BARNARDO'S

PATIENT & CARER RACE EQUALITY FRAMEWORK (PCREF)

Quarter 1
2025/26 Report

19 August 2025

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 an 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 committed 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**

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PCREF report for Barnardo's

Key achievements overall since last update

The key achievements in Q1 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:

- Review of the Terms Of Reference and membership for the PCREF Oversight meeting, ensuring it supports the requirements going forwards.

- Working towards having children and young people as part of the PCREF oversight meeting.

- Internal reporting structures reviewed and Trustees will be now be updated on a quarterly basis via the Children and Young Persons Services Committee.

- Co-designed and co-delivered an internal PRCEF share and learn webinar with a young person with lived experience, to support staff development and knowledge and to promote uptake and embedding of the PCREF.

- Liaising with children, young people and families to ascertain their views on the services we have and what we can do to improve them.

- Commenced the review of all NHS Mental Health contracts regarding recording systems and data.

- Relaunching our EDI data group, with a review of the purpose, terms of reference and membership. It will consider the importance of the messages to staff around data collection from induction and will plan how to support colleagues in developing their confidence in collecting accurate ethnicity data.

- In collaboration with the Race Equality Foundation, the Barnardo's SEEN* Team, have launched a joint research project on exploring the link between racism and trauma and plan to develop this work in relation to safeguarding. **Understanding the role and impact of racism, trauma and intergenerational trauma in the lives of Black, Asian and minoritised ethnic communities - Race Equality Foundation.** *SEEN is a Barnardo's initiative to build a core foundation of knowledge and a network of people and advocacy, to create systemic change by challenging structural inequalities that impede opportunities for a fair and equitable future for children and young people of Black and Minoritised Ethnic communities, to reach their full potential.

- Commenced the revision of the content and delivery method of the mandatory EDI one day training, to promote a deeper understanding of our values, behaviours and EDI. This training is for all Barnardo's colleagues.

- Agreed the review of our mandatory EDI on-line induction module, to enable scope for adding additional resources and links around the PCREF.

- Reviewed legislation to ensure core pieces are complied with across the charity, demonstrating how they inform our approach.

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Part 1. Leadership and governance

How has the PCREF been implemented	
Evidence on a Trustee / CLT level	Evidence on a Trustee / CLT level

For this section, please provide a summary of how Barnardo's has embedded PCREF at a leadership and governance level, this should include explanation and where possible a visual of your governance structure and who your PCREF nominated executive leads are. Please also provide evidence on the progress you are making on a system level i.e., PCREF embedded at a regional, local level. Should you require to attach additional evidence, please include these towards the end of the slide decks in the Annex section.

Please provide a summary of progress on part 1.

Internal reporting structures have been reviewed, and Trustees will be now be updated on a quarterly basis via the Children and Young Persons Services Committee. Additionally, there is a plan agreed to deliver an in-depth 'PCREF so far' session to all Trustees by quarter 3. This will be with a young person with lived experience, to help bring it to life and to further embed and promote.

The PCREF oversight group has had a full review, with new TOR and membership. 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 Group.

The Quality and Clinical Governance 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 4 for governance structure flowchart).

We have commenced the revision of the content and delivery method of the fundamental EDI one day training, to promote a deeper understanding of our values, behaviours and EDI. Whilst this is in development, our EDI Team delivers bespoke training which covers bias, microaggressions, intersectionality, privilege, our anti-racism commitments and action plan and provides an update on our anti-racism work including PCREF. The online EDI induction training is due to be reviewed in quarter 3 of 2025.

