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Cultural competence as whiteness in health and social care

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Abstract

Critical whiteness studies seek to understand ways people racialized as white collectively maintain racist systems even whilst professing anti-racism. Key to whiteness are discursive moves that have the effect of making the benefits of being white invisible for the beneficiaries. In the era of Black Lives Matter and decolonisation, it has been noticed that whiteness is increasingly defensive and disturbed. With its invisibility under threat, hegemonic whiteness now relies on disavowal of open racists as ‘too’ white (by implication, not really white), as part of a continuous process of protecting its appearance of being position-free and universal. Thus its ‘civilisational’ reach is underpinned. This chapter argues that in health and social care, the machinery of whiteness can be seen at work in attempts to instil ‘cultural competence’. Whilst cultural competence is popular as a tool for redressing racism in institutional contexts, in practice it reflects and re-inscribes social difference. Cultural competence is therefore best understood as a technology of whiteness, along with other ‘soft’ equality measures like diversity management. The chapter considers the promotion of cultural competence in Scotland and identifies the traces it bears of Scotland’s particular history of race and racism as a former slave-owning wing of British colonialism now seeking to position itself as multicultural and post-colonial. Efforts to foster cultural competence can be seen as whiteness ‘in the headlights’ seeking its once cosy invisibility yet they also create liminal spaces where racial certainties may be unsettled.

1.1 Introduction

Cultural competence has become a key signifier for anti-racist reform within health and social care. This chapter uses the idea of whiteness to explore the limits and potential of a burgeoning set of practices associated with this idea. It begins by outlining key features of whiteness as highlighted by critical whiteness studies and suggests that growing public controversy about race has created a situation where whiteness today can be understood as being ‘in the headlights’. Whiteness can be seen to evolve and change over time and in particular contexts in a way that ensures the protection of perhaps its key quality, of keeping out of sight. In the wake of the Black Lives Matter movement whiteness has been ‘named and shamed’, presenting new challenges to the maintenance of the invisibility of whiteness. As discussed in the following section, cultural competence, which is in some ways an attempt to flush out whiteness, has arisen as a response to increasing migration in the Global North. It has been seen by many as a vehicle for change. However, the concept has been criticized. In

practice, it fails to challenge inequality and has even reinforced it. The argument made here is that cultural competence can usefully be understood in Foucauldian terms as a technology of whiteness. In this, cultural competence follows race itself in being highly contextualized, reflecting the particular ways in which race is denied and hidden according to national myths that reference the idea of race. In a later section, attempts to operationalize cultural competence in Scotland are explored as a means of demonstrating this point. Scotland's cultural competence is connected with the history of race in Scotland, a history which, it is argued, has left Scotland in denial about its colonial past and ongoing coloniality. Finally, it is suggested that efforts to foster cultural competence can be seen as whiteness 'in the headlights' seeking its once cosy invisibility yet also as creating liminal spaces where racial certainties may be unsettled.

1.2 Critical whiteness studies and whiteness 'in the headlights'

People positioned as 'white' in racially unjust societies have struggled to perceive and accept the experiences of people who have been racialized. We have less access to sources which might establish when people of colour began to notice and speak of this problem but it is increasingly recognized that they were writing about it at least as early as the nineteenth century (see for example Wasige 2022). Others including W.E.B Du Bois and Franz Fanon returned to this concern but it was only when white scholars such as the feminist Ruth Frankenberg (1993) began to write about 'whiteness' that the problem was brought to the attention of the western academy. The idea of whiteness as a historically situated, socially constructed status was a way to problematize the racial blindness associated with the mainstream in the same way that hegemonic masculinity helped draw out into the open ways that gender inequality was actively hidden through discourses cast as 'normal'. Indeed, a key feature identified for whiteness is the way it frames normality to obscure racial inequality.

Key to whiteness are discursive moves that have the effect of making the benefits of being white invisible for the beneficiaries.

