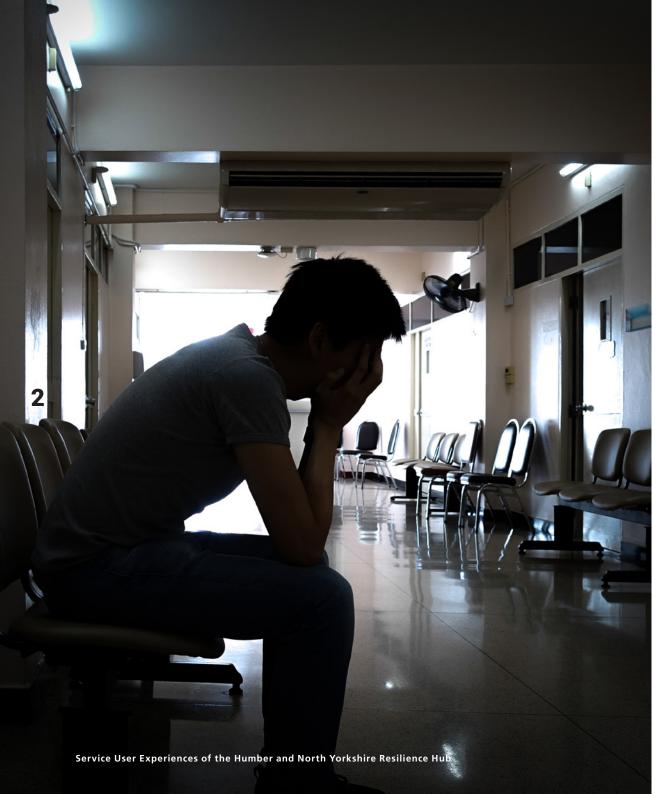YORK ST JOHN UNIVERSITY
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Service User Experiences of the Humber and North Yorkshire Resilience Hub

NHS

Humber and North Yorkshire
Health and Care Partnership

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Contents.

Summary.

With increasing workplace pressures within the NHS, the Humber and North Yorkshire Resilience Hub offers support to health, care, and emergency service staff in the Humber and North Yorkshire region.

The Resilience Hub provides priority access to confidential and independent services for a range of mental health issues with the aim of supporting staff in staying at work, returning to work, and being more productive at work.

This report assesses service user experiences among health and care workers, and other professionals accessing the service, with the aim of informing and improving future service delivery.

Recommendations are offered in regards to opportunities to strengthen the assessment of service user experiences and service effectiveness, and increase confidence in attributing recovery and return to work behaviour to the service.

Key Findings:

▶ We found that service users typically reported their experiences to be extremely positive with almost all users finding benefit in engagement with the Resilience Hub.

▶ The services were experienced as accessible, as meeting personal needs and expectations, and including self-directed and compassionate care.

▶ Service users also expressed relief and gratitude for the availability, expertise and effectiveness of the service.

▶ The service was considered central to many service users return to work.

▶ Eight out of ten service users who were considering a period away from work prior to being supported by the hub reported that they remained at work because of the support they received.

▶ Half of the service users who were off work prior to being supported by the hub reported that they returned to work because of the support they received.

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Service users found the support offered by the Humber and North Yorkshire Resilience Hub to be extremely positive and beneficial, and reported it was key to them staying in work or returning to work.

Background.

The National Health Service (NHS) is one of the largest employers in the world with over 1.3 million staff in hospital and community services (England. nhs, 2022). However, it is facing major workforce shortages that pose a threat to the delivery and quality of care over the next 10 years.

This shortage is both a cause and consequence of considerable workplace pressures. The latest NHS Staff Survey found that 46.8% of NHS staff reported feeling unwell as a result of work-related stress in the previous 12 months. This compares to 40.3% pre-COVID-19 pandemic (2019) and 36.8% five years ago (2016) (NHS Survey Coordination Centre, 2021).

Staff sickness absence rates in the NHS remain high at approximately 4.7% (2020-2021), around 2.3% higher than in the rest of the economy (longtermplan.nhs, 2019). In addition, over half of staff in the 2021 NHS Staff Survey reported that they have gone into work in the last three months despite not feeling well enough to perform their duties. This has been the case in four of the last five years.

Resilience Hubs were established in response to the challenges posed by the Covid-19 pandemic and efforts to enhance the support available to the NHS workforce. The hubs offer confidential, tailored, evidence-based mental health support to all health, care, and emergency service workers, including students and volunteers, who worked through the COVID-19 pandemic, as well as their families, and now offer support more broadly.

The Humber and North Yorkshire Resilience Hub was established in February 2021 to support health, care, and emergency service workers, as well as their families, across the Humber and North Yorkshire area (North Yorkshire, Vale of York, East Riding of Yorkshire, Hull, North Lincolnshire, North East Lincolnshire). It operates two main pathways – individual referrals and team support.

As described by the hub, the broad aims of their training are to enhance resilience and fortify staff wellbeing and psychological safety in the

workplace, supporting a healthy working experience and environment. Their work includes a focus on work-related stress, burnout, dealing with single event and complex trauma, and other common issues among health, care, and emergency service staff.

More often their psychological interventions bridge the gap between work-related and personal issues as is the case when addressing anxiety, depression, low mood, and fatigue, chronic and long-term health conditions, long COVID, and relationship issues (personal, family, friendship, work-colleagues). In this regard, improving people's overall well-being (i.e., personal life, family life) is viewed as an end itself but also a means through which to improve wellbeing and functioning at work.

Individual support is offered on a one-to-one basis and via therapeutic groups. It is accessed via a self-referral and, following assessment, an individual plan is created that includes access to advice, resources and therapy.

Team support is primarily offered via the hub's Team Resilience Training – a multistage programme delivered to organisations using a consultancy model to meet the aims, needs and circumstances of specific teams..

Two key sources of evidence and drivers provide the background for the work of the Humber and North Yorkshire Resilience Hub.

The hubs offer confidential, tailored, evidence-based mental health support to all health, care, and emergency service workers...

First is evidence of the potential for psychological resilience in heath and care staff to be improved through similar training and interventions, including stress-based, general CBT-based, and leadership-based interventions (e.g., Mache et al., 2016; Johnson et al., 2020; Giordano et al. 2022).

Second is evidence provided by a rapid review and economic analysis commissioned by the International Public Policy Observatory (IPPO) that estimated the financial cost of poor staff wellbeing as £12.1 billion a year to the NHS, and that approximately £1 billion of this cost could be saved by successfully tackling workplace wellbeing (Daniels et al., 2022).

Other touchstones are provided by the initial expansion of Resilience Hubs, general uncertainty on future funding, and closure of some Hubs (Rimmer, 2021; British Psychological Society, 2023; NHS Lancashire and South Cumbria, 2023), as well as recent research showing that the Hubs are viewed as valuable and responsive part of the health and care system (Allsop et al., 2023).

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Aims and Scope

We report findings from three service-user surveys distributed by the Humber and North Yorkshire Resilience Hub that are aimed at understanding experiences of their service.

The report includes three parts;

(1) Service user experiences of the Team Resilience Pathway (and comparison to Individual Referral Route).

(2) Service user experiences of the Individual Referral Route.

(3) Use of the Individual Referral Route and return to work behaviour.

This report was conducted by the Institute for Health and Care Improvement to assess service user experiences among health and care workers, and other professionals accessing the services of the Humber and North Yorkshire Residence Hub, with the aim of informing and improving future service delivery.

1. Service user experiences of the Team Resilience Pathway.

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The service user survey for the Team Resilience Pathway focused on the degree to which the training was experienced as useful, relevant, and enjoyable, as well whether the training made attendees feel more equipped to do their jobs.

Characteristics of activity

Team Resilience Training

Multistage approach includes (1) stakeholder meeting, (2) staff consultation, (3) planning and formulation, (4) environmental analysis, (5) intervention, and (6) feedback and onward planning.

Content typically consists of: (1) An introduction and overview of the Resilience Hub, its functions and how support can be accessed, (2) exploration of psychological safety at work, including the personal, team and organisational role in this, (3) self-assessment, (4) interactive discussion and feedback regarding the concepts and evidence taught, (5) bespoke to common themes emerging for the group, (6) activities, tips and tricks to embed sustainable resilience into daily practice, and (7) an opportunity to discuss team requirements, highlighting strengths and ongoing needs.

The training is delivered by an Associate Nurse Consultant within the Humber and North Yorkshire Resilience Hub.

Activity type
Group training with facilitator

Timing, duration and frequency of activity
The sessions range from 1 hour (Introduction only) to 3.5 hours (evidence-base, reflection, and practical application tips). On some occasions it was delivered alongside Personal Resilience Training in either a shortened 4-hour session or a full day session ("combined training").

The training is delivered by an Associate Nurse Consultant within the Humber and North Yorkshire Resilience Hub.

Mode of delivery
Delivered on-site.
Face-to-face in a classroom setting.

Target group or groups
Health, care, emergency service workers and their families, living or working in the Humber and North Yorkshire region.

Methods used to evaluate impact

Type of evaluation
Empirical Enquiry.

