

**Intercultural
awareness training
(IAT) for midwives,
school nurses and
health visitors:
evaluation of impact,
learnings, barriers &
recommendations**

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Executive Summary

Children and young people seeking asylum and refugees (CYPSAR) and families seeking asylum or with refugee status experience significant and intersecting health inequalities. These are shaped by the current and historical rules, ideas and power imbalances in society, trauma, living conditions and barriers to care. The 0-19 workforce, including midwives, health visitors and school nurses, play a critical role in mitigating these inequalities and providing supportive care to CYPSAR and families seeking asylum or with refugee status.

An intercultural awareness training (IAT) programme was delivered to the 0–19 workforce designed to strengthen cultural awareness and competence, build practical skills and confidence, and promote improved staff wellbeing.

Between May and September 2025, 96 midwives, health visitors and school nurses attended six training sessions across the south east of England. The training combined experiential learning, facilitated discussion and reflective practice with teaching on key principles of intercultural awareness and trauma-informed practice, safeguarding and staff wellbeing. Follow-up reflective sessions provided space to share experiences and changes in practice.

The evaluation found the training to be highly acceptable, appropriate and feasible for the 0-19 workforce. Participants reported increased confidence, awareness and reflective capability, alongside improved communication, advocacy and culturally responsive practice with CYPSAR and families seeking asylum or with refugee status. Experiential exercises, particularly 'BARNGA', and practical, role-specific examples were central to meaningful changes in practice. The emphasis on reflection and wellbeing supported practitioners to better manage vicarious trauma and reduce burnout risk.

One participant shared:

“I think the training needs to be integrated further and spread amongst the team more, it is such essential training, and I feel that our whole team would benefit from the training as would the people we care for.”

Sustained impact of the training can be achieved when intercultural awareness is treated as an ongoing process, supported by strong team cultures, protected reflective practice and visible leadership commitment.

Recommendations emphasise:

- embedding intercultural awareness into training and supervision
- expanding training across services who support the asylum system to enable system-wide impact
- scaling the training nationally including through e-learning and communities of practice.

Overall, intercultural awareness training represents a feasible, impactful and scalable approach to strengthening the workforce and tackling health inequalities for CYPsAR and families seeking asylum or refugee status.

The training was Funded by NHS England South East and the Office for Health Improvement and Disparities (OHID) South East and delivered in partnership with Health Innovation Kent Surrey Sussex and Nafsiyat Intercultural Therapy Centre.

Introduction

Refugees and people seeking asylum in the UK often experience complex and unmet health and social care needs, contributing to significant health inequalities. Many arrive having experienced trauma from both experiences in their home country and their journey to the UK, violence or persecution, alongside limited access to healthcare, nutrition and vaccination. For children and young people, including unaccompanied asylum-seeking children (UASC), this can present as untreated physical conditions, communicable disease, nutritional deficiencies and mental health needs. Separation from family and social networks further compounds these challenges.

After arrival, ongoing barriers such as navigating the asylum system, unfamiliarity with NHS services, insecure housing, disrupted education, and language or cultural barriers can reinforce poor health outcomes.

Key barriers to accessing care and support include:

Health

- Language barriers and limited understanding of NHS systems
- Trauma-related avoidance of care
- Transport, digital exclusion and frequent accommodation moves disrupting appointments
- Unmet physical and mental health needs linked to trauma and displacement
- Limited or no access to healthcare, vaccination or antenatal care prior to arrival

Education

- Interrupted education due to the asylum journey
- Language and technology barriers to school access and communication
- Housing moves at short notice, which disrupt learning and peer relationships
- Social isolation, racism and cultural exclusion within school settings

Local authority and housing

- Insecure or unsuitable accommodation, including delays for UASC
- Limited awareness of entitlements and support pathways
- Prolonged asylum processes increasing safeguarding risks

Social

- Exposure to violence, loss and persecution before and after arrival
- Disrupted social development, particularly for children
- Limited informal support networks and experiences of racism or hostility

Understanding the needs of children and young people seeking asylum or with refugee status is increasingly urgent. In the year ending September 2025, the UK recorded the highest number of asylum decisions since comparable records began, with 58,148 people granted refugee protection or other leave at initial decision, representing a 10% increase on the previous year (UK Government, 2025).

Rising racially motivated attacks and protests targeting asylum accommodation further increase physical and psychological risks (Human Rights Research Centre, 2025). Healthcare and statutory services must therefore be equipped to respond effectively.

The 0–19 workforce plays a critical role in enabling access to health and wider support. Midwives, health visitors and school nurses work at different stages but all support families during periods of heightened vulnerability, shaped by experiences before, during and after the asylum journey.

- **Midwives** often support pregnant people who present late or with little prior antenatal care, facilitating access to maternity services regardless of immigration status and responding to trauma-related perinatal mental health needs.
- **Health visitors** provide continuity in the early years, often working with families in temporary accommodation. Their role spans early intervention, safeguarding, advocacy and connection to wider health, local authority and voluntary sector support.
- **School nurses** support school-aged children and young people who have experienced disrupted education, have unmet health needs and trauma, promoting wellbeing in education settings and advocating to reduce barriers to care.

To deliver these roles effectively, this workforce requires confidence in trauma-informed, culturally competent practice and psychological first aid. A workshop across the south east of England and follow-up survey led by OHID found that while health visiting and school nursing professionals frequently support migrant families, few had received specialist training. Key development needs included understanding migrant health needs, navigating complex systems, intercultural competence, clarity on entitlements, and support for workforce wellbeing.

Previous intercultural awareness training, delivered in partnership by Health Innovation KSS and Nafsiyat, reached 109 members of the workforce who engage with UASC in Kent and Medway, Sussex and Surrey. This training was evaluated by NIHR Applied Research Collaboration KSS and was found to demonstrate high acceptability, appropriateness and feasibility.

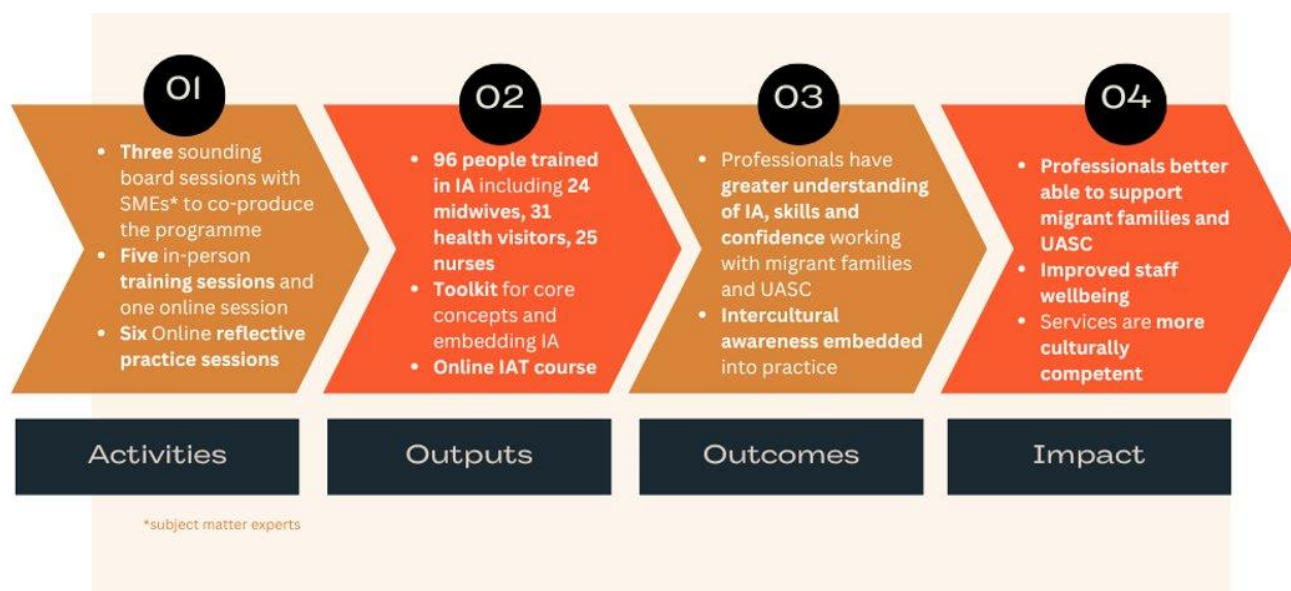
Building on the evidence and learning from the original intercultural awareness training, we delivered an adapted programme designed to reflect the specific roles and contexts of midwives, health visitors and school nurses.

