



"Surviving not Thriving"

How we build BAME students' trust in our practice placements

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Introduction



With thanks to Faculty BME Student (Placements) working group and colleagues:

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Background

- Academic attainment gap - 15.6% gap between BME and white students achieving 1st/2:1 degree
[2015-16, AdvanceHE, 2019]
- SHU H&W - over-representation of BME students in Fitness for Practice investigations
- AND high number of BME students raising placement concerns with student union advisors:

"Once only disclosure":

"People are internalising it...they absorb it. They come to us as a confidential service and they will disclose it and then might just never say it again to anyone else". [Advisors]

'tip of the iceberg'

'Placements Uncovered' Project

- Multi-professional qualitative research study -
 - Allied Health Professions
 - Nursing and Midwifery
 - Social Work, Social Care and Community Studies
- 'A priori' questions / categories:
 1. Is there a problem?
 2. How does this manifest?
 3. Why haven't we done anything about it?
 4. What could we do about it?

Focus groups

Stakeholder Group	No. focus groups	No. participants
BME Students	3	13
Academic Staff	4	16
Placement Lead Educators	2	16
Student's Union Advisors	1	4

- 1 more student focus group arranged
- At least 2 people reviewed each transcript
- Key quotes and emerging themes highlighted
- Categories, themes and sub-themes developed

Unusually... first the summary!

- some BME students encounter specific challenges with potential to affect placement success / experience
- not all these issues are unique to BME students
- some excellent but also some poor student experiences
- systems and processes (and culture) for reporting concerns need clarifying
- range of suggestions made by participants - Phase 2

Is there a problem?



Acknowledging concerns

Sub-Themes

Similar FfP demographics

Student behaviours leading to FfP concerns

Placements amplify behaviours

Classroom 'cliques'

Culture shock to placements - changes in student profiles

FfP referrals: 9/10 focus groups - not a surprise that BME students were over-represented:

"what made me concerned was that I was doing very, very similar referrals for almost identical students" [AHP PLs]

"...out of the last probably six [referrals], I would say probably five would be BME and it is a concern" [AHP PLs]

Behaviours: Timekeeping, reliability, not following processes, abrupt/ confrontational manner, poor communication.

Cultural Norms

Sub-Themes

High Expectations +
Superman/woman
syndrome

Internalising problems

Back stories

Un-learning cultural
heritage

Some cultures promote:

- **high expectations** of success
- **internalising problems** - not sharing issues
- **over-respect** for authority
- **lack of respect** for women

"From a cultural perspective it's often frowned upon for them to...question supervisors" [NM PLs]

"two or three male students that have struggled to be assessed by female mentors" [placement leads]

The 'back story' is often hidden from view, yet explains and often justifies behaviours:

"There are some really harrowing, harrowing stories...They don't want to talk to you about it. It's really hard for them, because they've kind of dealt with that part of their life and tried really hard to move on". [Advisors]

Challenging Environments

Sub-Themes

Placement and organisational culture

Placement Geography

Challenging Settings

Challenging patient groups

Placement Geography:

Variation in placement experiences :

- working in '*overwhelmingly white*' communities
- Seeing the same '*repeat offenders*' [advisors]

Challenging Settings:

