-management practices used by Australian organisations. These practices have been linked to organisational effectiveness indicators</p> <p><u>Response Format and Administration</u></p> <ul style="list-style-type: none"> <li>• 89 items based on diversity-management practices</li> <li>• Five-point Likert scale</li> </ul> <p><u>Development and Psychometric Properties</u></p> <ul style="list-style-type: none"> <li>• The survey has been developed by academics at the University of South Australia and the Melbourne Business School, in collaboration with the Australian Senior Human Resources Roundtable and Diversity@Work</li> </ul>	<p><u>Strengths/Applicability</u></p> <ul style="list-style-type: none"> <li>• Strong theoretical development</li> <li>• Focused on workplace diversity</li> <li>• Developed in Australia</li> </ul> <p><u>Limitations/Applicability</u></p> <ul style="list-style-type: none"> <li>• Currently not in a user-friendly format</li> <li>• Lack of information on empirical testing</li> <li>• Survey of workplace diversity practices, rather than organisational audit tool</li> </ul>

14	<p>Merri Community Health Services and The University of Melbourne. Unpublished document. <i>The Organisational Cultural Competency Indicator (OCCI) Tool and Guide</i>. Melbourne: Merri Community Health Services and the University of Melbourne, developed as part of the Teeth Tales project. Available from the authors.</p>	<p>The Organisational Cultural Competence Indicator (OCCI) has been developed as part of a university–community partnership project. The tool is designed for mainstream services, primarily in the health and community sectors, and could also be applied in community-based, ethno-specific organisations. The tool has been developed in the context of service delivery for refugee and migrant communities</p> <p><u>Domains/Sections</u></p> <p>The tool covers nine organisational domains:</p> <ol style="list-style-type: none"> <li>1. Language services</li> <li>2. Partnerships and networks</li> <li>3. Service planning, delivery, monitoring and evaluation</li> <li>4. Consumer participation</li> <li>5. Research and information</li> <li>6. Policy</li> <li>7. Human resources and professional development</li> <li>8. Leadership</li> <li>9. Financial management</li> </ol> <p><u>Response Format and Administration</u></p> <ul style="list-style-type: none"> <li>• Tabulated worksheet, includes responses against best-practice statements developed for each domain</li> <li>• Three-point Likert scale for importance, change and priority of item</li> </ul>	<p><u>Strengths/Applicability</u></p> <ul style="list-style-type: none"> <li>• Strong theoretical development</li> <li>• Diversity in the response format</li> <li>• Practical and feasible</li> <li>• Goes beyond self-assessment</li> <li>• Developed in Australia, in collaboration with refugee and migrant communities</li> </ul> <p><u>Limitations/Applicability</u></p> <ul style="list-style-type: none"> <li>• In the process of development and empirical testing</li> <li>• Developed for health-care organisations, therefore not all sections relevant for workplace contexts</li> </ul>
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<p>15</p>	<p>Mungabareena Aboriginal Corporation and Women's Health Goulburn North East (facilitated by Kim Jenkins, Karin McMillan, Kylie Stephens). 2008. <i>Making Two Worlds Work: building the capacity of the health and community sector to work effectively and respectfully with our Aboriginal community</i>. Wodonga, Victoria: Mungabareena Aboriginal Corporation and Women's Health Goulburn North East. Available from <a href="http://www.whealth.com.au/our-work/mtww/mtww_about.html">http://www.whealth.com.au/our-work/mtww/mtww_about.html</a>.</p>	<p>The Health and Community Services Audit has been designed as part of the <i>Making Two Worlds Work</i> project and includes a toolkit of resources and an audit tool designed to assist health and community services in working with Aboriginal and Torres Strait Islander people and communities</p> <p><u>Domains/Sections</u></p> <p>The Health and Community Services Audit assesses seven areas:</p> <ol style="list-style-type: none"> <li>1. Creating a welcoming environment</li> <li>2. Engaging with Aboriginal clients and communities</li> <li>3. Communication and relationships</li> <li>4. Developing cultural competence</li> <li>5. Staff training</li> <li>6. Working collaboratively and respectfully with Aboriginal organisations and services</li> </ol> <p><u>Response Format and Administration</u></p> <ul style="list-style-type: none"> <li>• Yes/no responses against items under each of these areas</li> <li>• Includes a scoring guide (Yes = 1, No = 2)</li> </ul> <p><u>Development and Psychometric Properties</u></p> <ul style="list-style-type: none"> <li>• Over 120 individuals, Aboriginal and non-Aboriginal workers and agencies were involved in the development of tool and resources.