

Focus Group: Staff emotional wellbeing Services

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1. Executive Summary

Background:

Keeping Well, the North East London Integrated Care System Workforce Resilience & Wellbeing Hub (KWNEL), was one of 40 Hubs set up nationally as part of an NHS expansion to provide enhanced health, wellbeing and psychological resilience support for the NHS and Social Care Workers (HSCW). Various forms of support are available, from exercise and spiritual needs to debt management and rapid access to assessment and local evidence-based mental health services and support where needed. The hub offer is confidential and free of charge and all HSCWs can self-refer or refer a colleague (with their consent). In response to the pandemic, NHS England identified four specific staff groups as most at risk of suffering adverse effects. The four groups were:

- Staff working within acute settings
- Staff identifying as LGBTQ+
- Staff from racially minoritised groups
- Staff from social care settings

The importance of continual reflection and adaptation based on the HSCW's needs is a central aspect of the ethos of KWNEL. For this reason, a commitment to regular opportunities to learn from HSCWs across NEL is essential to the Hub offer. The HSCW is the single most important aspect for KWNEL. Share and Shape forums were developed and designed to provide an opportunity to reach NEL HSCW. The forum outlined in this paper focused on communicating with staff who self-identify as being from racially minoritised groups.

This paper outlines the Share and Shape forum held on 25th November 2021, provides summary outcomes from the discussion, and provides recommendations for future work to support racially minoritised HSCWs in NEL.

Summary outcomes from the discussion group:

- Further work is needed to ensure staff are aware of what is available
- Anonymity and enhanced confidentiality is of the utmost importance
- Accessing the Hub is dependent on feeling understood by Hub staff and being able to build a community

2. Introduction

The chosen approach

Prior to the event, the facilitators used the marketing materials to confirm that attendees did not have to use the Hub in order to take part. Use of the Hub was not among the inclusion criteria as we were seeking to identify possible barriers to using the Hub in addition to user experiences of the Hub. There were several areas we wanted to explore with the focus groups; these are identified below.

We aimed to gather the information that would help us to reach out to colleagues from racially minoritised groups. While specific data isn't available due to the Hub being an anonymised service, we hypothesised due to anecdotal evidence that representation is below what we should expect based on the staff ethnicity data that is available. There are complex reasons why people from racially minoritised groups more generally do not seek help for their wellbeing from the general services and facilities that are available.

Marlow, Waller & Wardle (2015)¹ highlighted stigma as a risk factor to accessing ill-health and wellbeing support among racially minoritised groups within the UK. We know that there are complex reasons why people from racially minoritised groups may not seek help for their wellbeing from the general services and facilities available at the same rate as those racialised as white. Jacobs & Pentaris (2021)² conducted a literature review into the factors that impact help seeking for mental health support among racially minoritised groups in the UK. Their findings indicated the sentiment that their cultural and religious views would not be respected, neither would professionals seek to understand them. In addition, other research points to a mismatch between the level of need and the use or availability of services. Research by the Cabinet office in 2018, for example, identified that while black women were the group most likely to have experienced a common mental health problem, white adults, in the UK were most likely to be receiving treatment (Cabinet Office, 2018)³. This is further complicated by the added stigma of seeking help as an HSCW (Link & Phelan, 2014)⁴.

A forum was conceptualised as the most appropriate approach for this topic as it would provide data from individuals and from the group interaction. Attitudes to help-seeking for wellbeing are complex so it is important to explore barriers to accessing wellbeing services in a multifaceted way. Further research may include individual qualitative approaches and an analysis of access data that exists within the Hub.

Determining what information is required

Information that will help us to reach out to colleagues from racially minoritised groups will be of significant use. Additionally, questions will focus on the aspect/s of the Hub offer that are well received by the group and those that do not facilitate engagement.

While the findings cannot be generalised to all HSCWs from racially minoritised groups, they may provide an indication of areas that may benefit from adaptation or enhancement. Therefore, the findings may be used in further developments by KWNEL and shape further research.

