



# **PATIENT & CARER RACE EQUALITY FRAMEWORK (PCREF)**

**Quarter 3  
2025/26 Report**

**February 2026**

**Private & Confidential**



# Why Barnardo's uses the Patient and Carer Race Equality Framework:

Following the 2018 independent review of the Mental Health Act, NHS England took a significant step forward in addressing racial inequalities within mental health services by developing and launching the PCREF.

The PCREF is intended to empower organisations to improve access and experiences of services and improve outcomes for diverse ethnic, racial and cultural communities, (NHSE; PCREF, March 2024).

Adopting the PCREF for our statutory funded mental health contracts, is in line with Barnardo's commitment to anti-racism and specifically to reduce racial inequalities.

This includes making sure we have the right governance structures, accountability and leadership in place across the charity, to improve representation of Black and Minoritised Ethnic communities, with the ultimate goal of improving our services for all children and young people.

This work is part of Barnardo's wider commitment to equality, diversity and inclusion, so that children can be safe, happy, healthy and hopeful, regardless of their background or circumstances.

We published our first PCREF report and action plan in March 2025 and this can be seen here: [Our commitment to the PCREF | Barnardo's](#)



# PCREF report for Barnardo's

Summary Progress					
PCREF Part 1		PCREF Part 2		PCREF Part 3	

Complete = C   In Progress = IP   Not Started = NS

## Key achievements overall since last update

**The key achievements in Quarter 3 2025-26 for Barnardo's, that supports our commitment to becoming anti-racist and anti-discriminatory and which help us work towards improvement and development aligned to our PCREF action plan, are as follows:**

- Meeting held to discuss improving children and young people's (CYP) involvement and oversight of the PCREF, from which the development of PCREF Volunteer roles for CYP has commenced, in collaboration with Barnardo's Voice & Influence team.
- PCREF update delivered to the Board of Trustees via the Children and Young People's Services Committee, (see slide 5).
- Ongoing review of mental health contracts regarding recording systems and data taking place.
- A data gathering tool designed in Quarter 2, which promotes regional feedback and improves our understanding of barriers in accessing services, is being piloted across several services, with January 2026 as an initial review date.
- A meeting was held with the Child Outcome Research Consortium (CORC) to consider how we capture race related feedback within experience of service questionnaires (ESQs) and internal discussions are now taking place to enhance the ESQ, to gather meaningful data.
- We are considering how we will capture race related feedback regarding the therapeutic alliance between CYP and therapists. We will try to do so through the Session Rating Scale (SRS) as this offers immediate feedback on the session's effectiveness, allowing the therapist to receive real-time feedback about the CYP experience and enabling them to identify and address any issues promptly.
- A meeting has taken place with the Head of Barnardo's Volunteering Team to discuss the 'Representing Diversity Across our Community' pilot and aligning this workstream and its findings, to the PCREF.
- Ongoing conversations are taking place to develop local PCREF staff champions to support local embedding.
- A plan is being developed to include CYP in policy development, as this is currently not standard practice within the Charity. We are considering this by commencing with the review of the Safeguarding Policy in 2026, and in co-producing operational service delivery plans, including the development of a risk assessment, formulation and safety planning tool, ensuring race or cultural related risks are considered.
- Inclusive recruitment discovery and delivery group has addressed barriers and improvement in attraction and success rates of Black and Minoritised Ethnic colleagues. Our data shows a 3.2% increase in successful applications from Black and Minoritised Ethnic candidates.
- We have revised the content and delivery method of the fundamental EDI one day training, to promote a deeper understanding of our values, behaviours and EDI. The content covers bias, microaggressions, intersectionality, privilege, data collection and confidence, our anti-racism commitments and action plan, and provides an update on our anti-racism work including the PCREF.
- We talked directly to several of our PCREF applicable services, about the PCREF and CYP involvement. This demonstrated that staff have limited awareness and application of the framework, with most Voice and Influence work not being explicitly aligned to PCREF principles. In Quarter 4, we will develop an action plan in response to these findings.