About the training

Theory of change

The theory of change model below outlines the core activities, outputs, intended outcomes and impacts of the training.

Fig 1) Theory of Change



The course included:

- Five full day in-person training sessions and one online training session on intercultural awareness run by Nafsiyat
- Six online reflective sessions run by Nafsiyat to embed learnings into practice

The training sessions took place across the south east of England and were delivered within each Integrated Care System (ICS): Kent and Medway, Surrey and Frimley, Sussex, Buckinghamshire, Oxfordshire and Berkshire West (BOB), Hampshire and the Isle of Wight. The online session was open to the whole of the south east.

Training sessions

The training included experiential exercises, discussion and reflective practice and covered the following topics:

- An intersectional lens
- Cultural competence and values
- Core concepts around race and intercultural awareness
- Micro-incivilities
- ADDRESSING framework
- Communication differences and cross-cultural dialogues
- Roles and responsibilities

- Vicarious trauma, self-care and burnout

Case studies specific to scenarios that midwives, health visitors and school nurses may experience were included.

Online reflective sessions

The online reflective sessions, held three months after the training, provided an hour for participants to reflect on the impact of the training on them, any challenges they have faced in embedding intercultural awareness into their practice and organisations. These reflective sessions, facilitated by Nafsiyat, were designed to be led by what the participants found most helpful to discuss about the training and how it has shaped their practice.

This evaluation aims to understand:

- The short- and long-term impact of the training on:
 - Participant's confidence, skills and abilities when working with CYPsAR and families seeking asylum or with refugee status
 - Individual and organisation-wide practices related to intercultural awareness
 - Participant's wellbeing, ability to carry out self-care and prevent burnout
- The experience of the training including:
 - What was useful and what was not
 - What could be improved
- The enablers and barriers of embedding intercultural awareness practice on an individual, organisational and system-wide level

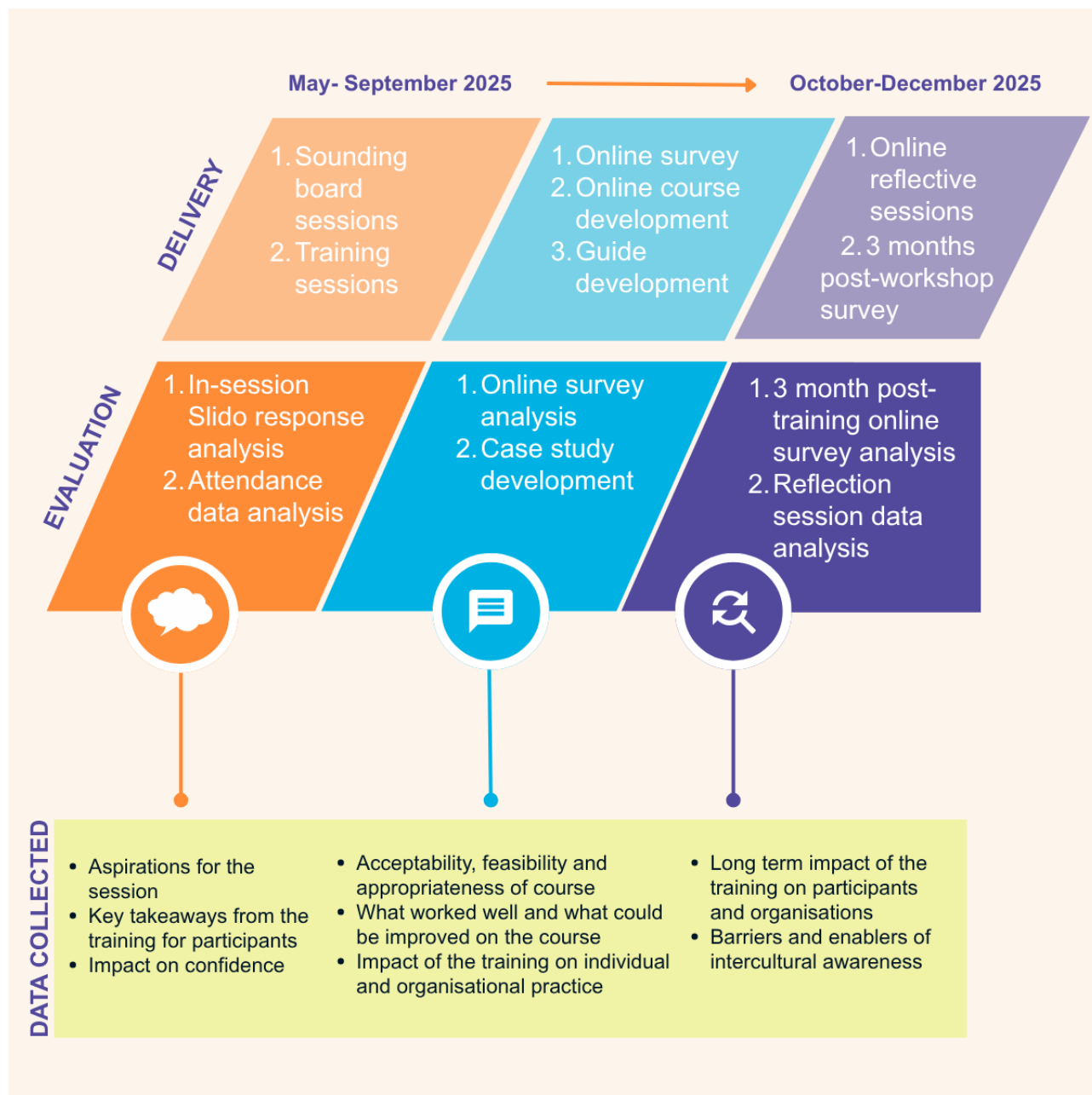
These insights were used to develop recommendations to embed intercultural awareness and better support CYPsAR and families seeking asylum or with refugee status.

Objectives of the evaluation

1. To measure the effectiveness of the training by evaluating changes in knowledge, skills, confidence and behaviours among professionals who attended the training.
2. To understand if and how the learnings from the training have been implemented in clinical settings and what enablers and barriers exist to facilitate that.
3. To evaluate the long-term impact and sustainability of the training.
4. To develop recommendations for local and national partners on how to embed intercultural awareness and better support migrant families and UASC.

Method

Fig 2) Research methods process



Data collection tools and measures

Slido in-session engagement

Slido, an online platform for anonymous engagement and interaction, was used during the training sessions at both the beginning and end of each training session.

Participants were asked

(Start of the session)

1. What are you most hoping to get out of today's session? (open text word cloud)
2. How would you rate your confidence in taking a culturally competent approach in your work when engaging with migrant families and unaccompanied asylum-seeking children? (scale from very confident to not particularly confident)

(End of the session)

1. What is your biggest take away from today's session? (open text word cloud)

Responses were combined across all sessions for analysis.

Post-training

Survey post-training

An online survey in SurveyMonkey was shared after each training session with participants. Questions included quantitative likert scales and qualitative open text questions. These were taken from Normalisation Process Theory framework utilised in the academic evaluation of the previous intercultural awareness training (Glass et al., 2026). Normalisation Process Theory (NPT) informs process evaluations by examining how the intervention was understood (coherence), taken up by staff (cognitive participation), enacted in routine practice (collective action), and appraised over time (reflexive monitoring) to assess its integration and sustainability

The following domains from NPT were assessed:

- Acceptability
- Appropriateness
- Feasibility
- Impact of the training on individual and organisation wide practice
- What training topics were most interesting or useful
- Barriers and enablers to implementing intercultural awareness
- What was missing from the training
- Overall evaluation of the training

Participant case studies

Two case studies were developed to present an in-depth view of participant experiences of the training and how the learnings have been embedded in practice. The case studies illustrate the impact of the training on wellbeing, and organisational practice.

You can find the case studies in appendix A.

Three-month follow-up

Reflective sessions

Reflective sessions were held three months after the training sessions to enable participants to share in an open forum. Hosted by Nafsiyat, these sessions were designed for participants to reflect, bring challenges, share how the training has been taken forward at an individual and organisational level and to ask questions. The sessions provided qualitative data on the impact of the training, barriers and enablers, as well as feedback on the training itself.

