

# Patient and Carer Race Equality Framework





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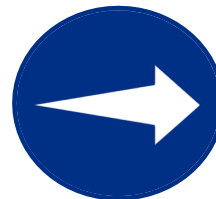
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## Information about this document



This is the Easy Read version of the Patient and Carer Race Equality Framework.



The Patient and Carer Race Equality Framework was written with patients and carers from **racialised groups**.



The PCREF is an **anti-racism** framework. It is a huge achievement in the 75th year of the NHS and the **Windrush Generation**.

**Patient and Carer Race Equality Framework**

In this document we sometimes call the **Patient and Carer Race Equality Framework** the **PCREF** or the anti-racism framework.



When we say mental health services in this document, we also mean mental health providers which is any organisation that gets **public sector** funding.



It is important to use language that describes the needs and experiences of people from **racialised groups**.

Stop  
Hello Eat  
**Words**  
Person Day Open

In this document you will come across key terms in **pink**.



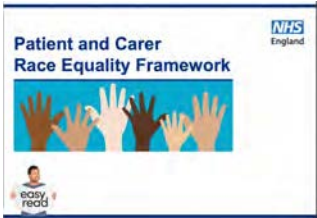
You can find more information about these words in the **key terms section from page 45**.







## Introduction



Dr Jacqui Dyer MBE explains why this Patient and Carer Race Equality Framework is so important.



## Jacqui's Story

I am an **expert by experience** because I have lived experience using mental health services.



I have worked for many years to bring change and I lead two key groups in NHS England:



- Advancing mental health equalities task force.



- Patient and Carer Race Equality Steering group



I want a fairer mental health system where people from **racialised backgrounds** do not have worse experiences than other communities.



The campaign against racial **inequality** and **inequity** in mental health services is very personal.



Two of my brothers with long term mental health challenges died.



Carlton, when he was 41 years old



Barry, when he was 41 years old



In 2022 my Aunt died whilst in the care of mental health services.



Seeing my loved ones having different **racialised experiences** has been extremely difficult.



I live every day with the painful thought that if my family had received **culturally appropriate care** they would still be alive.



I have worked with **vulnerable groups** and **racialised groups** for many years and have seen how racism and injustice harm so many lives.



The government has tried to make changes over the last ten years but people from **Black** and **Black British** groups are still:



- four times more likely to be **detained** under the Mental Health Act



- more likely to be in contact with the mental health services through the criminal justice system





Deaths in custody are nearly two times greater than in other groups whilst **detained** under the Mental Health Act. For example, cases like:



**Sean Rigg, who died whilst restrained by police**



This led to changes in how the police interact with the public, especially **racialised** groups



The changes included:



- police officers wearing body cameras



- CCTVs fitted in police vans



**Olaseni Lewis who died whilst restrained by police**



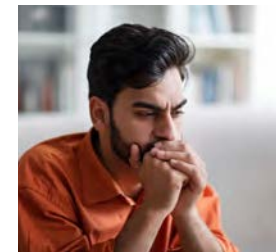
This brought about changes to the introduction of the Use of Force Act 2018, also known as Seni's Law.



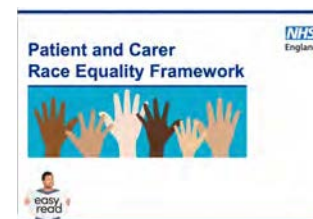
This law was introduced to protect mental health patients from unsafe **restraint** whilst in mental health care.



We also know we must do more for other **racialised groups**, for example:



the Bangladeshi and Pakistani communities have poorer results using NHS services like **Talking Therapies** for anxiety and depression than non-**racialised groups**.



The PCREF has an important role in making sure that Trusts offer **culturally appropriate care** whenever needed.