Critical whiteness studies help us to understand ways people racialized as white collectively maintain racist systems even whilst professing anti-racism. This focus has been particularly productive in conjunction with writings that explore the paradoxical idea of the 'post-race' society. In public life there is an intense focus, even preoccupation, with issues of racial justice yet, in an apparent paradox, this focus accompanies a continuation and general worsening of racial inequality. The idea that we live in a 'post-race' world is hegemonic but as the evolution of whiteness explored in critical whiteness studies indicates, race as a basis for social ordering remains powerful (Goldberg 2009: 371; Goldberg 2013). For David Theo Goldberg, race and social difference generally have been formally abolished in public but left free to rampage privately. Hence, race has been driven underground (Goldberg 2009). Social difference in general has become a threat to neoliberal projects which valorize 'mixture'. In these projects, social difference is cast as a product of and tool for the free market, whilst racial inequality is denied and relegated to history. Reassertion of race as a principle continuing to structure society poses a threat to the neoliberal trope of individual effort and prowess as the basis for economic success after the waning of the welfare state. Because of the vulnerability of the social order to exposure, the threat of race (Goldberg 2009) is a threat that is ever more energetically denounced. The neoliberal era is marked by increasingly aggressive measures to assert an over-riding neutrality and control the ever-present symptoms of social difference which continue to be expressed (Goldberg 2009; Hunter 2015). The particular evolution and content of those measures is also highly contextual; national histories of race are very important and leak into the present (Goldberg 2009; Wolfe 2016).

The idea of whiteness now has a public life. No longer an esoteric academic frame, it is increasingly an idea that is marshalled, fashioned and mobilized in discussions about race

globally. Yet, its arrival has been fraught. The idea of ‘white privilege’ has become associated with a backlash that frames the poverty of people who are not racialized as somehow a product of attempts to level the race equality playing field. It is important to recognize that whiteness as a subject position is never static but is continuously reshaped in response to criticism. Finding itself ‘in the headlights’ in recent years has not weakened whiteness. Instead, there has been a redoubling of the work associated with maintaining whiteness as the ‘race free’ point of reference for all who seek to hide behind its invisibility. Hegemonic whiteness now relies on disavowal of open racists as ‘too’ white (by implication, not really white), as part of a continuous process of protecting its appearance of being position-free and universal (Rhodes 2013). Whiteness ‘disturbed’ (Hunter and van der Westhuizen 2020: 8) is whiteness seeking to remake itself to protect its appearance of universality by the reclaiming of emergent anti-racist discourse, even as anti-racists discard old terminology that has been refashioned and associated with the protection of new racist projects. Multiculturalism, diversity and institutional racism are examples of ideas that have each in their turn been incorporated into policy approaches that work perversely to keep things white. As will be explored, the ability to position itself as ‘civilisational’ is essential to whiteness. It will be argued here that whiteness is key for making sense of cultural competence, the subject of this chapter. Cultural competence, along with multiculturalism, diversity and institutional racism, is inevitably subject to the process of incorporation, absorption and re-working that is the hallmark of whiteness. The next section provides an overview of cultural competence.

1.3 Cultural competence

In the twenty-first century, service users and practitioners who note racial inequality in relation to the provision of health and social care commonly do not call for less racism but for greater ‘cultural competence’. However, cultural competence is not simply a post-racial

euphemism that frames racial problems as simply cultural problems. Closely related to the idea of ‘interculturality’, cultural competence represents a particular form of emergent cultural capital (Phipps 2010: 4), even ‘the key competence *par excellence* in a globalised world’ (Seukwa 2007: 13). According to one of the most cited definitions, this idea seeks to acknowledge ‘behaviours, attitudes and policies’ enabling effective work in ‘cross-cultural situations’ (Cross 1988: 1). Cultural competence recognizes and names as a resource a feature of everyday experience for many racialized people, especially migrants, namely awareness of ‘extra’ cultural frames of reference. Thus cultural competence is positioned as an irritant to a monocultural frame of reference and is seen as a useful tool for disrupting whiteness.

There is now an enormous international literature about the concept of cultural competence across many fields, including social work, transcultural psychiatry and mental health. The idea is increasingly institutionalized. Demands for greater cultural competence have led to proclamations on the part of government agencies of commitment to cultural competence. In turn, their failure to deliver those promises has fuelled demand for quantitative measures that can be used to assess claims of having fostered cultural competence in workforces. The onward march of cultural competence is manifest in a proliferation of models and tools purporting to measure and quantify cultural competence. For example, cultural competence in health care has been reified by inclusion as an accreditation standard in the US and Canada and as legislation in New Zealand. Its use is pervasive in policy documents and medical education in Australia (Paul et al. 2014). In the UK the concept has steadily achieved increasing prominence in NHS training especially in health care (Barn and Das 2016). Arising in the US and white settler states, it is increasingly taken up as a standard for good practice across Europe and is now promoted in the Global South (see for example Betancourt et al. 2003; Cruz et al. 2018; Shen 2015; Guner et al. 2022).