Survey – three months post training

An online survey in SurveyMonkey was shared three months after the training. It included a shortened version of questions asked in the first survey and additional questions focused on implementation of intercultural awareness. It included questions on:

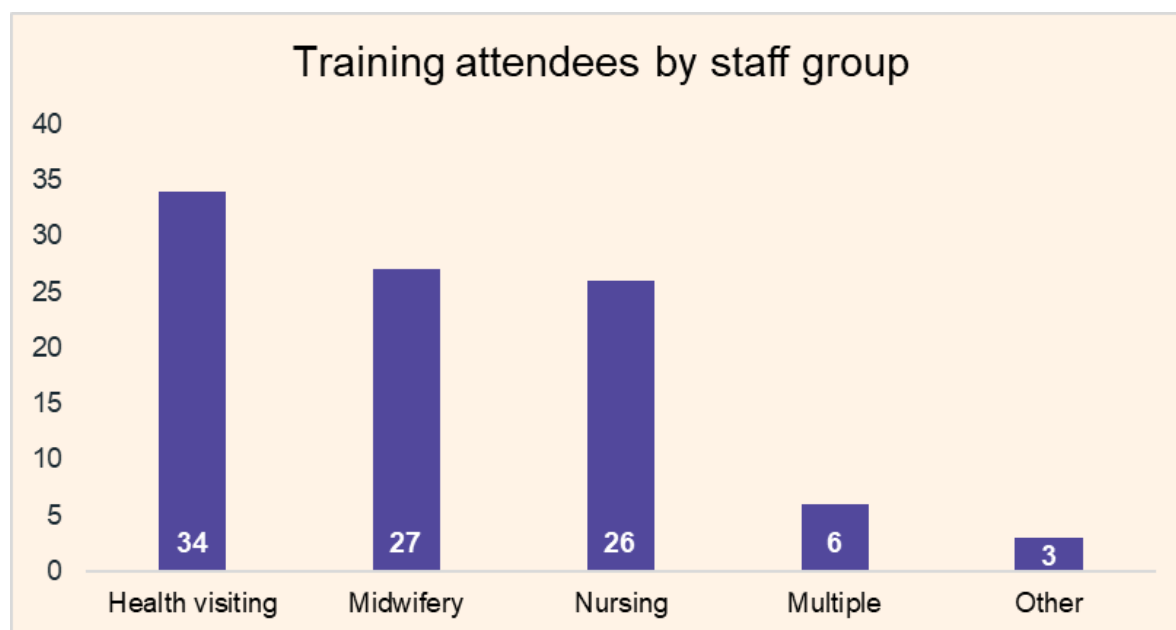
- Usefulness of the learnings
- The impact of IAT on their practice, team and organisation
- How intercultural awareness is being embedded in their organisation
- Understanding and confidence of intercultural awareness
- Barriers and enablers to implementing intercultural awareness
- How the training could be improved

Results

Session attendance

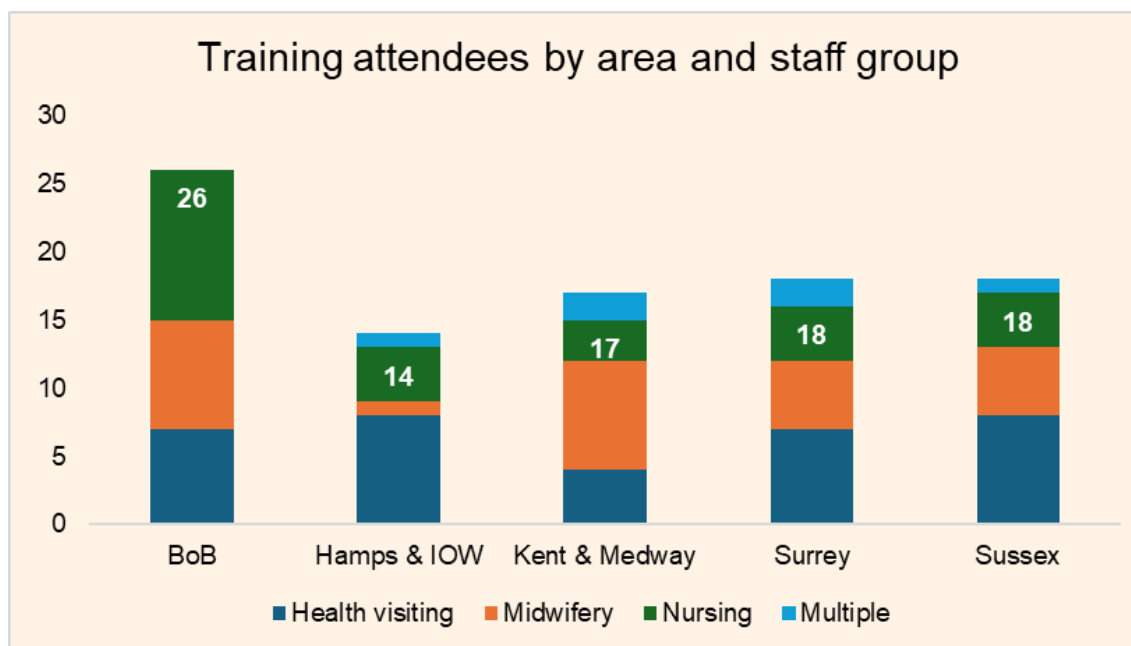
96 people attended the intercultural awareness training (IAT), across five in-person sessions and one online session. Six people worked across more than one of the staff domains (Midwifery, Health Visiting and Nursing).

Figure 3) Number of attendees at training sessions by staff group



Attendance varied across regions, with Buckinghamshire, Oxfordshire and Berkshire having the most attendees (27% of total attendees). Attendance was lowest among midwifery professionals in Hampshire and Isle of Wight.

Figure 4) Number of attendees at training sessions by south east area and staff group



Pre-training session participant engagement

Hopes for the training

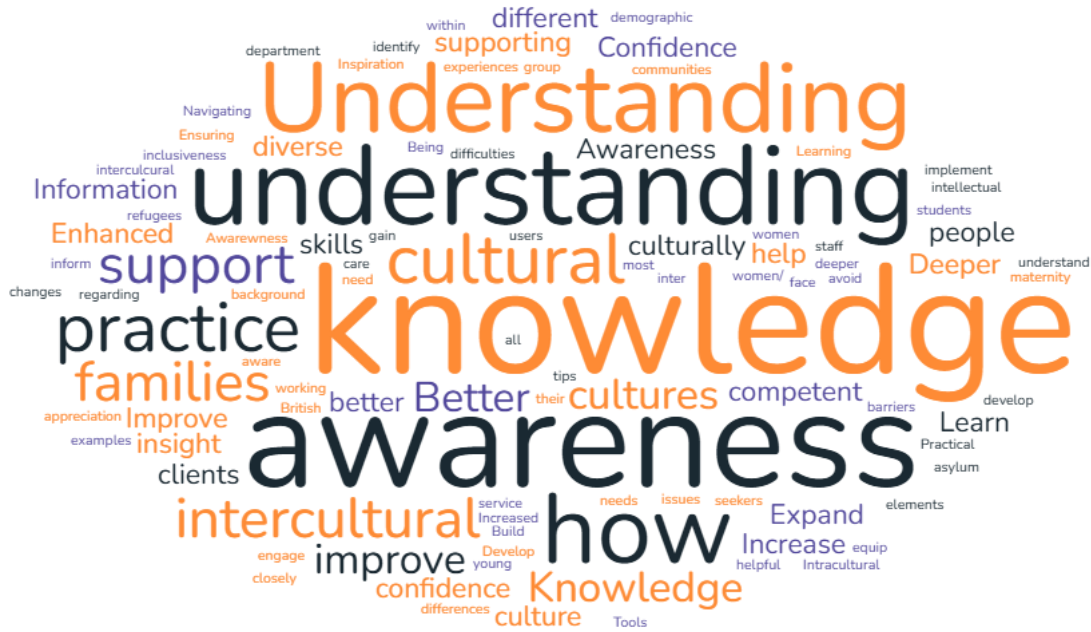
Participants were asked on Slido at the start of the training, what they were most hoping to get out of the session. The most common responses were around increased knowledge, understanding and awareness, including gaining skills and confidence in supporting people from different cultural backgrounds to themselves and translation of the training into practice. The word cloud below illustrates responses across all training sessions. For example, participants responded:

“A deeper understanding of working in a culturally competent way.”

