

Community Engagement and Inclusion of Under-represented Groups in Research

A Virtual Seminar



Dear colleague,

I'd like to thank you for your participation in the Virtual Seminar that we have arranged on Community Engagement and Inclusion of Under-represented Groups in Research.

I was delighted that we have been designated the NIHR ARC national lead for Equality, Diversity and inclusion of underrepresented groups. At ARC EM (and previously CLAHRC EM) we have always seen Equality, Diversity and inclusion of underrepresented groups as a vital part of our research profile.

Central to this work is the Centre for BME Health which was set up by NIHR CLAHRC EM to promote research into health inequalities and to ensure the voice of underrepresented groups was included in research. As well as its own programme of research the Centre has developed a Cultural Competence course to support research into minority and excluded groups. All of our researchers will be taking this course, but we are also offering it free to our colleagues across the ARC family. The course is made up of four components: self-awareness, cultural knowledge, cross-cultural skills, and practice; and is accompanied by a guidance toolkit.

Today's event is a chance for us to bring together all of the ARC researchers across the country and the 15 ARCs to outline their approach to Community Engagement and Inclusion of Under-represented Groups in Research. We will be outlining our approach to research here in the East Midlands as well as explaining the Equality Impact Assessment framework that we have developed and how it is being applied to our own projects. We will then be hearing a number of excellent examples of research into Community Engagement and Inclusion on Under-represented Groups from other ARCs. Finally, there will be panel discussions on key issues and potential ways forward for the national group.

I hope you enjoy the virtual event and I look forward to working with you going forward.



Professor Kamlesh Khunti



ARC North West Coast

We developed our community engagement model during CLAHRC with our Neighbourhoods for Learning, enabling involvement of communities from areas of deprivation. We have a database of over 60 active and diverse public advisers across the NWC that are fully integrated into our governance and research processes.

We are currently recruiting PA's to co-lead each of our research themes to ensure that research is responsive to the priorities of our partners and the diversity of local communities ensuring the public voice is central to research coproduction. Each ARC NWC research project also has two PA's co working as equal members on the project team who will work with theme co leads to ensure representation of diverse and seldom heard groups within all our projects.

The appointment of a full-time researcher to work with PA's to develop research ideas and enhance collaboration from member organisations and increase engagement of under-represented groups is an essential component of our work with populations living in areas of high needs.

Approaches to engagement include focusing on particular communities such as our COVID BAME research study which explored the experiences of Muslim communities, as well as testing inclusive methods such as the use of diaries and combining methods to capture experiences of COVID-19.

In our presentation we will be sharing the learning from these approaches that we have taken to engagement and inclusion in research.

Contact: Selina Wallis (PCI&E manger), Shaima Hassan PA led research lead and Koser Khan (Researcher)



ARC Yorkshire & Humber

Born in Bradford Longitudinal Birth Cohort and ActEarly partnership

Born in Bradford (BiB) is a birth cohort study researching the lives of children and families from birth until now (children aged ranged in cohort are 8 -13 years). Community engagement has always been an important aspect of our work and we appreciate that the one size fits all approach does not work for everyone. Our engagement is not restricted to our cohort families but also the wider community and professional groups that we work with. We keep in touch with cohort families through organising birthday parties, teddy bears picnics (for younger children), annual birthday cards to all our cohort children, free photoshoots for the children born in the Christmas/New Year period and our twins/triplets, social media (Facebook and twitter). We utilise various community and alternative media in community languages to reach our communities. We also aim to attend at least one community based engagement event in the city per month along with linking in with various bigger networks in the city for annual community engagement events which attract diverse communities from the district and further afield. BiB and its sister cohort have vibrant and diverse lay advisory groups who are made up members of the cohort parents and other individuals who are linked to the study. During the Covid-19 pandemic all our usual face-to-face community engagement has been postponed, however, we have carried on with virtual meetings our lay advisory meetings and other community focussed soft community intelligence gathering activities which have proved to be invaluable in helping BiB feed into the LA's District Gold Command Communications strategy. We have utilised our existing networks to communicate the concerns of minorities and under-served group to policy makers, commissioners and planners which has impacted how we move forward with the planning and implementation of strategy around the pandemic.

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ARC Greater Manchester

In NIHR ARC Greater Manchester we have set up the Greater Manchester Public and Community Involvement and Engagement (PCIE) Forum to bring together those from across the region that are leading on involvement and engagement activities (both staff and public contributors) from health and care; voluntary, community and social enterprise sector; universities and NIHR infrastructure. The purpose of the forum is to create opportunities to work together, share resources/information and ideas that with collective action enables us to maximise our reach and impact to improve inclusion and diversity.

As a consequence of the COVID-19 pandemic and the need to adapt our ways of working the forum has moved to an online forum but has still been able to respond to the challenges. Members have explained how these changes have been crucial in enabling colleagues to connect and share their experience of PCIE during the pandemic. This is reflected in the comments by Forum members who have noted that:

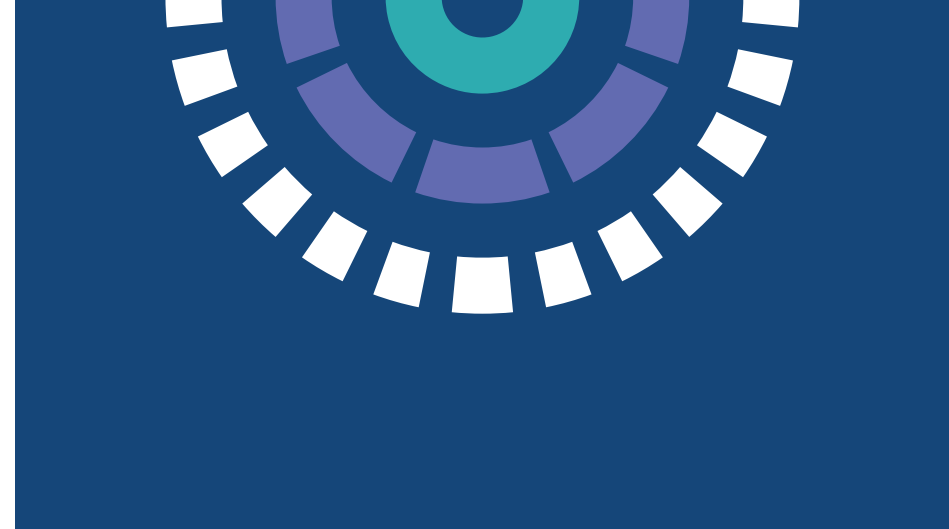
“The forum has been a platform for our formal system organisations (including universities, NHS organisations) to learn from the fantastic innovation within our voluntary sector organisations and networks that have joined us to work together.”