# Part 1. Leadership and governance

## How has the PCREF been implemented

Evidence on a Trustee / CLT level

Evidence on a regional / local level

### A summary of progress on part 1.

**An in-depth PCREF update was delivered to the Children and Young People’s Committee (CYPSC) in November 2025. This included an update on how the PCREF is embedded into our quality and clinical governance processes and structures.**

The PCREF oversight group remains in place. This is chaired by the Executive Director of Children’s Services – Delivery, who is one of the dedicated Executive leads within the PCREF governance structure. This group reports up to the Quality and Clinical Governance Oversight Group.

The PCREF remains as a standard agenda item for the Quality and Clinical Governance Oversight Group. This group plays a role in overseeing our progress towards our strategic objectives and plays a central role in ensuring that quality and clinical governance are proactive and learning-driven and providing assurance that services are safe, effective, and continuously improving across all areas of delivery.

The Group is chaired by the Chief Operating Officer for Children’s Services and reports to the Children and Young Persons Services Committee. (See slide 5 for governance structure flowchart).

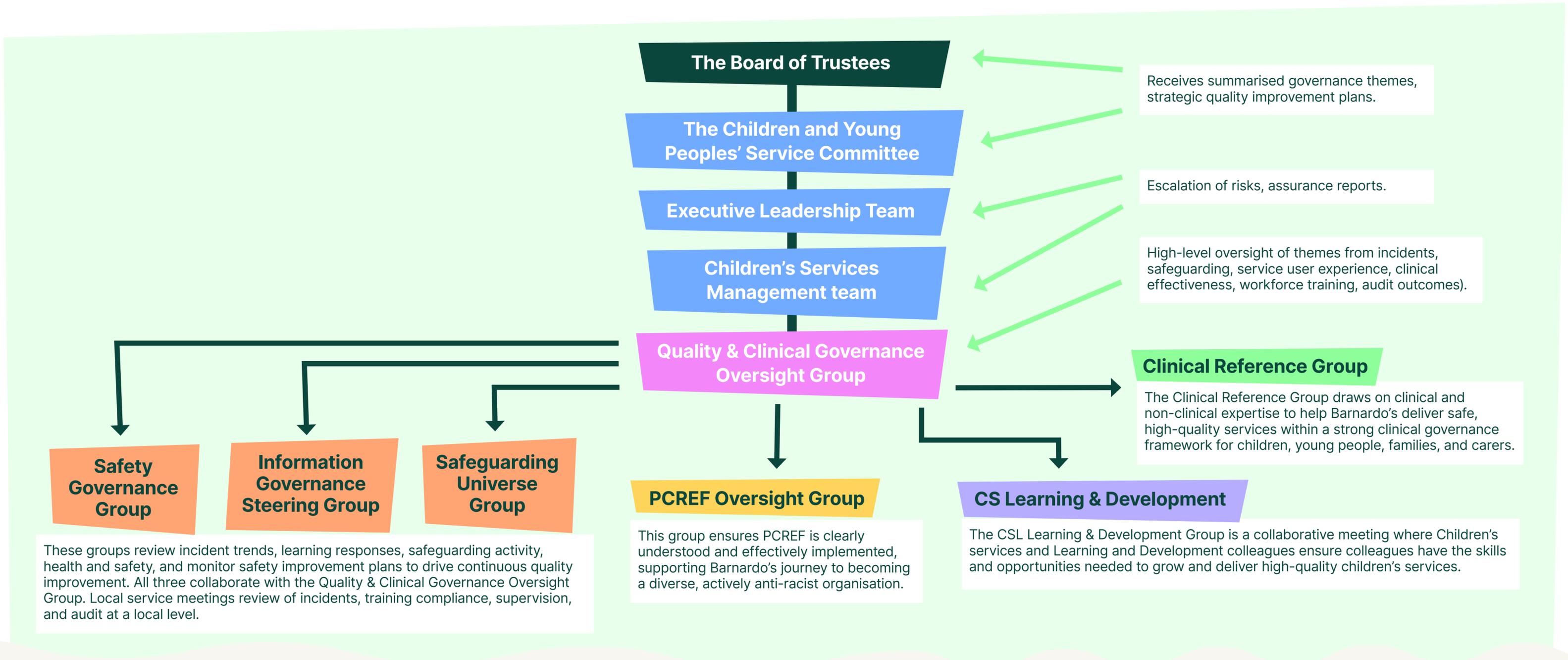
Following a review of the EDI champion roles with Barnardo’s, it has been agreed that there needs to be further discussion around the proposal of a new PCREF champion role within local services to promote implementation at a local level. This will align to an internal restructure, that is currently taking place.