“Increased confidence in supporting young people and families who do not identify as ‘White British.’”

“Understanding and awareness to equip me to implement changes within the maternity department.”

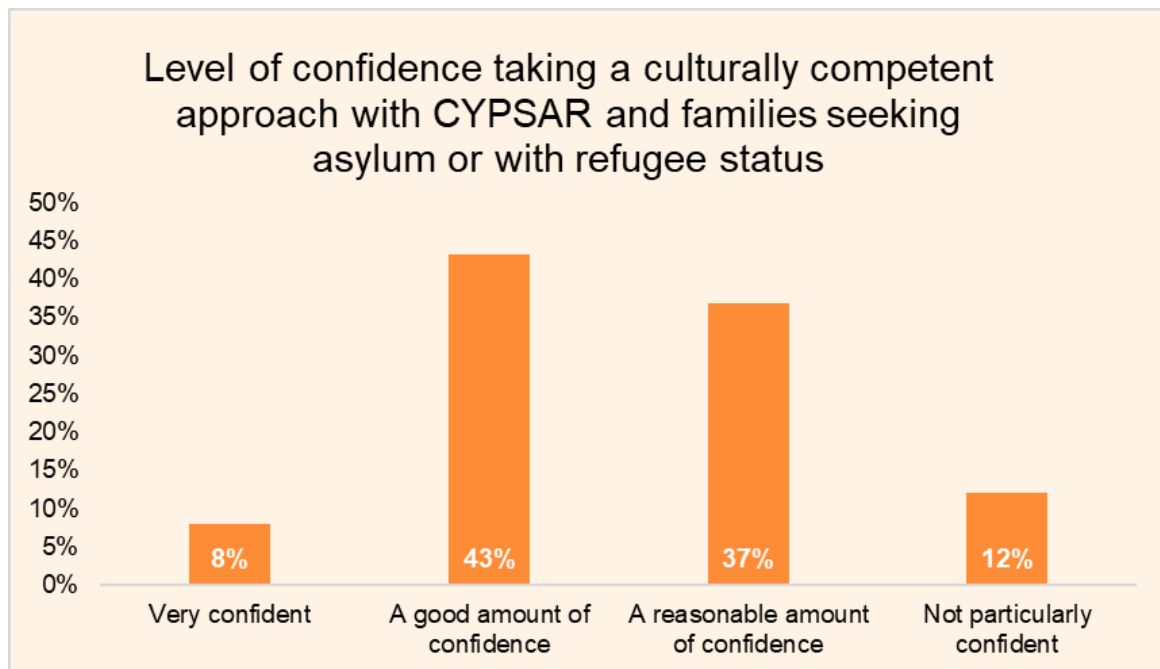
Figure 5) Responses to ‘what are you most hoping to get out of today's session?’ - Slido engagement



Confidence before the training session

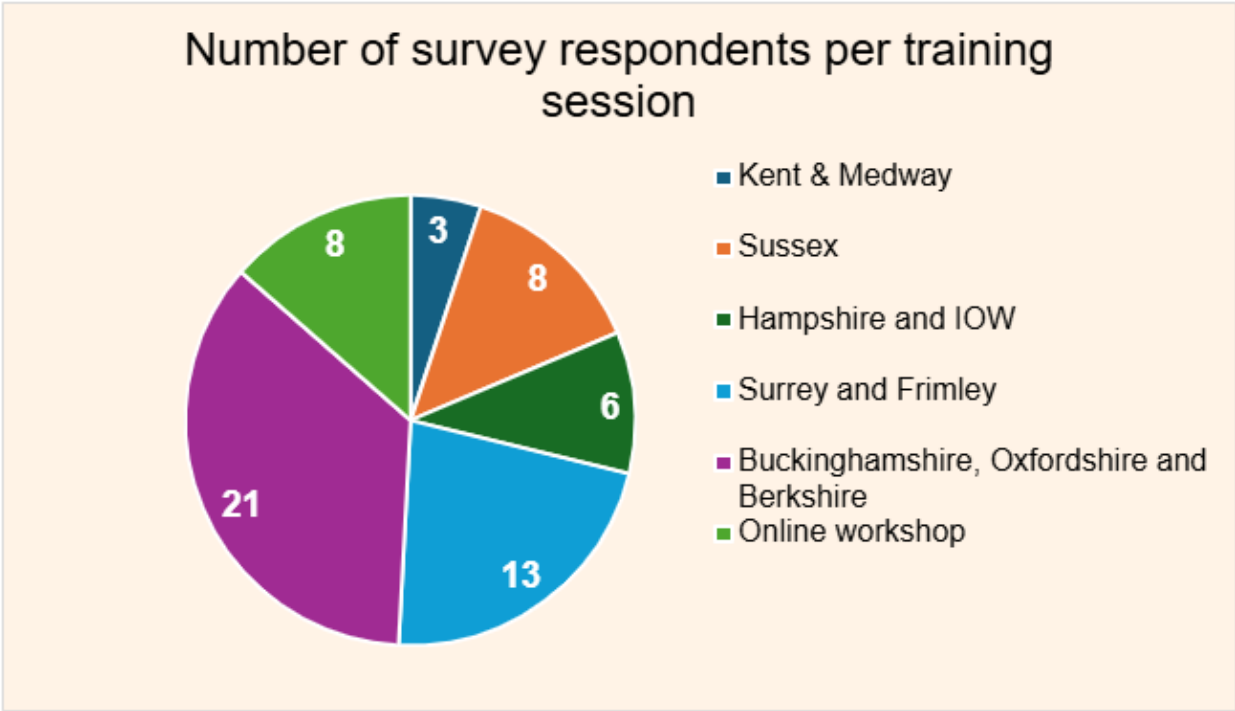
About half of participants rated their confidence working with CYPSAR and families seeking asylum or with refugee status as ‘a good amount of confidence’ or ‘very confident’. However, just over 1 in 10 did not feel particularly confident.

Figure 6) Ratings of confidence before the training: Slido engagement



Post-session feedback

Biggest takeaway from the training



The number of years worked in current service varied, with over a third (36%) having worked for their current organisation or service for over six years.

Fig 9) Number of survey respondents by years in service or organisation



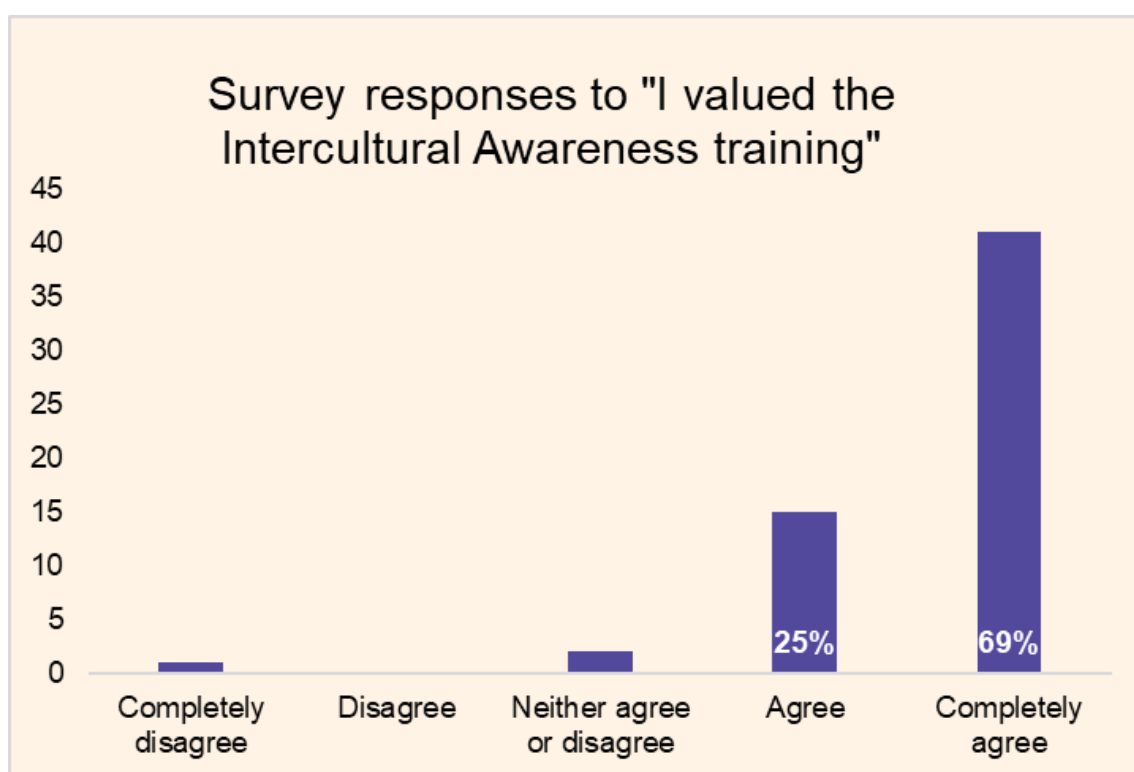
Acceptability, appropriateness and feasibility of IAT

Three measures were used from the normalisation process theory framework to measure acceptability and appropriateness and feasibility of the training for midwives, health visitors and school nurses. These measures were adapted from the previous academic evaluation of Intercultural Awareness Training by NIHR ARC KSS.

