

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

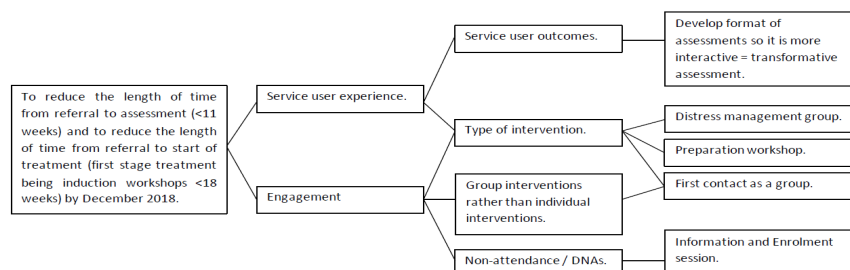
Big I involvement: Sat Chaggar is a service user who helped develop the project, co-facilitated the focus group and staff training, and analysed the results.

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 PRIMARY DRIVERS SECONDARY DRIVERS CHANGE IDEAS



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.