Cultural competence has been the brand name for significant efforts to make institutions more responsive to the needs of people who are racialized. Where the health and social care needs of Indigenous people, for example, are not met by existing models and approaches, a call for culturally competent services is a call for their needs to be better met. More widely, calls for cultural competence have been associated with calls for provision of interpreters, for attention to non-standard religious requirements and family practices, as well as for providing health and dietary information and advice that is more appropriate for particular groups. The idea of cultural competence has quickly become a focus as a means of overcoming a particular set of human resource problems arising in a racist world. However, as quickly as cultural competence proliferates and attempts are made to put it into practice, so too, critiques of this idea have burgeoned.

1.4 Cultural competence as a technology of whiteness

As has been argued and demonstrated in studies from the 1990s onwards, cultural competence lends itself to essentialism. Drevdahl et al. (2008), for example, suggest that this approach assumes it is possible to simplify and manage culture. The result is too often the development of inventories of healthcare beliefs of particular racialized groups which reinforce or indeed construct essentialized ideas about racialized people. Canadian Occupational Therapist Brenda Beagan notes that whilst the blunt 'laundry list' approach has fallen out of favour in the past decade it is still 'routine to encourage clinicians to gain more knowledge of ethnic and racialized minority groups' (Beagan 2018: 125). Cultural competence works to reinforce traditional positionings of clients and experts, casting cultural differences as 'other' (Hollinsworth 2013).

Following the sociologist Shona Hunter, this chapter argues that cultural competence is not only marked by the 'post-racial' context, but operates as a technology of whiteness. Features

of cultural competence can be illuminated by reference to Foucault's idea of 'technology'. Foucault used this term and the closely related term in French, 'technique', 'to refer not to tools, machines, or the application of science to industrial production, but rather to methods and procedures for governing human beings' (Behrnt 2013: 55). He used these terms in his explorations of the ways modern social and political systems control, supervise and manipulate populations. Foucault was concerned to show how ostensibly 'neutral' gestures, attitudes, even uses of space and positioning of people, reflect and are associated with social power.

The idea that cultural competence training might amount to a form of surveillance that reinforces whiteness rather than unsettling it, is challenging (see also Pons 2009). However, this framing establishes that some of the problems that arise in relation to cultural competence projects are not just 'pitfalls' but inevitable consequences of the cultural competence approach. As Shona Hunter argues, 'soft' equality measures such as diversity management and 'positive action' can be understood as techniques of whiteness (see also Russell 2014). In the twenty-first century, Hunter argues, contemporary practices of liberal whiteness are associated with 'flexibility, diversity, communication and holistic care as well as economic efficiency and accountability' (Hunter 2010: 453). These practices reflect new discursive ideals of professional success and good practice. Within the British National Health Service (NHS), New Labour modernisation from 1997 onwards linked the achievement of equality with efficiency and effectiveness in such a way that equality 'was viewed as directly linked to improving the quality of patient care' (Hunter 2010: 455). In the context of the neoliberal retreat from welfare, Hunter argues, ideas about quality and diversity, along with community cohesion and human rights, 'operate as powerful euphemisms for attempts to resolve racialised and ethnicised difference', collapsing and

eliding social disadvantages and serving to ‘reinstale whiteness as an unmarked general’ (Hunter 2015: 11).