</li> </ul>	<p><u>Strengths/Applicability</u></p> <ul style="list-style-type: none"> <li>• Strong theoretical development</li> <li>• Practical and feasible</li> <li>• Developed in Australia by an Aboriginal organisation, in collaboration with a health service</li> </ul> <p><u>Limitations/Applicability</u></p> <ul style="list-style-type: none"> <li>• Lack of information on empirical testing</li> <li>• Limited information on assessment process, therefore potential for bias</li> <li>• Developed for health-care organisations, therefore not all sections relevant for workplace contexts</li> </ul>
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<p>16</p>	<p>Ngwala Willumbong Co-Operative. 2007. <i>Koori Practice Checklist: A Cultural Audit Tool for the Alcohol &amp; Other Drugs Service Sector</i>. Melbourne: Ngwala Willumbong Co-Operative Ltd. Available from <a href="http://www.healthinonet.ecu.edu.au/health-resources/promotion-resources?lid=15938">http://www.healthinonet.ecu.edu.au/health-resources/promotion-resources?lid=15938</a>.</p>	<p>The Koori Practice Checklist was commissioned by the Drug Treatment Services Unit of the Department of Human Services in each region in Victoria, and draws on the <i>Cultural Diversity Workbook</i> (1998). The Koori Practice Checklist has been developed to specifically focus and draw attention to the particular needs of Aboriginal people</p> <p><u>Domains/Sections</u></p> <p>The Koori Practice Checklist includes two parts:</p> <ol style="list-style-type: none"> <li>1. Part A: Operational Policies and Procedures; includes 10 individually-headed sections</li> <li>2. Part B: Case Management Practice; includes seven individually-headed sections</li> </ol> <p><u>Response Format and Administration</u></p> <ul style="list-style-type: none"> <li>• Yes/no questions</li> <li>• Tabulated worksheet for recording follow-up tasks/activities and allocation of responsibilities and timelines</li> <li>• Individual organisations to determine how the tool is administered; for instance, Part A may just be undertaken by management, while Part B could be undertaken by individuals</li> </ul> <p><u>Development and Psychometric Properties</u></p> <ul style="list-style-type: none"> <li>• The Koori Practice Checklist has endorsement from the Victorian Aboriginal community as a suitable cultural competency assessment tool</li> </ul>	<p><u>Strengths/Applicability</u></p> <ul style="list-style-type: none"> <li>• Strong theoretical development</li> <li>• Practical and feasible</li> <li>• Developed in Australia by an Aboriginal organisation</li> </ul> <p><u>Limitations/Applicability</u></p> <ul style="list-style-type: none"> <li>• Lack of information on empirical testing</li> <li>• Limited information on assessment process, potential for bias</li> <li>• Developed for health-care organisations, therefore not all sections relevant for workplace contexts</li> </ul>
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<p>17</p>	<p>Ramcharan, P., Cauchi, S., Thompson, L., and Sisely, D. 2009. <i>Human Rights Assessment Tool: Human Rights Matter Locally</i>. Melbourne: Victorian Local Governance Association. Available from <a href="http://www.vlga.org.au/site/DefaultSite/filesystem/documents/Human%20Rights/VLGA_from%20compliance_WEB.pdf">http://www.vlga.org.au/site/DefaultSite/filesystem/documents/Human%20Rights/VLGA_from%20compliance_WEB.pdf</a>.</p>	<p>The Human Rights Milestone Tool for Local Government has been developed to provide a standardised framework across all local governments to measure progress towards human rights compliance, compatibility and culture</p> <p><u>Domains/Sections</u></p> <p>The tool consists of four parts:</p> <ol style="list-style-type: none"> <li>1. A handbook</li> <li>2. A human rights implementation tool that can also be used as a template Implementation plan (HRIP)</li> <li>3. An assessment table, which evaluates progress achieved over the course of a year, by plotting milestones in the human rights implementation tool against a series of indicators</li> <li>4. A ‘toolbox’ of available resources that may assist in implementing the HRIP</li> </ol> <p><u>Development and Psychometric Properties</u></p> <p>Will be piloted initially in five local government Areas.</p>	<p><u>Strengths/Applicability</u></p> <ul style="list-style-type: none"> <li>• Strong theoretical development</li> <li>• Developed in Australia</li> <li>• Designed specifically for local government in Victoria</li> </ul> <p><u>Limitations/Applicability</u></p> <ul style="list-style-type: none"> <li>• Currently not in a user-friendly format</li> <li>• Broad human rights framework</li> <li>• In the process of development and empirical testing</li> </ul>