We have revised the content and delivery method of the fundamental EDI one day training, to promote a deeper understanding of our values, behaviours and EDI. The content covers bias, microaggressions, intersectionality, privilege, data collection and confidence, our anti-racism commitments and action plan and provides an update on our anti-racism work including PCREF.

Our values and behaviours can be seen here: **[Our values | Inside Barnardos](#)** **[Our behaviours | Inside Barnardos](#)** and our EDI code of conduct can be found **[here](#)**. Barnardo’s EDI strategic objectives include inclusive recruitment, progression and growth using data led insight. Our progress on EDI recruitment, representation and colleague voice KPIs are reported to the Board of Trustees. Our EDI commitments include our overarching anti-racism commitments and actions, our disability equality commitments and actions and our LGBT+ strategy actions, of which intersectionality is a key component.



# Quality and Clinical Governance Structure



# Part 1. Legislative / Statutory duties continued

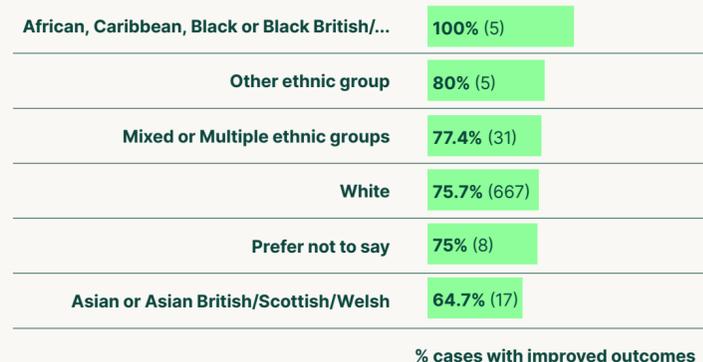
## 1.3b Evidence CYP access rates by ethnicity/race.



This dataset includes information on 1,614 children and young people referred to Barnardo's services between 1st October and 31st December 2025, between the ages of 5 and 18, 25 for SEND.

This data shows an increase on delivery from Quarter 2 of around 350 people. As with last quarter, this subset of data focusses on a proportion of our service users receiving support around mental health. This is across 11 English Contracts, demonstrating a predominant delivery to white children, young people and families. There continues to be an amount of unknown ethnicity data (although this is decreasing quarter on quarter), and we are considering how we can further improve this through EDI training and increasing staff awareness and confidence to ask or clarify ethnicity and race.

## 1.4 Evidence locally agreed access/experience/outcomes data by ethnicity/race.



Note that these figure relate to our Mental Health Services that record within IAPTUS, this is a proportion of the services Barnardo's offer.

Average Satisfaction of Black and Minoritised Ethnic Service Users



Average Satisfaction of White Service Users



The first chart represents 759 children and young people, by ethnicity, that were closed between 1st October and 31st December 2025 and who had paired outcomes that demonstrated improvement.

The right-hand charts illustrate satisfaction levels among 87 children and young people whose cases were closed during the same period. These visuals represent their satisfaction with the level of care, and the environment within which they received their care. Of these, 15 individuals identified as Black and Minoritised Ethnic, in the first of the two charts. This demonstrates a broadly similar picture for environment, but a decrease of 2 points in care from the previous quarter, but with a cohort of 15, compared with 5 last quarter.

70 identified as white, as shown in the second chart, satisfaction in environment rose almost 1 point and satisfaction in care increased very marginally.

The data overall for this period shows an almost 1 point difference in both categories between ethnic groups, although it's important to note the small sample size.

# Part 1. Legislative / Statutory duties continued

## 2. Evidence that Barnardo's routinely provides accessible information in accordance with NHS England's Accessible Information Standard regarding CYP/F on their rights, complaints procedures and advocacy services available to them. Please break down data by ethnicity/race locally collated.

No data available.

Continued conversations are taking place to establish our position due to the changes in the guidance around implementation of this clause/standard. A fuller update will be available in Quarter 4.

## 3. Evidence that ELT & Trustee board routinely reviews data on CYP safety incidents and near misses, with experts by experience. Please break down data by ethnicity/race.