“Our online community has rapidly generated new partnerships and activities to address major challenges faced during the COVID-19 pandemic, including how to maximise diversity and inclusion; how to address social isolation and digital inequalities; and how to coproduce appropriate services and innovations.”

This is something we have been able to capture in a co-produced briefing paper that has been disseminated across GM.

Links between organisations has opened doors to underrepresented groups to share lived experience and views on research engagement and inclusion at a time when this is more important than ever. An example of one of these groups is Manchester-based community interest company (CIC) Made by Mortals an arts and theatre organisation, based Audenshaw where we have collaborated on digital inclusion and mental health priorities events with a plan for the development of a performance by contributors to showcase the learning in an inclusive, immersive and collaborative experience (show).

Contact arc-gm@nihr.ac.uk



ARC East Midlands

Cardio-metabolic multi-morbidities screening in places of work and worship using trained lay community health advocates: A cross sectional study.

The aim of the study is to develop and deliver a training package to 25 Community Health Advocates made up of local community faith leaders and staff in workplaces so that they can organise the screening of the local community for risk of developing Type 2 Diabetes. The project will then support these volunteers to deliver 40 screening events. Finally, this programme of work will be evaluated.

The study has completed its protocol and is preparing its submission for ethical approval. The study is receiving external funding from a number of sources including Novo Nordisk, Leicester City CCG, East Midlands CRN and East Midlands AHSN.

Contact Kerry Hulley Kerry.hulley@uhl-tr.nhs.uk

Increasing participation of Black Asian and Minority Ethnic (BAME) groups in health and social care research

Black and Asian minority ethnic (BAME) groups make up about 13% of the population of the United Kingdom (Office of National Statistics, 2011) and are forecast to increase significantly in the coming decades. BAME groups are more likely to suffer from poorer health outcomes and health and social care inequalities in general. However, they are much less likely to be represented in health and social care research studies. This makes obtaining good quality research information from, and with, these groups even more important.

The reasons for under-representation of BAME groups in research are complex, and include barriers such as language, cultural values, and beliefs between those who conduct research and potential participants, and issues related to general accessibility to research in deprived areas, including funding issues. Poorer engagement of BAME groups can be a relevant factor along any part of the research pathway from developing the research idea through to dissemination and translation of changes into practice.

The toolkit was developed to provide researchers with a framework on how to improve participation of BAME groups in research. It was developed under leadership of a steering group consisting of researchers and Lay members from different institutions. The process included workshops involving the research community and a range of community representatives. Interim findings were taken back and tested with community groups on numerous occasions.

The Toolkit should help researchers develop more relevant research questions, consider engagement of BAME groups in a more structured way, and provide tips on better participation and dissemination of research findings. The Toolkit should also be useful in the preparation of grant applications, and help researchers demonstrate that they have taken account of the relevance of BAME groups to the success of their proposed study.

Download toolkit <https://bit.ly/35Vhk22>

Contact: NIHR ARC East Midlands arc-em@leicester.ac.uk

Addressing Under-representation of Seldom Heard Groups in ARC Health Research: A Longitudinal Mixed-Methods Investigation into the Equality of Participant Involvement in Health and Social Care Research.

The project will examine the current practices of researchers regarding the fairness of participant involvement and how to improve variation in uptake to health research amongst minority and excluded communities as framed by the equality duties set out in the Equality Act (2010). This will be done through interviewing Principal Investigators, Project Managers and research staff from the projects and getting them to complete questionnaires.

However, because it is reliant on analysing the activities of other ARC projects the project has been delayed until the other projects are up and running. The project team have developed their project protocol and it has been approved by our independently chaired Scientific Committee.

Contact Dr Ash Routen ar508@le.ac.uk

Health is Everyone's Business – Plan Ahead

'Health is Everyone's Business: Plan Ahead' is a guide to advance planning, to making decisions about an individual's personal welfare, property and financial affairs in advance of any future time when that person may be deemed to 'lack capacity' through the Mental Capacity Act. The guide explains what the Act says, why it is important to think and plan ahead and how, practically, to write an advance plan.

The booklet is important to everyone because losing mental capacity may affect any one of us in the future. Of course, it has particular relevance to people with an existing mental illness, learning disability, brain injury or other neurological and disability condition (e.g. dementia, stroke). It is important to note that if someone does not have an Advance Decision (Plan) in place and that person is deemed to lack capacity, the final decision on things such as medical treatment, property or finance, will be made by the relevant specialist, rather than the person – in advance through an Advance Plan – or someone of the person's choosing.

Impact & Outcomes

- The booklet was produced as a response to patient and public feedback on the original document which was produced as part of a National Institute for Health Research (NIHR)-funded programme
- The revamping of the document involved members of the public, particularly members of the Community Learning Project (CLiP), the West Indian Senior Citizens Project (WISCP) and Leicester Ageing Together (LAT). The Centre for BME Health led focus groups and staff involved themselves in more informal individual and community engagement.
- Hard copies of the booklet have been produced and have been distributed at events.
- Hard copies have also been distributed to individual organisations, e.g. GP surgery in Wolverhampton, CLASP The Carers Centre, Highfield Rangers Football Club, Leicester's African Caribbean Centre, Conifer Residence for older people, Mango Tree Domino Club, Ansaar, St Matthews Centre, Somali Development Services, Alzheimer's Society, Highfields Community Centre, Highfields Library, Stabana Cultural Products, Shama Women's Centre, St Peter's Health Centre and the Light House Church on Melbourne Road in Leicester.
- Promotion of the booklet has been extensive, particularly online and through social media.
- Feedback has been overwhelmingly positive, with people commenting both on the user-friendly style, feel and look as well as the usefulness of the content.

Download booklet <https://bit.ly/3bPorgd>

Contact: NIHR ARC East Midlands arc-em@leicester.ac.uk

Raising Awareness of Prostate Cancer

#PlayDominoTalkProstate

Prostate cancer is the most common cancer in men in the UK. Although it affects all men, black men are 2-3 times more likely to develop this cancer than their white counterparts. It's important to understand the meaning of prostate cancer and the role of culture in Black (African and African-Caribbean) men's beliefs about the disease.

A culturally tailored programme was launched in 2018 - The Play Domino Talk Prostate supported by Prostate UK and PROSTaid to improve uptake in prostate cancer screening amongst African-Caribbean men.

The campaign has reached over 600 African Caribbean people from across Leicester and Leicestershire with 25-30 people meeting weekly. The programme has received international interest from Houston, Jamaica, Barbados, Canada, Dominican Republic and Antigua.