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18	<p>Substantive Equality Unit. 2006. <i>Needs and Impact Assessment Tool</i>. Perth: Equal Opportunity Commission. Available from <a href="http://www.equalopportunity.wa.gov.au/pdf/assessmenttool.pdf">http://www.equalopportunity.wa.gov.au/pdf/assessmenttool.pdf</a>.</p>	<p>The Substantive Equality Unit Needs and Impact Assessment Tool has been developed as part of the Policy Framework for Substantive Equality.</p> <p><u>Domains/Sections</u></p> <p>Can be used in two ways:</p> <ol style="list-style-type: none"> <li>1. To assess all major initiatives, (including changes to or new policies, practices and procedures) before they are implemented</li> <li>2. To assess policies, practices and procedures which are within the service areas(s) negotiated annual with the Commissioner for Equality Opportunity</li> </ol> <p><u>Response Format and Administration</u></p> <p>Step 1: Initial screening process to ascertain if policies, practices or procedures may impact negatively on Indigenous or ethnic communities. Includes eight descriptive questions and a table that summarises impact assessment. Tool covers areas such as name, purpose, background development, consultation processes, activities, benefits and potentially-adverse outcomes to the policy, procedure or practice</p> <p>Step 2: Full assessment includes 11 descriptive questions and a summary table. Tool asks for more detail about the potentially-adverse impacts; steps for stakeholder consultation regarding the impacts; measures, processes and timeframe for review of the policies, practices or procedures</p>	<p><u>Strengths/Applicability</u></p> <ul style="list-style-type: none"> <li>• Strong theoretical development</li> <li>• Focused on assessing systemic race-based discrimination</li> <li>• Unique application needs and impact assessment of policies, practices and procedures</li> <li>• Practical and feasible</li> <li>• Developed in Australia</li> </ul> <p><u>Limitations/Applicability</u></p> <ul style="list-style-type: none"> <li>• Lack of information on empirical testing</li> <li>• Limited information on assessment process, potential for bias</li> <li>• Focused on policies, practices and procedures in the context of service delivery</li> </ul>
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		<p><u>Development and Psychometric Properties</u></p> <ul style="list-style-type: none"> <li>• Has been developed as part of the Policy Framework for Substantive Equality</li> </ul>	
19	<p>Walker, R. Unpublished document. <i>Cultural-Competence Assessment Tool</i> Perth, Western Australia: Collaboration for Applied Research and Evaluation, Telethon Institute for Child Health Research. Available from the author.</p>	<p>The Cultural Competence Assessment Tool has been developed to assist health professionals, particularly hospital staff, in assessing their knowledge, skills, attitudes, values, beliefs and behaviours related to their work with Aboriginal people</p> <p><u>Domains/Sections</u></p> <p>The assessment tool includes nine sections:</p> <ol style="list-style-type: none"> <li>1. Leading and managing change</li> <li>2. Creating a welcoming environment</li> <li>3. Providing culturally-responsive care</li> <li>4. Developing cultural competence</li> <li>5. Facilitating culturally-inclusive/secure practices</li> <li>6. Communicating effectively with Aboriginal people</li> <li>7. Building relationships</li> <li>8. Improving service delivery</li> <li>9. Monitoring and evaluating effectiveness</li> </ol> <p>The tool also includes a tabulated action plan for change with three action levels for reflection: (a) identifying individual/or group who will lead the change process and incorporate into Quality Improvement Processes; (b) establish a working group responsible for implementation; and (c) identify important issues in each of the areas and record action to bring about short, medium and long term change.</p>	<p><u>Strengths/Applicability</u></p> <ul style="list-style-type: none"> <li>• Includes action-planning table</li> <li>• Practical and feasible</li> <li>• Developed in Australia, in collaboration with Aboriginal and non-Aboriginal health workers</li> </ul> <p><u>Limitations/Applicability</u></p> <ul style="list-style-type: none"> <li>• Lack of information on theoretical development and empirical testing</li> <li>• Lack of diversity in response format</li> <li>• Limited information on assessment process</li> <li>• Developed for health-care organisations, therefore not all sections relevant for workplace contexts</li> </ul>