Type of approach
Quantitative / post-test design.

Rationale for approach
The approach was adopted for pragmatic reasons and the difficulty associated with multiple measurements and creating a control or comparison group in the setting. It also reflects the aim of the Resilience Hub to gather preliminary information on service user experience to aid service evaluation and service improvement.

Data collection methods
Self-report survey post-training.
Questions and response formats are reported in Table 1.
The survey was created and distributed by the Humber and North Yorkshire Resilience Hub.

Sampling and response rate
The sampling strategy was non-random but purposeful (all service users were approached to complete the survey).

The survey was completed by 109 service users between September 2021 and March 2023.

Response rates are not known.

Service users were mainly from emergency services (61) and clinical commissioning groups (32). Small numbers (≤ 5) were from acute trusts, local authorities, policing, and local authorities.

Training completed varied between Team Resilience Training (29), Personal Resilience Training (44) or a combination of the two (29). Smaller numbers (≤ 5) completed other training offered by the Hub.

Timeframe for evaluation

Training was delivered regularly over a 2.5-year period by the hub.

Surveys were typically completed on the same day as the training via response to a follow-up email and electronic link.

Approach to data analysis

Analyses were conducted in an exploratory manner.

Descriptive statistics (means and standard deviations).

Percentage scores.

Paired and independent samples t-tests (for statistical significance testing).

Effect size to quantify the size of differences (Hedges' *g*).

Table 1. Response format of the questions and scoring (1 to 5).

Question	1 [Lower]	2	3	4	5 [higher]
Overall, how did you find the training?					
I found the training useful…					
The content was relevant to me…					
The training met my expectations…	"Not at all"	"A little bit"	"A moderate amount"	"A lot"	"A great deal"
The facilitators were clear…					
The training was interactive…					
I enjoyed this training…					
I feel better equipped after this training…					
Would you recommend this session to others?	Yes	No	Maybe		
Would you recommend support from the Resilience Hub to colleagues or family?					

Table 2. Recommendations.

Question	Yes % (n)	No % (n)	Maybe % (n)
Would you recommend this session to others?	95.5 (105)	0 (0)	4.5 (5)
Would you recommend support from the Resilience Hub to colleagues or family?	94.5 (104)	0 (0)	5.5 (6)

Results and conclusions

Results

Descriptive statistics for all attendees are reported in Table 2 and Table 3.

A comparison is made for all attendees in the degree to which they found the training useful versus relevant versus enjoyable in Table 4.

Descriptive statistics for attendees of different versions of the training are reported in Table 5 (Team, Personal, and Combination).

A comparison is made for attendees of different training in Table 6 and Table 7 (Team versus Personal and Team versus Combination).

Descriptive statistics for attendees of the Team training from different organisations are reported in Table 8 (Emergency Services and Clinical Commissioning Groups).

A comparison is made for attendees of the Team training for different organisations in Table 9 (Emergency Services versus Clinical Commissioning Groups).

Key findings:

For the resilience training generally, almost all attendees reported they would recommend the resilience training.

In addition, attendees found the training more useful and enjoyable than relevant. These differences were statistically significant but small and still "high" for all responses, though (i.e., in the "a lot" category).

There are some descriptive differences between types of training in regards to attendee experience but these were not statistically significant.

There are some descriptive differences between experiences of attendees

from emergency services versus care commissioning groups. The differences between these two groups were statistically significant in regards to reported usefulness and effectiveness (or being "better equipped").

The differences are equivalent to approximately half of a response format (i.e., reporting 2.0 versus 2.5). The difference in reported effectiveness is more noteworthy as it dips below a category ("(a lot" to "a moderate amount").

Impact achieved

The survey indicates that the majority of service users experienced the resilience training in a positive manner.

In addition, the team resilience training was typically experienced as useful, relevant, and enjoyable.

Contribution or attribution

We consider the evaluation to provide evidence of possible contribution to observed effects.

Attribution is not possible primarily due to the type of design (pre-test only), response rates are unclear (sampling bias), and reliability of instruments used (measurement error).

Table 3. Scores for OVERALL respondents.

Question	Respondents	Mean	SD	% "Not at all"	% "A little bit"	% "A moderate amount"	% "A lot"	% "A great deal"
Overall, how did you find the training?	110	4.55	0.55	0.0	0.0	2.7	39.1	58.2
I found the training useful...	110	4.34	0.72	0.0	0.9	11.8	40.0	47.3
The content was relevant to me...	110	4.24	0.70	0.0	0.9	12.7	48.2	38.2
The training met my expectations...	110	4.25	0.74	0.0	2.7	10.0	47.3	40.0
The facilitators were clear...	110	4.65	0.57	0.0	0.0	4.5	25.5	70.0
The training was interactive...	110	4.43	0.67	0.0	0.0	10.0	37.3	52.7
I enjoyed this training...	110	4.37	0.68	0.0	1.8	5.5	46.4	46.4
I feel better equipped after this training...	110	4.10	0.82	0.0	3.6	18.2	42.7	35.5

Participant comment

"It was a great relief to find some personal and independent support during a very difficult time for me and my family."

Table 4. Scores for OVERALL respondents and usefulness versus relevance versus enjoyable.

Question	Respondents	Mean	SD	Mean	SD	t	Effect Size
Useful versus relevant	110	4.33	0.72	4.24	0.70	2.07*	0.20
Useful versus enjoyable	110	4.33	0.72	4.37	0.68	−0.68	0.07
Relevant versus enjoyable	110	4.24	0.70	4.37	0.68	−2.39*	0.23

Note: * denotes a statistically significant difference between groups (**p<.01, * p<.05, two tailed). Effect size change denotes the magnitude of change in units of standard deviation (Hedges' g).

Hedges' g is an effect size that reports the magnitude of the difference between groups in units of standard deviation. The larger Hedges' g the bigger the difference. It is useful for the effect to be displayed in units of standard deviation as it means different effects can be compared across different studies, no matter what the original units.

Statistical significance testing involves calculating the probability of a particular effect or difference occurring by chance given various features of the sample (e.g., sample size and variability). An effect is statistically significant, and therefore noteworthy, if it has a probability of being due to chance of less than 5% (probability or p < .05).

Table 5. Scores for respondents by TYPE OF TRAINING.

Team resilience training

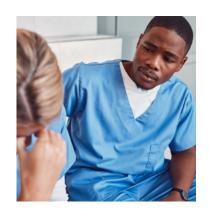| Question	Respondents	Mean	SD	% "Not at all"	% "A little bit"	% "A moderate amount"	% "A lot"	% "A great deal"
Overall, how did you find the training?	29	4.55	0.51	0.0	0.0	0.0	44.8	55.2
I found the training useful...	29	4.41	0.63	0.0	0.0	6.9	44.8	48.3
The content was relevant to me...	29	4.24	0.64	0.0	0.0	10.3	55.2	34.5
The training met my expectations...	29	4.28	0.70	0.0	0.0	13.8	44.8	41.4
The facilitators were clear...	29	4.76	0.51	0.0	0.0	3.4	17.2	79.3
The training was interactive...	29	4.45	0.74	0.0	0.0	13.8	27.6	56.8
I enjoyed this training...	29	4.45	0.63	0.0	0.0	6.9	41.4	51.7
I feel better equipped after this training...	29	4.21	0.73	0.0	3.4	6.9	55.2	34.5

Personal resilience training

Question	Respondents	Mean	SD	% "Not at all"	% "A little bit"	% "A moderate amount"	% "A lot"	% "A great deal"
Overall, how did you find the training?	44	4.52	0.59	0.0	0.0	0.0	38.6	56.8
I found the training useful…	44	4.11	0.81	0.0	2.3	20.5	40.9	36.4
The content was relevant to me…	44	4.11	0.78	0.0	2.3	18.2	45.5	34.1
The training met my expectations…	44	4.20	0.85	0.0	6.8	6.8	45.5	40.9
The facilitators were clear…	44	4.59	0.62	0.0	0.0	6.8	27.3	65.9
The training was interactive…	44	4.39	0.69	0.0	0.0	11.4	38.6	50.0
I enjoyed this training…	44	4.34	0.75	0.0	4.5	2.3	47.7	45.5
I feel better equipped after this training…	44	3.93	0.95	0.0	0.0	6.8	27.3	31.8

A combination of training

Question	Respondents	Mean	SD	% "Not at all"	% "A little bit"	% "A moderate amount"	% "A lot"	% "A great deal"
Overall, how did you find the training?	29	4.62	0.49	0.0	0.0	0.0	37.9	62.1
I found the training useful…	29	4.62	0.49	0.0	0.0	0.0	37.9	62.1
The content was relevant to me…	29	4.41	0.57	0.0	0.0	3.4	51.7	44.8
The training met my expectations…	29	4.24	0.65	0.0	0.0	10.3	55.2	34.5
The facilitators were clear…	29	4.66	0.48	0.0	0.0	0.0	34.5	65.5
The training was interactive…	29	4.45	0.57	0.0	0.0	3.4	48.3	48.3
I enjoyed this training…	29	4.34	0.61	0.0	0.0	6.9	51.7	41.4
I feel better equipped after this training…	29	4.24	0.69	0.0	0.0	13.8	48.3	37.9

Table 6. Team resiliency versus personal resiliency training.