In September 2019, toolkit was launched at a free event to equip other areas both in the UK and internationally with the resources to raise awareness of prostate cancer among African and African Caribbean men in their community to roll out the project in their areas. The event featured adult's walking football, a children's football tournament, 'Chat and Plait' and 'Mehndi and Mingle' sessions.

Continuing the campaign's success, 'The Domino Effect' comic book was launched in May 2020 followed by the production of an animated version which is in both English and authentic Patois.

Since the campaign was launched, it has also been promoted in a series of videos from Julian Marley (the late Bob Marley's son) Wes Morgan, Matt Piper, Emile Heskey, Billy Ocean, Shaun Wallace and most recently Sir Lenny Henry.

Download toolkit <https://bit.ly/39PA1oQ>

Download comic book <https://bit.ly/38Vklfe>

Contact: Pamela Campbell-Morris, Community Researcher bpositive58@gmail.com

Rangoli & Type 2 Diabetes

The traditional Indian art form of Rangoli is used to decorate doorways and entrances during festive occasions, got a whole new meaning at the Belgrave Neighbourhood Centre at an event to increase awareness of type 2 diabetes.

The unique artwork project was created by local artists Milan Arvindkumar and Pravin Mistry of Leicester Belgrave Mela, both of whom are renowned for their creative Rangoli designs and workshops displayed during Leicester's famous Diwali Celebrations.

A partnership was struck up through community networking from the team at The Centre within the Belgrave Area with Navrang (South Asian Women's Community Group) and Leicester Arts and Museum Service. Having held a number of meetings and focus groups within the local community which were led jointly by Navrang and The Centre, it was decided that the aim of the project should be to design a culturally appropriate message for the South Asian community surrounding type 2 diabetes. It was decided that it would be creative live, to generate discussions around healthy diet, exercise and lifestyle changes to prevent diabetes using a flower as the base of the message. Flowers thrive through care and attention and need nurturing in order to blossom and show off their natural beauty. The message put forward through the Rangoli design was that you should nurture your body just as you would nurture a flower in order to have a fruitful life.

The colourful Rangoli is now used as a learning resource, and on posters and displays to raise awareness to prevent type 2 diabetes as well as promoting messages of healthy eating, physical activity, balanced diet and lifestyle choices for families throughout the city.

Below is a link to a time-lapse video of the Rangoli artwork being developed:
https://youtu.be/67iyak5t0_8

Contact: Sunny Rohit, Project Support Officer sunny.rohit@leicester.ac.uk

Public perceptions towards vaccine trial research within ethnic minority and vulnerable communities

The Centre for BME Health led on public engagement involving individuals and organisations representing minority populations and vulnerable communities. The project was a collaboration with NIHR CRN East Midlands, and the University of Leicester with an aim to understand attitudes and perceptions of participation in Covid-19 vaccine research including an exploration of barriers and enablers.

The public engagement consisted of:

- 3 focus groups and 47 interviews, via virtual platforms and telephone calls, with different groups between July and August 2020 by 6 interviewers.
- 70 people contributed to the study. 55 people (26 males, 29 females) represented different ethnicities, and 15 represented other vulnerable groups, namely mental health, homeless and Gypsy, Roma and Traveller communities.
- South Asian (30), African and African Caribbean (17), White Polish (4) and White British (3) backgrounds participated.
- A webinar on “Vaccine Trials and Mental Ill Health” was conducted with 11 participants.
- Interviews were conducted with representatives of Homeless community organisations and the Gypsy, Roma and Traveller community organisations.

Overall feedback showed general apprehension, scepticism and low levels of trust within all groups. This was significantly influenced by lack of information as well as speculation concerning the possible hidden agendas of vaccine developers and the government, both of which will undeniably have an effect on each group in turn. Considering previous evidence that has suggested the groups included in this study are generally more susceptible to COVID-19, this tends to exacerbate underlying fears that participation in vaccine trials would mean greater exposure to infection and worse health outcomes.

Addressing the concerns highlighted by each group would therefore require targeted information and support services to reassure them of the safety of participation in vaccine trials. It is also vital to take into consideration the heterogeneous nature of the groups when developing interventions, particularly those related to increasing participation in vaccine trials.

Download full report <https://bit.ly/3o2uH6G>

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Walking Sports and Fighting Fit

In collaboration with Leicester Changing Diabetes and local Professional Sports Clubs two successful activity programmes; Walking Cricket and Healthy Goals were developed. The sports clubs were previously struggling to engage with Leicester’s diverse communities, and by working together a number of barriers to engagement were identified including location and understanding of physical activity.

Therefore, Walking Cricket and Healthy Goals were developed and targeted for South-Asian participants. Walking Cricket sessions include cricket skills lessons delivered by Leicestershire County Cricket club coaches followed by games of walking cricket. Healthy Goals is a health education and physical activity programme which includes content around lifestyle and diet designed to suit the audience and followed a physical activity session delivered by Leicester City football club community coaches.

In addition to the walking sports projects, a fighting fit programme was developed as it is recognised that South Asian women are under-represented in terms of their engagement within sport and physical activity. To address this a partnership project with Leicester-Shire & Rutland Sport and 2BX Boxing gym was formed. An innovative 9-week training programme based on boxing and kickboxing was created aimed specifically at sedentary South Asian women to participate in a non-traditional, fun and interesting way to exercise. The sessions were held weekly at a local gym, 2BX and attracted South Asian females from across the City.

To maximise attendance the sessions were facilitated by a local female boxing coach with extensive experience in delivering similar sessions. The sessions varied but incorporated specific types of warm up, some light yoga exercises and developing skills in boxing and kick boxing. The programme increased their levels of physical activity and improved their sense of well-being. There was a strong desire to continue to exercise in general and to take part in boxing in particular.

Contact: Sunny Rohit, Project Support Officer sunny.rohit@leicester.ac.uk

Equality Impact Assessment (EqIA)

The Equality Impact Assessment (EqIA) process was implemented to ARCEM in 2019 in recognition of the need to ensure that research conducted did and does not disadvantage anyone, particularly individuals or groups who are underserved or who have a Protected Characteristic as defined by the Equality Act 2010.

The EqIA process is an approach designed to improve equality analysis, practice and outcomes. It helps determine and understand how what we do may affect people differently. Whilst it is a key part of the evidence that is needed to demonstrate compliance with the Equality Act's Public Sector Equality Duty, the most important outcome of this process is showing how individual research studies make a real difference to the lives of people from all communities. In addition to its mandatory nature as part of all new ARCEM research, there are moral and ethical reasons for including an EqIA as an integral part of each study. EqIAs relate to the legal requirements of the Equality Act. They also play a part in making research more accountable, more inclusive, more credible and more community orientated.