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		<p><u>Response Format and Administration</u></p> <p>Includes yes/no responses, tick box for suggested actions, tools or resources</p> <p><u>Development and Psychometric Properties</u></p> <p>The tool has been developed in consultation with the Aboriginal and non-Aboriginal health workers in King Edward Memorial Hospital and Princess Margaret Hospital in Perth.</p>	
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**Table 2: Critical evaluation of diversity-training tools in Australia**

NO	TOOL Authors/Name/Publication	DETAILS	EVALUATION Strengths/Weaknesses/Applicability to Australian Workplace Settings
1	Managing Cultural Diversity Training Program Workbook – <i>Australian Multicultural Foundation</i>	<p>A resource for business owners and managers in Australia, to support them in recognising and encouraging cultural diversity in their workplaces. It is aimed at small and medium business specifically.</p> <p>Main objectives:</p> <ul style="list-style-type: none"> <li>• Learn about cultural diversity in the workforce and the business case for managing cultural diversity</li> <li>• Identify and consider for their enterprises the actual and potential impacts and benefits of diversity</li> <li>• Increase their understanding of culture and cross-cultural interactions</li> <li>• Develop their cultural awareness and cross-cultural communication skills</li> <li>• Conduct a diversity analysis of their business strategies and operations</li> <li>• Develop an action plan for managing cultural diversity in their businesses</li> <li>• Learn about available resources and support services</li> </ul> <p>A training program resource manual includes detailed notes and discussions of the training program. it also includes the details of several resources and agencies that can provide support to enterprises wishing to undertake cultural diversity training and development.</p>	<p><u>Strengths</u></p> <ul style="list-style-type: none"> <li>• Aims to enhance awareness, attitudes and skills</li> <li>• Encourages discussion at regular intervals</li> <li>• Includes worksheets for action oriented learning</li> <li>• Includes activities that require interactive participation</li> <li>• Gives a clear outline and definition of diversity at the outset. Also includes definitions of other key terms (such as racism)</li> <li>• Provides a useful list of resources</li> <li>• Ensures easy and successful development of a diversity-management strategy by including a comprehensive guide and a detailed action plan template</li> <li>• Encourages reflection on the learners own cultural values, attitudes and prejudices</li> </ul> <p><u>Weaknesses</u></p> <ul style="list-style-type: none"> <li>• Does not address racism, power differentials or whiteness</li> </ul> <p><u>Applicability</u></p> <ul style="list-style-type: none"> <li>• Encourages facilitators to tailor the workshop to suit the organisational context of the workshop</li> <li>• Uses simple and easy to understand language while addressing a variety of complex issues</li> </ul>