Question	Team			Personal			t	Effect size
	Respondents	Mean	SD	Respondents	Mean	SD		
Overall, how did you find the training?	29	4.55	0.51	44	4.52	0.59	0.22	0.05
I found the training useful...	29	4.41	0.63	44	4.11	0.81	1.68	0.40
The content was relevant to me...	29	4.24	0.64	44	4.11	0.78	0.73	0.17
The training met my expectations...	29	4.28	0.70	44	4.20	0.85	0.38	0.09
The facilitators were clear...	29	4.76	0.51	44	4.59	0.62	1.27	0.29
The training was interactive...	29	4.45	0.74	44	4.39	0.69	0.37	0.09
I enjoyed this training...	29	4.45	0.63	44	4.34	0.75	0.64	0.15
I feel better equipped after this training...	29	4.21	0.73	44	3.93	0.95	1.32	0.31

Note: * denotes a statistically significant difference between groups (**p<.01, * p<.05, two tailed). Effect size change denotes the magnitude of change in units of standard deviation (Hedges' g).

Finding: There was no difference in the experiences of service users based on the types of training they had.

Participant comment

"I can be quite sceptical of some mental health support services, but I found the support offered specifically by the resilience hub team member to be excellent."

Table 7. Team resiliency versus combination of training.

Question	Team			Personal			t	Effect size
	Respondents	Mean	SD	Respondents	Mean	SD		
Overall, how did you find the training?	29	4.55	0.51	29	4.62	0.49	0.53	0.14
I found the training useful...	29	4.41	0.63	29	4.62	0.49	1.40	0.36
The content was relevant to me...	29	4.24	0.64	29	4.41	0.57	1.09	0.28
The training met my expectations...	29	4.28	0.70	29	4.24	0.65	0.20	0.05
The facilitators were clear...	29	4.76	0.51	29	4.66	0.48	0.80	0.21
The training was interactive...	29	4.45	0.74	29	4.45	0.57	0.00	0.00
I enjoyed this training...	29	4.45	0.63	29	4.34	0.61	0.63	0.17
I feel better equipped after this training...	29	4.21	0.73	29	4.24	0.69	0.19	0.05

Note: * denotes a statistically significant difference between groups (**p<.01, * p<.05, two tailed). Effect size change denotes the magnitude of change in units of standard deviation (Hedges' g).

Participant comment

"Due to the timeliness of the support I received I was able to get back to work much quicker than if I was to wait for the same service through my GP."

Table 8. Team resilience training scores for respondents by ORGANISATION.

Emergency services

Question	Respondents	Mean	SD	% "Not at all"	% "A little bit"	% "A moderate amount"	% "A lot"	% "A great deal"
Overall, how did you find the training?	61	4.56	0.50	0.0	0.0	0.0	44.3	55.7
I found the training useful…	61	4.49	0.62	0.0	0.0	6.6	37.7	55.7
The content was relevant to me…	61	4.33	0.63	0.0	0.0	8.2	50.8	41.0
The training met my expectations…	61	4.28	0.71	0.0	1.6	9.8	47.5	41.0
The facilitators were clear…	61	4.70	0.53	0.0	0.0	3.3	23.0	73.8
The training was interactive…	61	4.49	0.62	0.0	0.0	6.6	37.7	55.7
I enjoyed this training…	61	4.38	0.64	0.0	0.0	8.2	45.9	45.9
I feel better equipped after this training…	61	4.23	0.72	0.0	1.6	11.5	49.2	37.7

Clinical Commissioning Group

Question	Respondents	Mean	SD	% "Not at all"	% "A little bit"	% "A moderate amount"	% "A lot"	% "A great deal"
Overall, how did you find the training?	32	4.53	0.62	0.0	0.0	6.3	34.4	59.4
I found the training useful…	32	4.09	0.69	0.0	0.0	18.8	53.1	28.1
The content was relevant to me…	32	4.06	0.76	0.0	3.1	15.6	53.1	28.1
The training met my expectations…	32	4.13	0.79	0.0	3.1	15.6	46.9	34.4
The facilitators were clear…	32	4.56	0.62	0.0	0.0	6.3	31.3	62.5
The training was interactive…	32	4.22	0.75	0.0	0.0	18.8	40.6	40.6
I enjoyed this training…	32	4.34	0.70	0.0	3.1	3.1	50.0	43.8
I feel better equipped after this training…	32	3.87	0.87	0.0	3.1	34.4	34.4	28.1

Table 9. Emergency services versus Clinical Commissioning Group for team resiliency training.

Question	Emergency services			Clinical Commissioning Group			t	Effect size
	Respondents	Mean	SD	Respondents	Mean	SD		
Overall, how did you find the training?	61	4.56	0.50	32	4.53	0.62	0.22	0.05
I found the training useful...	61	4.49	0.62	32	4.09	0.69	2.82**	0.62
The content was relevant to me...	61	4.33	0.63	32	4.06	0.76	1.80	0.39
The training met my expectations...	61	4.28	0.71	32	4.13	0.79	0.95	0.21
The facilitators were clear...	61	4.70	0.53	32	4.56	0.62	1.17	0.25
The training was interactive...	61	4.49	0.62	32	4.22	0.75	1.87	0.41
I enjoyed this training...	61	4.38	0.64	32	4.34	0.70	0.23	0.05
I feel better equipped after this training...	61	4.23	0.72	32	3.87	0.87	2.10*	0.46

Note: * denotes a statistically significant difference between groups (**p<.01, * p<.05, two tailed). Effect size change denotes the magnitude of change in units of standard deviation (Hedges' *g*).

Finding: Emergency services felt more equipped after the Team Resilience Training than the clinical commissioning group.

Highlights

1. Nine out of 10 attendees would recommend the Team Resilience Training provided by the Humber and North Yorkshire Resilience Hub.

2. All attendees reported at least some benefit of the resilience training, most reported "a lot" of benefit.

3. These reported benefits are evident for Team Resilience Training to the same degree as other training offered.

4. The Team Resilience Training is particularly well received by attendees from the Emergency Services where it is reported to be especially useful and effective.

Recommendations

1. The Team Resilience Training is well received by attendees. Assessment of its impact should include direct assessment of team and personal resilience in order to assess effectiveness, as well as other relevant outcomes (e.g., burnout).

2. Other assessments of the skills or attributes that underpin or are related to increased team resilience will also be useful in evidencing effectiveness (e.g., challenge efficacy and stress management).

3. Introduction of multiple measurements, and comparison groups or waiting-list control groups, should be considered as a way of increasing rigour in the evaluation of the training in order to move closer to attribution of effects.

Closing remarks

Service user surveys of the team resilience training delivered by the Humber and North Yorkshire Resilience Hub indicates that attendees have a positive experience of the training.

Attendees reported it to be beneficial, useful, relevant, clear and enjoyable. They also typically reported it to help them feel better equipped to do their job. In these regards, it is comparable to the other training offered by the hub.

There is some evidence that the team resilience training is experienced as more beneficial by staff from emergency services. However, overall, experiences remain positive and beneficial for almost all attendees.

9 out of 10 attendees would recommend the Team Resilience Training provided by the Humber and North Yorkshire Resilience Hub.

2. Service user experiences of the Individual Referral Route.

The service user survey for the Individual Referral Route focused on the degree to which the support was experienced as accessible and whether it met their needs by giving self-directed and compassionate care.

Characteristics of activity

Individual Referral Route

Initial screening is via a self-report online questionnaire to ascertain the level and type of support required. This is followed by a one-to-one assessment offered by telephone or video-call. An individual support plan is created that can include access to other services, self-help information, planning further one-to-one sessions or group support within the Hub. Support may include access to clinical/ therapeutic psychological support.

The Individual Referral route is delivered by Psychological Therapists, Clinical and Counselling Psychologists, and assistant Psychologists.

Activity type

Formal psychological support

Timing, duration and frequency of activity

One-to-one support typically includes sessions that are 45 to 60 minutes in length delivered weekly or bi-weekly and for an average of 6 to 8 sessions, but this varies and is dependent on need and suitability. Group sessions are similar.

Mode of delivery

Delivered off-site.

Mainly online or telephone delivery.

Target group or groups

Health, care, emergency service workers and their families, living or working in the Humber and North Yorkshire region.

Methods used to evaluate impact

Type of evaluation

Empirical Enquiry.

Type of approach

Quantitative / post-test design with qualitative elements.

Rationale for approach

The approach was adopted for pragmatic reasons and the difficulty associated with multiple measurements and creating a control or comparison group in the setting.

It also reflects the aim of the Resilience Hub to gather preliminary information on service user experience to aid service evaluation and service improvement.

Data collection methods

Self-report survey post-intervention.

Questions and response formats are reported in Table 10.

The survey was created and distributed by the Humber and North Yorkshire Resilience Hub.

Multiple versions of the survey were used, adding and removing questions as the service developed.