Assessments of this kind have been part of public sector organisational development, service and practice for many years. However, its specific use in relation to health research is new. It is designed to ensure that equality considerations apply to all stages of the research process, not limited to the completion of an assessment at its outset and is a continual undertaking, a 'live process' that will shape and re-shape equality and related considerations as each study takes its course. In doing so, it makes research more relevant to more people, thereby making a greater difference 'on the ground'.

EqIA Process

- Completion of EqIA questions on the ARCEM application form.
- Once approved by the Scientific Committee, an invitation is sent to the study team contact(s) to join a Workshop or Briefing session arranged by the Centre for BME Health (during the current COVID-19 pandemic, this face-to-face interaction has been replaced by the offer of a Zoom or telephone discussion) to offer and provide instruction and further clarification.
- The EqIA package (consisting of Form; Guidance notes; a Directory of useful organisations and sources of information; and a Health Inequalities data sample) is sent to the study team contact prior to the session.
- Submission of completed EqIA.
- Consideration/Review of EqIA by the EqIA Panel.
- Detailed feedback on EqIA form sent to study team contact.
- Study progress – Progress reports to include updates on the EqIAs.
- The EqIA Panel is available for ongoing advice and guidance.
- Study teams are informed that the EqIA process is a continual one, to last for the entire duration of the study and to be treated as an integral part of the work.

Contact: Barbara Czyznikowska bmc15@leicester.ac.uk

ARC West Midlands

Involving communities underrepresented in research

Hayley Crawford, from ARC WM's Integrated Care in Youth Mental Health Theme, works in partnership with young people with neurodevelopmental disorders (Fragile-X syndrome, Cornelia de Lange syndrome) and their families for over 10 years. There are several reasons why these communities are often underrepresented in research. Firstly, the syndromes are rare and communities are geographically dispersed – making involvement challenging from a practical perspective. Secondly, many 'standard' research tools aimed at the general population are not deemed appropriate for use in these communities. Thirdly, there can be issues of trust, particularly when past experiences have been of research being done 'to' communities rather than by/with them.

Hayley's investment in developing relationships with young people and families has resulted in partnerships where families are enabled to determine the research agenda and shape the way research projects are undertaken. Strategies such as attending annual conferences for families, actively listening to what is important to them, providing regular input on how their insights and perspectives are being taken forward and attending community social events (e.g. annual pub quiz/disco) have proven effective in developing and maintaining involvement from this community. Regular communication is an essential ingredient: this is maintained through social media platforms and supplemented by providing support to families that falls outside the research agenda (e.g. signposting to additional, evidence-based research). Together with families, Hayley has successfully completed a range of projects. Her current research is exploring behavioural indicators of anxiety to inform tool development and understanding mechanisms of anxiety to design interventions.

Contact: Hayley Crawford (Integrated Care in Youth Mental Health Theme)

Hayley.Crawford@warwick.ac.uk



ARC East of England

Finding out how under represented groups are coping and being supported during the pandemic reflections from the East of England

After the first lockdown was announced, we designed a qualitative study to investigate how it and other Covid19 mitigation measures were impacting upon the food and eating practices of under-represented groups in the East of England, including: those on a low income, those with health conditions, older people, and families with infants and school aged children. Including and recruiting these groups has proved challenging. Engaging community groups and taking time to build relationships with them – at a (social) distance – has proved the only way to reach them. We contacted new (to us) groups across the region and organised regular check-in calls, to find out how they are coping and what is going on locally. We have engaged with foodbanks, Meals on Wheels services, community food providers, and carers groups to build links. As this gathered pace, our theme ran a community photography competition for residents in the geographical areas that we work with, which raised awareness of the ARC EoE and involved people and groups in a way that was meaningful to them. It was an excellent way of finding out what 'local' meant to people, especially during a time when this was more salient to people due to lockdown. Some people used it as an opportunity to reflect on the value of their local surroundings during lockdown, while others reminisced on 'happier times'. We are now turning the entries into a virtual exhibition, which will complete the cycle and be used as a means of community engagement.

More Details: Dr. Claire Thompson c.thompson25@herts.ac.uk, ARC East of England Prevention and Early Detection Theme

<https://arc-eoe.nihr.ac.uk/covid-19-projects-innovations-and-information/prevention-and-early-detection-health-and-social-care>

Stevenage Playcentres Project: Improving health and wellbeing of children.

Building a health and well-being research partnership with children and families living in areas of health inequality in Stevenage.

Community playcentres provide after school care and holiday clubs to support local families. Our project aimed to listen and understand local issues around health and wellbeing. Nineteen percent of children in Stevenage live in low-income families. Our project took place in two deprived wards which rank within the lowest two fifths of lower-layer super output areas (LSOAs) according to the Indices of Multiple Deprivation. The Council-run play centres are well attended by children aged 5-14 and their families.

Four University researchers and three Hertfordshire Healthwatch staff led creative play activities during February 2020 half term. These methods enabled informal, two-way conversations about food, family life and living in Stevenage. Stevenage Healthy Strategy (2018-22) highlights obesity as an issue for children, however, in this locality the reality suggests malnutrition. The UKRI Public Engagement grant enabled us to provide play/art materials and fruit for the Playcentre Tuck Shop, which was suggested by staff and was eagerly received.

Unfortunately, the project paused during COVID as the Playcentre closed and staff were redeployed to the Food distribution centre. Playcentre staff continued to provide family support in parks over the summer, by producing 'take away' Play Packs (the UKRI grant funded some of these materials). We have had regular catch-ups with staff and produced a colouring sheet to distribute with food and play packs over Christmas. A local film maker is planning to make a short film about the project and we have also completed phone interviews as part of an evaluation.

University of Hertfordshire and NIHR Applied Research Collaboration (ARC) East of England in partnership with Hertfordshire Healthwatch, Stevenage Borough Council, East and North Hertfordshire NHR Trust and RDS East of England.

More Details: IIRP03 Funding: UKRI Enhancing Place-Based Partnership in Public Engagement:

Contact: Dr. Elspeth Mathie E.J.Mathie@herts.ac.uk ARC East of England, Inclusive Involvement in research theme.

<https://arc-eoe.nihr.ac.uk/research-implementation/research-themes/inclusive-involvement-research-practice-led-health-and>

ARC North Thames

Promoting healthy nutrition in children of Bangladeshi origin in East London – Nurture Early for Optimal Nutrition (NEON)

Bangladeshi children living in east London have a much higher risk of poor nutrition and obesity than the average child in the UK, and the British-Bangladeshi community is much more likely to develop longer-term health problems and chronic diseases such as heart disease and diabetes.

Previous public health efforts to address this issue have tended to consider all South Asian populations together, which limits understanding of the relevant cultural and social factors that would influence whether a health intervention is accepted by an individual group.

