

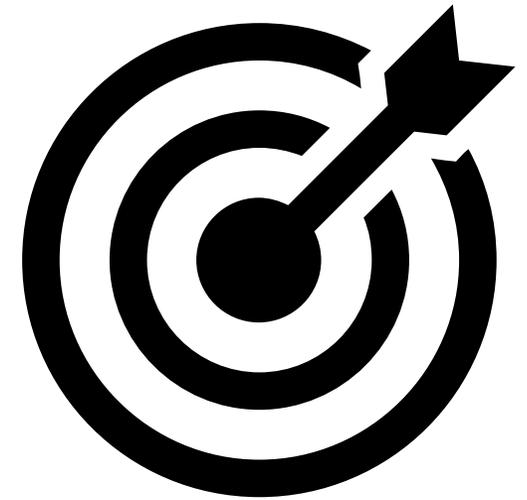
# Gloucestershire's Researchers' Guide to Cultural Competency

12<sup>th</sup> September 2025 (final)



# Background

- This Cultural Competency Toolkit has been **created** based on the learning and insights shared by the five member organisations of the One Gloucestershire Research Engagement Network (REN). Proactively we have called ourselves: ‘Sharing the Power’.
- Our ‘Sharing the Power’ goals are to:
  - ✓ Build a sustainable and evolving health and care research network reaching all people and communities in Gloucestershire
  - ✓ Facilitate inclusive, creative research informed, codesigned and delivered with local communities
  - ✓ Enable understanding of how all health and care services can become more accessible and responsive to underserved communities across all protected characteristics



# Who is this toolkit for and how can it help you?



Engaging with people and communities throughout your research can improve the quality and relevance of your work, increase diverse participation and help you better understand and articulate the benefits your research can have for patients.

This Cultural Competency Toolkit has been created to assist researchers undertaking health and care research to plan how best to work with people and communities who may be marginalised. This supports meaningful engagement, which ensures inclusion and equity from the start. This toolkit can help you in any future research applications.

# Cultural Humility

When using this toolkit, we ask that you apply an approach to understanding and respecting the cultural identities of individuals and communities.

Cultural humility focuses on a lifelong commitment to self-evaluation and self-reflection. It encourages individuals to recognise their own biases, power dynamics, and the limitations of their cultural knowledge while fostering open and respectful relationships with people from diverse backgrounds.

By adopting a mindset of cultural humility, together we can gain a better understanding of the complexities of identity, helping to undo systemic inequities and build a more inclusive environment.



# What is Cultural Competency?

As a REN, we have coproduced the following definition for cultural competency:

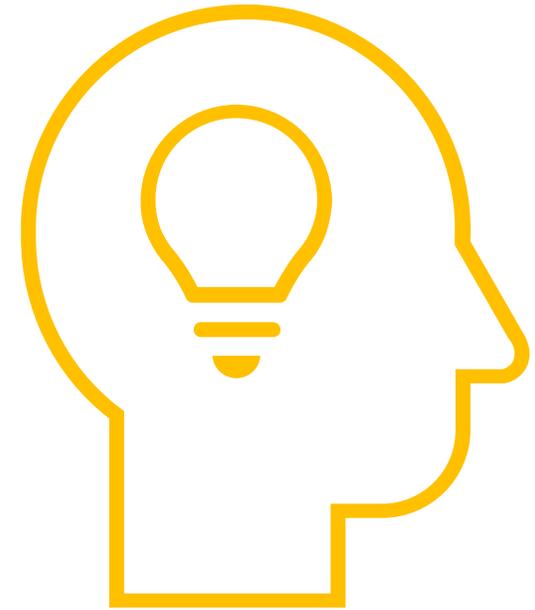
- Cultural competence describes the values, attitudes and principles that drive what we do and how we do it.
- It acknowledges, respects and works towards understanding the experiences that people and communities bring with them and how these shape them.
- When these are considered, individual needs can be addressed more effectively and health needs can be personalised and tailored appropriately. We aim to put these values into practice



# How this Cultural Competency Toolkit Works

We are sharing what we have learned by working with people and communities, and the people who support them, in the following areas:

- People from Muslim communities (The Friendship Café)
- People with a sight impairment (The Sight Loss Council)
- People with a disability, learning disability, mental health issue or are neurodiverse (Inclusion Gloucestershire and Barnwood Trust)
- Young people in challenging circumstances (The Music Works)



# Working with Muslim Communities

There can sometimes be misunderstandings when starting to collaborate with Muslim faith communities. Some people's views may be based on what they hear on the news. For example, radicalisation to Islamic extremism. Islam is an extremely important faith to many people from South Asian communities. Take the time to talk about belief systems and learn what matters to individuals, as everyone practices Islam differently. Open conversations will avoid misunderstandings and assumptions. Be open and transparent.