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.
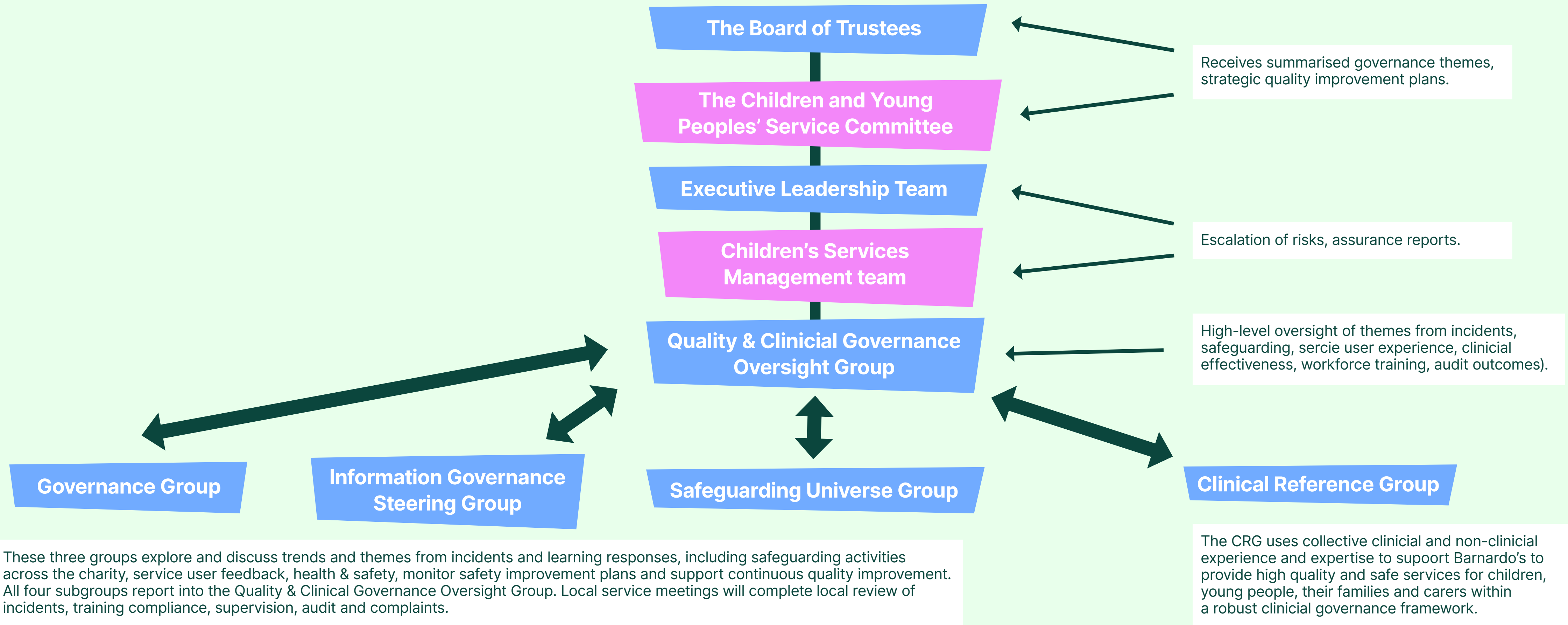
We have reviewed legislation to ensure core pieces are complied with across the charity, demonstrating how they inform our approach. Due regard is given to Health and Social Care legislation in relevant policies, governance, service delivery and practice and are enshrined into

our Safeguarding and other relevant policies. Our colleagues across our services are familiar with appropriate legislation. A directory of policies and compliance is held and monitored by our Audit and Assurance Team. Barnardo's takes a human rights-based approach in delivering services and consideration is given to the Human Rights Act and United Nations Convention on the rights of the child.