NEON (Nurture Early for Optimal Nutrition) is a community-based approach aiming to improve nutrition when a child is 6 months - 2 years, a key time in their development. We trained community members to be active members in study design, data collection, analysis and interpretation. This included introducing female health workers into local women's groups, based on a WHO-recommended Participatory Learning and Action (PLA) female-led facilitator approach.

We were able to identify specific cultural beliefs (e.g. 'chubby equals healthy'), and modifiable practices (e.g. a tendency to over feed and preference for fast food), that could be targeted to improve children's health, and we have seen improved nutrition and feeding practices, maternal and neonatal survival rates (<https://evidence.nihr.ac.uk/alert/british-bangladeshi-parents-offer-better-nutrition-to-children-with-community-interventions/>).

Our research has influenced Tower Hamlets and Newham Local Authority early year programmes.

Other resources:

NEON short film: clahrc-norththames.nihr.ac.uk/short-film-highlights-the-impact-of-neon

Key contacts:

Prof Monica Lakhanpaul, Professor of Integrated Community Child Health, UCL GOS Institute of Child Health, Faculty of Population Health Sciences, m.lakhanpaul@ucl.ac.uk

Dr Logan Manikam, NIHR Advanced Fellow at UCL Institute of Epidemiology and Health Care & Honorary Consultant in Public Health Medicine at PHE Immunisation & Countermeasures, Director of Aceso Global Health Consultants Ltd, logan.manikam.10@ucl.ac.uk

Young Commissioners: A model for embedding citizens in public services to support commissioning

Although widely advocated, effective models for involving citizens in planning and monitoring of public services are lacking. We developed and tested a young commissioners model, empowering young people to participate in health and social care services commissioning (webinar: <https://www.youtube.com/watch?v=LIPFGNNclPQ>).

The first of its kind in the UK, the model involves recruiting and training young people and properly embedding them within commissioning organisations. It was designed and tested with 'hard to reach' young people, including those disengaged from services or from socially disadvantaged backgrounds. The model and how to implement it is described in a practical 'How to' guide: How to develop NHS Youth Forums.

The model and research underpinning it were first developed with Newham CCG and Barts Health. We supported an ethnically diverse group of young people with diabetes to become young commissioners which contributed to Newham CCG's business case for diabetes services redesign[i], and to national (Department of Health National Transitions Service Specifications for Diabetes) and local service specifications for transition to adult services[ii], and national guidance on managing diabetes in schools (Healthy London Partnership's Guidance for Managing Diabetes in Schools).

Findings were shared with clinicians in North London to shape best practice within diabetes services. Wider implementation was achieved with Dudley Council Integrated Commissioning Team who adopted the model for recommissioning of several services for young people.

Key contacts:

Dr Darren Sharpe, Senior Research Fellow, University of East London

Prof Angela Harden, Professor of Health Science, City, University of London

ARC West

Bridging Gaps (ongoing project)

Bridging Gaps was initiated by a group of Bristol women with multiple traumas and complex needs including addiction, homelessness, mental health, sex work, domestic and sexual violence and poverty. These women have developed this study collaboratively with GP surgeries, the Clinical Commissioning Group (CCG), the charity One25, and University primary care researchers. Their aim is to improve access to primary healthcare for other women who are experiencing these issues.

Trauma-informed approaches recognise how trauma has affected people (both service users and staff) and aim to improve services to ensure that care does not re-traumatise. Through this project, we will blend and mobilise knowledge from these women, alongside research about trauma-informed approaches in primary care, to co-design and pilot more accessible and effective primary care services for women with complex needs. Together, Bridging Gaps will support women to:

- Develop and pilot trauma-informed service improvements within three GP surgeries to create environments, systems and relationships that promote recovery, prevent re-traumatisation and increase access.
- Design a training package for GPs and receptionists on trauma-informed approaches to be piloted in 3 GP surgeries.
- Study how to bring together research evidence and people's knowledge from lived experience to co-design trauma-informed interventions.
- Share this work with 1) other researchers in the national SPCR, CAPC and ARCs and 2) the CCG and others working with people with complex needs.

Over the past nine months, One25 has already noted the “amazing” impact this research-user collaboration is having on these women and their recovery. Bridging Gaps won two Great Practice Awards 2020 for 'Inspiring Change' and facilitating 'Independent futures' by the Bristol partnership Golden Key.

Contact – Michelle Farr michelle.farr@bristol.ac.uk

How Do You Move? Improving the communication of the national physical activity guidelines (completed project)

The UK Chief Medical Officers (CMO) published new guidelines on physical activity in September 2019, recommending how much physical activity we should do and what types most benefit our health. This project, led by the ARC West team alongside collaborators Knowle West Media Centre (KWMC), aims to make them more meaningful and useful for members of the public.

The How Do You Move? project is in three parts:

First, working with four community groups in Bristol, we ran workshops to understand what physical activity means to them, and how best to communicate physical activity messages to their community.

Our second piece of work developed five emotive, first person case studies that illustrate how people have managed to be active, co-produced with members of the public. KWMC worked with them to create short films based on four of the case studies.

Lastly, we produced recommendations for communications and healthcare professionals on how to improve how physical activity messages are presented to the public. These include information about the language people prefer and the best ways to share physical activity messages, for example via videos, pictures, or media campaigns.

Underpinning this project is KWMC's framework for community engagement – the “Bristol Approach”. This ensures the public are involved in the design, testing and evaluation of socially beneficial products, such as the physical activity guidelines. The Bristol Approach has been used on issues such as food waste and damp in homes. How Do You Move? will strengthen the Bristol Approach by applying it in a new area.

<https://arc-w.nihr.ac.uk/research/projects/how-can-we-improve-the-communication-of-the-national-cmo-physical-activity-guidelines/>

Contact NIHR ARC West arcwest@nihr.ac.uk

Co-producing Research: Resources and training to support people working together in co-produced health and social care research (completed project)

Co-producing research is when researchers, practitioners and members of the public collaborate to develop research. The aim is to get everyone to work together in more equal partnerships and share responsibility and power throughout the research project. However, there are many inequalities that affect how we work together, such as hierarchies in universities and in the NHS, unfair treatment of people and unequal distribution of wealth.

The NIHR INVOLVE guidance indicates that sharing power is an important, yet challenging principle in co-producing research. Whilst we're working during the COVID-19 pandemic and can't meet face-to-face, this principle might seem even more tricky to achieve. We've updated our resources, freely available on the links below, to include remote and online co-production and share knowledge and signpost people to what's available to help.

Through this project we:

- facilitated five workshops where we tested out different tools and techniques to facilitate discussion and debate about everyone's experiences of co-production
- developed a half-day training course for researchers, public contributors and professionals who want to co-produce research
- shared existing tools and resources to support co-production
- shared information, learning and skills across university departments, and beyond to local charities and the clinical commissioning group.