Since 2015 I have worked with NHS England to:



- tackle the reasons for poor treatment of **racialised groups** in mental health services



- break down barriers so that **racialised groups** can access better services



- take action to prevent **racialised groups** from getting the worst treatment



- work with mental health services, organisations and commissioners to co-produce a fair service for all



In 2018, I was part of an Independent Review of the Mental Health Act.



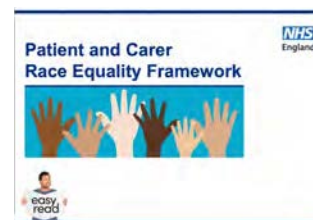
There were some important ideas in the review.



One idea was from the 2016 Crisp Commission report.



It recommended that NHS England develop Patient and Carer Race Equality standards for mental health organisations to improve services for **racialised groups**.



This is now the Patient and Carer Race Equality Framework or the PCREF, the **anti-racism** framework for all mental health Trusts and mental health services



I am very pleased that ALL mental health trusts in England and mental health services must have implemented the PCREF by **March 2025**.



I want to thank our NHS England leaders of mental health:



**Professor Tim Kendall**  
Mental Health Clinical Director



**Claire Murdoch**  
Mental Health Director



**They said:**



The Patient and Carer Race Equality Framework is a big step for mental health trusts to tackle race **inequality** after many years of poor care.



We support mental health trusts that want to be **anti-racist** organisations that are safe and welcome everyone who accesses mental health services.





It is important for service users, carers, and communities to be fully involved in making mental health services better.



Participation is a key part of the Patient and Carer Race Equality Framework.



The PCREF is an **anti-racism** framework, it is a race **equity** accountability framework, and is a significant achievement in the 75th year of the NHS and the **Windrush Generation**.



Since 2020, ten mental health Trusts have tested the Patient and Carer Race Equality Framework and made a lot of progress.



The progress shows what happens when local communities are listened to and offered **culturally appropriate care**.



**NHS England knows that we still have a lot of work to do but together we are making a start.**



**The PCREF will be delivered to make sure people from racialised groups have:**



- fairer access



- mental health service providers



- better outcomes



- better experiences



The PCREF is a **social contract** between:



- education settings



- criminal justice services



- social care providers



- patients, carers and community members



- voluntary sector organisations



- the independent sector



## Checking the PCREF



To make the Patient and Carer Race Equality Framework better and stronger we worked with the Care Quality Commission or **CQC**.



**CQC** understand that mental health care can **only** improve when services understand and respect human rights.



We also worked with the Equality Human Rights Commission or **EHRC**, who are an organisation that:



- checks human rights
- challenges discrimination
- promotes equality



The EHRC will check what **Integrated Care Boards** do to follow an important duty in the **Equality Act**.





Mental health trusts will work closely to the PCREF requirements with support from the **Integrated Care Boards**.



## Making the case for change



We know that people from **racialised groups** can have very different experiences of mental health services.



People from **racialised groups** especially Black and Black British communities are:



- more likely to be **detained** under the Mental Health Act
- more likely to be **detained** in hospital for longer





There are many different reasons why people from **racialised groups** have poor experiences in mental health services, such as:



- a lack of **cultural safety**



- lack of healthcare services that meet the social, cultural or language needs of patients



- **stigma**



- all types of discriminatory behaviour



For example, we know that Black African and Black Caribbean people with **psychosis** are **less likely** to be offered:



- **least restrictive interventions**



- **evidence based treatments**



British Muslims and people from other religious backgrounds experience **discrimination** and racism



**Racialised groups** experience serious disadvantage because of the way different services and organisations are run.



As a result there is a lack of trust in mental health services.



We must address these issues or risk greater **inequality** as there are more mental health challenges than before the COVID-19 pandemic.



It will be difficult but there is a chance to make a big difference.

2020

## Since the PCREF started



Trusts have a **much better understanding** of the needs of racialised groups.



This work shows how important it is for mental health trusts to understand racism so they can:

- make **anti-racism** work
- be an **ally**
- be a truly **inclusive** organisation



Examples of how the trusts have made this work have been shared with NHS staff.