Acceptability

Respondents rated the course as highly acceptable, with 94% valuing the training.

Fig 10) Acceptability measure responses



Appropriateness

The course was also rated as highly appropriate, with 93% of respondents agreeing the training was applicable to their role and responsibilities.

Additionally, 86% of respondents agreed the training sufficiently addressed the needs of the specific communities they work with.

Fig 11) Appropriateness measure responses



Feasibility

Feasibility was equally rated high, with 93% respondents agreeing the training seemed implementable within the context of their role and responsibilities. Participants reflected that although the training challenges you, it is very applicable to their practice, for example:

“There were a lot of thought challenging aspects to the training which I know will stick with me throughout my career. Honestly, every aspect was incredibly useful, and I think all would be very beneficial for all of the 0-19 service to be trained on.”

Fig 12) Feasibility measure responses



Feedback on what was useful from the training

Experiential activities

Specific experiential activities that invited participants to put themselves in the shoes of CYPsAR and families seeking asylum or with refugee status were highly valued and mentioned most frequently as a useful training element.

Specifically, the BARNGA* card game was mentioned by around half of participants as being interesting and useful. Feedback shared that the card game was “brilliant” “powerful” and “eye-opening”. One participant shared that it:

“gave a great insight into how migrants may feel when meeting professionals, difficulty of aligning agendas and communicating”.

Another participant shared:

“The game was an excellent representation of the complex feelings that migrant/non-English speaking families might feel, and the possible outcomes (resignation, frustration, disaffection, etc).”

**BARNGA is a silent card game in which participants unknowingly follow different rules, highlighting how cultural assumptions, bias, and miscommunication arise when people assume their own norms are universal.*

Case scenario discussions

The opportunity to discuss and share with other practitioners with similar cases was also valued, with around 20% of respondents sharing this was useful or interesting. Participants highlighted the utility of discussing “case scenarios” in understanding the material, for example:

“The case scenario good to chat through with others”

Others said that the discussion helped them reflect on barriers and changes that could be made in practice.

“Discussions of feelings, it really helped reflect on personal thoughts and opinions”

“ (it was) Good to talk with colleagues about barriers to delivering services in a positive way to address cultural competency.”

Understanding own culture and others’ experiences

Participants valued specific content that helped them understand their own culture as well as others’. Specifically, learning about intersectionality was cited as useful. They shared the following as particularly beneficial:

“Conversations around identifying my own culture and beliefs and how to open up conversations with Asylum seekers and refugees”

“Intersectionality wheel, importance of how people see themselves/identify as may differ to what we see/assume”

Content on vicarious trauma, burnout and self-care

Some participants valued learning about the impact of working with people who have experienced trauma and how to prevent burnout. Feedback from the survey included:

“I liked the session on preventing burnout.”

“It was good to think about self-care too.”

Improvements to the training and additional support needed

Further information

In the survey, the most common response was that more specific or in-depth information would be useful, rather than the training needed to be improved. Many recognised the training was a useful “overview” and that there is “always more to learn and understand”. One suggestion was “A toolkit or resources”.

Directory of services and tools

Requests for more specific information included general information about the immigration system, specific vulnerable groups and practical tools. For example, participants shared that they

- “Want more info on what services available and what the immigration processes etc they are going through.”
- “(that the course was) Not specific enough to individual cultures and practices that may have been useful.”

Impact of the training on individuals and their practice

Personal perspectives and biases

Increased awareness and knowledge of culture and diversity led to the ability to be more aware of cultural differences and biases in terms of how these differences may impact lived experiences and supporting specific groups.

For some attendees, the training broke down their pre-existing perceptions of CYPsAR and families seeking asylum or with refugee status, for example.

“It has already broken down some of my pre-conceived ideas/notions and my inner barriers to communication. I feel more comfortable discussing differences with my clients rather than shying away or expecting them to conform to UK values.”

The ability to reflect was supportive of increasing one’s understanding, awareness and thinking through improvements in practice. One participant shared

“It made me stop think and reflect and increased my understanding of the intercultural differences.”

Protecting one’s wellbeing and understanding the impact of vicarious trauma was a valued part of the training. Linked to this, was an increased ability to reflect, and take time. This supported self-care practices and a greater awareness of the impact of working with communities who may have experienced trauma.

Communication with patients

The most significant changes in practice were around communication with patients, changing communication approaches to ensure differences are valued and discussed. For example, one participant shared:

“Instead of not discussing differences with clients will make it part of my contacts.”

And another felt more able to navigate cultural difference with clients:

“I feel more comfortable discussing differences with my clients rather than shying away or expecting them to conform to UK values.”

Advocacy and removing barriers to care

Specifically, participants expressed a want to improve the experiences of CYP SAR and families seeking asylum or with refugee status through ensuring they have a voice. One participant shared that they are:

“Thinking about how we approach these clients and ensuring that they are provided with opportunities to express their own voice. Ensuring that they are able to celebrate their own culture/ race and ethnicity.”

And another was motivated to improve care through removing barriers:

“I feel more empowered to build trust with clients to help remove barriers and improve their care and experience.”

Barriers to embedding intercultural awareness

Time and capacity

Participants shared lack of time and capacity as a key barrier to working in a culturally competent way with clients, sharing they lack “time to engage properly with the families in question”. Additionally, the lack of capacity to make changes in practice to support families was mentioned. For example, one participant cited the challenge of:

“Capacity within our service to take the team needed to fully support migrant families how we would ideally like.”

Lack of resources

For CYP SAR and families seeking asylum or with refugee status participants shared there was a “lack of helpful resources to aid engagement with migrant/non-English speaking families (resources in other languages).” This limits the ability to support and build good relationships with patients.

Reflections at three months after the training

Reflection session attendance

Reflection sessions ran three months after the training and were attended at lower levels than the main training sessions. 21 people in total attended, 22% of the total training participants. The lowest re-attendance was within Hampshire and Isle of Wight and among midwifery professionals.