In respect of the Equality Act 2010, Barnardo's is not a public authority for the purposes of the act and is not bound by the public sector specific equality duty. In respect of the general duty, as a charity receiving public funding and delivering services to the public, Barnardo's gives due regard to the duty in respect of decision making and requires the completion of Equality Impact Assessments (EIA) and action plans which are quality assured and maintained in a central directory. Compliance with legal protections provided for in the Equality Act is monitored. To support this, Barnardo's has an EDI policy and EDI code of conduct.
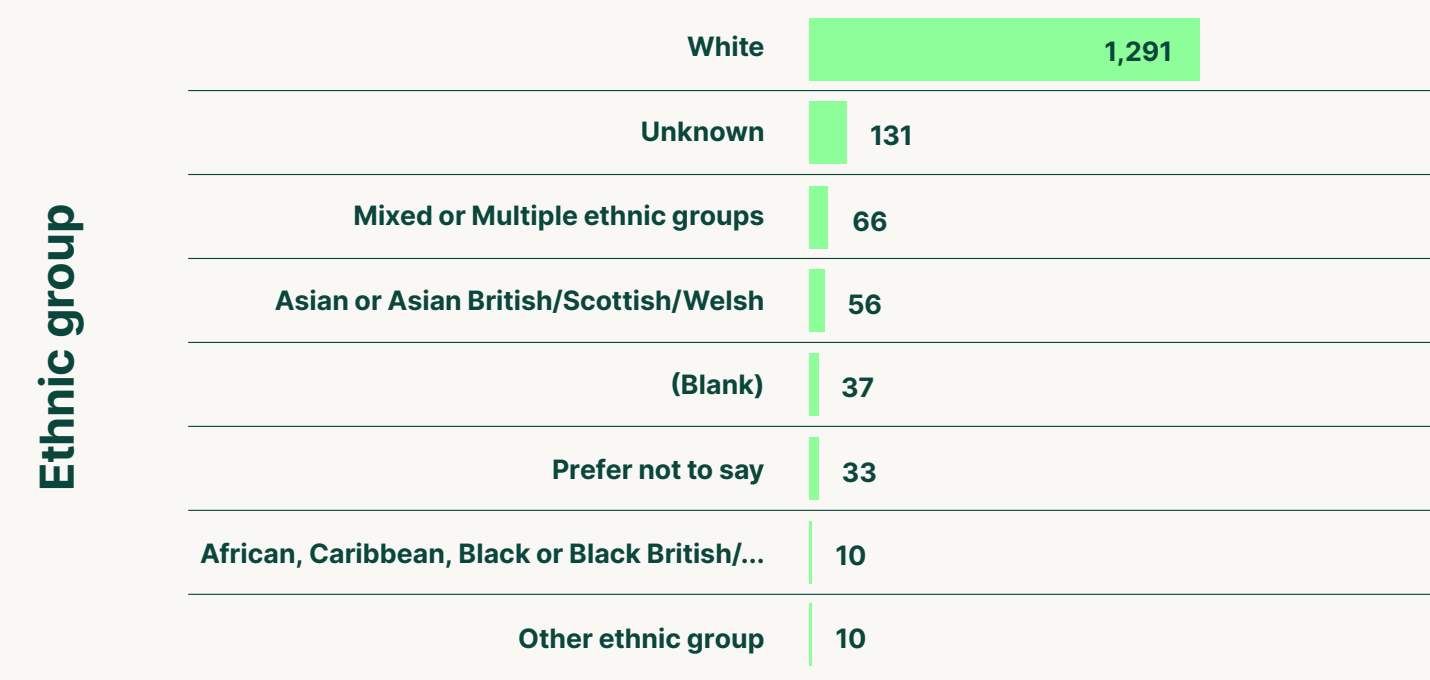
In order to ensure improvement and delivery of services from an anti-racist perspective, we have liaised with children, young people (CYP) and families (F) to ascertain their views on the services we offer and gathered feedback regarding improvement. This will play a vital role in any service re-design work.

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Part 1. Leadership and governance
Clinical Governance Structure

The Board of Trustees

Receives summarised governance themes, strategic quality improvement plans.

The Children and Young Peoples' Service Committee

Executive Leadership Team

Escalation of risks, assurance reports.

Children's Services Management team

Quality & Clinicial Governance Oversight Group

High-level oversight of themes from incidents, safeguarding, sercie user experience, clinicial effectiveness, workforce training, audit outcomes).

Governance Group

Information Governance Steering Group

Safeguarding Universe Group

Clinical Reference Group

These three groups explore and discuss trends and themes from incidents and learning responses, including safeguarding activities across the charity, service user feedback, health & safety, monitor safety improvement plans and support continuous quality improvement. All four subgroups report into the Quality & Clinical Governance Oversight Group. Local service meetings will complete local review of incidents, training compliance, supervision, audit and complaints.

The CRG uses collective clinicial and non-clinicial experience and expertise to supoort Barnardo's to provide high quality and safe services for children, young people, their families and carers within a robust clinicial governance framework.

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Part 1. Legislative / Statutory duties continued

1.3b Evidence CYP access rates by ethnicity/race.

Ethnic group

Ethnic group	Count
White	1,291
Unknown	131
Mixed or Multiple ethnic groups	66
Asian or Asian British/Scottish/Welsh	56
(Blank)	37
Prefer not to say	33
African, Caribbean, Black or Black British/...	10
Other ethnic group	10

This dataset includes information on 1,634 children and young people referred to Barnardo's services between 1st April and 30th June 2025 between the ages of 5 and 18, 25 for SEND. All individuals are recorded in IAPTUS, which is an electronic patient recording system, and have a primary support category of Mental Health and Emotional Wellbeing. The data is disaggregated by ethnicity/race and spans across eight different Barnardo's services.

This subset of data that focusses on a proportion of our service users receiving support around mental health, across 11 English Contracts, demonstrates a predominant delivery to white children, young people and families. There continues to be an amount of unknown ethnicity data and we are considering how we 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.

