# Improving BAME experiences of the Stepped Care Model at 409 High Street

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Improved understanding of BAME Service Users' experiences, and implementation of Staff Training to increase clinician awareness and understanding of culture and religion.

## QI Project and QI SRRP Aim

To assess how BAME Service Users experience the Stepped Care model, and to implement staff training to improve service provision.

## **Service User Involvement**

**Big I involvement:** Sat Chaggar is a service user who helped develop the project, co-facilitated the focus group and staff training, and analysed the results.

# **QI SRRP Methodology**

Mixed methods: quantitative analysis of staff cultural competence, and qualitative analysis of service user focus group. Mixed methods analysis of staff training outcomes.

# Condensed Driver Diagram for this QI SRRP

AIM SECONDARY DRIVERS **CHANGE IDEAS** PRIMARY DRIVERS Develop format of Service user outcomes. assessments so it is more interactive = transformative assessment. Service user experience To reduce the length of time from referral to assessment (<11 Distress management group Type of intervention weeks) and to reduce the length of time from referral to start of Preparation workshop treatment (first stage treatment being induction workshops <18 Group interventions First contact as a group. Engagement weeks) by December 2018. rather than individual interventions. Information and Enrolment Non-attendance / DNAs

## Results

#### Staff Survey:

**Quantitative:** Cultural Intelligence Scale showed middle of the road average scores across 23 participants. **Qualitative**: 1. lack of specific knowledge about other cultures. 2. Want to hear more from people of BAME backgrounds.

### Service User Focus Group (Qualitative):

Information Session: stigma makes attendance challenging. Assessment: culture / religion are not discussed. Waitlist Groups: feeling unheard. Therapy: culture / religion not fully explored.

### Staff Training:

**Quantitative:** improvement in cultural knowledge and increased reflexivity. **Qualitative:** need for longer training and more exploration of therapist biases / assumptions.

# **Learning and Recommendations**

BAME service users feel unheard and invalidated. We need to actively include culture and religion into routine service provision. *Recommendations*: 1. include culture / religion in assessment proforma 2. BAME Tree of Life Waitlist Group to be instated 3. Regular staff training on BAME-related themes 4. Recruit BAME Access Lead for Newham.