Fig 13) Percentage of training participants attending reflective session by area

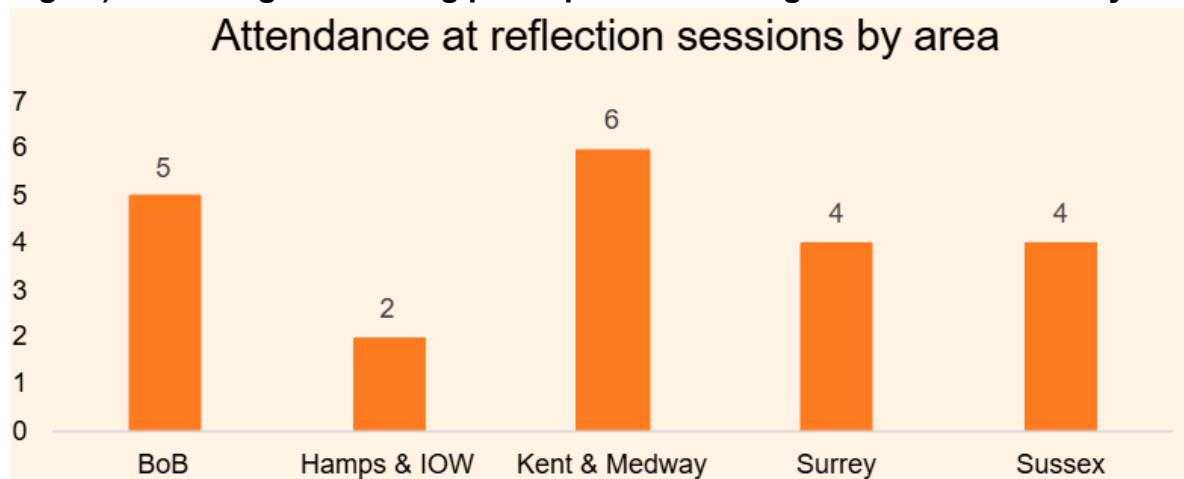
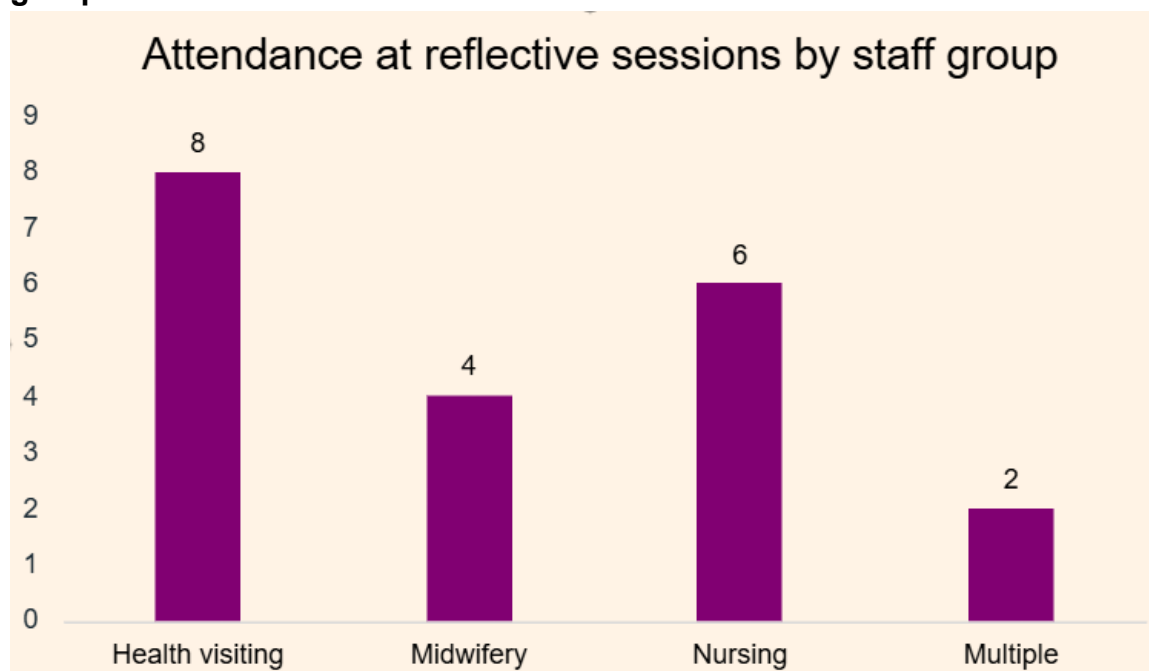


Fig 14) Percentage of training participants attending reflective session by staff group



Changes to practice

Communication

Changes in communication focused on increasing accessibility and clarity of information to address barriers people face in navigating the system upon arrival to the UK. One participant shared that because of the training they started:

“Explaining clearly role (health visitor) to asylum seekers - to ensure understanding and trust.”

Sharing learning

Some participants went on to share the learnings of the training in different ways, including running training sessions or sharing what they learnt at team meetings. Often this included specific parts of the training participants found impactful, for example one participant shared:

“Learning about power and privilege based on identity – was very powerful and impactful, used this in training sessions at work for midwives and doctors.”

Another participant has shaped their organisation’s maternity training programme to focus on intercultural awareness and health inequalities, which is delivered monthly, as well as delivering training for support workers and neonatal nurses. The sessions will centre on experiences of migrant families and people whose speak another language than English.

They said:

“I attended this workshop and found it very impactful. I am sharing the principles and what I have learned with the maternity and neonatal teams throughout the year.”

Reflective practice

Reflective practice was mentioned as key to the success of the training, as it enabled participants to think about their biases, practice and what they could do differently. Many shared that they recognised the value of reflective practice and would continue it in their professional lives as it felt helpful for their practice and protecting their wellbeing. For example, participants shared:

“Anything reflective when working with asylum seekers is really beneficial, more sessions like this could be helpful.”

“Opportunities to reflect on training and continue to discuss and ask questions is key beyond the training.”

Helen, a Specialist Community Public Health Nurse working in Hampshire & Isle of Wight Healthcare NHS Foundation Trust reflected that the training enabled her “to apply better boundaries in her role, which enabled her to use her time more effectively and protect herself from burnout.”

You can read more about Helen's experience of the training in the case study [here](#).

Continuing personal reflection was cited as a useful mechanism to continue embedding intercultural awareness both personally and professionally. There were less mentions of team or organisation wide efforts to foster reflective practice. However, one participant shared that their Homeless Healthcare team has set up regular reflective and therapeutic support sessions as a result of feedback after the training.

This participant (Catherine from Hampshire & Isle of Wight Healthcare NHS Foundation Trust) has shared their experience of the training and the impact on their organisation's practice in a case study. The case study can be found in Appendix A of this report.

A further participant shared the value of reflection and how integrating this into the team has had personal benefit.

“‘Intention vs impact’ has shown that self-reflection is vital. Regularly reflecting on your own cultural identity, biases and assumptions. This was embraced by the team.”

Opened up new dialogues

The training enabled practitioners to open up new dialogues with colleagues and communities they support. For one participant this centred on discussing the risks posed by female genital mutilation (FGM) and awareness of who it may impact, they shared:

“[the training has] Started conversations around FGM and who it may impact and how this might vary from who we typically thought my be affected.”

More generally, people recognised the value of working alongside communities including CYP SAR and families seeking asylum or with refugee status. A participant shared that they have taken the key discussion points from the training to discuss more widely, sharing:

"I have taken away the conversations to run a group in the community."

Adapting tools and resources

The training promoted better understanding and awareness of the challenges faced by CYP SAR and families seeking asylum or with refugee status and highlighted the importance of co-production. Some participants sought to adapt resources and thought about ways for services to be more accessible. For example, one participant reported:

“Made other resources more accessible e.g. maps and routes for people to access GP services after the training. (the training) widened the lens for me to these things.”

Barriers to implementing the training

Culture, understanding and ways of working

Participants recognised that intercultural awareness training isn't widespread in practice, and “other professionals lack of understanding can get in the way.”

Participants shared that this can prevent applying intercultural awareness into practice.

Participants mentioned ‘NHS culture’ as a barrier and shared that “professionals are not routinely reflecting on their unconscious biases.” And that this often makes it more difficult to discuss cultural competence, with one participant sharing difficulty in: “being able to clearly convey the various aspects of intercultural sensitivity”.

Ways of working that presented as a barrier were a lack of agreement of what ‘culture’ means and inadequate inclusion of diversity in decision making. For example, one participant shared

“When I think culture I think diversity but some people refer to the workplace culture, strategies, and I think that clashes. Culture means different things to different people.”

“Whose voice is not included in the decision-making? There's a difference between representation and actually diversity of thinking.”

Leadership and support

Implementing intercultural awareness practice more widely was hindered by a range of structural barriers within organisations, most notably inconsistent leadership engagement. Participants described senior teams that did not prioritise anti-racist or intercultural work, leading staff to feel that concerns never progressed to leadership conversations and creating reliance on individual activism rather than systemic support. For example, participants shared:

“(a challenge is) Not having people in leadership position who understand the need to take a proactive, firm approach to racism”

“I will always challenge but I'm one within the team. It never goes higher.”

Organisational initiatives often felt tokenistic and disconnected from day-to-day realities. For example, a participant shared:

“They've done events such as 'walk in my shoes' but doesn't quite work. Always feels like an afterthought.”

Sociopolitical context

Alongside organisational constraints, broader sociopolitical pressures significantly affected the implementation of intercultural awareness. Participants described the rising anti-immigration rhetoric, far-right activity, and local protest movements creating hostile environments for migrant and asylum-seeking families, who reported feeling unsafe even in accommodation settings. For example, participants shared:

“(there are) Huge barriers at work, lots of discussions happening around issues around racism and the far right.”

