As far as COVID-19 Coronavirus is concerned, there is growing evidence that Black, Asian and Minority Ethnic (BAME) communities are over-represented both in the numbers of those catching the virus and also in death figures. And yet, we know that there is an underrepresentation from these communities in health and social care research and in clinical trials. Accordingly, the BAME Toolkit is a useful resource to help you address issues of inclusion and equality with respect to BAME communities.

As a checklist from that Toolkit, please note the following:

1. Being more equality-focused in your research ensures that you are meeting the stipulations of the Equality Act 2010. In particular, your research should focus on engaging with people from the nine protected characteristic backgrounds, one of which is Race.
2. Being equality-minded means you are less likely to discriminate, however unintentionally. It also means treating people differently and flexibly in order to ensure equality of opportunity. In other words, ‘one size doesn’t fit all’.
3. Recognise that there is a need to engage. And then focus on why that is the case.

Consideration of Communities

☑️ Think about who you want to include in your study and why it is important for BAME communities to be represented in your team and in your focus.
☑️ Recognise the diversity within BAME communities. What works with one community or context, may not necessarily work with another.
☑️ Find out where communities reside and which organisations and facilities they use. But think also about how to reach people who do not use such facilities etc.
☑️ Be aware of key community contacts and local experts (people who have worked within communities) when developing a community engagement programme.
☑️ Link up with local partners e.g. CCG’s and local authorities.
☑️ Recognise that people may be wary of authority, mistrustful of research and conscious of the historical and continuing experiences of racism and other forms of discrimination.
☑️ Don’t expect communities to come to you.
☑️ Think of the need for continuity. In other words, don’t treat community engagement as a ‘one-off’ exercise. People are wary of ‘parachuting’.
☑️ People need to be involved properly from the beginning.
☑️ Be in it for the ‘long term’ and develop ongoing long-term relationships/partnerships.
☑️ Monitor and review ethnic specific recruitment data to help guide your strategies.

Effective Patient and Public Involvement (PPI)

☑️ Recognise that effective and pro-active PPI is fundamental to quality research.
☑️ Research needs to be conducted with and by members of the public. Not to or about them.
☑️ Use a variety of methods to recruit potential PPI members from BAME communities.
☑️ Recognise that literacy and language are potential barriers.
☑️ Any successful PPI involves ‘putting yourself in the shoes of others’.
Effective Recruitment in BAME Communities

- The process of recruitment needs to be straightforward and accessible, using different vehicles and methods.
- Use inclusive language and inclusive images.
- Consider the need for translators.
- Never underestimate the power of local newspapers and radio stations. Also, ‘word of mouth’ (also known as ‘snowballing’).
- Think about when to engage, taking account of cultural factors (e.g., religious festivals).
- Recognise the need to gain, maintain and develop trust and confidence.

Being Culturally Competent

- Recognise the importance of a culturally competent approach. It’s not just about knowing different cultures! It’s effectively a way of making sense of the world.
- Cultural competence essentially has four components: 1) Self-Awareness; 2) Cultural Knowledge; 3) Cross-Cultural Skills; and 4) Putting things into Practice.
- Cultural competence works at both individual and organisational levels and is a continuous process, enabling you to develop appropriate, relevant and sensitive strategies. Don’t take cultural competence as given, for any individual.
- Recognise the significance of unconscious bias and subconscious stereotypes.
- Consider reflective diaries to assess self-awareness and potential bias.
- Be aware of how intersectionality may work in your proposed research.
- Cultural competence also responds to and reflects demographic change.
- Develop a peer review group to interpret data and be transparent about findings.
- Being culturally competent enables you to really assess whether people are ‘hard to reach’. It is much more likely that they are ‘easy to ignore’ and are ‘seldom heard’.
- Being culturally competent also gives you a detailed insight into issues of ‘stigma’ and ‘discrimination’, important factors within the health domain, as in others. Avoid stigma where you can, especially in taboo subject areas.
- Develop enhanced communication skills in your team.

Effective Feedback

- Feeding back relevant, accessible information to participants and communities is as important as doing so to other audiences at conferences or through academic papers.
- Assessment needs to be made of the most appropriate and relevant form(s) and method(s) of feedback.
- Feedback needs to be honest, simple and understandable.
- Ensure feedback is, if possible, ongoing and not just at the end of a project.
- It also needs to recognise the diversity of language.

Preparing Grant Applications

- Indicate the breadth and depth of your recruitment from BAME communities.
- Include the voices of community people. And any data relevant to diverse communities.
- Note that effective involvement and engagement with BAME communities may involve different or extra costs.
- Think about how to be cost-effective.

Remember: SEEK ADVICE IF YOU NEED TO.

The BAME Toolkit and associated webinar is available on the Centre for BME Health website (centreforbmehealth.org.uk). The Centre also offers quality training opportunities in Engaging with BAME Communities and in Cultural Competence.