Importantly, Hunter’s approach is predicated on the ongoing existence of colonialism, against a hegemonic view that colonialism, along with race, is of the past. Whilst colonialism has formally ended, it continues as coloniality, whereby ‘the relations put in place through colonialism outlived the collapse of colonial administrations’ (Meghji 2021: 21). A key aspect of Hunter’s argument is her situation of soft equality measures in relation to the ‘benevolent outreach’ of whiteness historically. Hunter argues that soft approaches to equality are melancholic managerial techniques associated with the ongoing and painful confrontation of the neoliberal state with its colonial and hence racial past and present. Neoliberal whiteness is characterised by its ‘benevolent outreach’, its offer of inclusion to the excluded, a means by which it becomes ‘civilisational and untouchable in its promotion of the general “good”’ (Hunter 2015: 12). Research highlighting the colonial origins and ongoing coloniality of health and social care professions attests to the way that health and social care promotion in the colonies entrenched the dominance of colonial elites, practices and ideas. For example, as argued by Morogosi (2018, cited in Dittfield 2020) social work developed in response to social problems that emerged in the industrial revolution in Western Europe in the 1880s and was subsequently exported as a wing of colonialism, remaining ‘a continued instrument of coloniality’ today (Dittfield 2020: 2).

A key aspect of Hunter’s analysis that is important is her focus on the idea of whiteness as ‘civilisational’. This is particularly important for understanding whiteness in health and social care, historically and into the present, and the development of cultural competence. The ability to position itself as ‘civilisational’ is essential to whiteness. It is a quality of whiteness that connects it with colonial knowledge. The ‘benevolent outreach’ of whiteness comes to the fore in the context of neoliberalism. From this perspective, efforts to define and measure

cultural competence can be seen as attempts to codify a raceless universal. However, as nations become (unevenly) more diverse, even super-diverse, the unworkability of cultural competence is exposed. Because it relies on the homogeneity of ‘cultures’ and fails to challenge the dominant ‘post-race’ narrative, cultural competence does not take into account the different histories of race in particular contexts. Indeed, it reflects them in the way it is operationalized locally. In turn, because it is coded in universal terms, it works to hide those national histories of race and protect post-racial narratives. Cultural competence aims at achieving mastery, resulting in a discourse that ‘seeks to neutralise racialised power by deflecting it’ (Tascón and Gatwiri 2020).

This is demonstrated in the over-culturalization of migrant patterns of disadvantage to which Käkelä refers (2020). It is common for scholarship about cultural competence to be free of reference to racism and racialization (see for example, Zarzycka et al. 2020), preferring instead the race-free language of ‘intergroup dehumanisation’ or ‘ethnocentrism’ (see for example, Guner et al, 2022). Such approaches to cultural competence, reflecting post-racialism in society, see ‘culture’ in place of race, power and social class. The result is a lack of criticality that reinforces existing inequalities. Racine and Perone illustrate this in a compelling paper about cultural voyeurism in international nursing placements (2012). The authors criticized, as one example, an academic account of Canadian students on nursing placement in Uganda. The account they describe repeated, uncritically, student claims of a lack of cleanliness on the part of Ugandans, the students also decrying ‘a woeful lack of empathy’ and a ‘lack of emotion’ that was ‘spine chilling at times’. Such examples show how the language of ‘intercultural encounter’ fails to confront whiteness. The trope of ‘developed’ and ‘developing’ healthcare systems re-inscribes the colonial order in a way that reasserts the cultural dominance of the ‘developed’ world. The consequence of this focus on ‘culture’ is to problematize racialized people and their experience. Walters et al., for example, noticed US

medical students in one research project attributing ‘awkward, difficult clinical situations’ to the ‘diversity issues’ of Indigenous People (Walters et al. 2016, cited in Baskin et al. 2020). As Shen (2015) suggested in their review of cultural competence models and assessment instruments developed and published by nurse researchers since 1982, health disparities are rooted in complex historical and contemporary inequities and socioeconomic status which confound the measurement and successful implementation of cultural competence.

The idea of cultural competence as a technology or technique of whiteness helps to explain the labor and emotional work increasingly documented by people of colour as they attempt to engage with cultural competence training in the context of whiteness and coloniality (as noted by Yassine and Tseris 2020 and Savreemootoo 2020). It might be contended further that the growing promotion of cultural competence in the Global South is usefully understood, alongside the promotion of resilience and adaptability in the face of climate change, as a technology of power working to protect and maintain existing global inequalities (Mikulewicz 2019). The next sections will seek to further explore and illustrate the idea of cultural competence as a technology of whiteness by considering the particular colonial context of Scotland.