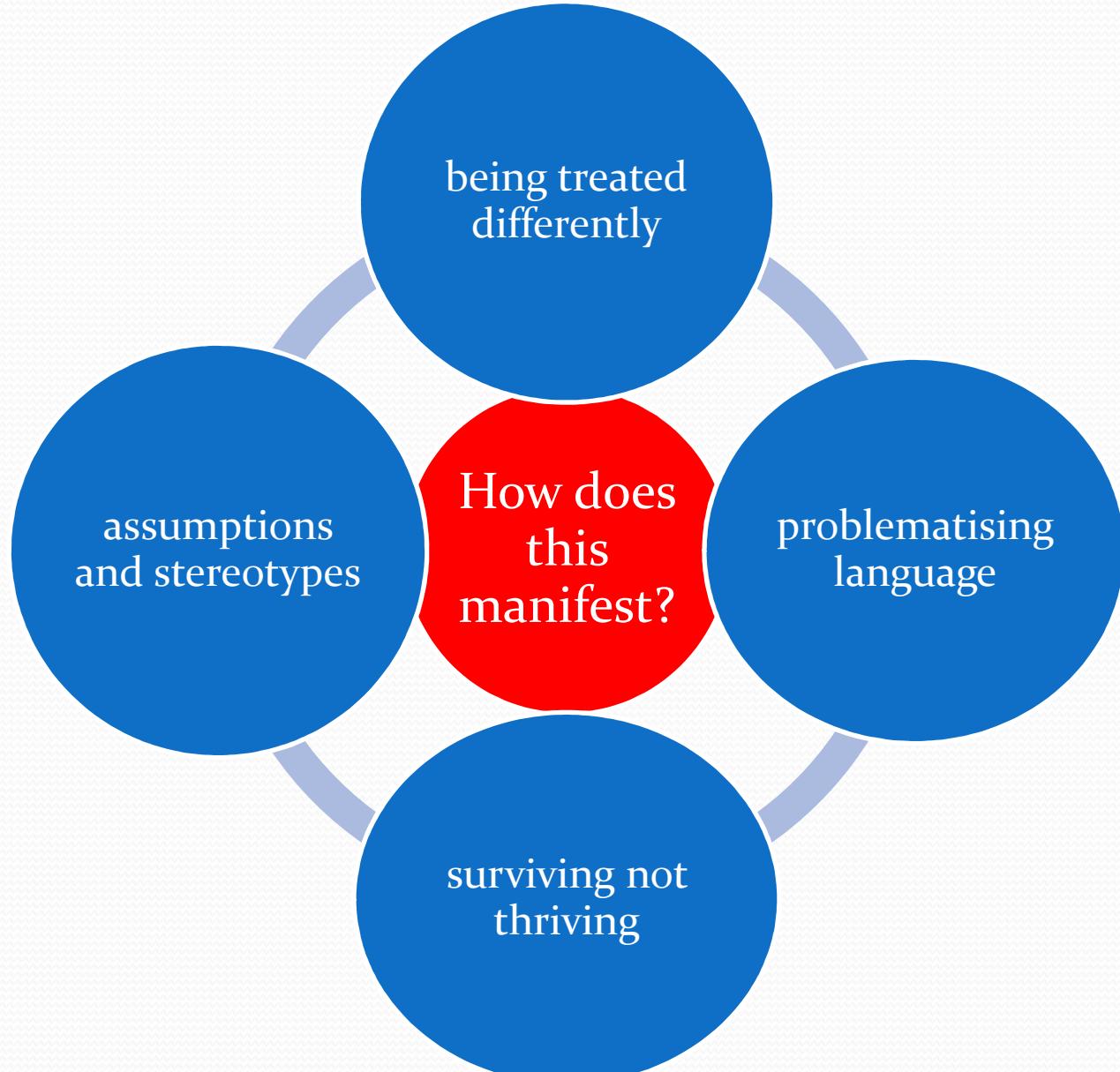
- rapid and frequent communication challenges
- fast paced clinics vs one to one settings
- single mentor vs departmental supervision

Challenging Patient Groups

- elderly, cognitive impairment, high stress environments (theatre)

"He was working in an elderly area and the patient referred to him as a man from the colonies; ... none of the staff challenged that or checked that he was OK and it was just accepted ..." [NM PLs]

How does this manifest?



Being Treated Differently

Sub-Themes

Active avoidance

Perceived discrimination

Held to a different standard

Lack of respect

Active Avoidance: Students feel alienated by staff who avoid working with them and avoid "chit chat"

'...so when they see a [white] student having a chat and having a laugh with staff, and they are not welcomed in the same way...' [NM PLS]

"And you will want to [get involved] but they don't seem interested ...because they don't talk that much with you". [AHP students]

It's sort of bullying by exclusion, isn't it, not including them. [NM PLs 2]

Being Treated Differently

Sub-Themes

Active avoidance

Perceived discrimination

Held to a different standard

Lack of respect

Perceived discrimination:

*"...quite a lot of students tell us that they feel that they're being prejudiced against on placement in particular. And it tends to be cultural reasons and it tends to be the students that we see are of a certain age, a certain background".
[advisors]*

"We had this one [BME] lad and they just made him into a laughing stock really. And they made him do every [case] just to get a kick out of it really and just to laugh at him, and they were like setting him up to fail". [AHP students]

Being Treated Differently

Held to a different standard:

Sub-Themes

Active avoidance

Perceived discrimination

Held to a different standard

Lack of respect

But I think they've got double to prove... to prove themselves twice. [NM PLs]

"I feel like I have to do twice as much as the 'locals' to prove myself". [AHP students]

'If other students ask (for help) there was no problem, but if I ask it they were taking me as if I'm not understanding what I'm saying ... [Nursing students]

Lack of respect and professionalism:

"where [staff] have been talking and there's a student in the room ... and they are BME and that they're not good. But no form of support offered." [AHP students]