Determining whom to study

Ideally, it would be appropriate to aim at homogeneity for the focus group (Wozniak, 2014)⁵. Unfortunately, at this point, it is not possible to aim for a homogenous group with regards to racial identity (while acknowledging that race is a social construct). In the long term, it would be beneficial to look specifically at whether certain racially minoritised groups have particular needs to ensure that we are appropriately reducing as many barriers to access as possible. It is problematic that the main inclusion criteria are for people to attend who are not from the dominant ethnic group in the UK. This indicates an assumption that people who are not in the dominant ethnic group in the UK are a homogenous group. We would like to highlight that this is not the working hypothesis as no data indicates that this is possible or likely. This may be a barrier to people taking part in the focus group.

¹ Marlow, L. A., Waller, J., & Wardle, J. (2015). Barriers to cervical cancer screening among ethnic minority women: a qualitative study. *Journal of Family Planning and Reproductive Health Care*, 41(4), 248-254.

² Jacobs, L., & Pentaris, P. (2021). Factors Affecting the Help-Seeking Behaviour of Black Asian Minority Ethnic (BAME) Groups for Mental Health Services in the UK: A Literature Review. *Greenwich Social Work Review*, 2(1), 156-170.

³ Cabinet Office (2018, Dec 10) *Race Disparity Audit. Summary findings from the ethnicity facts and figures website.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/686071/Revised_RDA_report_March_2018.pdf

⁴ Link, B. G., & Phelan, J. C. (2014). Mental illness stigma and the sociology of mental health. In *Sociology of mental health*(pp. 75-100). Springer, Cham.

⁵ Woźniak, W. (2014). Homogeneity of Focus Groups as a Pathway to Successful Research Findings?. *Przegląd Socjologii Jakościowej*, 10(1), 6-23.

Nevertheless, it is possible to aim for a level of homogeneity for this research. Homogeneity will focus on the possible shared experiences of being from a racially minoritised group. Therefore, it is important to start with the definition of the term “racially minoritised”. From a social constructionist perspective, “racially minoritised”, highlights that classifying individuals as minorities is a social process shaped by power (Milner & Jumbe, 2020)⁶. The term “racial minority” suggests that race is simply another way to classify people rather than acknowledging the complex societal impact of those classifications and how they have been used historically and up to this date.

With the above aspects in mind, four overarching questions were identified for exploration in the forum. In addition, these questions would also be used to expand and explore the topics discussed.

Questions

1. What do you think of the hub?
2. Is there anything that makes it more likely that you would use the Hub?
3. Is there anything that makes it less likely that you would use the Hub?
4. What wellbeing activities would cause you to recommend the hubs to your colleagues?

The discussion was designed to gather information from service users regarding the following outcomes:

1. To identify possible barriers to accessing the Hub.
2. To gather suggestions about ways to improve the Hub.
3. To identify whether there are aspects of the Hub that are well received and can be enhanced.
4. To discuss ways of increasing awareness of the Hub offer.

3. Demographics

A total of four people self-identified as being from a racially minoritised group. As using the Hub beforehand was not a pre-requisite for attending, attendees were not directly asked if they had used the Hub, rather they were asked what they thought of the website, and the Hub offer more generally.

4. Focus Group Discussion Results

The results for the focus group are below.

What do you think of the hub?

- *I'd never heard of the Hub until receiving this invite*
- *I don't know much about what is on offer*
- *I'm new to the Trust and it was suggested I come along; I don't know much about what the hub does but would like to find out*
- *Good that it is confidential*

Is there anything that makes it more likely that you would use the Hub?

- *Would like to see KWNEL Hub creating a shared community live feed blog on the website- for colleagues to share comments/experiences- on issues around vaccine reluctance/needle phobia forum in the BAME community*
- *Asking people about their thoughts on the vaccine.*
- *Would like KWNEL Hub to run future shape/share sessions for men from minority backgrounds*

⁶ Milner, A., & Jumbe, S. (2020). Using the right words to address racial disparities in COVID-19. *The Lancet. Public Health*, 5(8), e419.

around wellbeing

- *Would like to see KWNEL Hub assign staff who are from a specific cultural background*
- *Provide mini booklet with info on who we are/ what we do, and pictures of staff members.*
- *Found KWNEL ethos to maintain confidentiality reassuring and feel confident to access service-*
- *an individual can seek support and request to stay anonymous*
- *Having a named person I can contact*
- *It doesn't feel like there is catered information*
- *The website may have been changed recently, but I didn't like the layout when I had a look before*
- *Being able to ask for specific staff*
- *Seeing who your staff are [pictures]*
- *Having a person whom I could liaise with.*
- *Face facing support.*
- *Co-design.*
- *Confidentiality*
- *Having a safe space*

Is there anything that makes it less likely that you would use the Hub?