1.5 Scotland’s live colonial space

Coloniality has a distinctive dynamic in ex-colonial powers like Britain. As a colonial power, Britain played a leading role in sculpting approaches to migration. Through its leadership in the United Nations and role in establishing the UN Refugee Convention, Britain demonstrated the essentially defensive posture of European states in the post-war period. The Refugee Convention implicitly problematized migration from the Global South whilst simultaneously maintaining and reworking the idea of Europe as the fountainhead of modernity (El-Enany 2020). Whiteness, in this context, involves the invisibilising of the harm

associated with colonialism to maintain a belief that those countries who benefited from slavery are culturally superior and their fundamental benevolence can be taken for granted. 'For Europeans generally', argues David Theo Goldberg, 'race is not, or really is no longer... racial europeanization has ... rendered race unmentionable, unspeakable...' (Goldberg 2009: 152/3). Nonracialism, he says, squeezes out any possibility of antiracism (Goldberg 2009: 176). As argued by Ghassan Hage (2016), where Europe's privilege had been in its capacity to keep the realities of colonial inequality across the sea, both physically and imaginatively, this privilege is now under threat. The effect is the 'Israelising' of former colonial powers which are increasingly perceived as isolated bastions of whiteness more fearful than ever of being over-run by a sea of hostile ex-colonial subjects. This framing helps us to understand coloniality in Britain in the current context. As El-Elnany (2020) has argued, Britain is a live colonial space. This is manifest in migration law, the treatment of refugees, institutional racism and continued racial inequality. It is evidenced by the ongoing efforts of the current government to cultivate a 'hostile environment' for refugees and the initiative to process asylum seekers in Rwanda, on the Australian model. The idea that race and racism are of the past and confined to a few remaining 'bad apples' works to buttress these policies.

Scotland remains part of Britain's live colonial space, despite moves in the direction of independence. In the national imagination, the role of slavery in Scotland's wealth has been quietly neglected since the nineteenth century. Yet whilst slavery did not contribute to the Scottish economy to the same degree as in England (Mullen in Meer et al. 2020) white Scots played key roles in British colonialism and slavery and the Scottish economy received massive economic benefit from that involvement (Liinpää in Davidson et al. 2018). In the present day, great hopes are invested in the potential of the Scottish Parliament, whose 1999 establishment marked the devolution of some elements of government such as housing, health and education. Anti-racist activists and practitioners have sought to achieve social

change through the new parliament and in various ways, particularly in relation to asylum policy, there have been tensions between the UK and Scottish governments. Not being racist, for many Scots, is both a national aspiration and a point of difference with England.

Yet twenty years after devolution, very similar patterns of racial inequality are found in Scotland compared with England. Rates of employment and underemployment are comparable for Black and minority ethnic people. Whiteness is clearly at work in relation to application and interview in the public sector (CRER 2014). Racialized poverty is a feature of Scottish society as it is in England (Cebula and Evans 2021) and racially motivated hate crime remains the most commonly reported type of hate crime in Scotland (Crown Office and Procurator Fiscal Service 2021) with 75% of Muslims experiencing Islamophobia as a regular or everyday issue (Nicolson 2021). The similarities are qualitative as well as quantitative. Lower rates of benefit and social housing take-up are associated with lack of awareness of entitlement, stigma and discrimination (Netto et al. 2011; Netto in Davidson et al. 2018). As Scotland begins to develop more distinctive approaches to policy it has been associated with a more consultative model of government. Yet as Judy Wasige (2022) suggests, consultation with Communities of Colour in relation to Female Genital Alteration has been an exercise in social control, not a power-sharing project.

As this evidence suggests, Scotland has not overcome racism. Moreover, Scotland's coloniality is not forced on it by the Westminster government in England. Rather, it is animated by an emerging Scottish version of longstanding British myths. Like Britain, Scotland is still presented as a model of civilisation, but its model is cast as more authentic. In the Scottish nationalist version of history, the involvement of Scottish merchants and 'explorers' in slavery and other imperial projects is less important than the injustices wrought on Scots by English elites. Belief in Scotland's essential anti-racism (a Scottish version of post-racialism) provides a new form of white denial. This analysis is consistent with some

evidence which suggests that in various respects, Scotland actually lags behind in England and Wales in relation to race equality due to an apparent resistance to ethnic monitoring in criminal justice and the public sector generally (Meer et al. 2020; Cebula and Evans 2021; Expert Reference Group on Covid-19 and Ethnicity 2020). The rationale for neglect of this agenda over some decades has been that people who are racialized constitute a small minority in Scottish society and that racism is therefore unusual, a view that connects racism to the presence of migrants, not the presence of colonialism.