"spoken to like a child" [AHP students]

Assumptions and Stereotypes

Sub-Themes

stereotyping based on name

stereotyping based on skin colour

stereotyping based on previous experiences

assumptions of community

demeanour

not just a BME student

Stereotyping:

"And so it's already the name is a barrier, because ... everyone is thinking how we are going to say that, how are we going to pronounce that?" [Nursing students]

"[they] felt that they were being unfairly treated based on the colour of their skin. [NM PLs]

'she said we really struggle with these types of students'. [NM PLs]

Problematising Language

Sub-Themes

problematising accents

writing ability

thinking in another language

miscommunication,
misinterpretation and
mixed messages

seeing through a
different lens

Accents are a major issue - colloquial language and BME student accents:

'But as a human being you feel down if someone is telling you off about your accent, because you don't know how to present yourself any more'
[Nursing student]

"it was sad that my supervisor dwelled more on my accent and she laughed about it." [Nursing student]

'she mocked how he spoke ...and I thought well if you're doing that when I'm here, what are you doing when this poor student's there on their own... he said as soon as I turn my back I know they're talking about me and laughing at me'.
[NM PLs]

Surviving not thriving

Sub-Themes

withdrawing mentally

withdrawing mentally - self protection. Even before the placement students anticipate prejudice, based on previous experiences.

feeling like an alien

Feeling like an alien - suspicion. Consequences of your fears being realised.

keeping a low profile

"...you just feel like I'll just ignore that, I didn't hear that. But at the same time in the back of your mind you do feel a bit alien. You don't know who's on board with these opinions and who is not on board: who's against you or not against you.

[AHP students]

consequences of isolation

Concealing concerns

concealing concerns

"you've got to fake it to make it...it's just smiling and gritting your teeth because you have to do it because you don't fit in, but you've got to get through, so you have to do it". [AHP students]

The essence of "Surviving not thriving"

- Coping strategies used by students revolve around "**Keeping a low profile**".
- Phrases repeated by different students across H&SC settings:

"don't rock the boat"

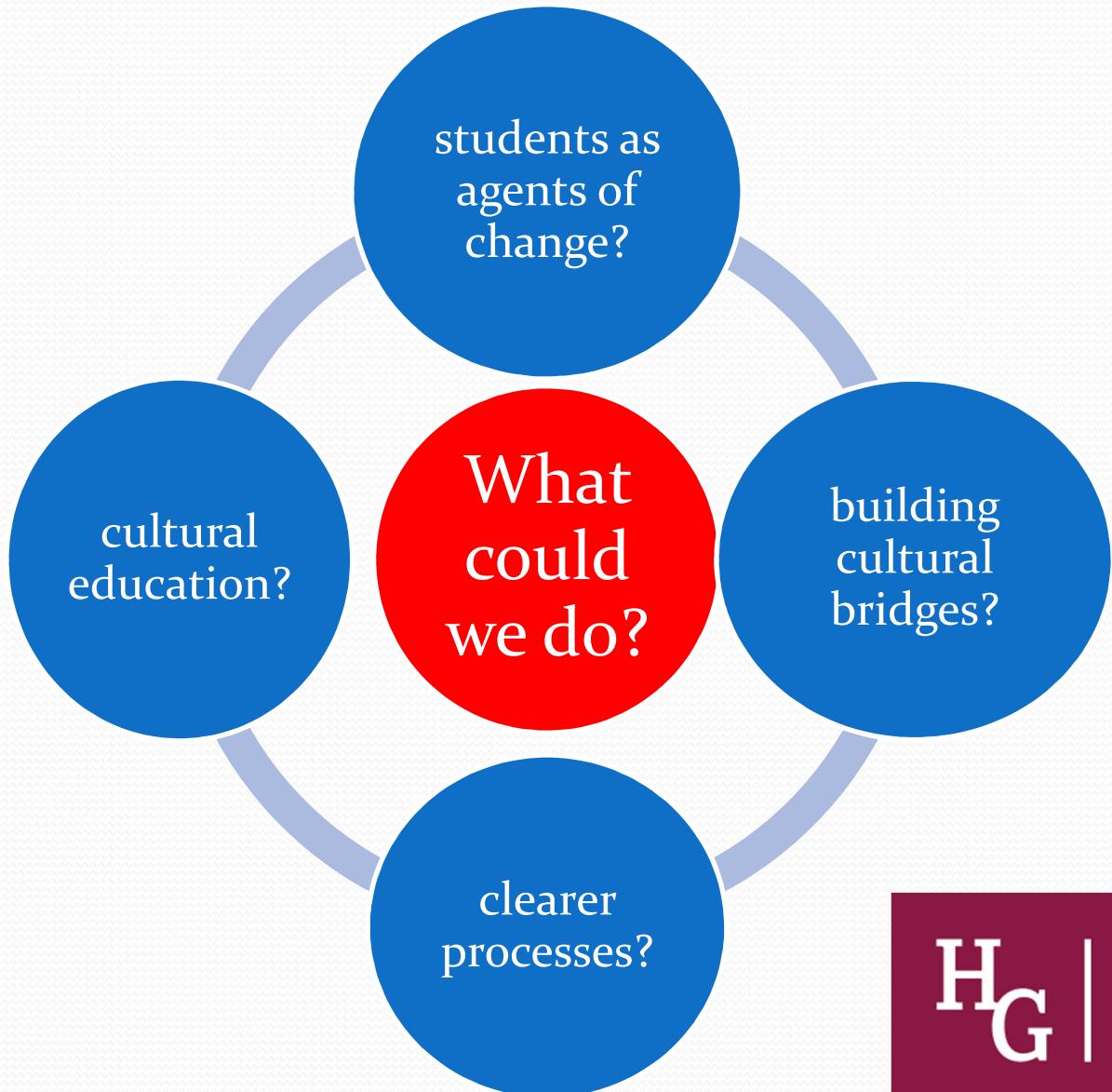
"keep your head down"