Sampling and response rate

The sampling strategy was non-random but purposeful (all service users were approached to complete the survey).

The survey was completed by 208 service users between September 2021 and April 2023.

Response rates are not known.

Occupation of service users were not recorded (e.g., emergency services).

Participant comment

"Fantastic support that has given me strategies to manage work and enjoy home life more."

The types of support service users had received varied: Assessment and individual support (93), Assessment, individual support, and group support (23), Assessment with referral to another service (28), Assessment with advice, information and self-help (15), Assessment and group support (14), Initial phone call (2), Assessment (1).

Timeframe for evaluation

The service was delivered continuously over a 2.5-year period by the hub.

Surveys were typically completed at the end of support via response to a follow-up email and electronic link.

Approach to data analysis

Analyses included two parts: (1) Quantitative responses and (2) Qualitative responses.

Part 1: Quantitative responses

Analyses were conducted in an exploratory manner.

Descriptive statistics (means and standard deviations).

Percentage scores.

Paired and independent samples t-tests (for statistical significance testing).

Effect size to quantify the size of differences (Hedges' g).

Part 2: Qualitative responses

Reflexive thematic analysis was chosen as the method to analyse qualitative responses when the number of responses permitted (see Braun & Clarke, 2022). This was the case for three of the four qualitative comments.

Reflexive Thematic Data Analysis is a multistage process that includes (1) familiarisation - downloading the data from the feedback forms, reading and re-reading the data, noting down initial ideas, (2) generation of codes – identifying interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code, (3) searching for themes – collating codes into potential themes, gathering all data relevant to each potential theme, (4) reviewing themes - checking if the themes work in relation to the coded extract (level 1) and the entire data set (level 2), and generating a thematic 'map' of the analysis, (5) defining and naming themes – iterative analysis to refine the specifics of each theme, and the overall story the analysis tells about the responses, and (6) reporting - selection of vivid, compelling extract examples, final analysis of selected quotes, relating back of the analysis to the intended aims.

Table 10. Response format of the questions and scoring (1 to 5).

Question	1 [Lower]	2	3	4	1 [higher]
Overall, how satisfied are you with your experiences of the Resilience Hub?					
Accessing the hub was easy					
The hub met my support needs					
I was provided with choices	"Strongly Disagree"	"Disagree"	"Neutral"	"Agree"	"Strongly Agree"
I felt involved in my support and was able to share decisions about my care					
I felt listened to					
I was treated with compassion					
Communication from staff was received in a timely and effective manner					
The hub met my expectations					
I was happy with the wait time					
Following the support you have received, would you recommend the Resilience Hub to colleagues or family members?	Yes	No			
Following the support you have received, would you recommend the Resilience Hub to colleagues or family members? Please use the space below to explain why this is the case.	Open format				
Which aspects of support did you find most helpful?	Open format				
Was there anything from the support you received that you found unhelpful?	Open format				
Before the Hub was set up, where would you have accessed support?	Open format				
In what ways could the Resilience Hub be improved?	Open format				

Results and conclusions

Results (part 1)

Descriptive statistics for all attendees are reported in Table 11.

Descriptive statistics for service users receiving the three types of support is reported in Table 12.

A comparison is made for service users and types of support in Table 13 (Assessment and individual support and Assessment with individual support and group support).

Recommendation rates are reported in Table 14.

Key findings:

Almost all service users found the support they received to be satisfactory to the highest degree.

The support was experienced by almost all service users as easily accessible, meeting their needs, self-directed, and compassionate.

There are some descriptive differences in service user experiences between types of support received but these were not statistically significant.

All service users reported that they would recommend using the Resilience Hub.

Results (part 2)

All themes derived from the qualitative questions and responses are presented in Table 15.

Question: *"Following the support you have received, would you recommend the Resilience Hub to colleagues or family members? Please use the space below to explain why this is the case."*

All users recommended the service. The qualitative response was also proceeded by a closed format (yes/no). Therefore, themes were not derived for this question.

To highlight the prominence of the positive and often lifechanging experiences relayed, a few examples are below:

"It was very helpful and supportive when I was feeling pretty desperate."

"Extremely Beneficial. Material and support has helped me immensely in my recovery."

"Due to the timeliness of the support I received I was able to get back to work much quicker than if I was to wait for the same service through my gp."

"Fantastic support that has given me strategies to manage work and enjoy home life more."

"Excellent all round care. You have saved my life."

A minority of responses were neutral or voiced dissatisfaction with elements of their experience. When this was the case, the issues raised varied and pertained to personal fit, preferences, and delays. These issues are included in subsequent themes relating to possible areas of improvement.

Question: *"Which aspects of support did you find most helpful?"*

The majority of participants responded to this question and gave varied responses. In thematically analysing the data, four themes were conceptualised and are exemplified here with direct quotes from the data in the section that follows.

Theme 1: Holding Capacity of the Service. This theme reflected the appreciation of the immediacy of the service, support given whilst on a waiting list, and the sense of legitimacy and reassurance that was provided by the service.

"The immediacy of response and the clarity of information given out."

"[named Resilience Hub practitioner] provided a lot of support to me in time of need when I was in a very dark and difficult place. Although a referral was made to another team by [named Resilience Hub practitioner] as she was unable to provide the support I required, I really appreciated [named Resilience Hub practitioner] contacting me in between waiting for this support and follow ups from practitioner health to ensure I was managing ok."

"That the reason I felt I needed support was legitimate and that contacting yourselves was the right decision."

"The whole process was excellent. I didn't have to wait long to have my initial assessment and then to be allocated someone to conduct my 1-1 sessions. [named Resilience Hub practitioner] was lovely and made me feel at ease about talking about how I was feeling. I would definitely recommend the service to my colleagues."

"From self referral to receiving treatment was very quick which instantly puts your mind at ease knowing your not going to be put on a huge waiting list and potentially deteriorate further."

Theme 2: The Practitioners' Therapeutic Skills. This theme reflected the users' appreciation of the principles and practices they encountered such as listening, empathy, genuineness, kindness, compassion, and a non-judgemental attitude of the practitioners.

"The telephone calls with [named Resilience Hub practitioner] were a lifeline when I was at my lowest. She has empathy and kindness and excellent listening skills."

"My initial contact with [named Resilience Hub practitioner] put me at ease at my lowest ebb and when most vulnerable, without her continued support I may not have continued seeking help."

"... [named Resilience Hub practitioner] was very kind, supportive and compassionate."

It was clear that some participants not only valued the therapeutic skills of the practitioners that worked with them but some also voiced their appreciation of not being judged by the practitioner working with them.

This quality has been noted in person centred theory as provision of unconditional positive regard of the client and being genuine (authentic) with them (e.g., Schmid, 2015).

"...Listening without judgement and making me feel safe."

"...Genuine staff!"

"Genuine understanding..."

In this theme the majority of the participants also highlighted the value of different Types of Support (both 1:1 support and group support). This is exemplified by the following quote from the following participants

"The covid support group was above and beyond what I expected"

"... Listening to others about their Covid experience. Fatigue session."

"My assessment with [named Resilience Hub practitioner] was excellent. I wasn't rushed and felt listened to. He explored lots of areas in relation to my problem with gentle questioning and observations."

We have also identified a sub-theme of **Therapeutic Presence** which some participants noted in their feedback both in terms of general input but also in regards to specifically seeing their practitioners face. This was important especially given that some appointments were offered as telephone appointments.

Some participants stated:

"Having someone who I don't know to talk through my struggles with helped more than I expected, I felt so much lighter after one call. I was treated with compassion and was given advice on a specific service which will provide tailored support to help me through."

> *"... The remote appointment was convenient in terms of work and being able to actually see my Practitioner's face and her seeing mine was important to me."*

In line with these helpful aspects of the service, it was also made clear that the group process was very helpful for some, with a few participants noting what was helpful was how the service helped facilitate access to the "Empathy of the group" and the therapeutic benefits of doing so.

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Theme 3: Benefits of Therapeutic Modalities. This theme is a reflection of how respondents were often specific in naming modalities that were helpful to them and the benefit they got from them. These included Person-Centred, Cognitive Analytical Therapy (CAT); Cognitive Behavioural Therapy (CBT), and Peer Support Group

"The person-centred approach and in support reflection which demonstrated that I was really listened to. The non-judgemental approach and consistency of appointments."

> *"The 1 to 1 CBT sessions extremely helpful. The sessions have helped me so much I feel so much more positive and have the tools now to help me to continue working on my anxiety."*

"CAT therapy sessions were well prepared and I was given time. I never felt stupid or self-indulgent during these sessions...which when I started, was quite a difficult thing to achieve: not because of others lack of empathy but due to my own inability to see myself as a priority or in any kind of a positive light."

As a subtheme, we identified appreciation of how the hub helped them develop **New Psychological Resources** via the coaching they received and the techniques they developed. A few examples of what the participants stated includes:

"The toolbox of resources and signposting given was very helpful and always sent out promptly."

> *"Being coached and working through my issues and the follow up at each session."*

"I found many aspects of my support helpful but the main aspect I will take away is using mindfulness and making time for my own needs."