No available data on incidents in Quarter 3 for mental health services that relate to Black and Minoritised Ethnic communities, as no incidents have been reported.

Quarterly safety reports have been reviewed by the Executive Leadership Team.  
No Safeguarding incidents have been recorded in Quarter 3 for mental health services that relate to Black and Minoritised Ethnic communities

# Part 1. Legislative / Statutory duties continued

## 4. Evidence that complaints received from racialised and ethnically and culturally diverse CYP/F are actioned appropriately. Please break down data by ethnicity/race.

No data available.

No complaints have been submitted regarding mental health contracts in Quarter 3.

Complaints are currently subject to an internal audit being undertaken by the Audit and Assurance Team. The findings, recommendations and learning from the process, will support the identification of any gaps and inform actions to further strengthen and enhance practice.

In addition, a more localised audit is planned for Quarter 4.

## 5. Evidence that feedback and involvement from racialised families have been actioned appropriately in line with the Triangle of Care standards in mental health. Please break down data by ethnicity/race.

No data available.

Parents and carers are involved in their child's care as standard practice, with consideration to age, mental capacity and consent of the CYP.

Barnardo's Child Directed, System Focused, Strengths Based and Outcome Informed (CSSO) framework is being embedded across all Mental Health offers and this approach supports the inclusion of families as best practice.

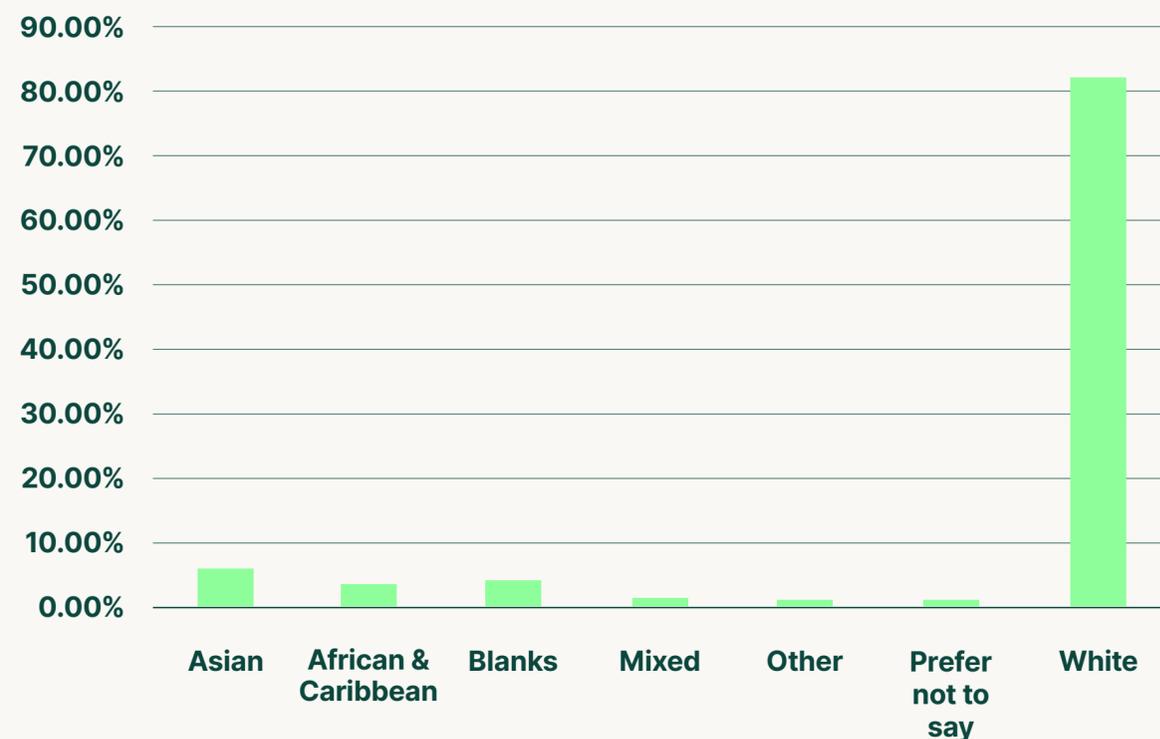
### **CSSO Framework in a Nutshell – Young People**

We are currently undertaking a piece of consultation work to better understand the lived experiences of Black and Minoritised Ethnic children, young people, parents and carers, and their perceptions and direct experience of our services. The findings from this consultation will inform, shape and influence our strategic change programme within our services to centre excellence and inclusion.