We worked together with people who have been involved in co-production to jointly create:

- a map of resources to guide researchers, professionals and public contributors through the different tools and guidance that can help people produce research together. This includes tools to support remote co-production.
- reflective questions to help everyone think about how they can work with people more equally through a process of co-produced research, including considerations to think through, when involving people remotely.
- a training course "Co-production in health and social care research". We are developing an online version of this course and will be advertising future dates.

<https://arc-w.nihr.ac.uk/research/projects/training-and-resources-for-sharing-power-in-co-produced-research/>

Contact NIHR ARC West arcwest@nihr.ac.uk

Reducing drug use in female street sex workers: a feasibility study (completed project)

Street sex workers who are drug-dependent find using treatment services difficult and when they do, typically don't benefit as much as other drug users. The 2010 UK Drug Strategy changed the emphasis for drug services from reducing harm through safer drug use to reducing harm by stopping drug use. This makes it even more important for drug services to provide effective treatment for these women.

Managing problem drug use amongst sex workers is complex. They can experience stigma in drug treatment groups from other drug service users. This prevents them from discussing their sex work, a major factor in their drug use. There is also evidence that many drug-using street sex workers are affected by post-traumatic stress disorder (PTSD) from their life experiences. They are unlikely to benefit from other treatment unless this trauma is addressed.

Based on recent research, we have developed a plan to improve the results of drug treatment for these women, by organising NHS and voluntary sector services to work together. This new approach involves creating a stigma-free environment for street sex workers to discuss their work in drug treatment groups, as well as addressing trauma as part of the drug treatment.

This will lead to a patient-focused care package for street sex workers, addressing this longstanding public health and social issue. This project is being conducted in collaboration with:

- One25
- Bristol Drugs Project
- Bristol ROADS (Recovery Orientated Alcohol and Drugs Service)
- Avon & Wiltshire Mental Health Partnership NHS Trust
- University Hospitals Bristol NHS Foundation Trust

We will study how acceptable the new service is for street sex workers and how practical it is to run. How much it costs in terms of staff time will also be addressed.

<https://arc-w.nihr.ac.uk/research/projects/reducing-drug-use-female-street-sex-workers-feasibility-study/>

Contact NIHR ARC West arcwest@nihr.ac.uk

Working with the Bristol Somali community to improve outcomes for children with autism (completed project)

Autism is a condition that affects social interaction, communication and behaviour. Children whose parents have migrated from Somalia to western countries, including the UK, appear to be at greater risk of developing autism.

The needs and experiences of Somali families with children with autism aren't well understood. Many families don't engage with health or social services.

We worked in partnership with Autism Independence (AI), a community group that supports Somali families affected by autism. Autism Independence is led by Nura Aabe.

We wanted to find out about the experiences of Somali families, living in Bristol, with a child with autism. We set out to explore:

- how autism is seen and understood in the Somali community
- how parents find out that their child has autism
- their experiences of health and social care
- how health and social care services can best support these families

We invited Somali parents who have a child with autism to take part in interviews. Nura also translated and acted as a 'cultural interpreter'. We interviewed 15 parents, including 12 mothers and three fathers. The interviews took place either at a community centre or in families' homes, in both Somali and English. Early ideas and plans were discussed at a community meeting with Somali parents. Local community members of Autism Independence were involved in all stages, from designing interview questions to sharing the findings.

ACTA, a community theatre company, Nura and members of the Somali community affected by autism have developed and performed a play exploring these issues called 'Yusuf can't talk'. The play has been instrumental in raising awareness of autism in the Somali community and of the challenges for families in raising a child with autism. It continues to be performed nationally and internationally.

<https://arc-w.nihr.ac.uk/research/projects/working-with-the-bristol-somali-community-to-improve-outcomes-for-children-with-autism/>

Contact NIHR ARC West arcwest@nihr.ac.uk

Overcoming Barriers: a short film to promote culturally sensitive services to support Somali families affected by autism (completed project)

Our research with Autism Independence (AI) above identified the challenges these families face in getting support for their children.

There is no Somali word for autism, making it hard to understand and accept. Cultural stigma surrounding mental health, challenging behaviour and disability means that families often hide their child and don't seek help early. Parents can feel isolated and don't engage with support services for their child.

The research findings highlight that service providers need to understand cultural views of autism in order to support Somali families. There's also a need to raise awareness and reduce stigma within the Somali community, and to provide support to encourage families to seek help for their children.

When we shared these findings, many organisations asked for information, resources and training to help them work more effectively with Somali families affected by autism.

Nura's community theatre project 'Yusuf can't talk' showed how story-telling is a powerful way to communicate this kind of sensitive information. It can demonstrate families' lived experience, from assessment and diagnosis through to engagement with services.

We have produced a short film to increase awareness in the Somali community itself, while also being a resource for professionals supporting families with autism.

AI and CLAHRC West produced the film with the Therapeutic Media Company, which specialises in films for the health and social care sectors. They have a strong track record of fostering inclusive creative partnerships using participatory techniques.

<https://arc-w.nihr.ac.uk/research/projects/a-short-film-to-promote-culturally-sensitive-services-to-support-somali-families-affected-by-autism/>

Contact NIHR ARC West arcwest@nihr.ac.uk

Evidence-based short films about autism for the Somali community (ongoing project)

This project builds on the above projects with a series of short films about autism aimed at the Somali and other black and minority ethnic communities, and involving professionals from Bristol City Council.

The new films will build on the success of 2019's Overcoming Barriers, which tells the stories of some of the Bristol-based Somali families supported by Autism Independence. The new short films will address some of the issues raised in the hundreds of YouTube comments following the film's launch.

Comments included: 'autism is a Western disease and does not exist in Somalia', and 'MMR vaccinations cause autism'. These statements underlined that there is an urgent need to share factually correct information about autism, in order to counteract these myths and enhance understanding. Misinformation could lead to parents putting off accessing services and support for their children with autism, or not getting their children vaccinated.

The team will again collaborate with the Therapeutic Media Company, which specialises in films for the health and social care sectors.

The primary aim is to develop a series of culturally appropriate films to address some of the key myths and issues raised following the launch of Overcoming Barriers. Additionally, the content from the films will be used to produce a series of fact sheets about autism.

The films will be launched on the ARC West YouTube channel and shared via email, Facebook and Twitter. We will also work with the media organisations who have supported our previous projects, including BBC Points West, BBC Radio Bristol, BBC Bristol Online, BBC World Service Somali Channel, Bristol 24/7 and Al Jazeera.