A second subtheme we identified was **Therapeutic Challenge.**

Alongside this appreciation for specific modalities, and their related psychoeducation or coaching aspects some respondents stated that they specifically appreciated the challenging approach of the practitioners who were supporting them. For example, one participant stated:

"I have received two spells of support - May-Sep 2022 with [named Resilience Hub practitioner] and Dec 2022-Jan 2023 with - [named Resilience Hub practitioner] Both were excellent. Caring, perceptive, challenging (in a good way), and supportive."

> *"[named Resilience Hub practitioner] assessed me initially and though the route to finding an appropriate service to support my treatment plan was challenging, she ensured that she supported me every step and encouraged me to continue with the process."*

Theme 4: Psychological Safety and Containment. Some users highlighted the value they found in the psychologically safe environment that was created and how this helped increase their capacity to manage stressful

experiences (viz. psychological containment). Some stated that:

"… Just to have someone hear my narrative and to provide a safe space for discussion was a very positive thing for me. After each session I felt [named Resilience Hub practitioner] to be "with me" on my journey which was incredibly supportive."

"Being able to share experiences with others in the same situation in a safe environment."

"[named Resilience Hub practitioner] was incredible and very supportive. She supported me to see how my thoughts were affecting my actings and my mood. I credit her for bringing me out of the worst place I have ever been in my life and without her help and guidance I don't know where I would be now. I can now use my taught skills to continue through life feeling much more confident, positive and happy. I cannot thank you enough. Thank you [named Resilience Hub practitioner]"

Question: *"Was there anything from the support you received that you found unhelpful?"*

Having identified the aspects that participants found helpful, they were also asked if there was anything that they found unhelpful. The section that follows notes some themes in response to this question.

Theme 1: Nothing Unhelpful. The first theme is majority of the responses and the experienced nothing was unhelpful about service. Most responses included responses such as;

"Nothing was unhelpful."

"No, I can't fault anything, I am so very grateful to the service and to [named Resilience Hub practitioner]."

"Nothing at all I can't speak highly enough of [named Resilience Hub practitioner]."

Theme 2: Attunement. A minority of participants relayed concerns that they did not feel understood or aspects of the service not meet their personal preferences or expectations. We note, again, that this was a minority of voices and that the therapeutic process is one in which mis-attunements are common. However, by including here we are recognising these experiences. For example, some stated:

"Some of the practices didn't work for me but that only comes down to personal preference."

"I didn't feel my therapist understood me."

"I did explain that group sessions would not be beneficial for me as an individual, both in the assessment and at my first appointment and I did feel like it was brought up a few times initially which made me uncomfortable."

These experiences were linked to a subtheme of **Service Limitations and Barriers** and statements relating to delays, scheduling, and other similar aspects of the service. Some participants noted;

"There was a delay in getting therapy due to availability however the team worked to accommodate my needs."

"It was difficult to contact re needing to rearrange appointments. I think ultimately the primary care system is broken and helping the staff weather the storm better while helpful in the short term is not a long-term solution."

"Perhaps the form that we are asked to fill out could be more tailored to the individual."

A further related subtheme related to Measures and Resources that responders felt had been unhelpful or unnecessary.

"The information sheets for self-help were not particularly useful. The worry zones in particular did not suit me as I had high levels of quite intrusive anxiety and the idea that I could set aside time for worrying was simply not realistic given the state I was in."

"The initial multiple questionnaires seemed long to complete and may have been difficult for those who were really struggling. Thank you for having the option NOT to compete them."

"I understand why you have outcome measures and measures that, need to make sure people are safe, but in assessment process every time I spoke to someone questions about how suicidal I was, this really is not helpful when I'm then left with nothing and mole over it. Also, if I had plans, I would be likely not to inform you. It feels like a pointless excessive that just goes on and on and on."

"Re the PHQ questionnaire requested at the end of the course. I have selected yes to some of the answers however it is due to physical pain I am suffering from a car accident I was involved in last year. However, there is no section to explain why I am selecting yes to some of the symptoms. It may be beneficial to have a small box at the end of each page as an optional extra should someone wish to expand on their symptoms."

Given the context of working and accessing support during the Covid pandemic, some participants noted **Challenges of Working at Distance** (i.e., telephone or video calls) so justified a final subtheme. The responses include for example;

"Telephone can be tricky. It was hard to find somewhere private during my workday."

"Challenges connecting re video calls."

"The IT was not straight forward."

Question: *"Before the Hub was set up, where would you have accessed support?"*

Due to the nature of the question, no themes were identified for this question. Responses included a mix of no other sources (e.g., "No idea.") and specific sources (e.g., GP, colleagues, and charities).

Question: *"In what ways could the Resilience Hub be improved?"*

Theme 1: Excellent Service (no room for improvement). It is important to note that the majority of participants who responded to this question noted that they felt that the service was excellent and offered no suggestions for improvement. Their responses included:

"I don't think it could be improved it was an excellent service you all provide."

"I didn't know what to expect from the service (that's why I answered neutral above) but can honestly say it was a 100% positive experience."

"Absolutely none, was a fantastic service and I cannot express how appreciative I am as have always felt that previously primary care has often needed to support itself."

"For me personally I do not think that the Resilience hub could be improved. I received great support, I could not fault."

Whilst these responses relayed the general positive experiences that were evident in most of the responses to the questions, there were several important suggestions. Here, we have conceptualised these in three themes.

Theme 2: Options for Continued Support. The first theme reflected the responses from some participants that, whilst they appreciated the support that they received, they would have valued further support and more sessions.

"I feel that I may have benefited from a few more therapy sessions than were available. My sessions covered a wide range of discussions and I feel that it would have been good to have more time to explore these in more detail."

"Maybe the option of having more sessions."

"While the hub provides more support options than LPFT, the post covid fatigue group, ran by the MS team, provides longer sessions and much more In-depth help. This is in relation to cognition group and not the initial post covid group which was vital to my initial recovery."

In addition, as expressed via a subtheme, some respondents suggested increasing the degree of **Tailored Support and Signposting**, particularly among marginalised or harder to reach groups. Some noted:

"Longer sessions and more specialised support such as Black, Asian and Minority Ethnic staff, neurodivergent support etc"

"I found you by accident in a small email to council employees. Please can you service bd promoted more within adult social care."

"Make it more accessible and shout about the service. I know I will!"

Theme 3: Timeliness. The majority of participants were thankful for the service provision, but some did identified the issue of timelines and the delay in waiting for support after assessment. For example, some noted:

"An obvious one is having less waiting time."

"I think the waiting list is the only real issue, as I was contacted back in October, and have had to wait until January to join the Long Covid support group. This will mean having to take time away from work, having already been off sick twice in my first month."

"The waiting list is the only real barrier at the present time."

Theme 4: In-person therapeutic support. Given the context that this service was operating at the peak of the pandemic and how this has influenced current delivery, support sessions were offered online. Some of the responses about what could be improved about the services included offering an in-person service.

Participants stated:

"I got used to having telephone contact but sometimes I guess it would have been nice for maybe face to face via teams?? Pros a cons to both though."

"Remote sessions worked well for me at the time, but I can imagine face to face sessions being easier in many ways."

Given that the Covid-19 pandemic has ended and that most services have returned to in-person provision or blended, this feedback maybe important for the service to consider.
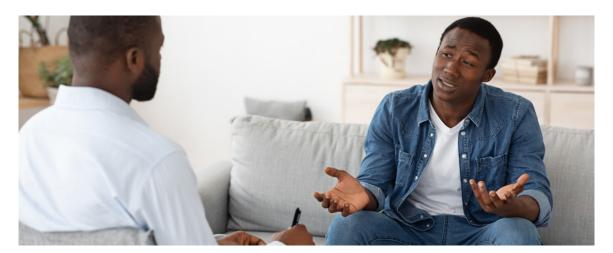
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Impact achieved

The survey (quantitative data) indicates that the Individual Referral Route was typically experienced as accessible, met personal needs and expectation, and included self-directed and compassionate care.

This perspective is complemented by the qualitative accounts provided by users that affirmed the value they found in the service. These included relief and gratitude for the availability, expertise and effectiveness of the service.

Contribution or attribution

We consider the evaluation to provide evidence of possible contribution to observed effects.

Attribution is not possible primarily due to the type of design (pre-test only), unclear response rates (sampling bias), and reliability of instruments used (measurement error). Although valuable, qualitative methods also do not permit attribution.

"While the hub provides more support options than LPFT, the post covid fatigue group, ran by the MS team, provides longer sessions and much more In-depth help. This is in relation to cognition group and not the initial post covid group which was vital to my initial recovery."

Service user experiences of the Individual Referral Route

Table 11. Scores for OVERALL respondents.