Islam is a comprehensive way of life that encompasses all aspects of a person's existence. Many men will visit the mosque for prayers several times a day and most men and women will use a quiet and private place at work or home for prayers. Having a facility to cleanse hands and feet before prayer is very important to the Islamic faith.

Food and the social interactions that food generates is very important to Muslim communities. Women will spend time preparing food for their family and its an important part of their culture.

Be conscious of when Ramadan takes place as this is a month of fasting (sawm), communal prayer (salah), reflection, and community. Be sensitive to any events you are planning which provide food and drinks and to provide a private place for prayer.



# Top tips working with Muslim communities



- To create an inclusive environment being mindful of basic faith and cultural practices can make a significant difference in ensuring Muslims feel respected, valued and supported. Especially in the light of Islamophobia and increase in Hate Crimes against Muslims.
- Being mindful and aware of Islamophobia and discrimination which create significant health inequalities.
- Not all Muslims are practicing.
- Same sex engagement for more effective meaningful communication and interaction
- Build trust or better still partner with trusted groups and individuals in communities who can be powerful allies to support research activity
- Muslims are not a homogenous group , recognise diversity and diversity in views and experiences as well as impact of Islamophobia and discrimination. Adopt a learning attitude rather than an assuming attitude.
- Culturally sensitive communication : recognise differences in approach and respect with older and younger generations

# Top tips working with Muslim communities



- Avoid challenging times for engaging : Ramadan , Friday afternoon prayer times , winter prayer times are very close together (midday , mid afternoon and sundown (3 prayers approx. between 12.30 and 4.15pm)
- Refreshments provided must be halal permissible (biscuits included)
- Everyday specific needs include:
  - **Appearance** - (dress codes may vary from person to person) Head scarfs or niqabs (full face covering) for women is by choice, not forced.
  - **Prayers** - Muslims may pray 5 times a day (2/3 prayers may fall in work hours)
  - **Dietary requirements** - Muslims do not drink alcohol or eat pork or eat food items containing animal ingredients (not Halal)
  - **Leave** - Muslims may request leave due to religious festivals or other important occasions i.e: fasting in Ramadan going on Hajj (pilgrimage)
  - **Social Interaction** - Be mindful of personal space, physical contact with the opposite sex such as a handshake or hug may be avoided due to reasons of modesty and respect.

# Working with people with sight impairments

Everyone should have access to vital health information and the health and care system, including people with sight impairments. Health and care staff have a responsibility to comply with the [Accessible Information Standard \(AIS\)](#). We have developed some additional resources <https://extranet.nhsglos.nhs.uk/accessible-information-standard/> to support you, which includes the latest updates to the AIS in 2025. The AIS sets out how the NHS and adult social care services should ensure people with a disability or sensory loss:

- 
- Can access and understand information about services
- Receive the communication support they need to use those services

**Here are some practical things you can do in your role:**

## **1. Raising awareness of visual impairment (VI)**

Meet and greet people/patients in a prime position to assist blind and partially sighted people when they arrive. They also model good practice and can help spread the work to other staff.

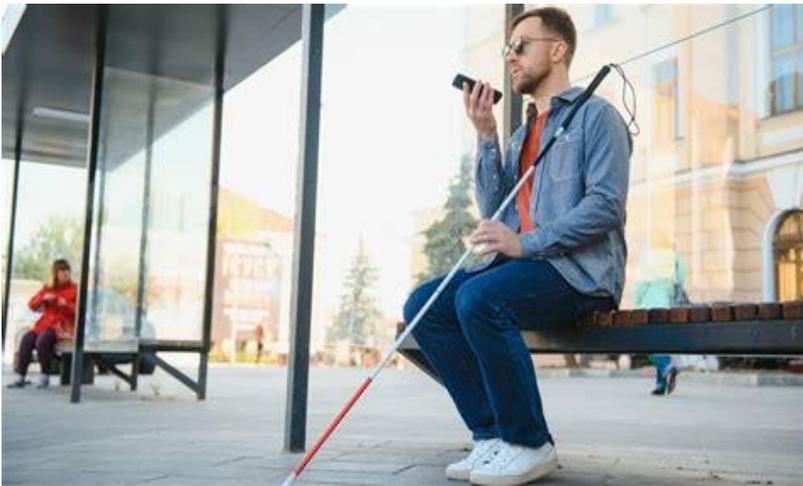
## **2. Embedding the NHS Accessible Information Standard (AIS) – see above**

## **3. Digital accessibility**

Often involves using assistive technologies like screen readers, which can read screen text aloud and translate web pages into plain text. Think about using [Alternate text](#) for any images on your website.