“One hotel in Reading... they go through the back door because they do not feel safe or welcome. And because of flags.”

“Ongoing protestors making people living in hotels for asylum seekers uncomfortable...”

These tensions increased service demand while social and financial support structures were simultaneously being cut, making equitable care more difficult to deliver. One participant shared they were

“Noticing a lot more scared families when their asylum and visa claims have been rejected and there's an utter feeling of helplessness.”

Emotional labour and experience of racism

It was acknowledged in reflection sessions that the emotional impact of working within this context is profound. Staff regularly faced micro-incivilities, subtle racism and harmful stereotypes, while those challenging discriminatory behaviour encountered exhaustion, self-doubt and the burden of being seen as causing trouble. One participant shared

“I'm a very passionate person and it will be brought down to being an 'angry black woman'.”

This was mentioned particularly by participants who were immigrants themselves, sharing it is difficult “[H]aving the mental and physical energy to counter micro-incivilities against themselves”.

Another participant shared that as “people not from here, we definitely feel vulnerable but less so in the workplace. Talking about this stuff is very helpful especially as an immigrant myself”.

Enablers to embedding intercultural awareness

Continued opportunities for learning and reflection

There was a desire for repetition and evolution of the training over time, to ensure it remains appropriate to the current sociopolitical context both nationally and locally.

The call for ensuring longevity of learning was further highlighted by the desire for further opportunities to continue regular, team-based reflective practice. This would help embed insights into everyday work and strengthen peer support, particularly for staff navigating the emotional impact of racism or complex asylum-related cases.

Participants shared

“Cultural awareness training is important to be repeated regularly over time, for non-specialist teams and may evolve over time.”

“Opportunities to reflect on training and continue to discuss and ask questions is key beyond the training”

Supportive team culture

Working in a team that valued intercultural awareness and welcomed discussion around improvements in practice were voiced as a key enabler. Where present, new ways of working were developed. One participant shared:

“Very beneficial to have a supportive team where you can reflect, and to learn from each other”

Catherine also shared in her case study that “Having a culture of giving feedback and learning in the team allows collaboration to develop new ways of working”.

Read more about Catherine’s experience of the training in the case study in Appendix A of this report.

Scaling of the training to other staff groups and organisations

Participants felt that delivering the training broader across staff groups and organisations was key to unlock system-wide transformation required to ensure culturally competent care for CYPsAR and families seeking asylum or with refugee status. One participant shared in the three month follow up survey:

“I think the training needs to be integrated further and spread amongst the team more, it is such essential training and I feel that our whole team would benefit from the training as would the people we care for.”

Translation services and social workers were mentioned as specific groups that could benefit from specific training around intercultural awareness. Participants highlighted:

“Other agencies including translating services need to be culturally trained, aware of what should be translated e.g. safeguarding concerns and better relationships between trusted services would be key”

“Useful for wider staff, anyone that works with our services, it is a big group of people. Social workers is a really important staff group.”

Recommendations

The following recommendations outline steps to be taken by each stakeholder to design, deliver and implement similar training at scale. These recommendations have been synthesised from both the initial and long-term impacts, barriers and enablers of this intercultural awareness training.

For the providers of intercultural awareness training

- 1. Include practical experiential exercises e.g. BARNGA**
This enables participants to gain a greater awareness and insight into the lived experience of different groups.
- 2. Weave opportunities for both reflection and discussion throughout**
Reflection and discussion support participants to become more aware of one's own biases, and discussion supports sharing of challenges and ways action can be taken to embed intercultural awareness.
- 3. Time the training to maximise impact**
Ensure the training takes place during a time where high attendance can occur and embedding into practice is supported. This may be avoiding holiday times, or when systems are under pressure e.g. winter.
- 4. Embed more specific local population-based examples**
Adapting the training to local context and sharing knowledge and resources useful for working with specific community groups. This ensures the training is relevant and directly related to practice

For individuals supporting CYPsAR and families seeking asylum or with refugee status

- 1. Identify opportunities for individual and team reflective practice** to continue embedding learnings and improve practice.
- 2. Seek opportunities to share learnings around intercultural awareness** with colleagues through existing channels e.g. one-to-ones and team meetings.
- Support or **deliver intercultural awareness training** by organising sessions, sharing insights, or collaborating with managers and learning teams.
- Consider how you could **champion intercultural awareness** in your organisation, perhaps by sharing resources or helping make practices be more inclusive and trauma-informed.

For organisations supporting CYP SAR and families seeking asylum or with refugee status

1. Ensure IAT is an organisation-wide initiative for all staff

Without a strong foundation of intercultural awareness across all staff, the ability to change practice and support CYP SAR and families seeking asylum or with refugee status remains limited.

2. Foster a culture of openness to change and diversity of thought in decision making

Promote an organisational environment where staff feel empowered to question assumptions, embrace diverse perspectives, and adapt to new ways of working, ensuring that decision-making is inclusive, forward-thinking, and responsive to evolving needs.

3. Embed IAT within induction and ongoing training and development

Intercultural awareness is an ongoing development area, not a one-off training. It requires active reflection and discussion within teams which can identify improvements to real practice.

4. Create space and opportunity for reflective practice and peer support

Reflective practice and peer support and discussion are integral for developing intercultural awareness. It can also help staff to develop changes in practice and look after their wellbeing.

5. Provide supervision

Providing supervision to staff where they can raise issues and access support is key. This can be achieved through providing supervision either delivered by staff internally or through an external organisation for practitioners. This ensures challenges can be addressed in a timely manner, by creating a regular touchpoint to share and get support.

6. Obtain leadership buy-in

It is crucial that leadership understand the importance of intercultural awareness and ensure it is a part of the working culture and does not become a tick-box exercise.

For local authorities and commissioners of services that support CYP SAR and families seeking asylum or with refugee status

1. Commission IAT for resettlement centre workers.

2. Commission IAT for Border Force.

Both resettlement workers and Border Force colleagues were identified as key groups working with CYP SAR and families seeking asylum or with refugee status. These staff must receive IAT to ensure a culturally competent approach is delivered system-wide.

3. Develop a **directory of services** that support CYP SAR and families seeking asylum or with refugee status, for all agencies to access and build on.

A shared directory of services for all those supporting CYP SAR and families seeking asylum or with refugee status would enable more effective joined up support.

For NHS England & OHID

1. **Commission development of intercultural awareness e-learning course for all health and social care staff**

In addition to the guide and online course developed, the value of a broader e-learning style course on intercultural awareness for all health and social care staff was recognised, to ensure this concept is widely understood and valued.

2. **Develop continuing professional development (CPD) for provision of supervision/ and reflective practice for midwives, health visitors, school nurses and adjacent groups that work with CYP SAR and families seeking asylum or with refugee status**

Continued reflective practice and supervision was recognised as needed to enable individuals and teams to deliver effective culturally competent care and to support staff wellbeing. It is important to have people trained and able to deliver reflective practice and supervision to a good standard.

Conclusion

The evaluation demonstrated that intercultural awareness training has a positive impact upon practitioners' cultural awareness, skill and confidence, including a greater ability to look after their wellbeing. Feedback from both the survey and reflection sessions emphasised the importance of sustained commitment to intercultural awareness at an individual, team, organisation and system-level. Participant experiences highlighted that meaningful change in practice can be achieved when learning is an ongoing process supported by a strong team culture that fosters reflective practice, open communication and the opportunity for change.

Participants shared that the training led to continued use of reflective practice, both individually and within teams, which enabled continued learning through consideration of biases and opportunities for improvement. The use of experiential exercises including BARNGA, open discussion and practical examples were cited as key to the training's success.

Successful changes in practice included improved communication and relationships with patients including advocacy on their behalf and tailoring of tools to better meet the needs of CYPsAR and families seeking asylum or with refugee status.

Participants also shared that the training led to better interagency working and enabled them to start new dialogues that allowed organisational change to be possible.

By broadening the reach of intercultural awareness training to all organisations and practitioners who support CYPsAR and families seeking asylum or with refugee status, more inclusive, responsive, and culturally competent care can be delivered. This contributes to tackling inequality through improved experiences, outcomes and access through more competent and confident staff, who are additionally more resilient and better equipped to manage vicarious trauma and prevent burnout.