- *[If] KWNEL didn't strive on the ethos of promoting confidentiality especially for minority group who are reticent to access support which is readily available to them.*
- *No confidentiality [a hinderance]*

What wellbeing activities would cause you to recommend the hubs to your colleagues?

- *KWNEL Hub could perhaps look to creating more mindfulness content which more culturally specific*
- *I visited the KWNEL website earlier in the year and, during the search, could not find any content which relates*
- *KWNEL could benefit from setting up 1-1 person colleagues could relate with from a cultural background*
- *Knowing that if I am referred on for therapy, I will have a therapist that has a better understanding of my cultural world*
- *Having some psychologists/therapists on hand within the Hub*
- *Culturally relevant wellbeing activities*
- *I know a barber who is a counsellor that would be interesting in providing sessions for staff on how to look after themselves*

- *Could not think of anything off head currently but has advised they will check the website and search through materials/ webinars-then feedback*
- *Feeling like people would understand me*

Higher-order themes

Knowledge of the Hub and what is available



Anonymity/confidentiality



Feeling understood by others



Culturally specific support



5. Conclusion

Knowledge of the Hub and what is available

Notably, all attendees had very little knowledge of the Hub, how it worked and what was available. Attendance was secured through marketing and communications emails that were sent out before the Share and Shape session. That is not to say that prospective attendees from racially minoritised groups who had used the Hub were not aware of this session. The confidential aspect of the Hub possibly means that HUB users are reticent to interact in a way that reveals their identity. Nevertheless, the feedback from the attendees highlights the importance of utilising various methods to raise awareness of the Hub offer.

Anonymity/confidentiality

All of the Share and Shape attendees reported that the level of confidentiality when accessing the Hub was one of the deciding factors when making contact. This raises a question regarding hesitation to access other local services due to concerns that they are not confidential in the same way and may provide an insight into why local services are often not representative of the HSCWs they seek to serve. Attendees felt reassured that their interactions would be confidential and a foundational aspect of them feeling safe to make contact.

Feeling understood by others

There was a strong theme of having a specific contact within the Hub during the Share and Shape session. The attendees spoke of the importance of building a relationship with specific Hub staff, highlighting the significance of feeling understood on engagement. Attendees expressed a high level of approval in requesting specific staff and feeling that they didn't have to explain various aspects of themselves, such as cultural and religious norms.

Culturally specific support

Using services specifically designed with them in mind was a strong focus. Two of the attendees specifically spoke of looking for cultural-specific information on the website and feeling that they didn't feel that the information they found catered to their needs. It came through strongly that the attendees valued seeing others they felt would have similar experiences to them regarding culture and ethnicity. It was notable that the main concern for being referred elsewhere was that they did not believe they would receive support in line with their cultural needs. It was clear that the attendees felt positive about the Hub and pleased that they could have an element of choice regarding whom they received support from. Therefore, it is possible that being unclear about whether they would receive culturally sensitive support from other services was a significant barrier to considering current services as an option for support.

6. Recommendations

- Create a specific page on the website with culturally catered information about the Hub offer
- Ensure that future Share and Shape sessions for racially minoritised staff take place on a regular basis.
- Explore whether a blog would be feasible to add to the website with input provided by HSCWs across NEL.
- Ensure that staff are able to maintain anonymity and confidentiality when accessing the Hub and explore whether this would be possible on occasions where onward referral is required.
- Co-create marketing materials specifically catered for staff from racially minoritised groups.
- Ensure that marketing materials highlight that HSCWs can request to receive support from someone from a similar or different cultural or ethnic background.
- Create more culturally specific wellbeing activities such as psychoeducational workshops and relaxation.

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On behalf of Keeping Well North East London

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