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		<p>In addition, a training facilitator’s guide is included. also, a training program workbook includes PowerPoint slide presentation, worksheets and glossary of key terms.</p> <p>The training program consists of four sections:</p> <ol style="list-style-type: none"> <li>1. Business case</li> <li>2. Cross-cultural communication</li> <li>3. Managing culturally-diverse teams</li> <li>4. Factoring diversity into project and business planning</li> </ol>	
2	<p>Aboriginal Cultural Orientation Plan for Health Professionals working in Aboriginal Health- <i>Disabilities Services Commission, WA Country Health Services, Combined Universities Centre for Rural Health</i></p>	<p>The plan is a ‘scaffold’ to help health professionals to deepen their understanding of Aboriginal cultural values, beliefs and practices.</p> <p>The plan consists of five self-directed learning modules:</p> <ol style="list-style-type: none"> <li>1. Culture, self and diversity</li> <li>2. Aboriginal history</li> <li>3. Working with Aboriginal people</li> <li>4. Providing clinical services</li> <li>5. Improving cultural security</li> </ol> <p>The modules include links to published papers and websites with information about Aboriginal history, health, policy, research, organisations and achievements</p> <p>The plan includes learning activities, videos, quizzes and a professional development plan designed to assist reflection on each module</p>	<p><u>Strengths</u></p> <ul style="list-style-type: none"> <li>• Aim to enhances knowledge, attitudes and skills</li> <li>• Addresses issues relating to racism, power inequality and whiteness</li> <li>• Encourages respectful and appropriate communication with Aboriginal people and the development of transcultural skills</li> <li>• Includes activities for action-based learning</li> <li>• Includes definitions of cultural respect terminology</li> <li>• Includes several informative video presentations</li> <li>• Establishes goals by listing key messages and learning objectives in each module</li> <li>• Encourages reflection of course content via a quiz at the end of each module</li> <li>• Encourages self-reflection about the learners own personal value base and beliefs in order to appreciate their behaviours and communication is influenced</li> <li>• encourages further learning and details information about where to get more information</li> <li>• can be adapted to suits the context of the individual learner</li> </ul>

		<p>The plan outlines five guiding principles:</p> <ol style="list-style-type: none"> <li>1. Aboriginal peoples have diverse cultures, experiences and histories</li> <li>2. Aboriginal views on health and wellbeing centre on a whole-of-life approach that includes the social, emotional, spiritual and cultural wellbeing of the individual, family and community</li> <li>3. Aboriginal health professionals and community members are acknowledged for their expertise in facilitating culturally secure service development</li> <li>4. Aboriginal health outcomes are a consequence of interrelated historical, political, economic and social determinants of health</li> <li>5. Research identified that individual and institutional racism and discrimination results in low self esteem, depression and hostility</li> </ol>	<p><u>Weaknesses</u></p> <ul style="list-style-type: none"> <li>• Very specific to health</li> <li>• Is designed as a self-directed learning tool. Thus, it does not encourage discussion and reflection of course content with a facilitator or other learners</li> </ul> <p><u>Applicability</u></p> <ul style="list-style-type: none"> <li>• Is applicable to individuals in any context as it is a self-directed learning tool</li> </ul>
3	Interactive Ochre	<p>A nationally-relevant e-learning multimedia resource. It is designed to assist learners to build their knowledge and practical application of concepts and principles of cultural awareness. It is designed primarily for members of the public service, such as teachers, health workers, police officers and community liaison officers, who work with Aboriginal and Torres Strait Islander people. However, it is also adaptable, to be used to support cultural awareness training in any context</p> <p>It has been described as Tjukurpa, 'Contemporary Dreaming', as traditional narratives have been adapted to contemporary life through music, lyrics, video and animations, while keeping the integrity of the culture intact</p>	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> <li>• Is designed to enhance the awareness, attitudes and skills of the learner</li> <li>• Addresses important points at the outset, such as endorsement of the Interactive Ochre, as a project by Aboriginal people and the need to respect the private knowledge of Aboriginal people</li> <li>• Addresses complex and sensitive issues in a non-confrontational, entertaining way.</li> <li>• Uses a wide variety of media, including animation, music and interactive scenarios, that are associated with digital entertainment</li> <li>• Encourages action-based learning and is learner centred</li> <li>• Promotes interactive learning, including discussion with the teacher and other learners and group work.</li> </ul>