# Top tips working with people with sight impairment



- Ask, do not assume. The person may not need any help or will communicate with you how they wish to be supported.
- Remember if someone is blind, it does not always mean they have no sight at all.
- Make sure you are in front of the person, gain the person's attention by speaking to them or if necessary, a gentle touch on the arm as well.
- Introduce yourself and what you do.
- Remember to talk normally. You do not need to shout, talk down to them or use over simplified language.
- Always talk to the person directly, rather than their sighted companion or their guide dog.
- In a group conversation, always make it clear who you are and to whom you are speaking.
- Use verbal responses and verbalise your actions, avoid nods, and head shakes and when taking notes please inform them.
- Inform people when you are moving away from them or leaving the room, do this discreetly where possible
- Don't assume people need information in Braille. Many people do not read it and use technology and other methods of support
- Not to pet guide dogs when they are working or to ask permission first

# Working with disabled people



The term 'disabled people' is often associated with wheelchair users, but in fact covers a wide range of impairments including those with a Learning Disability, neurodivergent conditions such as Autism and ADHD, mental health conditions, chronic illnesses and more. Although someone's impairment may class them as being disabled as defined by the [Equality Act 2010](#), not everybody associates with this term, and some may choose to describe themselves in another way.

Disabled People's Organisations (DPOs) run by and for disabled people advocate for a society which is fairer and more inclusive of disabled people. They provide expertise, lived experience and understanding of life with a disability, often undertaking their own [emancipatory](#) or [inclusive](#) research. Any research involving disabled people should be underpinned by the key driving force of DPOS, which is the Social Model of Disability.

The Social Model of Disability is a framework for understanding and challenging disabling barriers in society. Within this framework, people are seen as being limited and disabled by physical, attitudinal and social barriers. Some example of this are:

- Low expectations and infantilising attitudes towards someone with a Learning Disability
- Steps and inaccessible toilets preventing access and the ability to spend time in a building for a wheelchair user
- Compulsory workplace socials that may cause anxiety for those with Autism or mental health conditions

This framework is a counterpoint to traditional or medical models of disability which view an individual's impairment as the problem which limits and disables them, and the solution is to fix or cure the impairment. An example of this would be for a deaf person to be given a cochlear implant and speech therapy so they can take part in conversations with hearing people, rather than teaching hearing people sign language and acceptance of deaf people and deaf culture.

Because the social model teaches us that disablement is something which is enacted upon people (by the creation of disabling barriers), UK based DPOs and disabled advocates use the term 'disabled people' not 'people with disabilities'. Similarly, Autistic people in the UK generally prefer the term 'Autistic people' not 'people with Autism' as they say Autism isn't something they can pick up and put down as they choose.

# Top tips for working with disabled people



- Respect disabled people's choices around **language and identity**.
- Implement the principles of the **Social Model of Disability** in your research.
- Historical (and even some current) research places disabled people as passive subjects, often with a focus on curing or removing impairments. Research that improves the lives of disabled people should focus on **identifying and removing disabling barriers**.
- Disabled people are not only experts on disability related issues. **Consider the value and diverse perspectives they can bring to other studies**.
- Consult with DPOs and disabled advocates about **accessibility of all parts of the research process**, from planning, ethics, data collection through to dissemination.
- **Accessible information and communication** is fundamental to disabled people's involvement. Consider making videos with subtitles, Easy Read and Plain English, avoid using jargon and sense check any information with disabled experts.
- **Easy Read** is particularly important for people with learning disabilities, whereas other disabled people (for example those without any cognitive impairment) may not require this format. The key is always to ask the person. The phrase *'is there a way you prefer to communicate and for information to be given'* is a good question to always ask.
- Disabled people often experience **consultation fatigue** and have seen little impactful change in their lifetime. Make it clear what changes they can and can't expect from research involvement.