# Part 1. Legislative / Statutory duties continued

## 6. Workforce data by ethnicity/race.

Colleague ethnicity breakdown Q3 25/26



On the whole, data remains largely similar to previous quarters with minimal variance to date.

Continued development of the recently implemented recruitment measures will carry on through Quarter 4, giving us data at the application stage to monitor and factor into future developments. This data, alongside the next instalments of the Inclusive Recruitment working group, will allow us to build on the progress made this year in colleague ethnicity breakdown, as we look to improve the organisational recruitment strategy.

# Part 2. Organisational Competencies

National Organisational Competencies	How is Barnardo's?	Cultural Awareness	Staff knowledge & Awareness	Partnership working	Co-production	Workforce	Co-learning
	Developing	✓		✓	✓		✓
	Good		✓			✓	
	Outstanding						

## Summary of progress on part 2

**Cultural Awareness:** Whilst we collate ethnicity data, this requires improvement due to 'unknown' data, which means we don't fully understand the diverse population and cultural needs in our offers, and we don't have culturally sensitive knowledge. We are therefore looking at how we undertake a piece of work around what good looks like and we now include an activity in the EDI training, on the importance of collecting ethnicity information. We are continuing to explore how we involve CYP in the oversight and local implementation of the PCREF.

**Staff knowledge and Awareness:** Race and racism continues to be covered in our EDI training and racial bias is covered in our licence to recruit training. We continue to offer supplementary EDI training on request which covers racism, micro aggressions, fragility etc. We have a clear EDI plan to improve areas with clear KPIs. We have revised the content and delivery method of the fundamental EDI one day training, to promote a deeper understanding of our values, behaviours and EDI. The content covers bias, microaggressions, intersectionality, privilege, data collection and confidence, our anti-racism commitments and action plan and provides an update on our anti-racism work including PCREF.

**Partnership Working:** We continue to work with partners and grassroot organisations for many of our contracts to enable a closer connection to local communities, however we do not systematically collate data in this area to assess our impact and further work around this is ongoing. This will help shape our learning.

**Co-production:** CYP/F are part of their care and our Child Directed, System Focused, Strengths Based and Outcome Informed (CSSO) framework for mental health services supports this approach **CSSO Framework in a Nutshell – Young People.** We have a Voice & Influence strategic approach in place, however we only have local data to demonstrate the implementation and success of this and will consider how we gather this data more centrally.

**Workforce:** Work continues through the Inclusive Recruitment Discovery and Delivery Group, to increase the number of Black and Minoritised Ethnic colleagues in the charity. This has resulted in a 3.2% increase in Quarter 1 2025 / 2026 compared with Quarter 1 in the previous year.

The Volunteering Team's 'Representing Diversity Across of our Communities' project will focus on volunteers in our mental health

offers in March 2026 to better understand the diversity, culture, and race of volunteers, what contracts they align to and how they can engage with Black and Minoritised Ethnic Communities to better understand barriers to accessing services.

**Co-learning:** We are continuing to improve on co-productive approaches to policy development and have identified polices for reviewing and updating with CYP/F in 2026/27. We are developing a Volunteer PCREF role for CYP and we are continuing to work towards a PCREF champion role for staff within Barnardo's. Both roles will support the implementation of the PCREF at a local level.

The feedback tool developed for services in Quarter 2, which aims to improve our understanding of the barriers being experienced regarding the access of mental health services, is being piloted and initial feedback will be submitted and reviewed in Quarter 4.

We met with the Child Outcome Research Consortium (CORC) and we reviewed their research papers around collating race related feedback via Experience of Service Questionnaires and internal discussion are now taking place to enhance the ESQ, to gather meaningful data.

# Part 2. Organisational Competencies

National Organisational Competencies				
Cultural Awareness	✓	Partnership working		Co-production
Staff knowledge & Awareness		Workforce		Co-learning

## Summary of Progress on Cultural Awareness

**We are developing Volunteer PCREF roles for CYP and PCREF champions roles for colleagues, both of which will support the implementation and oversight of the PCREF at a local level.**

Whilst we have specialised services and offers aimed at supporting CYP from Black and Minoritised Ethnic communities and from Romanian and Roma communities, these are not mental health specific services, however they do offer mental health support as part of the overall interventions, and we work closely with these specialised offers and the communities they serve.