Ethnic group	% cases with improved outcomes
Asian or Asian British/Scottish/Welsh	92.3% (13)
Other ethnic group	88.9% (9)
African, Caribbean, Black or Black British/...	83.3% (6)
Mixed or Multiple ethnic groups	82.4% (7)
White	80.5% (87)
Prefer not to say	50.0% (6)

% cases with improved outcomes

Average Satisfaction of Black and Minoritised Ethnice Service Users

Environment: 6.78 (0.00 – 9.00)
Care: 26.33 (0.00 – 27.00)

Average Satisfaction of White Service Users

Environment: 8.05 (0.00 – 9.00)
Care: 25.47 (0.00 – 27.00)

Note that these figure relate to our Mental Health Services that record within IAPTUS, this is a proportion of the services Barnardo's offer.
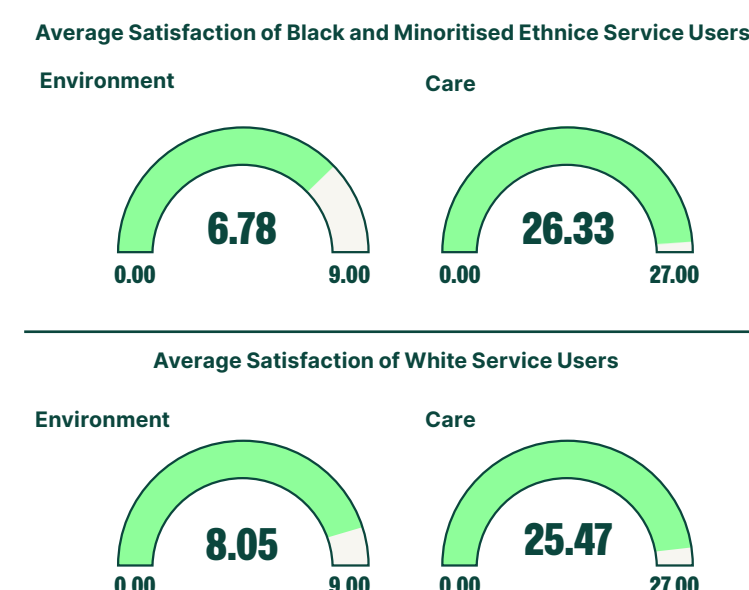
The first chart presents data on 583 children and young people, broken down by ethnicity, who had paired outcomes showing improvement and whose cases were closed between 1st April and 30th June 2025.

The second set of charts illustrates satisfaction levels among 54 children and young people whose cases were closed during the same period. These visuals reflect their satisfaction with the environment and the care they received. Of these, 8 individuals identified as Black and Minoritised Ethnic 45 as white. The data is displayed across two separate visuals to highlight the differences.

This data shows that overall, CYP from Black and Minoritised Ethnic backgrounds, have better satisfaction levels with their care compared to those from a white ethnic background, although they have lower levels of satisfaction with their environment. It must be considered that this is a small sample size.

Part 1. Legislative / Statutory duties continued

2. Evidence that Barnardo's routinely provides accessible information in accordance with <u>NHS England's Accessible Information Standard</u> 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	We have recognised that the guidance around implementation of this clause/ standard has changed recently and we are holding further conversation to establish our position and will agree a plan and timeframe by Quarter 2. At the commencement of an intervention, all CYP/F receive a "Speak Up, Speak Out" leaflet, which explains their rights and the procedure for making a complaint. This is also available in poster form that can be displayed in waiting areas or therapeutic rooms. It is also available as an animation that services can display on their websites/web pages and padlets, although this is currently only in English and Welsh there is a directory of translation services and guidance available for all staff to access. Speak up, Speak out Video: **Speak-up-Speak-out.**
3. Evidence that CLT & Trustee board routinely reviews data on CYP safety incidents and near misses, with experts by experience. Please break down data by ethnicity/race.	
	Quarterly safeguarding reports are reviewed by Trustees and the Executive Leadership Team. Breakdown of incidents do not at the time of writing include an analysis by race on a quarterly basis, however the data is also viewed on an annual basis which brings in demographic data by race. Incidents are almost exclusively reviewed by white colleagues who do not have lived experience; however, lived experience colleagues can be reached out to if needed. We will review this as part of our ongoing development. The data opposite reflects the data for Black and Minoritised Ethnic service users in Quarter 1, however for mental health services there were only 3 escalations submitted and all were white British.