Appendix A – Case studies

PARTICIPANT CASE STUDY

Hampshire & Isle of Wight Healthcare NHS Foundation Trust
Helen O'Connor - Specialist community public health nurse

WHAT WAS THE IMPACT?

The training was an opportunity to learn, reflect and improve practice working with children, young people and families who are seeking asylum or with refugee status in the South East.

For Helen the training enabled:

- Reflection on a deeper level about values, differences, reduced insecurities, building confidence and emotional intelligence.
- Greater understanding of intersectionality and how it connects to models of community nursing.
- Boundaries and limits around scope of practice to be better implemented and stuck to.
- Improved well-being, ability to carry out self-care and have self-compassion whilst working with trauma survivors.
- Opportunities to share learning and training on intercultural awareness in the Trust.

WHAT HAPPENED AFTER THE TRAINING?

Supporting students

When supervising undergraduate and public health nursing students, Helen used person-centred principles she learnt about to ensure learning outcomes are aligned to students' strengths and passions to encourage their development.

Improved well-being and self-care

The training led Helen to apply better boundaries in her role, which enabled her to use her time more effectively and protect herself from burnout.

Team learning

Helen is presenting her learning from the training to her wider team in early 2026, promoting the online training and toolkit.

Trust-wide support

Helen was approached to develop training trust-wide on intercultural awareness and has attended organisational meetings on contingency accommodation, such as hotels for people seeking asylum, which brought together professionals across Hampshire.

“
We do tend to take on a lot. Just mentally, emotionally and things play on your mind and it was really nice there was a focus on vicarious trauma. - Helen”

ENABLERS OF CHANGE

Networks and specialist teams

The training enabled different staff to meet each other and connect with specialist teams, gaining a greater understanding of the different roles supporting children, young people and families seeking asylum or with refugee status.

Support and confidence

Team support to be able to implement changes learnt from the training, and an organisational culture of safety and confidence for change.

BARRIERS TO CHANGE

Change fatigue

Existing change programmes, mean there is change fatigue, making it difficult to introduce new ways of working.

Time for training and development

On top of mandatory training, staff may not have the time or consider additional training on intercultural awareness as necessary.

RECOMMENDATIONS

For Practitioners:

- Be self-aware, challenge unconscious biases, and lead with compassion, empathy, and curiosity to build trust and relational safety.
- Listen actively, ask questions to encourage safety, and recognise that feeling heard is therapeutic, as mutual respect matters more than being the expert.
- Embrace trauma-informed care by meeting people where they are, using their strengths, valuing diversity, respecting cultural differences, and embedding inclusion, accessibility, and psychological safety in all policies.

PARTICIPANT CASE STUDY

Hampshire & Isle of Wight Healthcare NHS Foundation Trust

Catherine Boardman - Nurse & Health Visitor;

Clinical Team Coordinator, Central Locality, Homeless Healthcare

WHAT WAS THE IMPACT?

The training was an opportunity to learn, reflect and improve practice working with children, young people and families who are seeking asylum or with refugee status in the South East.

For Catherine the training enabled:

- Reflection on understanding how different behaviours may present across people with different cultural backgrounds.
- Understanding that, as practitioners, it is important to ensure personal well-being when working with people who have experienced trauma.
- Confidence to carry out new working practices, and emphasised person-centred approaches to care.
- New and improved relationships through highlighting the importance of inter-agency working, e.g. participating in Anti-Poverty Network Meetings and running drop-in sessions for women, children and families.
- Reinforcement of the team's commitment to providing high quality and continuity of care for asylum seekers and migrant families.

WHAT HAPPENED AFTER THE TRAINING?

As a result of the training, regular reflective and therapeutic support sessions have been introduced for the Homeless Healthcare Team.

What

It offers therapeutic space to acknowledge difficult cases, share resources, supporting staff wellbeing by providing therapeutic tools and spaces to manage difficult emotions productively rather than internalising them.

Why

To help staff process the emotional impact of working with people who have experienced trauma to prevent vicarious trauma.

How

Monthly (and ad hoc) sessions are led by a Clinical Lead.

“The training was moving and thought-provoking. My role involves working with asylum seekers and migrants, the training reinforced my awareness of how difficult it is to navigate the healthcare system and access support when you have no understanding of the processes. - Catherine”

ENABLERS OF CHANGE

Leadership

Senior leadership encourages creative approaches and ensures protected time is available for learning opportunities.

Culture of learning & collaboration

Having a culture of giving feedback and learning in the team allows collaboration to develop new ways of working

BARRIERS TO CHANGE

Time

Ensuring there is time set aside for attending network meetings and reflective sessions can be challenging; ensuring this is prioritised requires support at all levels.

Resources

Allocation of adequate resources for hosting reflective sessions, network meetings and drop-in sessions can be challenging.

RECOMMENDATIONS

For Practitioners:

- Take a person-centred approach to working with migrants by being open and adaptable and led by what matters to them.
- Work in partnership with families to develop culturally sensitive care plans.

For organisations:

- Embed regular, structured opportunities for reflective practice to discuss challenging cases, recognise the emotional impact of vicarious trauma, and foster staff wellbeing.
- Strengthen trauma-informed and culturally sensitive practice by providing ongoing opportunities for learning.
- Enhance inter-agency collaboration and accessibility by partnership working between local services.

Appendix B – ongoing support

Outputs

Guide: Intercultural Awareness: Core principles and practical applications a guide for Midwives, Health Visitors and School Nurses supporting children, young people and families seeking asylum or with refugee status.

What is the guide?

An online interactive flip-book to guide you through the key principles of intercultural awareness and how it can be embedded into individual practice and organisations.

The content includes:

- Core concepts of intercultural awareness, including intersectionality, cultural competence and micro-incivilities
- Practical next steps for embedding intercultural awareness on an individual and organisational level
- Opportunities for reflective practice throughout

Who is it for?

The guide is tailored to midwives, health visitors and school nurses, but it may be useful for anyone who is interested in intercultural awareness or who works with migrant families and unaccompanied asylum-seeking children. It could also benefit organisations looking to embed intercultural awareness.

How can it be accessed?

[Access the guide here.](#)

How can it be used?

The guide may be particularly beneficial to people who have or are currently undertaking a course in intercultural awareness. It provides a reminder of the important concepts and what it could mean in practice. It could also be helpful as an introduction to the key principles to intercultural awareness, for those who don't have time to complete a course.

Online course: Nafsiyat and Health Innovation KSS Intercultural Awareness Course for Specialist Midwives, Health Visitors and School Nurses Working with Migrant Communities

What is the online course?

- The **free CPD accredited online course**, is a bitesize version of the live training, and will support people with:
 - Embedding intercultural awareness and trauma-informed care into daily practice.
 - Social norms and cultural differences that may affect health, parenting, and schooling.
 - Culturally appropriate, compassionate support for vulnerable families and unaccompanied asylum seeking children (UASC).
 - Roles and responsibilities across health and safeguarding pathways.
 - Workforce wellbeing, recognising vicarious trauma and preventing burnout.

Who is it for?

The guide is tailored to midwives, health visitors and school nurses, but it may be useful for anyone who is interested in intercultural awareness or who works with migrant families and unaccompanied asylum-seeking children.

How can it be accessed?

[Access the online course here.](#) You will be required to create a free login through the Nafsiyat website to access.

How can it be used?

The course is modular with each module taking about half an hour, including time to fill in the reflection questions. After the course is started, learnings can revisit content at any point and make progress in their own time.

Appendix C – references

Glass, D., Vella, C., Ferrell, A., Robinson, E. and Randell, B., 2026. Evaluating the implementation of intercultural awareness training for the workforce supporting unaccompanied asylum-seeking children. *The British Journal of Social Work*.

Human Rights Research Center (2025). The Rise in Racial Tension and Growing Anti-immigration Sentiment in the United Kingdom. Accessed on 02/04/2026. Available at: <https://www.humanrightsresearch.org/post/the-rise-in-racial-tension-and-growing-anti-immigration-sentiment-in-the-united-kingdom>

UK Government (2025). How many people are granted asylum in the UK. Accessed on: 02/04/2026. Available at: <https://www.gov.uk/government/statistics/immigration-system-statistics-year-ending-september-2025/how-many-people-are-granted-asylum-in-the-uk>