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		<p>There are five sections, each of which use different forms of entertainment:</p> <ul style="list-style-type: none"> <li>• Traditional perspectives (narration by avatars)</li> <li>• History (narrated timeline)</li> <li>• Working with Aboriginal people: animated song</li> <li>• Racism (animated scenarios)</li> <li>• Moving on (animated song)</li> </ul> <p>Each section offers the learner the opportunity to explore the content at three levels. At level 1, the multimedia presents a piece of entertainment, a song, an animation or a story. At level 2, the learner can click on elements that are active in each of the different media formats, presenting the learner with more information. It may be more detail on an historical event, or more insight into thoughts and feelings in a racism scenario. At level 3, the user can chose to open the relevant content document that is available to read on screen or in print. In addition, four of the sections include video clips of Aboriginal and Torres Strait Islander people talking about their own experiences</p> <p>The resource includes a presenter’s guide to support the delivery of cultural awareness training. The guide outlines the educational principles that underpin the multimedia resource and explains all the activities</p>	<ul style="list-style-type: none"> <li>• Includes a CD with documents that provide supporting information</li> <li>• Encourages the learner to apply their learning in their workplace</li> </ul> <p><u>Weaknesses</u></p> <ul style="list-style-type: none"> <li>• The section relating to traditional perspective risks essentialising Indigenous people and fuelling the stereotype of Aboriginal and Torres Strait Islanders as people who are inherently connected to ‘traditional’ culture</li> <li>• Could have a stronger focus on skill-centred learning through active participation with others, such as discussion or role playing</li> </ul> <p><u>Applicability</u></p> <ul style="list-style-type: none"> <li>• It is a flexible resource that can be adapted to a range of delivery models. It can be used to support presentations on cultural awareness to groups of learners or to support self-paced learning by individual learners. It can be used in its entirety or elements can be used separately</li> <li>• The presenter’s guide suggests customisation and delivery strategies</li> </ul>
4	<p>Natural Resource Management Cross-Cultural Awareness Training Framework—Tracey Whetnall Consultancy and South Coast Regional Initiative Planning Team</p>	<p>This resource was developed for Indigenous land management facilitators, Australian Government Facilitators and Regional Natural Resource Management Coordinators, Indigenous communities and regional bodies to use as a tool to refer to when considering the design and delivery of Cross-Cultural Awareness Training sessions (CCAT). It is intended to raise awareness of Natural Resource Management and Cultural Heritage content.</p>	<p><u>Strengths</u></p> <ul style="list-style-type: none"> <li>• The framework encourages awareness of non-Indigenous people about Indigenous cultures and promotes the development of respectful and positive relationships with Indigenous people</li> </ul>