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 as none related to Mental Health provision	Barnardo's has received 3 complaints in the last quarter, however none relate to mental health service provision. None were upheld. Currently data on staff complaints training is held at local level, however by January 2026 data will be held and analysed centrally.
5. Evidence that feedback and involvement from racialised families have been actioned appropriately in line with the <u>Triangle of Care standards</u> 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.

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Part 1. Legislative / Statutory duties continued

6. Workforce data by ethnicity/race.

Q1 remains similar to the last year. There have been slight reductions in white representation and slight increases to those from Black and Minoritised Ethnic backgrounds.

This change is reflective of our improvements in hires last year, with smaller increase to hires but larger increases to application rates, where we hope to see increased conversion moving forward.

Q1 25/26 Ethnicity

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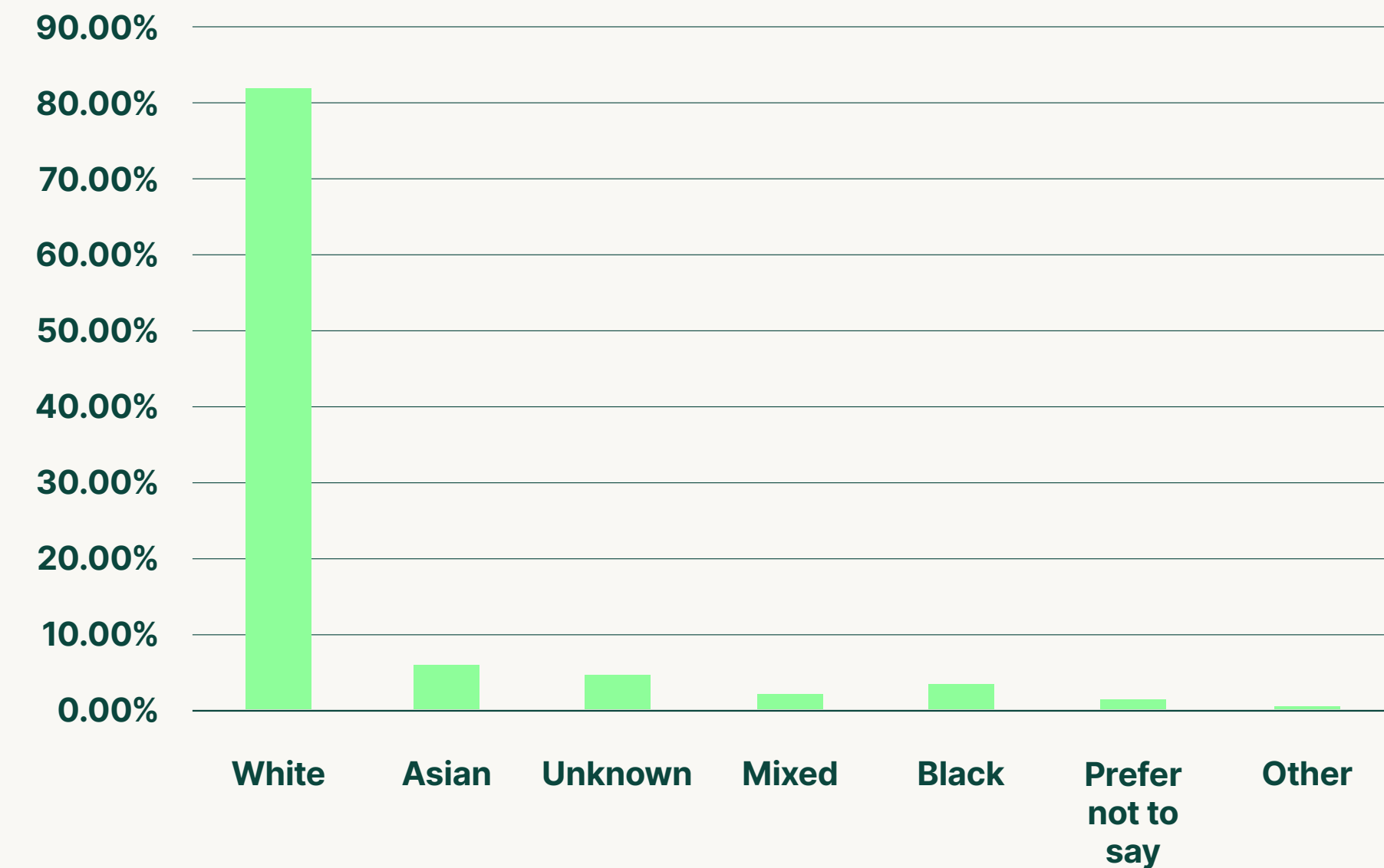
Part 2. Organisational Competencies

For this section you will be required to refer to the six national organisational competencies on 'what good looks like' and the self-assessment checklist. In the following pages, please explain what actions have been taken this quarter to improve Barnardo's competencies, please state clearly if these are on an organisational level and or on a service level across the six national organisational competencies. Please note the self-assessment checklist has four suggested categories i.e. Governance and Leadership to help you group your progress on PCREF part 2. Furthermore, these national organisational competencies and the self-assessment checklist are not an exhaustive list, include any other identified other organisational competencies and improvement actions which are relevant to your services, if so please include them in your progress report.