Question	Respondents	Mean	SD	% "Strongly Disagree"	% "Disagree"	% "Neutral"	% "Agree"	% "Strongly Agree"
Overall, how satisfied are you with your experiences of the Resilience Hub?	208	4.86	0.51	0.5	0.5	2.4	6.3	90.4
Accessing the hub was easy	208	4.58	0.70	1.4	0.0	3.4	29.3	65.9
The hub met my support needs	208	4.62	0.65	0.5	1.0	3.4	26.4	68.8
I was provided with choices	208	4.54	0.75	1.0	1.4	5.8	26.0	65.9
I felt involved in my support and was able to share decisions about my care	208	4.69	0.61	0.5	0.5	3.4	20.7	75.0
I felt listened to	208	4.85	0.46	0.5	0.0	1.0	11.5	87.0
I was treated with compassion	208	4.84	0.48	0.5	0.0	1.3	10.1	87.5
Communication from staff was received in a timely and effective manner	176	4.76	0.61	1.1	0.6	0.6	16.5	81.3
The hub met my expectations	176	4.67	0.65	0.6	0.6	5.1	18.8	75.0
I was happy with the wait time	60	4.67	0.66	0.0	1.7	5.0	18.3	75.0

Note: Missing responses are excluded from % responses and are due to version changes in the survey.

Finding: 90.4% Service Users provided the highest levels of satisfaction with the Resilience Hub.

Table 12. Service user experience based on types of support received.

Assessment and individual support

Question	Respondents	Mean	SD	% "Strongly Disagree"	% "Disagree"	% "Neutral"	% "Agree"	% "Strongly Agree"
Overall, how satisfied are you with your experiences of the Resilience Hub?	93	4.86	0.43	0.0	0.0	3.2	7.5	89.2
Accessing the hub was easy	93	4.62	0.72	2.2	0.0	1.1	26.9	69.9
The hub met my support needs	93	4.67	0.63	1.1	0.0	2.2	24.7	72.0
I was provided with choices	93	4.56	0.73	1.1	1.1	1.3	28.0	65.6
I felt involved in my support and was able to share decisions about my care	93	4.72	0.61	1.1	0.0	2.2	19.4	77.4
I felt listened to	93	4.89	0.50	1.1	0.0	1.1	4.3	93.5
I was treated with compassion	93	4.89	0.50	1.1	0.0	1.1	4.3	93.5
Communication from staff was received in a timely and effective manner	93	4.84	0.54	1.1	1.1	0.0	9.7	88.2
The hub met my expectations	93	4.80	0.62	1.1	0.0	4.3	7.5	87.1
I was happy with the wait time	40	4.67	0.69	0.0	2.5	5.0	15.0	77.5

Participant comment

"[named Resilience Hub practitioner] provided a lot of support to me in time of need when I was in a very dark and difficult place. Although a referral was made to another team by [named Resilience Hub practitioner] as she was unable to provide the support I required, I really appreciated [named Resilience Hub practitioner] contacting me in between waiting for this support and follow ups from practitioner health to ensure I was managing ok."

Assessment with individual support and group support

Question	Respondents	Mean	SD	% "Strongly Disagree"	% "Disagree"	% "Neutral"	% "Agree"	% "Strongly Agree"
Overall, how satisfied are you with your experiences of the Resilience Hub?	23	5.00	0.00	0.0	0.0	0.0	0.0	100.0
Accessing the hub was easy	23	4.52	0.67	0.0	0.0	8.7	30.4	60.9
The hub met my support needs	23	4.78	0.42	0.0	0.0	0.0	21.7	78.3
I was provided with choices	23	4.52	0.85	0.0	4.3	8.7	17.4	69.6
I felt involved in my support and was able to share decisions about my care	23	4.78	0.51	0.0	0.0	4.3	13.0	82.6
I felt listened to	23	4.83	0.39	0.0	0.0	0.0	17.4	82.6
I was treated with compassion	23	4.91	0.29	0.0	0.0	0.0	8.7	91.3
Communication from staff was received in a timely and effective manner	23	4.83	0.39	0.0	0.0	0.0	17.4	82.6
The hub met my expectations	23	4.74	0.45	0.0	0.0	0.0	26.1	73.9
I was happy with the wait time	4	4.50	0.58	0.0	0.0	0.0	50.0	50.0

Participant comment

"I found many aspects of my support helpful but the main aspect I will take away is using mindfulness and making time for my own needs."

Participant comment

"Excellent all round care. You have saved my life."

Assessment with referral

Question	Respondents	Mean	SD	% "Strongly Disagree"	% "Disagree"	% "Neutral"	% "Agree"	% "Strongly Agree"
Overall, how satisfied are you with your experiences of the Resilience Hub?	28	4.82	0.48	0.0	0.0	3.6	10.7	85.7
Accessing the hub was easy	28	4.54	0.58	0.0	0.0	3.6	39.3	57.1
The hub met my support needs	28	4.43	0.74	0.0	3.6	6.6	39.3	53.6
I was provided with choices	28	4.50	0.64	0.0	0.0	7.1	35.7	57.1
I felt involved in my support and was able to share decisions about my care	28	4.64	0.56	0.0	0.0	3.6	28.6	67.9
I felt listened to	28	4.82	0.39	0.0	0.0	0.0	17.9	82.1
I was treated with compassion	28	4.82	0.39	0.0	0.0	0.0	17.9	82.1
Communication from staff was received in a timely and effective manner	28	4.64	0.49	0.0	0.0	0.0	35.7	64.3
The hub met my expectations	28	4.54	0.64	0.0	0.0	7.1	32.1	60.7
I was happy with the wait time	5	4.80	0.45	0.0	0.0	0.0	20.0	80.0

Participant comment

"It was very helpful and supportive when I was feeling pretty desperate."

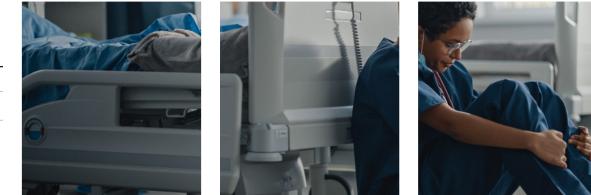**Table 13.** Individual support versus individual and group support.

Question	Assessment and individual support			Assessment with individual support and group support			t	Effect size
	Respondents	Mean	SD	Respondents	Mean	SD		
Overall, how satisfied are you with your experiences of the Resilience Hub?	93	4.86	0.43	23	5.00	0.00	–	–
Accessing the hub was easy	93	4.62	0.72	23	4.52	0.67	0.62	0.14
The hub met my support needs	93	4.67	0.63	23	4.78	0.42	0.83	0.19
I was provided with choices	93	4.56	0.73	23	4.52	0.85	0.21	0.05
I felt involved in my support and was able to share decisions about my care	93	4.72	0.61	23	4.78	0.51	0.45	0.10
I felt listened to	93	4.89	0.50	23	4.83	0.39	0.59	0.14
I was treated with compassion	93	4.89	0.50	23	4.91	0.29	0.19	0.04
Communication from staff was received in a timely and effective manner	93	4.84	0.54	23	4.83	0.39	0.11	0.03
The hub met my expectations	93	4.80	0.62	23	4.74	0.45	0.41	0.10

Note: * denotes a statistically significant difference between groups (**p<.01, * p<.05, two tailed). Effect size change denotes the magnitude of change in units of standard deviation (Hedges' *g*). – = no comparison made as no variability is evident in one of the scores.

Finding: Service user experience was not dependent on the type of support they received.

Table 14. Recommendations.

Question	Yes % (n)	No % (n)
Following the support you have received, would you recommend the Resilience Hub to colleagues or family members?	100.0 (208)	0 (0)

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Participant comment

Finding: 100% of service users would recommend the Resilience Hub.

"In terms of the sessions themselves. I felt completely comfortable with [named Resilience Hub practitioner] for my assessment and then [named Resilience Hub practitioner] for my 8 sessions. I have had counselling before, but this felt very different, in a good way. It felt more practical, and solutions focussed – which is something I really needed."

Table 15. Conceptualised themes relating to qualitative questions and responses.

Question: *"Which aspects of support did you find most helpful?"*

Theme	Subtheme
Holding capacity of the service	
Practitioners' therapeutic skills	Available types of support
	Therapeutic presence
Benefits of therapeutic modalities	Psychoeducation and coaching skills
	Therapeutic challenge
Psychological safety and containment	

Question: *"In what ways could the Resilience Hub be improved?"*

Theme	Subtheme
Excellent service (no room for improvement)	
Options for continued support	Tailored support and signposting
Timeliness	
In-person therapeutic support	

Question: *"Was there anything from the support you received that you found unhelpful?"*

Theme	Subtheme
Nothing found to be unhelpful	
Attunement	
Service limitations and barriers	Timeliness
	Measures and resources
	Challenges of working at distance

Participant comment

"I came to the hub feeling anxious and stressed and I now feel empowered to manage situations well as well as feeling more confident."

Highlights

1. All users of the Individual Referral Route would recommend using the Resilience Hub to colleagues, friends, and family.

2. Almost all users reported that the service was accessible, met their needs, and received self-directed and compassionate support (to a high degree).

3. The experiences of the service users were similar regardless of the types of support they received following assessment.

4. Service user voices within the survey were extremely positive, thankful for the availability of the service and the expertise and skills of the staff. The care and support offered by the service was considered central to their recovery.