<https://arc-w.nihr.ac.uk/research/projects/evidence-based-short-films-about-autism-for-the-somali-community/>

Contact NIHR ARC West arcwest@nihr.ac.uk

Low versus high dead space syringes: user preferences and attitudes (completed project)

A low dead space syringe has less space between the needle and the plunger when it's fully pushed in, compared to traditional injecting equipment. Previous research has found that low dead space syringes could reduce the chance of spreading infections, such as HIV and hepatitis C, if they're re-used or shared.

We aimed to find out whether people who inject drugs would be willing to switch to this new, safer equipment. We reviewed the existing research and we also interviewed 23 people who inject drugs, and 13 volunteers and professionals who work with them, from Bristol and Bath. We aimed to explore their views on detachable low dead space syringes, and decide whether any additional support is needed to encourage their use.

The Bristol Drugs Project (BDP) provides needle exchange services in Bristol. People who use BDP's services were on the project steering group. Involving people who inject drugs was vital. They offered important insights into our findings and plans for implementation.

BDP identified which of their service users would be willing and able to participate in the steering group, and helped them attend meetings. From the BDP service user perspective, this project was an enjoyable and empowering experience. We learnt how valuable it is to enable their engagement, through practical support and by making an effort to explain the terms used during meetings.

Our research found support among people who inject drugs for the new equipment.

For needle exchanges, we have developed recommendations for introducing detachable low dead space syringes, based on our findings from the review and interviews.

We have developed materials to support introducing these syringes, including a flyer for needle exchanges to inform people who inject drugs about the new equipment. We are also developing a step-by-step guide for needle exchanges.

<https://arc-w.nihr.ac.uk/research/projects/low-versus-high-dead-space-syringes-user-preferences-and-attitudes/>

Contact NIHR ARC West arcwest@nihr.ac.uk

Driving the use of low dead space injecting equipment among people who inject drugs (completed)

Earlier research by NIHR CLAHRC West found that people who inject drugs would be willing to switch to this safer equipment, if the benefits were explained and they were introduced gradually. This project aimed to increase the adoption of this new, safer equipment in needle and syringe programmes.

We developed posters, a booklet and animation to promote the benefits and use of low dead space equipment, and broader harm reduction messages, for people who inject drugs, the needle and syringe programmes that support them, and policymakers.

Deborah Hussey, Assertive Engagement Worker from Bristol Drugs Project, joined the CLAHRC West team as Knowledge Mobilisation Fellow for the project. Deborah visited needle and syringe programmes around the UK, from Glasgow to London, to understand barriers to the uptake of low dead space equipment, and how different programmes operate and share harm reduction messages.

The team then worked with Michael Linnell of Linnell Communications, a designer who specialises in information product design for drugs, alcohol and public health campaigns.

Through a series of workshops, the materials were co-designed by service users from Bristol Drugs Project, who shaped the messages, language and look and feel of the materials. Working closely with the intended audiences means the materials have been tailored to their needs and preferences, so will have a greater impact and resonance with them.

The final products are now available to download from Exchange Supplies' website. Exchange Supplies is a social enterprise that has pioneered the use of detachable low dead space equipment among people who inject drugs. We are sharing the materials widely with service users, needle and syringe programmes, commissioners and public health stakeholders. We are working with Exchange Supplies to develop training for staff and volunteers working in needle and syringe programmes.

<https://arc-w.nihr.ac.uk/research/projects/driving-the-use-of-low-dead-space-injecting-equipment-among-people-who-inject-drugs/>

Contact NIHR ARC West arcwest@nihr.ac.uk

LUCID B: Understanding the experiences of people who inject drugs during the COVID-19 pandemic (ongoing project)

The COVID-19 pandemic has caused immense change around the world, with vulnerable groups being disproportionately affected by the virus and the fallout of lockdowns and social distancing.

People who inject drugs are one of these more vulnerable groups. People who inject drugs often experience stigma and discrimination, which can lead to issues accessing resources such as healthcare and housing. As a result of their drug use they are more likely to find it difficult to self-isolate and could be at a higher risk of exposure to or transmitting COVID-19.

They are also more likely to experience drug related illnesses, such as hepatitis C, HIV and chronic obstructive pulmonary disease (COPD). These conditions can be made worse by COVID-19 and increase the risk of a more severe infection.

Social distancing measures have led to changes to drug treatment and harm reduction programmes, which may lead to increased risks from drug use. There is an urgent need for extremely rapid research to understand how changes are affecting vulnerable groups, and how we can ensure they are supported during this time.

We are conducting telephone interviews with 30 people who inject drugs, to understand the challenges that people who inject drugs are facing during the COVID-19 pandemic.

The information from the interviews can help service providers adapt what they are doing to support people who inject drugs, as well as inform policy for future pandemics.

We are publishing interim reports of our findings, covering issues such as social distancing, drug supply, accessing needle and syringe programmes, accommodation and collecting prescriptions.

<https://arc-w.nihr.ac.uk/research/projects/understanding-the-experiences-of-people-who-inject-drugs-during-the-covid-19-pandemic/>

Contact NIHR ARC West arcwest@nihr.ac.uk

What C-OST? How has the COVID-19 pandemic affected people in rural areas who take opiate substitutes? (ongoing project)

This project is in collaboration with Turning Point, a social enterprise providing Drug and Alcohol Support.

Before the COVID-19 pandemic, opiate substitutes such as methadone were generally prescribed in small doses and taken under supervision at a pharmacy. These medicines are prescribed to people who are dependent on opioids such as heroin, to help reduce the harm experienced from taking illegal drugs, such as overdoses. To protect patients and pharmacy staff during the pandemic, most patients were switched to weekly or fortnightly take-home supplies of opiate substitutes.

Concerns about larger quantities of take-home medication have been raised by prescribing staff. The practice of prescribing small doses of opiate to be taken under supervision was designed to reduce drug related deaths, but evidence for this is limited. It is also expensive, and patients generally find it stigmatising and restrictive.

Addiction research is often conducted in cities. We cannot assume people living in rural areas have the same experiences. This project focuses on the experience of people living in rural areas who receive opiate substitutes.

We want to understand how people in rural areas who take opiate substitutes have experienced changes to prescribing and consumption during the pandemic. Through telephone interviews we will ask participants to share their experiences of drug use and accessing support services during the pandemic. We will also interview prescribing staff about their experiences and how the changes have affected their practice.

We will share our results with policy makers to inform future drug treatment policy and pandemic response. We are publishing interim reports of our findings.