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. We as yet do not have CYP involved in the PCREF oversight group and are working towards this. We have specialised offers for CYP/F from African, Asian and Caribbean communities, delivered via the SEEN Team and for Romanian and Roma communities, and although these are not MH contracts, we are able to share and learn and involve.

Staff knowledge and Awareness: Race and racism is covered in our EDI training and racial bias is covered in our licence to recruit training, which seeks to address bias in our recruitment processes. We have supplementary EDI training on request which covers racism, micro aggressions, fragility etc. EDI is an embedded part of annual personal development reviews as a golden thread throughout all goals. We have a clear EDI plan to improve areas with clear KPIs and we have Equality Impact Assessments (EIA) and EDI team expertise.

Partnership Working: We 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 required. This will help shape our learning.

Coproduction: 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: Although data shows a predominately white workforce, there is ongoing work through the Inclusive Recruitment Discovery and Delivery Group for Ethnic colleagues, to increase the number of Black and Minoritised Ethnic staff in the charity. KPIs are in place in respect of Black and Minoritised Ethnic colleagues and representation of Black and Minoritised Ethnic colleagues has increased to 14.7% compared to 16.2% of the population. Ethnicity pay gap has revealed a positive gap in favour of Black and Minoritised Ethnic colleagues, particularly in the higher quartiles. We submit annual Workforce Race Equality Standards (WRES) data. We have EDI KPIs around race in our EDI action plan.

Co-learning: We need to improve on co-productive approaches to policy development as we do not currently have input into policy development from CYP/F, however we have good staff co-production around polices from staff with lived experience. We currently do not have identified community champions across our mental health offers and will consider this. A "representing diversity of our communities" project is underway for volunteers which will support reach and involvement from Black and Minoritised Ethnic communities. We are not fully aware of the barriers being experienced regarding the access of mental health services and the promotion of referral routes for early support is often reliant on external colleagues, for example GP or school nurse.

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

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Part 2. Organisational Competencies

National Organisational Competencies					
Please tick all that apply >	**Cultural Awareness**	✔	**Partnership working**		**Co-production**	
	Staff knowledge & Awareness		**Workforce**		**Co-learning**	

Summary of Progress on Cultural Awareness

Evidence on an Organisational level

We are aware that we don't have CYP involved as part of PCREF oversight group and are working towards this, with the potential to have paid Young Ambassadors.

Whilst we have specialised services and offers for CYP from Black and Minoritised Ethnic communities (SEEN Team) and from Romanian and Roma communities (ROMA Team), 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 working 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.

We recognise that we don't fully understand the diverse population and cultural needs in our mental health services and we are currently undertaking a piece of consultation work across our services 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.

Ongoing conversations are taking place to consider how we involve CYP better in service design and service assessment, via service evaluation forms.

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Part 2. Organisational Competencies

National Organisational Competencies						
Please tick all that apply >	**Cultural Awareness**		**Partnership working**		**Co-production**	
	Staff knowledge & Awareness	✔	**Workforce**		**Co-learning**	

Summary of Progress on Staff Knowledge and Awareness

Evidence on an Organisational level

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.

EDI is embedded into yearly appraisals via the performance and growth cycle and is now a golden thread throughout all goals, rather than a stand alone EDI goal. The Performance and Growth Cycle is for all colleagues at Barnardo's and is a way to manage performance by helping growth within roles, career development and recognition, (this was previously known as the Performance Development Review – PDR).

A mapping of EDI learning and development has been completed by the Director of Learning and Development and the Head of EDI. The mapping has considered legislative and commissioner requirements.

Our Learning and Development team have produced skills mapping for colleagues working in our services which sets out the fundamental, focused and curious

training. Fundamental is mandatory training for all colleagues at Barnardo's. Focused training includes learning opportunities tailored to a specific role or area of work and curious is learning opportunities about a wide range skills available for everyone to delve into and might not be directly relevant to their role, but can support wider development.