Closing remarks

Service user surveys of the Individual Referral Route provided by the Humber and North Yorkshire Resilience Hub indicates that attendees have a positive experience of the support they receive.

The service-user experience was reported to include self-directed and compassionate care, and to meet personal needs. Testament to the experiences that were reported all of those who took part in the Individual Referral Route would recommend doing so to others.

Accounts of the service-users in their own words reflected this experience. Service users were thankful for the availability of the service, its expediency, expertise, and the compassion they received.

There were few unhelpful aspects of the service or areas of improvement, in their view. Options for lengthier support, tailoring, and in-person support were amongst those identified, as was increasing reach and awareness of the service. Considering the merits and viability of issues may aid the development of the service.

Recommendations

1. Closer monitoring of response rates is required to establish the degree to which positive and negative experiences are influenced by sampling bias (e.g., those who have fewer positive experiences may be more likely to dropout and/or not complete the survey).

2. Record participant characteristics to allow more fine-grained exploration of service user experiences, intersectionality, and differences in service user experiences.

3. Consider complementing existing approaches to capturing service user experiences with other methods that may deepen understanding of service user experiences (e.g., follow-up one-to-one interviews).

Service user voices within the survey were extremely positive, thankful for the availability of the service and the expertise and skills of the staff. The care and support offered by the service was considered central to their recovery.

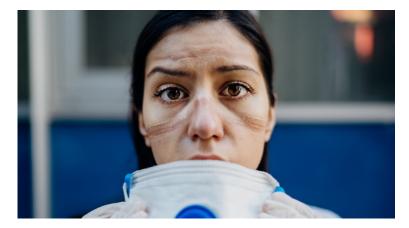# 3. Use of the Individual Referral Route and return to work.

As part of surveying users of the Individual Referral Route, whether service users reported that they had returned to work was recorded. This provides an opportunity to explore the role of the service in supporting users in avoiding absence from work or returning to work.

Characteristics of activity

Individual Referral Route

Initial screening is via a self-report online questionnaire ascertain the level and type of support required. This is followed by a one-to-one assessment offered by telephone or video-call. An individual support plan is created that can include access to other services, self-help information, planning further 1-to-1 sessions or group support within the Hub. Support may include access to clinical/ therapeutic psychological support.

The Individual Referral route is delivered by Psychosocial Therapists, Clinical and Counselling Psychologists, and Assistant Psychologists.

Activity type

Formal psychological support

Timing, duration and frequency of activity

One-to-one support typically includes sessions that are 45 to 60 minutes in length delivered weekly or bi-weekly and for 6 to 8 sessions, but dependent on need and suitability. Group sessions are similar.

Mode of delivery

Delivered off-site.

Mainly online and telephone setting.

Target group or groups

Health, care, emergency service workers and their families, living or working in the Humber and North Yorkshire region.

Methods used to evaluate impact

Type of evaluation

Empirical Enquiry.

Type of approach

Quantitative / post-test design with qualitative elements.

Rationale for approach

The approach was adopted for pragmatic reasons and the difficulty associated with multiple measurements and creating a control or comparison group in the setting.

It also reflects the aim of the Resilience Hub to gather preliminary information on service user experience to aid service evaluation and service improvement. service user experience to aid service evaluation and service improvement.

Data collection methods

Self-report survey post-intervention.

Questions and response formats are reported in Table 16.

The survey was created and distributed by the Humber and North Yorkshire Resilience Hub.

Multiple versions of the survey were used, adding and removing questions as the service developed.

Sampling and response rate

The sampling strategy was non-random but purposeful (all service users were approached to complete the survey).

The survey was completed by 233 service users between November 2022 and April 2023.

Response rates are not known.

Occupation of service users were not recorded (e.g., emergency services).

Timeframe for evaluation

The service was delivered continuously over a 2.5-year period by the hub.

The survey was introduced during the second half of this period.

Surveys were typically completed at the end of the intervention via response to a follow-up email and electronic link.

Approach to data analysis

Analyses were conducted in an exploratory manner.

Descriptive statistics (means and standard deviations).

Percentage scores.

Cross-tabulation and chi-square test of independence for statistical significance testing. Exact tests of significance are used.

Cramer's V as effect size to quantify the size of association.

Qualitative comments were classified as positive, negative or neutral.

Table 16. Response format.

Question				
Prior to being supported by the Resilience Hub, were you considering having a period away from work due to the impact of the difficulties you sought support for?	"Yes"	"No"	Not applicable" or "Not at work	"Unsure"
Did the support you were provided with by the Resilience Hub help you to remain at, or return to, work?				
Did the support you received from the Resilience Hub help you remain employed within the health and social care sector?				
Did the support you were provided with by the Resilience Hub help you to feel more engaged and productive in your work role?				
If there is anything else which you feel it would be helpful to tell us, please do let us know below:	Open format			

Table 17. Overall responses (percentages)

	Respondents	% "Yes"	% "No"	% "Not applicable" or "Not at work"	% "Unsure"	% Missing
Prior to being supported by the Resilience Hub, were you considering having a period away from work due to the impact of the difficulties you sought support for?	233	45.9	28.9	24.9[a]	0.4	0
Did the support you were provided with by the Resilience Hub help you to remain at, or return to, work?	233	64.4	11.2	22.7	1.3	0
Did the support you received from the Resilience Hub help you remain employed within the health and social care sector?	233	64.8	3.9	27.0	2.1	2.1
Did the support you were provided with by the Resilience Hub help you to feel more engaged and productive in your work role?	233	61.8	13.7	22.3	1.3	0.9

Note: [a] = % of respondents selecting "Not at work"

Table 18. Cross-tabulation of responses for returning to work

		Did the support you were provided with by the Resilience Hub help you to remain at, or return to, work?				
		Yes	No	Not applicable	Unsure	Total
Prior to being supported by the Resilience Hub, were you considering having a period away from work due to the impact of the difficulties you sought support for?	Yes	80.4% 86	12.1% 13	6.5% 7	0.9% 1	100.0% 107
	No	53.0% 35	6.1% 4	40.9% 27	0.0% 0	100.0% 66
	Not at work	50.0% 29	13.8% 8	32.8% 19	3.4% 2	100.0% 58
	Unsure	0.0% 0	100.0% 1	0.0% 0	0.0% 0	100.0% 1
Total		64.7% 150	11.2% 26	22.8% 53	1.3% 5	100.0% 232

Note: Pearson's chi-square, df = 9, = 44.72, Cramer's V = .253, exact p = .013.

Cramer's V is an effect size that reports the magnitude of the association between categorical variables. The larger Cramer's V, the stronger the association. It ranges from 0 (no relationship) to 1 (a perfect relationship).

Finding: 50.0% of service users who reported they were not at work also reported that the Resilience Hub helped them return to work.

Table 19. Cross-tabulation of responses for remaining in the health and social care sector.

		Did the support you received from the Resilience Hub help you remain employed within the health and social care sector?				
		Yes	No	Not applicable	Unsure	Total
Prior to being supported by the Resilience Hub, were you considering having a period away from work due to the impact of the difficulties you sought support for?	Yes	81.0% 85	2.9% 3	13.3% 14	2.9% 3	100.0% 105
	No	47.7% 31	6.2% 4	43.1% 28	3.1% 2	100.0% 65
	Currently off work	59.6% 34	3.5% 2	36.8% 21	0.0% 0	100.0% 57
	Unsure	0.0% 1	3.8% 0	0.0% 0	0.0% 0	100.0% 1
Total		64.7% 151	11.2% 9	22.8% 63	1.3% 5	100.0% 228

Note: Pearson's chi-square, df = 9, = 25.66, Cramer's V = .194, exact *p* =.061.

Participant comment

"…The remote appointment was convenient in terms of work and being able to actually see my Practitioner's face and her seeing mine was important to me."

Table 20. Cross-tabulation of responses for being productivity at work.

		Did the support you were provided with by the Resilience Hub help you to feel more engaged and productive in your work role?				
		Yes	No	Not applicable	Unsure	Total
Prior to being supported by the Resilience Hub, were you considering having a period away from work due to the impact of the difficulties you sought support for?	Yes	72.9% 78	16.8% 18	9.3% 10	0.9% 1	100.0% 107
	No	69.2% 45	16.9% 11	10.8% 7	3.1% 2	100.0% 65
	Not at work	36.2% 21	5.2% 3	58.6% 34	0.0% 0	100.0% 58
	Unsure	0.0% 0	0.0% 0	100.0% 1	0.0% 0	100.0% 1
Total		62.3% 144	13.9% 32	22.5% 52	1.3% 3	100.0% 231

Note: Pearson's chi-square, df = 9, = 64.74, Cramer's V = .306, exact p =.013..

Finding: 72.9% of service users who reported they were considering having a period away from work also reported that the Resilience Hub helped them feel more engaged and productive at work.

Table 21. Examples of qualitative comments.