		<p>Whilst the framework is predominantly for the use of Indigenous people, it can also be used in 'reverse' by non-Indigenous people, with the assistance of Indigenous people.</p> <p>Learning outcomes are aimed at promoting an understanding about:</p> <ul style="list-style-type: none"> <li>• Participants as members of society</li> <li>• History</li> <li>• Identities and ways of life</li> <li>• Communication—Local Indigenous Community Panel</li> <li>• Aboriginal agencies</li> <li>• Biodiversity and bush medicine</li> <li>• Working together for the future</li> </ul>	<ul style="list-style-type: none"> <li>• The guide for trainers is comprehensive and clear, and includes examples of worksheets that can be included, information on how to prepare case studies, a list of videos can that be used depending upon intended learning outcomes, an example agenda and a list of definitions of related terms and phrases and an evaluation form.</li> <li>• The framework encourages both cognitive, didactic learning and interactive, action-based learning</li> </ul> <p><u>Weaknesses</u></p> <ul style="list-style-type: none"> <li>• Focuses mainly on enhancing knowledge of Indigenous culture, and encourages little self-reflection of non-Indigenous participants</li> </ul> <p><u>Applicability</u></p> <ul style="list-style-type: none"> <li>• Is designed to be flexible according to context</li> <li>• Is applicable only to people who are in the field of Natural Resource Management and Cultural Heritage in Australia</li> </ul>
5	<p>Please Explain: Indirect Discrimination in the Workplace- <i>Office of Human Resource Management and Flexible Learning and Access Services at Griffith University</i></p>	<p>This resource is an online learning package developed to raise awareness of cross-cultural issues and how they impact on the workplace. Additionally, it is aimed at improving communications, reducing conflict and nurturing more productive relationships. It is based on the belief that the individual can effect change</p> <p>It is applicable to anyone wanting to learn more about cultural interaction, or for people working with people from backgrounds and cultures other than their own</p>	<p><u>Strengths</u></p> <ul style="list-style-type: none"> <li>• Aims to enhance knowledge, attitude and skill</li> <li>• Addresses both cultural awareness and issues relating to discrimination</li> <li>• Encourages self-reflection</li> <li>• Reflective learning is encouraged by requiring participants to complete activities in a workbook and record thoughts and responses for each activity in a journal</li> <li>• Incorporates a variety of multimedia formats</li> </ul>

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		<p>Aims to help learners to:</p> <ul style="list-style-type: none"> <li>• Recognise indirect discrimination in the workplace as an unlawful practice</li> <li>• Increase awareness of themselves and how they relate to people of other cultures in the workplace</li> <li>• Gain a better understanding of Indigenous Australians' world views and how indirect discrimination may affect work relations</li> <li>• Increase their knowledge and sensitivity of non-Indigenous staff to the cultural and kinship obligations, workplace protocols and practices of Indigenous Australian staff</li> <li>• Overcome discriminatory practices that serve as either perceived or actual barriers and</li> <li>• Explore the benefits of having a discrimination free workplace</li> </ul> <p>Learners are required to draw on their own cultural background and experiences as a means of understanding the diversity of culture within society.</p> <p>The resource is accompanied by a video, which was produced as a vehicle through which prejudice and its impact can be explored. A workbook with activities was also developed to accompany the video</p> <p>Characteristics include:</p> <ul style="list-style-type: none"> <li>• A modular format that enables users to work through the content either in a linear fashion or in their own preferred sequence</li> </ul>	<p><u>Weaknesses</u></p> <ul style="list-style-type: none"> <li>• Does not require the learner to reflect through interactive learning or group discussion</li> <li>• Focusing intently on issues relating to racism and prejudice on an individual, cognitive level may risk presenting an unbalanced view of racism which does not take into account racism and power imbalances that exist on a structural level</li> <li>• May risk essentialising Indigenous people by raising awareness about cultural and kinship obligations</li> </ul> <p><u>Applicability</u></p> <ul style="list-style-type: none"> <li>• Is adaptable to a variety of contexts, as it designed for the learner on an individual level and does need to be completed in a linear fashion</li> <li>• Is accessible to people with sight or hearing impairments that restrict access to technology</li> <li>• Is relevant to a range of people, and is not limited to those of a particular field of work</li> </ul>
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		<ul style="list-style-type: none"><li>• A textual description of diagrams, graphics, audio and video</li><li>• The collating of links from throughout the site into a central list at the beginning of the resources section; and</li><li>• Providing users with a number of options for accessing and using the materials</li></ul> <p>This resource is not promoted as a standalone solution. It is recommended that learning is followed up with further learning, such as attending forums, discussions and advanced workshops</p>	
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Details of these programs can be found at:

1. <http://amf.net.au/news/managing-cultural-diversity-training-program/>
2. <http://lms.cucr.uwa.edu.au/moodle/course/view.php?id=2>
3. <http://toolboxes.flexiblelearning.net.au/series9/907.htm>
4. <http://www.nrm.gov.au/publications/frameworks/indigenous-ccat.html>
5. [http://www.griffith.edu.au/\\_data/assets/pdf\\_file/0004/176044/online-learning-as-a-solution...pdf](http://www.griffith.edu.au/_data/assets/pdf_file/0004/176044/online-learning-as-a-solution...pdf)

A number of freely accessible diversity-training tools exist in Australia, which were not included in this review, due to a lack of sufficient information for critical evaluation or have too specific a focus on one area. These were:

- 15 cultural safety training programs in Australia, formulated by The Royal Australian College of General Practitioners, the details of which can be found at:  
<http://www.racgp.org.au/aboriginalhealth/cst>
- Diversity Training Project—Immigrant Women’s Support Service. Found at:  
<http://www.iwss.org.au/public/kidsanddv/section1.pdf>
- Recruiting and Supporting Volunteers from diverse cultural and language background Training Manual—Volunteering Australia. Found at:  
[http://www.volunteeringaustralia.org/files/2UCSDQND6/VA\\_CALD%20Training%20Manual\\_final.pdf](http://www.volunteeringaustralia.org/files/2UCSDQND6/VA_CALD%20Training%20Manual_final.pdf)
- Aboriginal and Torres Strait Islander Cultural Awareness Package—Australian Federation of AIDS Organisations (AFAO). Found at:  
[http://www.afao.com.au/view\\_articles.asp?pxa=ve&pxs=168&id=305#aware1](http://www.afao.com.au/view_articles.asp?pxa=ve&pxs=168&id=305#aware1)
- Cultural Safety Training (CST)—Aboriginal Health Council of Western Australia (ACHWA) and Royal Australian Council of General Practitioners (RACGP). Found at:  
<http://www.culturalsafetytraining.com.au/index.php>
- Aboriginal and Torres Strait Islander Cultural Competence Course— Centre for Cultural Competence Australia. Found at: <http://www.ccca.com.au/courses>

## Appendix A: Further resources

### Out-of-scope organisational assessment and audit tool guides

1. AIDS Education and Training Centers (AETC). *Cultural Competency Organizational Self Assessment (OSA) Question Bank*. Available from [www.aidsetc.org/doc/workgroups/cc-question-bank.doc](http://www.aidsetc.org/doc/workgroups/cc-question-bank.doc).
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### **Online compilations of organisational audit/assessment tools**

Compilations of organisational audit and assessment tools can be found online at the following web addresses:

<http://aspe.hhs.gov/pic/fullreports/06/7865-2.doc>; <http://www.health.vic.gov.au/cald/reporting-requirements>;

<http://www.med.umich.edu/multicultural/ccp/Assessments.doc>

<http://mighealth.net/eu/images/0/0b/Banc.doc>;

[http://www.nationaltbcenter.edu/catalogue/epub/downloads/BNAFT/cultural\\_linguistic\\_comptncy.pdf](http://www.nationaltbcenter.edu/catalogue/epub/downloads/BNAFT/cultural_linguistic_comptncy.pdf)

[http://www.ncccricula.info/resources\\_mod2.html#appendixa](http://www.ncccricula.info/resources_mod2.html#appendixa);

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