"stay in the corner and go with the flow"

"take it on the chin"

[AHP / NM / SW students]

What can we do about it?



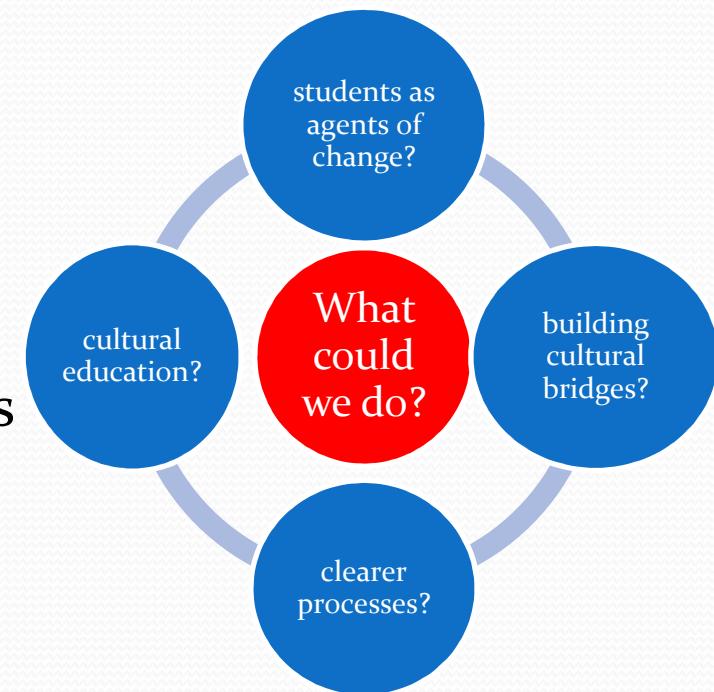
Some suggestions from participants:

- **Positive role models**, not necessarily BME- Use positive experiences to support others/peer support
- **BME students or graduates as mentors/buddys** (3rd year buddying 1st year student)
- **Staff training for supporting BME students - not just the mandatory equalities training**
- Student voices- involving students in designing the solutions - what do they think needs to happen?
- **Inviting BME role models and community leaders to address students and staff**
- Embed inter-racial and cultural training in the ICC curriculum
- Pre-placement conversations, shock avoidance
- **BME champion - Independent route for support or raising concerns**
- Tackling supervision capacity
- Fitness to practice or complaints panel representation to include a student? make panels more representative - BME staff, BME graduate, younger people?
- Better process for reporting student's concerns
- Clarifying expectations (of all parties) and encouraging disclosure
- **BME student support networks**

Activity- Sharing your experiences

- Do you have any experience in your organisation(s) of the formal or informal offer of:

- (BME) support groups
- (BME) Champions
- (BME) Role Models
- Inviting community leads / role models
- Student buddying / mentoring
- Staff training specific to BME topic



What works and what doesn't?

Anything else we might consider?

Next steps

Phase 2 of the project: Placements Revealed

We are bringing together a BAME Stakeholder group to discuss next steps with students, academic staff, placement colleagues and student advisors

For further information email

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