Positive (79%)	Negative (10%)	Neutral (11%)
"I can be quite sceptical of some mental health support services, but I found the support offered specifically by the resilience hub team member to be excellent"	*"I would have appreciated a care coordinator, someone who would have oversight of my pathway. I felt my discharge was very early, before any of the proposed trauma care had taken place. I am now having trauma care outside of the hub/nhs but may need to contact the hub again/ self-refer once my trauma group is completed."*	*"I cannot say if the support enabled me to be at work as I made the decision to be at work to occupy my mind during to grieving process. Being part of the group enabled me to realise that we all shared common feelings."*
"The team are wonderful and I think they realised that I needed help before I realised it myself. They were very proactive, remained engaged with me and ensured I got the help I needed and much more quickly than if they were not involved. I feel very fortunate to have had assistance from the Resilience Hub."	*"It was difficult to find a private space to have my virtual therapy, either at work or home. It would be helpful to have some private pods or somewhere to go on campus that would allow staff to have their therapy with online access and sound proofing."*	*"Didn't always feel the support offered was applicable to myself. Some strategies were valuable. I was already working when this support group started so I don't feel it was relevant or changed matters for me returning to work…"*
"It was a great relief to find some personal and independent support during a very difficult time for me and my family."	*"I would still recommend the Resilience Hub but sadly I did not get the support I needed at the time I needed it. I recognise waiting lists are very long but I needed support at the time I was having difficulties in my role."*	*"Changed jobs as unhappy, but now much happier and healthier."*

Results and conclusions

Results

Responses (as percentages) are reported in Table 17.

Cross-tabulation of responses are reported in Table 18, Table 19, and Table 20.

Chi-square and Cramer's V are reported as notes in those tables.

Examples and categorisation of qualitative comments are presented in Table 21.

Key findings:

Just under half of service users said they were considering a period away from work prior to using the service.

An additional quarter of service users reported that they were not at work.

Of the service users who reported they were considering a period away from work, 80.4% reported the service supported them remain at work.

Of service users who reported they were not at work prior to the use of the service, 50.0% reported that the service helped them return to work.

A statistically significant association between responses was found for remaining or returning to work, and for feeling more engaged and productive at work.

However, this was not the case when examining whether respondents remained employed within the health and social care sector.

There were 79 qualitive comments classified as positive (79%), 10 classified as being negative (10%), and 11 classified as being neutral (11%).

Positive comments related to availability and quality of support offered whereas negative comments related to practicalities (access and waiting times) and fit with personal needs.

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Impact achieved

The survey indicates that the Individual Referral Route supported a large proportion of service users to stay at work, return to work, or stay in the health and care sector.

Cost-benefit analysis

A financial cost-benefit analysis is not possible based on available information.

For illustrative purposes, indicative estimates of possible savings can be inferred in a number of basic ways as outlined in the examples provided by Daniels et al (2022) in the IPPS report "NHS staff wellbeing: Why investing in organisational and management practices makes business sense."

Current best available evidence for the costs associated with the service provided by resilience hubs is provided by NIHR project "The Resilience Hubs: A multi-site, mixed-methods evaluation of an NHS Outreach, Screening and Support Navigation service model to address the mental health needs of key workers affected by the COVID-19 pandemic" (ref: 132269).

Based on ongoing costs (e.g., staff and non-staff) the average cost per key worker reached is estimated to be £1.4k (SD = £571).[1]

The average cost per key worker for Humber and North Yorkshire Resilience Hub was substantially lower for the individual support route, £777.

Based on this figure the costs were £179k total to reach the 231 service users who responded to the survey.

One source of saving is in avoiding costs of cover associated with absenteeism. For example, the cost of a registered nurse being absent from work is £140 per day.[2]

Presuming similar costs for service users, in helping 115 service users stay at work or return to work, the savings would be equivalent to £16.1k per day or £112.7k per week.

[1] This is the largest average estimate based on sensitivity analysis (so most conservative estimate).

[2] NHS Professionals (2015) whitepaper "Exposing the true cost of managing a temporary workforce."

Contribution or attribution

We consider the evaluation to provide evidence of possible contribution to observed effects.

Attribution is not possible primarily due to the type of design (pre-test only), unclear response rates (sampling bias), and reliability of instruments used (measurement error).

Highlights

1. Seven out of ten service users who were considering a period away from work prior to being supported by the hub reported that it helped them feel more engaged and productive at work.

2. Eight out of ten service users who were considering a period away from work prior to being supported by the hub reported that they remained at work because of the support they received.

3. Half of the service users who were off work prior to being supported by the hub reported that they returned to work because of the support they received.

Closing remarks

The service user survey for the Individual Referral Route provided by the Humber and North Yorkshire Resilience Hub indicates that a large proportion of the users were either considering a period away from work or where already off work prior to receiving from the hub.

As described by the service user, the service was successful in avoiding staff absences and returning staff to work, and is indicative of possible financial benefits for the Trust in doing so.

The hub should work towards gathering the information required for a full cost-benefit analysis, as well as assessment of equality of access, and outcomes for service users. One source of savings may be associated with lower absenteeism and the need to recruitment fewer new staff.

Recommendations

1. More systematic and detailed recording of service user information, engagement with the service, and outcomes are required to better ascertain effectiveness of the service, generally, and return to work behaviour, specifically.

2. For return-to-work behaviour, in particular, formal measures of absenteeism and presenteeism using validated instruments (e.g., Work Productivity and Activity Impairment Instrument; Munir et al., 2020) or objective data (HR information on absence) is desirable to avoid issues with self-report measures.

3. An emphasis on prospective design and monitoring of service user experiences and behaviour is required to better ascertain the impact of the service on return-to-work behaviours (multiple, prospective measures, including follow-up).

Half of the service users who were off work prior to being supported by the hub reported that they returned to work because of the support they received.

Summary.

Against the backdrop of increasing pressures within the NHS related to work stress, absenteeism, and workforce shortages, the Humber and North Yorkshire Resilience Hub aims to offer accessible, independent, high-quality support for NHS staff and their families.

Service-user experiences are extremely positive. This is the case regardless of the type of training – team or individual support – and the type of individual support that is offered.

Those undertaking the team training reported the service to be beneficial, useful, relevant, clear and enjoyable. They also typically reported it to help them feel better equipped to do their job, which is particularly the case for those in the emergency services. Similarly, those who received support as part of the Individual Referral Route reported they experienced self-directed and compassionate care, and support that met their personal needs.

Given these experiences, understandably, almost all attendees signalled that they would recommend the services of the resilience hub to others.

In exploring the accounts of the service users further a greater sense of their individual experiences was provided. Based on these accounts, from referral, service-users valued the speedy response from the service. Once the individuals' initial referral was responded to, the contact and reassurance they received helped ease the immediate distress. Users recognised the expertise and skills of the practitioners in the service, and how they aided their recovery and helped equip them for the future.

In keeping with these accounts, the surveys also provided evidence that the service was effective in supporting service users remain at work or return to work. As might be expected given the nature of the service, a large number of the service users reported they were considering time away from work or were off work prior to engaging with the service. This was the case for 3 in 4 users of the service.

In support of the effectiveness of the service, 8 of every 10 service users who were considering time off, reported that the support they received helped them remain at work. In addition, 1 of every 2 service users who were not at work reported that the support they received helped them return to work. In these regards, the accounts of the service users provide a strong indication of the value they found in the support they received.

These positive accounts align with evidence that shows similar services and interventions can be effective in increasing psychosocial skills among health and care professionals and that priority treatment referrals for NHS staff in areas such as physiotherapy and occupational therapy are well received, effective, and can offer overall cost savings (see NHS Staff Council, 2017).

The progressive worsening of workforce wellbeing and sickness absence rates within the NHS pose a significant challenge to staff and patient safety, and is unsustainable (NHS Survey Coordination Centre, 2021). The number of users engaging with the Resilience Hub and the accounts of those users strongly suggest there is a need for the services offered by the hub. With this in mind, the Humber and North Yorkshire Resilience Hub is well-placed to continue support health and care staff across the region.

As the service continues to establish itself and improve further, there are opportunities to strengthen the assessment of service user experiences and service effectiveness.

Our recommendations focus on the structures and data available for formal evaluation. This includes close and systematic collection of detailed information regarding users of the service, more direct measurement of target outcomes (e.g., resilience) and factors presumed to underpin change (e.g., stress management skills), monitoring response rates to surveys,

multiple prospective measurements, wait-list controls, and follow-up engagement with users.

Improving these elements will increase confidence in attributing recovery and return to work behaviour to the service, as well as better highlight the impact of the service on regional and national workforce challenges.

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Participant comment

"I received what I feel to be life changing support with managing intrusive thoughts and starting to understand when I'm at capacity. The person supported me also liaised with other professionals and with her colleagues to ensure I was receiving the most appropriate support.

She was always responsive to emails, punctual and followed up with an email summary for each session with links or diagrams which I can now refer back to during times of need. I have received outstanding care. I really feel she went above and beyond. I have never felt heard or understood in the way that I did in my sessions. Some of my support needs are more appropriately placed from another service (which you supported me accessing).

I want to thank you for changing my life."

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Service User Experiences of the Humber and North Yorkshire Resilience Hub

NHS

Humber and North Yorkshire
Health and Care Partnership