The particular way that racial history in Scotland is owned and not owned has precedent. Writing in a US context, Yolanda Spears describes her experience of leaving a community of Black racial majority to live and work in a white-dominated liberal cosmopolitan town. In a place that prided itself on its difference to conservative-minded cities around it, locals experienced Spears' expressions of her Blackness as neither empowering nor transformative but 'a threat to the community' (Spears and DeLoach 2020: 4). The increasing popularity of an old Scottish phrase, 'We're all Jock Tamson's bairns', referencing a common humanity, can represent an aspiration but it can also represent a post-racial myth, a device used to block suggestions of racism. An 'it's not us, it's them' accounting for racism makes it very difficult for people who are racialized in Scotland to assert experiences of racism (Davidson et al. 2018) and represents a 'move to innocence' (Malwhinney 1998, cited in Tuck and Yang 2012) which works to protect Scottish whiteness.

1.6 Scotland's Cultural Competence

The previous two sections explored the particular way race is important in Scotland. This context is important for considering the ways in which the idea of cultural competence has been articulated and is being operationalized here. This section provides a summary of

cultural competence in Scotland that highlights the ways Scotland's cultural competence reflects its particular history of coloniality.

Cultural competence in Scotland is developing rapidly. Scottish health care has aspired to a culturally competent service since the Scottish Executive report 'Fair for All' in 2002. In the following years to 2008 the expert working group National Resource Centre for Ethnic Minority Health (NRCEMH) pushed for cultural competence to be promoted at both an individual and organisational level (Bhopal 2012). The concept was embedded in the policy document, 'A Fairer Healthier Scotland' (2013) as part of a focus on safe, effective and person-centred care and now formally a priority for education and workforce development planning (NES 2017). The concept is also associated with recognition of the need for a targeted approach. From this perspective, a culturally competent health and social care system is one that can address particular health patterns associated with 'cultural or religious values that either promote or hinder behavioural change' and 'accommodate varying degrees of cultural identification' (Netto et al. 2010: 248).

In addition to securing governmental commitment to the idea of cultural competence, practitioners increasingly pushed for systematic training in cultural competence and standardisation. In health care, Julia Quickfall provided a five-step model later developed for work with asylum applicants (Quickfall 2014). In social work and social care efforts have also been made recently to identify ways to apply cultural competence successfully for refugees (Käkelä 2020; Lau and Rodgers 2021). The Minority Ethnic Carers of Older People Project developed a culturally competent assessment framework and training pack, incorporating cultural competence into the assessment process (see www.mecopp.org.uk/about), seen by Shared Care Scotland as potentially the basis for the first UK standard for Cultural Competence in short break services (Thomas 2006).

The current status and institutionalisation of cultural competence in Scotland can therefore be said to represent the anti-racist work of many practitioners of colour and their allies over two decades, with Jatin Haria identifying this work in relation to a cultural competence ‘movement’ (Haria 2017). Scottish guides to cultural competence often acknowledge and respond in various ways to the criticism that cultural competence is essentialist and presents culture as static (see for example, MECOPP 2017). However, the articulation of cultural competence also reflects and is limited by the ongoing colonial context in which this work has occurred. Historically, at least superficially, there is a seamless thread linking British and Scottish colonial health and social care projects through to the current time. The civilizational aims of these projects have been continuous, linking contemporary health and social care traditions to colonialism. The Scottish approach to cultural competence shares the tendency of cultural competence elsewhere to leave white privilege unexplored. Scotland’s cultural competence fits too easily with a view of the world whereby ‘we’ are building a civilized culture which we need to help others to understand. For example, Quickfall’s 2014 account portrays culturally competent health and social care workers as providing a ‘meeting in the middle’ about different health beliefs to help newcomers to adapt to ‘a new set of social norms and behaviour’ (Quickfall 2014: 252). This implies an essential set of Scottish social norms and behaviour which will or should remain essentially unchanged by newcomers.