# Top tips for working with disabled people

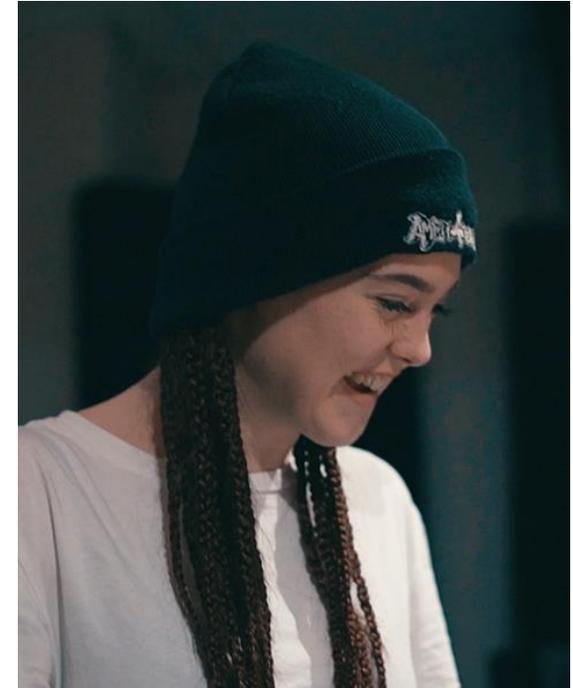
- For the same reason, make efforts to **engage with those who aren't routinely called** upon to take part in research or consultation.
- Learn about best research practice from experts such as **DPOs, Disability Studies and disabled academics**.
- Ask disabled people about how to make your work with them accessible. Explain what you will do together in order for them to know what **reasonable adjustments** to ask for.
- Ensuring enough **time** is important for researchers who are new to including disabled people and for implementing inclusive ways of working.
- **Creative research methodologies** often lend themselves to more **inclusive and accessible** ways of working



# Working with children and young people

Children and young adults can find their time at school, college or work challenging, particularly if they have difficulties with learning or have faced trauma in their personal lives. Frustrations can sometimes present as challenging behaviours and result in a child or young adult being excluded from school or college or losing their place on a programme - or even paid employment. Sometimes these behaviours cause children and young people to act 'out' but increasingly, with the dramatic rise in mental health challenges amongst young people, they are acting 'in' displaying more symptoms of anxiety and depression. The knock-on effect of this can have a dramatic impact on their lives and often leave them facing further obstacles that become increasingly challenging to overcome. Quite often the systems that exist to support them are not adequately resourced and many young people end up feeling disconnected from their communities and wider society.

When engaging with children and young people, it is important to take the time to understand their needs, interests, strengths and build rapport, focusing on commonalities where possible. Opportunities for young people to explore their creativity can be used to encourage them to develop their autonomy, their confidence and skills, and to build positive connections to talk about their problems or positively impact their wellbeing.



# Working with children and young people

Young people who have faced challenging circumstances, often experience social stigma that can affect self-esteem, stress levels and behaviour. Finding ways to empower them and actively listen to their opinions and ideas is essential. Supporting them to put their ideas into practice to improve their lives or effect wider change not only provides them with learning but a sense of belonging and active participation.

Role models and trusted adults are critical in supporting and guiding young people to become empowered, achieve their aspirations or raise their self-expectations. In a world that often leaves young people feeling ignored or written off, it is vital that space is created to help them thrive, regardless of their background.



# Top tips working with children and young people



1. Meet young people where they are - Adapt to their current emotional and engagement state rather than expecting them to meet your expectations immediately
2. Build genuine rapport through shared interests (sports, gaming, music) and take authentic interest in their passions - remember their names and pronouns
3. Give meaningful choices and control - Let young people make real decisions about activities and how they spend their time with you
4. Set clear boundaries from the start but explain the reasons behind them - focus on safety and mutual respect rather than arbitrary rules that could lead to conflict
5. Use positive challenge instead of saying "no" - Find ways to redirect potentially harmful content or behaviour while still valuing their voice and creativity
6. Be consistent in your approach, expectations, and availability - young people need to know what to expect from you
7. Practice active listening without judgment - Young people often share things when they feel comfortable, so listen with empathy and respect
8. Take a trauma-informed approach - Be mindful that many young people may be dealing with challenging circumstances you're unaware of
9. Utilise staff with diverse backgrounds and lived experience - Authenticity and relatability are crucial for building trust and creating inclusive spaces
10. Be flexible and think creatively - If traditional approaches aren't working, explore alternatives like podcasts, games, or simply having conversations
11. Celebrate small wins and progress – Acknowledge any improvement and effort, not just major achievements
12. Share power genuinely - Create opportunities for young people to influence decisions, lead activities, and have real input into programmes that affect them

# Useful contacts

- [The Friendship Cafe | We provide youth & community based activities](#)
- [Gloucestershire - Sight Loss Council](#)
- [Home - Inclusion Gloucestershire](#)
- [Barnwood Trust | Building Belonging in Gloucestershire](#)
- [Home Page – TheMusicWorks](#)
- [South West Central | NIHR RDN](#)
- [Research : One Gloucestershire](#)

# Glossary

**Braille** - a form of written language for people with sight impairment in which characters are represented by patterns of raised dots that are felt with the fingertips

**Infantilising** – means treating someone like a child

**Personalised** - means people have choice and control over the way the research they take part in is planned and delivered. It is based on 'what matters' to them and their individual strengths and needs

**Research Engagement Network** - a collaborative network working to create an inclusive environment that enables diverse communities to take part in health research