We are continuing to work on improving our ethnicity data collection and have started to look at what, why and how we collect service user data and the level of confidence amongst colleagues in collecting EDI data. A section on data collection and the importance of such is now included in the mandatory EDI training and work continues to ensure that there are localised actions in respect of this.

We recognise that we don't fully understand the diverse population and cultural needs in our mental health services, and we have gathered data from Black and Minoritised Ethnic colleagues, CYP and families to establish their views regarding anti-racist and inclusive service delivery. This data will inform, shape and influence our strategic change programme within our services to centre excellence and inclusion.

## Evidence on an Organisational level

Ongoing conversations are taking place to consider how we involve CYP better in service design and service assessment. A plan is being developed to include CYP in policy development, as this is currently not standard practice within the Charity. We are considering this by commencing with the review of the Safeguarding Policy in 2026, and in co-producing operational service delivery plans, including the development of a risk assessment, formulation and safety planning tool, ensuring race or cultural related risks are considered.

We are continuing to work with the Child Outcome Research Consortium (CORC) to consider how we capture race related feedback, within experience of service questionnaires.

# Part 2. Organisational Competencies

National Organisational Competencies					
Cultural Awareness		Partnership working		Co-production	
Staff knowledge & Awareness	✓	Workforce		Co-learning	

## Summary of Progress on Staff Knowledge and Awareness

**We have a clear EDI action plan to improve areas with KPIs in place and race and racism is covered in our EDI fundamental (mandatory) training. 181 colleagues completed the EDI fundamental training in Quarter 3.**

Skills mapping of EDI learning and development was completed in Quarter 1 by the Director of Learning and Development and the Head of EDI. The mapping considered legislative and commissioner requirements.

Following a review of the EDI champion roles with Barnardo's, it has been agreed that there needs to be further discussion around the proposal of a new PCREF champion role within local services to promote

implementation at a local level. This will align to an internal restructure, that is currently taking place.

Licence to Recruit monthly sessions continue to be offered, with 181 colleagues completing the training in Quarter 3.

The one-day EDI Fundamental (mandatory) session has been reviewed, tested and relaunched with updated content. The updated content has a continued focus on supporting colleagues to understand their unconscious biases better and enables them to consider how they can be consciously inclusive through the recruitment process, so that Barnardo's recruit equitably.

## Evidence on an Organisational level

We continue to offer supplemental EDI training on request which covers racism, micro aggressions, privilege, fragility etc.

A data gathering tool for our services has been designed to promote local feedback and improve local understanding of barriers in accessing services and to identify opportunities for improvement. This is being piloted across several services, with initial feedback and data being gathered in Quarter 4.

# Part 2. Organisational Competencies

National Organisational Competencies				
Cultural Awareness		Partnership working	✓	Co-production
Staff knowledge & Awareness		Workforce		Co-learning

## Summary of Progress on Partnership Working

**We have continued to develop external stakeholder relationships that support this competency and we are learning from the good practice from our specialist services.**

We have talked directly to several of our PCREF applicable services. This found staff to have limited awareness and application of the framework. Services report under-representation of racially and culturally diverse communities, compounded by systemic referral patterns, language barriers, and gaps in demographic data. While creative initiatives and translation services demonstrate positive engagement, these are inconsistent and often without the right resourcing. Common priorities include improving

overall EDI and anti-racism practices, strengthening data collection, and establishing structures to embed the voice and influence of Black and Minoritised Ethnic communities in service delivery.

In Quarter 4, we will develop an action plan in response to these findings, to progressively and systematically strengthen Voice and Influence quality and practice within mental health services.

A plan is being developed to include CYP in policy development, as this is currently not standard practice within the Charity. We will consider this work by commencing with the review of the Safeguarding

## Evidence on an Organisational level

Policy in 2026, and in co-producing operational service delivery plans including the development of a risk assessment, formulation and safety planning tool, ensuring race or cultural related risks are considered.