## Goals of the PCREF



### What Trusts need to do:

State your commitment to follow the PCREF.



Look at other ways to make your organisation more equal.



Look at other ways to make your organisation more **equitable**.



Commit to working more closely with **racialised groups**.



Make sure more people from **racialised groups** play a bigger part in decision making.



Collect better data about ethnicity and other diversity information.



Check information that can help to make services better for your local communities.



Make an **anti-racism** commitment and take action against racism.



## The following will be published



- Information about the ethnicity of people who live in the local area



- Co-produced plans to make services easier to find and use



- Co-produced plans about better care and support for **racialised groups**



- Information about co-produced services and service improvements that are providing **culturally appropriate care**





## Patients and Carers



An important part of the PCREF is listening to and involving patients, family members and carers when deciding how mental health services are run.



Patients and carers must be actively involved in:

- decision and policy making



- how decisions are made about patient care and treatment



- **informed choices** about care and treatment based on lived experience



- staff training



## The Three Parts of the PCREF

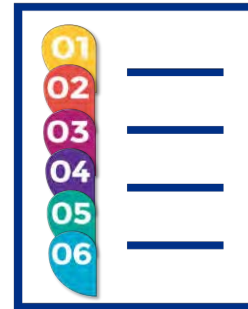


### Part One - Legal Duties

There are **laws** that NHS Mental Health Trusts **must** follow to carry out their duties.



Leaders of the Trusts must make sure their organisation follows these laws.



### Part Two – National Organisational Competencies

Organisational Competencies or OCs describe what mental health services must do as part of their commitment to the PCREF.



All Trusts should follow the **six national** OCs which have been co-produced.



Trusts should work with their communities to decide on more organisational competencies that follow local goals.



### Part Three – Patient and Carers Feedback Mechanism



The voices of patients, family members and carers are listened to and guide how the trust plans, uses and learns from the PCREF.



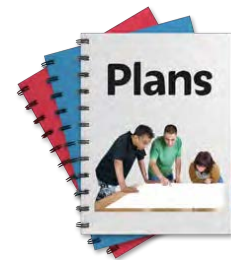
Trusts must look closely at the **intersectional** needs of their local communities, including:



- **neurodiversity**



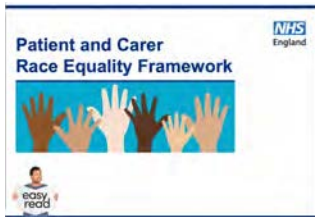
- **socio-economic background**



Trusts should co-produce plans offering a **culturally appropriate care** models for **racialised groups**.



## What Trusts need to do to prepare for the PCREF



All NHS Mental Health Trust and mental health services should put a Patient and Carer Race Equality Framework in place by **March 2025**.



This means the **PCREF** should be part of their daily work from this date. Every Trust should have a PCREF lead who makes sure this happens.



Each Trust must publish the local PCREF on their website every year, so they can be held accountable for progress made.



Trusts should work closely with local councils and commissioners from NHS England's **Integrated Care Systems** and **Integrated Care Boards** to meet the mental health needs of:



- the local population
- **racialised groups**
- ethnically and culturally diverse communities.



Trusts should also work with **education settings** when they work with children and young people from **racialised groups**.





There should be an equal partnership with **racialised groups**.



Trusts should work with faith leaders to understand:



- the experiences of people from different faiths
- how they can support different religious needs



Trusts need to work with police to build trust and confidence when working with **racialised groups** so that:



- police offer improved **tailored support**



- police consider the **least restrictive interventions**

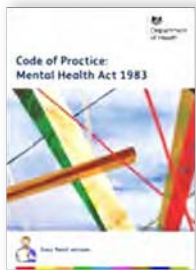




## Part 1 – Leadership and Governance



There are 12 legislative acts and statutory requirements that affect racialised group, such as:



- Mental Health Act 1983



- Health and Care Act 2022



- Mental Capacity Act 2005



- Equality Act 2010



- Care Act 2014



Every Trust should have an executive lead for PCREF who makes sure:



- voices of community reps are heard on Trust boards



- the Trust works closely with local and charities on important local issues



- **culturally appropriate care** is offered



Trusts must commit to being **anti-racist** organisations and show how they are reducing **inequality** and **inequities** for **racialised groups**.