A plan and timeline for the EDI package is in development. Colleagues are required to complete the on-line EDI induction training and one day EDI mandatory training. Recruiting managers are required to complete Licence to Recruit training which includes racial bias. All colleagues responsible for completing Equality Impact Assessments are required to undertake training.

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

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Part 2. Organisational Competencies

National Organisational Competencies					
Please tick all that apply >	**Cultural Awareness**		**Partnership working**	✔	**Co-production**	
	Staff knowledge & Awareness		**Workforce**		**Co-learning**	

Summary of Progress on **Partnership Working**

Evidence on an **Organisational level**

We have continued to develop external stakeholder relationships that support this competency such as Muslim Mind Collaborative (MMC) and we are learning from the good practice from our specialist services.

Additionally, we sporadically collate feedback from stakeholders, but this is not consistent across our mental health offers and is generally not race related.

Our Voice and influence team have commenced a piece of work across all our services in partnership with CYP and families regarding lived experience.

- In collaboration with the Race Equality Foundation, the Barnardo's SEEN* Team, have launched a joint research project on exploring the link between racism and trauma and plan to develop this work in relation to safeguarding. **Understanding the role and impact of racism, trauma and intergenerational trauma in the lives of Black, Asian and minoritised ethnic communities – Race Equality Foundation.** *SEEN is a Barnardo's initiative to build a core foundation

of knowledge and a network of people and advocacy, to create systemic change by challenging structural inequalities that impede opportunities for a fair and equitable future for children and young people of Black and Minoritised Ethnic communities, to reach their full potential.

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Part 2. Organisational Competencies

National Organisational Competencies						
Please tick all that apply >	Cultural Awareness		Partnership working		Co-production	✔
	Staff knowledge & Awareness		Workforce		Co-learning	

Summary of Progress on **Co-production**

We held an internal PCREF share and learn that was attended by 80 staff. The content included a video created by Barnardo's CYP around barriers to accessing mental health services for Black and Minoritised Ethnic CYP and a 30-minute interactive session on barriers, experience and outcomes with a young ambassador with lived experience.

CYP are 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**

We recognise that it is not standard practice across all Mental Health services around co-design, co-production and co-evaluation and we are promoting and working towards the following within our 2024-27 approach to Voice & 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.

Evidence on an **Organisational level**

- **Co-design** is when CYP work with us to design projects, products and services.
- **Co-creation** is when CYP work with us in the ideation, conception and strategic planning of projects, products and services

As we don't hold central information that is analysed, this is regional only, we are unable to grade the organisation in terms of the self- assessment indicator within the quality standards we have developed for our Voice and Influence work with CYP. This needs to be considered and we need to agree how we gather centralised data.

We have continued to work across our service, to embed our voice and influence quality standards. This includes regular communities of practice, the most recent of which spotlighted our Black & Brown Minds Matter Group, a group of young people based in Bristol campaigning across Avon & Wiltshire to improve Black and Minoritised Ethnic young people's access and experience of mental health services. The group also produced training on racism and trauma, which we will build on.

Whilst we collate feedback as a standard practice in our mental health services, we now understand that this is varying across teams and often there is no mechanism to feedback on race. We will explore this further in Quarter 2.

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Part 2. Organisational Competencies

National Organisational Competencies					
Please tick all that apply >	**Cultural Awareness**		**Partnership working**		**Co-production**	
	Staff knowledge & Awareness		**Workforce**	✔	**Co-learning**	

Summary of Progress on **Workforce**

Evidence on an **Organisational level**

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 User Data Discovery and Delivery Group, which is looking at what, why and how we collect service user data and the level of confidence amongst colleagues in collecting EDI data. The group will produce recommendations in respect of improving data collection.

Though the data shows a predominately white workforce, there is ongoing work through the Inclusive Recruitment Discovery and Delivery Group for Black and Minoritised Ethnic colleagues, to increase the number of Black and Minoritised Ethnic staff in the charity and the representation of Black and Minoritised Ethnic colleagues has increased to 14.7% compared to 16.2% of the population.

Whilst we submit annual WRES data, we understand some elements are missing and joint work is taking place with the EDI team & the People and Culture experience team to improve on this.

We continue to track progress of our Anti Racist Commitments at Trustee level.