Of key concern for practitioners is the wider neoliberal context. Cultural competence as a banner for anti-racist reform must inevitably collide with the racist agenda of the UK and Scotland as live colonial states. This is most obvious in relation to social work and exemplified in recent research by Emmaleena Käkelä with Scottish social workers which highlights the problems and contradictions associated with the idea of cultural competence in the context of Scottish coloniality in the neoliberal era (Käkelä 2020). Käkelä describes how Scottish social workers grapple with the need to be culturally competent whilst carrying out

the roles required of them in relation to the policing of families and of migration. These roles reflect the Home Office hostile environment policy which targets immigrants with no right to remain with a range of measures restricting their employment, housing and access to welfare services. Asylum seekers are not entitled to social work services when destitute, with social workers employed by local authorities in Scotland thus only engaging with asylum seekers when they have come to the attention of the state for child protection or criminal justice reasons. A Scottish social worker interviewed by Käkälä describes asking an African mother questions about the family's life in Africa 'so I can get a better picture of the lives of the children' and seems frustrated that the mother perceives this as snooping, not 'helping' (Käkälä 2020). The construction of the problem is revealing, reflecting the colonial and racial context of these professional/service user relationships. Overwhelmingly, practitioners are white and the goodness of their civilisation is seen as self-evident with people of colour positioned as their clients who they seek to inform of their 'rights and responsibilities'.

The history of health and social care professions is an aspect of colonial history, whose implications are as important in the colonial heartlands as they were in white settler states, despite the long success of European empires in keeping these histories invisible. Moreover, colonial histories are not receding but accelerating towards the present. With increasing migration and polarisation in Europe about migration in the context of climate change, pandemic and global instability, social workers face being required to police people of colour as never before. In the twentieth century, the coloniality of British health and social care work could be hidden mainly because racist immigration laws ensured Britain and Scotland were mostly kept 'white'. Now as the empire seeks to come home, that coloniality becomes harder to hide and the disjuncture between national myth and the experience of race threatens to burst into public view. Whiteness is in the headlights and the pressures to find ways to resolve the unresolvable are intense.

This is why cultural competence, for all its appeal, is a technology of whiteness. With its ‘level playing field’ approach to culture, it is a technique that seeks to resolve tensions that cannot be resolved. Black and brown bodies in the UK are experienced as a management problem and health and social care workers are enlisted to implement this management. In cultural competence, anti-racism is folded into ‘best practice’ and equality into quality, such that practitioners who discriminate are presented as less white, since whiteness does not see race and treats all people as equals. In Scotland, the promotion of cultural competence fits with the public face of Scottish coloniality which seeks to banish involvement in racial capitalism to the past – and to England. As such, it offers a means for the discipline and punishment of students of health and social care, presenting them with the ticket they need to be able to participate in invisibilized whiteness. It also marks the exit for those unwilling or unable to participate: if they are racialized people of colour, the sign says ‘couldn’t overcome their cultural disadvantage’, if racialized as (too) white, it says ‘racist’.

1.7 For and against cultural competence

In this chapter, I have argued that cultural competence is a technology of whiteness and as such the way it is formulated and comes to matter in everyday life reflects the particular racial context of neoliberal Scotland. This might seem to imply that cultural competence should be abolished. Yet ‘cultural competence’ has freighted some of the most important institutional anti-racist work in Scottish health and social care. It is useful to consider projects to foster cultural competence as whiteness ‘in the headlights’ seeking its once cosy invisibility. This lens suggests questions be asked such as: whose cultural competence and to ensure whose agency? ‘Partnership working’ to achieve whose goals? How these issues are resolved has critical implications for racial justice in health and social care settings. Potentially, in efforts to promote cultural competence liminal spaces may be identified where racial certainties may be unsettled.