Trusts must report on different ways they are following the law, for example:



- Information about the ethnicity of people who live in the local area



- the number of people they **detain** under the Mental Health Act



- the number of children and young people under 18 years old who access mental health care and treatment



- the number of deaths in mental health units reported to the CQC



- information about rights, complaints and advocacy services in accessible formats



- the number of patient safety incidents including incorrect use of force



- the number of complaints from racialised and ethnically and culturally diverse patients and carers



- show they have worked out how new policies or practices could affect people from protected groups



- check that action has been taken from feedback from advocacy services



- offer proof that care has been assessed to support patients cultural, ethnic and religious backgrounds



- offer proof that action has been taken on feedback from racialised carers.



## Part 2 – National Organisational Competencies



Organisational Competencies or OCs describe what mental health Trusts **must** do as part of their **commitment** to put the PCREF in place.



There are six organisational competencies have been co-produced with **racialised groups**.



Organisational competencies mean doing things well. The six OCs should lead to a better experience for racialised groups.



**Part 2** explains what mental health services must do to make sure people from **racialised groups** have a good experience of care and treatment at a local level.



We identified six organisational competencies after working with mental health trusts, patients and carers for three years.



This helped us find out what **culturally competent** mental health services look like.





- **Cultural Awareness**



- **Staff Knowledge and Awareness**



- **Partnership Working**



- **Workforce**



- **Co-Learning**



- **Co-production**



Trusts are testing the six National OCs alongside their local competencies looking at ways to improve and strengthen them.



### Is your Trust working towards Organisational Competencies?

The competencies should:



- show other Trusts what good looks like



- show the steps Trusts must take to improve the care and experience of **racialised groups**



There is also a checklist that Trusts can use to see if they are improving on each of the six organisational competencies.

Click [here](#) to view or download the checklist.



Trusts are encouraged to create to add other organisational competencies based on the needs of their local communities.



All mental health Trusts should co-produce a list of actions that can:



- be checked regularly by the trust's board



- work out how closely the Trust is following the competencies



## Part 3 – Patient and Carer Feedback



**Part 3** supports Trusts to collect national and local information about patient and carers experience.



**Part 3** also suggests that Trusts learn from lived experiences.



**The PCREF should support Trusts to find out:**



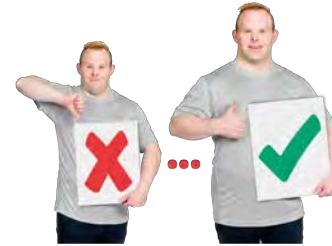
- how patients and carers feel about the service



- if actions by the Trust are making a difference to patients, carers and communities



Trusts should develop **culturally informed outcome measures** for patients, carers and **racialised groups**.



- how the service has improved



- how the Trust has improved



- the care and wellbeing of patients



**Understand**

**Outcome and experience measures should support Trusts to understand**



- the needs of patients





- different symptoms and personalised care



- finding gaps in the service that need to be improved for **racialised groups**



Trusts should learn from each other and make changes to improve the experiences and outcomes of patients.