# Part 2. Organisational Competencies

National Organisational Competencies				
Cultural Awareness		Partnership working	Co-production	✓
Staff knowledge & Awareness		Workforce	Co-learning	

## Summary of Progress on Co-production

**CYP continue to be part of conversations for their care and Barnardo's Child Directed, System Focused, Strengths Based and Outcome informed (CSSO) framework provides principles for child led interventions. Although not all mental health staff and services are aware of or trained in CSSO, we have developed a plan to ensure the implementation of the framework is to all staff by 2026. CSSO Framework in a Nutshell – Young People**

Whilst we collate feedback as a standard practice in our mental health services, we acknowledge that this is varying across teams and often there is no mechanism to feedback on race. There are ongoing conversations taking place to consider how we standardised a feedback approach that incorporates race related matters and we are working with the Child Outcome Research Consortium (CORC) to consider how we capture race related feedback, within experience of service questionnaires to support this.

We recognise that there is not standard practice across all Mental Health services around co-design, co-production and co-evaluation, and we are working to the following definitions within our organisational approach to Voice and Influence:

- **Co-production** is when children and young people work with us to design and implement projects, products and services.
- **Co-evaluation** is when children and young people work with us to evaluate projects, products and services.
- **Co-design** is when CYP work with us to design projects, products and services.

A plan is being developed to include CYP in policy development, as this is not standard practice within the Charity. We will consider this work by commencing with the review of the Safeguarding Policy in 2026, development of a risk assessment, formulation and safety planning tool, ensuring race or cultural related risks are considered.

## Evidence on an Organisational level

Our data point system (the Quality Conversation) for understanding the extent to which services are delivering Voice and Influence work in line with our Quality Standards, was not completed this quarter due to an internal review taking place and improvement plan being developed.

We have talked directly to several of our PCREF applicable services. This found staff to have limited awareness and application of the framework, with most Voice and Influence work not being explicitly aligned to PCREF principles. Services report under-representation of racially and culturally diverse communities, compounded by systemic referral patterns, language barriers, and gaps in demographic data. While creative initiatives and translation services demonstrate positive engagement, these are inconsistent and often without the right resourcing. Common priorities include improving overall EDI and anti-racism practices, strengthening data collection, and establishing structures to embed the voice and influence of Black and Minoritised Ethnic communities in service delivery. In Quarter 4, we will develop an action plan in response to these findings, to progressively and systematically strengthen Voice and Influence quality and practice within mental health services as we move into the next reporting year.

# Part 2. Organisational Competencies

National Organisational Competencies				
Cultural Awareness		Partnership working		Co-production
Staff knowledge & Awareness		Workforce	✓	Co-learning

## Summary of Progress on Workforce

**We have continued to analyse data in respect of ethnicity for workforce recruitment and representation in line with our People and Culture Strategy and our EDI objectives and KPIs. Work is being carried out with the Data, Digital and Technology Team to improve people data systems. An Inclusive Recruitment Discovery and Delivery Group is also in place, which considers whether our workforce is representative of local communities.**

We have implemented a Service and Service User Count Oversight Group, which is looking at what, why and how we collect information about our services and service users. This will include the level of confidence amongst colleagues in collecting EDI data. The group will produce recommendations in respect of improving data collection.

We have recently introduced a tool allowing applicants to submit their CVs anonymously, among some other improvements to our recruitment system; which has resulted in a reduced in-completion rate of 35% (45% last year). Although our data on in-completion figures does not capture the ethnicity at drop out point, the increase in completed applications may lead to an increase in applications from Black and Minoritised Ethnic candidates and it will support applicants where English may not be their first language, due to being able to submit pre-written CVs. We will be continuing to monitor application data and candidate survey data to improve our processes to look to maximise this application increase into converted hires.

## Evidence on an Organisational level

We continue to ensure that the PCREF is aligned to all internal work relating to race that is being developed or implemented, and we track progress of this and of our Anti Racist Commitments at Trustee level.

# Part 2. Organisational Competencies

National Organisational Competencies				
Cultural Awareness		Partnership working		Co-production
Staff knowledge & Awareness		Workforce		Co-learning ✓

## Summary of Progress on Co-learning

**We have good co-production around polices from staff with lived experience and a “representing diversity of our communities” project is underway for volunteers. There is an agreed plan in place to ensure the PCREF aligns to this.**

We are continuing to improve on co-productive approaches to policy development and have identified polices for reviewing and updating with CYP/F. This will commence in Quarter 4.