As Hunter and van der Westhuizen (2020) highlight, whiteness cannot tolerate ‘mess’ and incompleteness. When truth is spoken to power, that truth is absorbed and incorporated to re-hide power. Responding to and merging the particular into the universal is the job of whiteness. Some recent attempts to find alternatives to cultural competence push against its characteristic universalising by bringing in the voices of particular racial others ironically drowned out as key actors seek to implement cultural competence outputs in particular health and social care settings (see for example Savreemootoo 2020). The development of concepts such as cultural humility and cultural safety as alternatives to cultural competence represent attempts to codify ways to reverse the pathologising gaze associated with cultural competence. These approaches aim to make practitioners aware of their own power and position the client, whoever they might be, as expert (Tascón and Gatwiri 2020; Dittfield 2020, Hollinsworth 2013). For example, the idea of cultural safety was developed by Maori nurse Irihapeti Ramsden in 1990. Key aspects include the encouragement of reflexivity, centring of Indigenous Peoples’ understandings of colonisation in relation to their experience of the helping professions and a reminder that it is service users who decide whether an interaction with a provider is culturally safe.

Importantly, cultural safety is predicated on consciousness of context, challenging both the universalising sweep of cultural competence as well as ideas about universal ‘Indigenous ways of knowing’, instead emphasising the particularities of ‘how, where and why Indigenous Peoples meet service providers’ (Baskin et al. 2020). Baskin et al. (2020) sought to foster cultural safety by conducting interviews to illicit Indigenous experiences of cancer care. They employed actors who read the interview transcripts and created scenarios which were then used to train social practitioners, with practitioners invited to perform roles within the scenario and learning from feedback provided by the actors about their performance in relation to key themes identified in the interviews. In making client cultural safety central in

encounters with practitioners, this kind of model seeks to unsettle whiteness and foreground other knowledge frameworks. Whilst it is an approach still trapped within a focus on individual competence and thus, within whiteness, in foregrounding the experiences of racialized outsiders it seems promising as a social laboratory. Cultural competence projects that create safe spaces where truths about racialization can be spoken in particular contexts may offer that liminal space where the contradictions of whiteness being remade 'in the headlights' can be entangled with new irritants which might be conceived of as genuinely decolonizing knowledges and practices. The above analysis suggests that in Scotland it should be assumed that this liminal space will be found in encounters and involvements that make white Scottish bodies no less uncomfortable than white English bodies.

1.8 Conclusion

Critical whiteness studies help us to understand ways people racialized as white collectively maintain racist systems even whilst professing anti-racism. Whiteness has ensured the dominance of the idea of a post-racial society in which recognition of racial inequality is experienced as a threat. Public discussion about whiteness has captured it 'in the headlights' which has challenged whiteness and also led to new and more sophisticated versions of the neutrality and benevolent outreach which is a hallmark of whiteness. Cultural competence, the idea that health and social care workers should be trained to be anti-racism, can be seen as a product of this challenge and one of the new techniques of whiteness. Cultural competence is presented as an approach which overcomes and challenges racialized structures and rhetorics, but in practice in various ways provides new camouflage for pre-existing racial practices and ideas. Following Hunter, cultural competence is a soft approach to equality and as such a melancholic managerial technique associated with the ongoing and painful confrontation of the neoliberal state with its colonial and hence racial past and present. Through such techniques, whiteness works to maintain its dominance as embodying

neutrality, universality and benevolent outreach. In Scotland's live colonial space, cultural competence is part of a national project to protect a version of history whereby Scotland, unlike England, was not fundamentally or fully part of the British Empire and thus retains a civilizational role in the world unsullied by or more easily avoiding racism. This narrative is a 'move to innocence' that makes it hard for people of colour to speak their truth about experiences that reflect coloniality where Scottish as well as English institutions and actors are involved. With the withdrawal of the welfare state and growing pressure on Europe to admit racial outsiders, health and social care workers will more and more be positioned as colonial managers of 'the jungle within'. Training to achieve cultural competence is a part of that management but with its ostensible promotion of racial justice creates an opportunity for practitioners to promote new initiatives which are not about improving practitioners or their clients but about creating safe spaces in which those experiencing racial injustice can express and formulate strategies for survival and resistance.

This chapter is based on an argument made in a previous paper, and reproduces some passages from of it:

Russell, L. (2020) Cultural Competence as a technology of whiteness: race and responsabilisation in Scottish health and social care. *International Journal of Human Rights in Healthcare*. 14(1): 74-86. <https://doi.org/10.1108/IJHRH-06-2020-0048>

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Whiteness, cultural competence, Scotland, coloniality, post-race, health, social care.

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