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Part 2. Organisational Competencies

National Organisational Competencies					
Please tick all that apply >	**Cultural Awareness**		**Partnership working**		**Co-production**	
	Staff knowledge & Awareness		**Workforce**		**Co-learning**	✔

Summary of Progress on Co-learning

Evidence on an Organisational level

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 recognise the need to continue to improve on co-productive approaches to policy development with CYP/F and have commenced conversation regarding a framework for this.

We have started to consider how we can identify community champions across all mental health offers.

We are not fully aware of barriers to access and are linking in with CYP/F to better understand this. We are also looking at our feedback mechanism to support better learning.

We continue to work across our services to embed our Voice and Influence quality standards. This includes regular communities of practice, the most recent of which spotlighted our Black & Brown Minds Matter Group. This is a group of young people based in Bristol campaigning across Avon & Wiltshire to improve Black and Minoritised Ethnic young people's access and experience of mental health services.

We have linked into our specialised offers for CYP from Black and Minoritised Ethnic communities and from Romanian and Roma communities, and have co-produced and delivered a PCREF share and learn with a young ambassador with lived experience.

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Part 3. Feedback Mechanism

CYP, Families/Communities Feedback

**Summary of progress on part 3 –
Please attach evidence in the Annex section.**

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. This is therefore an area that requires further work and development and will be considered in Quarter 2.

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.

We continue to embed our voice and influence quality standards, which includes communities of practice; the most recent of which spotlighted our Black & Brown Minds Matter Group, with a focus on how to improve Black and Minoritised Ethnic young people's access and experience of mental health services.

ESQ

1,991
Closed cases

ESQ detail

188
Cases, or

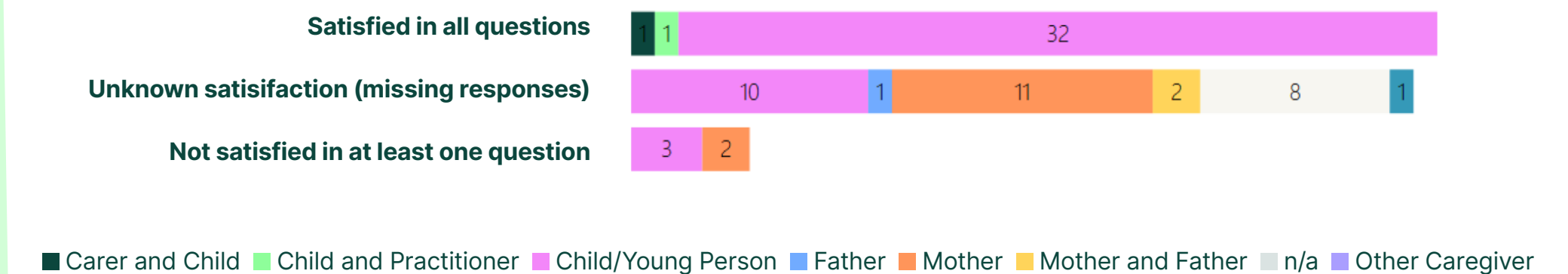**9%**
Completed
at least ESQ

SFQ

61
Cases, or

3%
Completed an ESQ
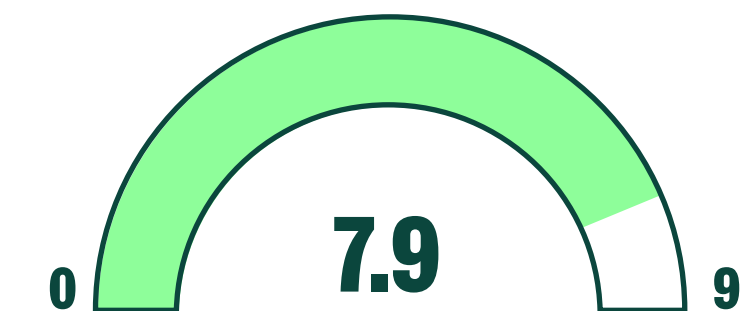in their final contact

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.

Satisfied in all questions: 1, 32

Unknown satisfaction (missing responses): 10, 1, 11, 2, 8, 1

Not satisfied in at least one question: 3, 2

■ Carer and Child ■ Child and Practitioner ■ Child/Young Person ■ Father ■ Mother ■ Mother and Father ■ n/a ■ Other Caregiver

Average satisfaction with care

0 — **25.7** — 27

Average satisfaction with environment

0 — **7.9** — 9

This is a summary for Quarter one, of feedback across our services that record within IAPTUS based on the Experience of Service Questionnaire (ESQ) ratings.

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