<https://arc-w.nihr.ac.uk/research/projects/how-has-the-covid-19-pandemic-affected-people-in-rural-areas-who-take-opiate-substitutes/>

Contact NIHR ARC West arcwest@nihr.ac.uk

Syrian mental health assessment and migration study (SHAMIS) pilot (ongoing project)

Triggered by the Syrian war, 4.6 million Syrians now form what has become the largest refugee population from a single conflict in a generation. This project, working with refugees and city councils in the ARC West area, will develop research methods to assess local health needs. This work will also inform the planning of a larger-scale study to investigate the mental and physical health needs of Syrian refugees across the UK, and in other countries in Europe.

The UK has pledged to resettle 20,000 Syrian refugees by 2020 under the Syrian Vulnerable Persons Resettlement (VPR) Programme and the community sponsorship scheme. Developing policies that respond to refugees' specific health needs and service access is therefore vital.

This pilot project aims to study the mental health and general wellbeing of Syrian refugees in the ARC West area. We will investigate how these change over time, the effect of the type of resettlement scheme such as the Vulnerable Persons Resettlement scheme, has on individuals and families, and how the schemes are implemented in different areas.

This pilot project will assess how Syrian refugees settle into a high-income country in terms of their employment, education, language and mental health. Ultimately, this project aims to help improve the health and wellbeing of the refugees who will be settled in the UK over the coming years. It will do this by generating evidence on best practice to inform local and national resettlement programmes.

This study will also investigate any unmet health needs and potential barriers to accessing health services. It will support equitable access to services, tailored to refugees' needs.

<https://arc-w.nihr.ac.uk/research/projects/impact-displacement-health-psychological-wellbeing-syrian-refugees-pilot-study/>

Contact NIHR ARC West arcwest@nihr.ac.uk

Common Ambition Bristol: Addressing HIV stigma and testing in partnership with African/Caribbean communities (ongoing project)

For every 1,000 people aged between 15 and 59 in Bristol, 2.7 are living with HIV. The rate has been increasing steadily since 2011 and is higher than the average for England (2.4 per 1,000 people).

Bristol's 2019 HIV Health Needs Assessment found that a disproportionate number of people of African and Caribbean heritage either have undiagnosed HIV or are diagnosed late.

Sixteen per cent of Bristol's population are from Black, Asian and Minority Ethnic (BAME) communities. However, data gathered by Unity Sexual Health in 2019 showed that only 10.5 per cent of the people who attended its sexual health service were from BAME communities. Also, Black African clinic attendees showed a lower uptake of HIV tests when they were offered to them.

This pioneering study will co-produce – with people of African and Caribbean heritage living in Bristol – sexual health services and interventions to increase HIV testing and reduce HIV stigma. We will work in equal partnership with community members to review, develop, trial and evaluate interventions.

The project, is funded by the Health Foundation and will run for three years from January 2021. It will be led by Brigstowe, a Bristol-based charity for people living with HIV, in partnership with African Voices Forum, Unity Sexual Health, Bristol City Council and Fast Track Cities Bristol. Researchers from ARC West and the NIHR Health Protection Research Unit in Behavioural Science and Evaluation at the University of Bristol will work in collaboration with community members to evaluate the project.

<https://arc-w.nihr.ac.uk/research/projects/common-ambition-bristol-addressing-hiv-stigma-and-testing-in-partnership-with-african-caribbean-communities/>

Contact NIHR ARC West arcwest@nihr.ac.uk

Unseen (ongoing project)

Survivors of modern slavery and human trafficking are one of the most vulnerable groups at risk of complex mental health difficulties. Since the COVID-19 lockdown, important services which are a crucial part of survivors' recovery, have ceased service provision or are remote access. Whilst most of the population now rely on technology to connect, survivors may have no mobile phone or data, internet usage and video-conferencing calls are not available to this isolated group.

This project will work with Unseen a charity who support survivors of modern slavery and human trafficking, and BT, to evaluate the impact of the provision of mobile technology on survivors' mental well-being, health, access to services and social connections. It will advocate for national policy changes so that modern slavery survivors are entitled to a mobile phone, as part of their support package.

Contact Michelle Farr – michelle.farr@bristol.ac.uk What C-OST? How has the

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<https://arc-w.nihr.ac.uk/research/projects/common-ambition-bristol-addressing-hiv-stigma-and-testing-in-partnership-with-african-caribbean-communities/>

Contact NIHR ARC West arcwest@nihr.ac.uk

ARC Kent, Surrey, Sussex

Development and implementation of resources on COVID-19 to support ethnic minority communities

Recent studies have reported that ethnic minorities are more likely to be admitted for critical care admission and are at a greater risk of dying from COVID-19 compared to the people from white ethnic background. Much of the currently available public health guidance around COVID-19 has been in dominant languages and may not have reached elderly minorities, who are particularly vulnerable to COVID-19. This project aimed to develop and implement culturally appropriate resources on COVID-19 to increase health awareness and understanding among older people from ethnic minority backgrounds.

Researchers are working predominantly with Indian and Nepalese elderly communities in Kent, Surrey and Sussex (KSS) to explore their key information and engagement needs with regard to COVID-19. In-depth interviews were conducted with citizens from Nepalese and Indian communities (n=20) and consultations were held with health and social care professionals. In addition, co-production workshops were conducted with the community members to encourage active participation and collaboration, and to gain deeper understanding of the issues. By the end of the project in Jan 2021, the project will formulate inclusive public health resources to ensure that ethnic minority populations have accessible, acceptable and relevant resources about the disease. The project can serve as a model of co-production and consultation through conveying participatory spaces, to shape policy and practice for common good of the minority and marginalised population in KSS, the South East and nationally.

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ARC South West Peninsula

An engaged approach to exploring issues around poverty and mental health: Reflections from researchers and community partners involved in the DeStress study

The DeStress study explored how poverty-related mental distress is conceptualised and responded to by people living in areas of economic disadvantage and by health professionals seeking to support them. DeStress sought to actively address the underrepresentation of low-income communities in mental health research by developing a collaborative approach to designing and delivering the research so that it was responsive and meaningful to these communities from the outset. Underpinning the development of collaborative partnerships between residents and researchers was the Connecting Communities (C2) approach, which seeks to create the conditions for health and wellbeing in low-income communities through transformative community engagement.

Community partners, academics and healthcare practitioners worked together to develop and deliver the research, interpret the findings and develop resources for communities and healthcare professionals. The conditions for engaged research were created by having existing relationships with the communities, a community research connector who was embedded in the communities, a commitment to engaged research by the project management team and Advisory Group and a commitment to ensure mutual benefit for the community partners. Whilst pre-existing relationships were a necessary condition they were not sufficient to ensure full participation as partners from the outset. Holding meetings in community settings and having a community partner co-chair the meetings helped create a more inclusive dynamic. At the Destress conference, community partners presented their work and are involved in delivering the training.

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