We are developing a Volunteer PCREF role for CYP and are continuing to explore how we can identify PCREF colleague champions across all mental health offers.

A data gathering tool for our services has been designed to promote local feedback and improve local understanding of barriers in accessing services and to identify opportunities for improvement. This is being piloted across several services, with initial feedback and data being gathered in Quarter 4.

Ongoing conversations are taking place to consider how we involve CYP better in service design and service assessment. A plan is being developed to include CYP in policy development, as this is currently not standard practice within the Charity. We are considering this by commencing with the review of the Safeguarding Policy in 2026, and in co-producing operational service delivery plans, including the

## Evidence on an Organisational level

development of a risk assessment, formulation and safety planning tool, ensuring race or cultural related risks are considered.

We are continuing to work with the Child Outcome Research Consortium (CORC) to consider how we capture race related feedback, within experience of service questionnaires.

# Part 3. Feedback Mechanism

## Summary of Progress on part 3

Following a benchmarking exercise which explored and reviewed frequently used experience of service questionnaires (ESQ), it was established that we do not use a specific experience tool that captures race related feedback. A meeting was held with the Child Outcome Research Consortium (CORC) to consider how we capture race related feedback within the ESQ and internal discussions are now taking place to enhance the tool, to gather meaningful data.

We are considering how we will capture race related feedback regarding the therapeutic alliance between CYP and therapists. We will try to do so through the Session Rating Scale (SRS) as this offers immediate feedback on the session's effectiveness, allowing the therapist to receive real-time feedback about the CYP experience and enabling them to identify and address any issues promptly.

We have talked directly to several of our PCREF applicable services. This found staff to have limited awareness and application of the framework, with most Voice and Influence work not being explicitly aligned to PCREF principles. Services report under-representation of racially and culturally diverse communities, compounded by systemic referral patterns, language barriers, and gaps in demographic data. While creative initiatives and translation services demonstrate positive engagement, these are inconsistent and often without the right resourcing. Common priorities include improving overall EDI and anti-racism practices, strengthening data collection, and establishing structures to embed the voice and influence of Black and Minoritised Ethnic communities in service delivery.

In Quarter 4, we will develop an action plan in response to these findings, to progressively and systematically strengthen Voice and Influence quality and practice within mental health services.

## CYP, Families/Communities Feedback

### ESQ

**2,127**

Closed cases

### ESQ detail

**220**

Cases, or

**10%**

Completed at least one ESQ

### SFQ

**87**

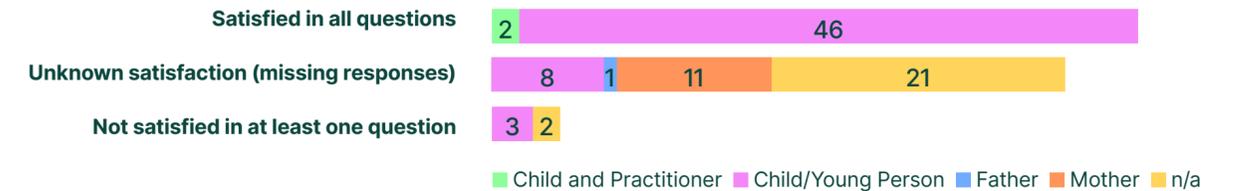
Cases, or

**4%**

Completed an ESQ in their final contact

### Overview of ESQ responses completed in final contact

If a case completed multiple ESQs in their first contact (i.e. completed by different people) they may be represented twice.



### Average satisfaction with care



This is a summary of feedback in Quarter 3, for all Barnardo's services that record within IAPTUS, based on the Experience of Service Questionnaire (ESQ) ratings.

The left-hand charts outlines a slight decrease of 80 closed cases in Quarter 3, with an increase of completed ESQs (52). There is a positive trend in

### Average satisfaction with environment



the numbers satisfied in all questions, which has increased by 20 this quarter. The distribution of unknown responses and not satisfied are similar to last quarter.

The last charts show a negligible (less than 1) change in overall satisfaction across both care and environment since Quarter 2, which was also true last quarter.



[barnardos.org.uk](https://www.barnardos.org.uk)

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