**It is important that Trusts:**



- understand the lived experiences of people from **racialised groups**



- use this information to make positive changes locally



The main focus of Part 3 is for Trusts to work with racialised groups to:



- agree on the best way to measure the experiences of patients, carers and communities from **racialised groups**



- regularly collect information and feedback to understand how **racialised groups** are affected both locally and nationally



- work out the best ways to report on different lived experiences





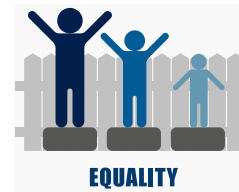
## The Impact of Mental Health Activity Locally



Mental Health Trusts will work together with patient and carers and communities from **racialised groups** to look at ways to:



- get better at collecting and measuring information



- learn from health **inequality** and **inequity**.



**Understand**

- understand which **racialised groups** are affected



- look at information to find out which **outcome measures** support their local PCREF



- share good ideas and best practice



- take action on areas that need to be improved



### Trusts will work out the best ways to:



- get feedback from local communities, patients and carers



- make the workforce more open and honest



- agree on the best way to review feedback to check progress on improvement



- make sure feedback from patients, carers and staff is regularly collected in a **trauma informed** and accessible way



Trusts should give their workforce the skills they need to work with **racialised groups**.

For more information go to:

## Part 2 - National Organisational Competencies.

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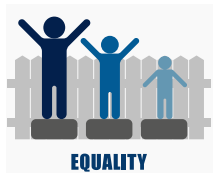


This helped us find out what **culturally competent** mental health services look like.





## Next Steps



NHS England will continue to improve the PCREF. We will share best practice and areas for improvement. This work should lead to:

- improving race **equality** and **equity**
- Trusts offering more **culturally appropriate care**



The PCREF **will succeed** if Trusts build strong relationships with **racialised groups** that are most affected.



## Key Terms



### **CULTURALLY APPROPRIATE CARE**

Making sure everyone is supported and cared for in a way that respects their culture, beliefs, and values.



### **CULTURAL SAFETY**

When patients and carers feel safe to be open about their experiences without fear of being treated badly by staff or an organisation.



### **DETAINED**

To force someone officially to stay in a place. The police might detain someone for questioning.



### **EVIDENCE-BASED TREATMENTS**

Treatments that have been tested and researched using scientific methods.



### **EQUITY**

The term equity means people get support based on their needs. Some people need more support than others.



### INEQUITY

An example of inequity is when people do not get the support that is right for them or that meets their needs.



### INFORMED CHOICES

Making decisions when you have all the information you need and you understand what could happen after you make a decision.



### INTEGRATED CARE BOARDS

Integrated Care Boards or ICB are the senior leaders who plan and pay for services in different areas to meet the needs of those living there.



### INTEGRATED CARE SYSTEMS

Integrated Care Systems or ICS are health and care teams working together to provide care in an area.



### INTERSECTIONAL

Not everyone who uses NHS services has the same experience. Many things in a person's life also affect their identity. When these come together, it can result in different issues, called intersectionality.



### LEAST RESTRICTIVE INTERVENTIONS

Actions that can be taken that do not restrict someone's personal freedom and that use the smallest amount of control or force.



### NEURODIVERSITY

is a word used to describe all the different ways our brains work.



### RACIALISED GROUPS

can include:

- people who speak different languages
- communities with cultural practices, spiritual beliefs, religions, and faiths
- white minorities such as Gypsy, Roma, Irish traveller groups, Jewish people



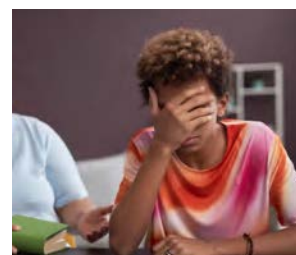
### SOCIAL CONTRACT

An unwritten agreement between people that says they will follow rules and treat each other fairly.



### SOCIO-ECONOMIC BACKGROUND

A person's socio-economic background is about where they are from and their opportunities. It includes a person's finances, family, education, and job.



### STIGMA

Negative attitudes and opinions about mental health, for example, shame.





### TAILORED SUPPORT

Support or assistance that is personal and designed to meet individual needs.



### TALKING THERAPIES

Talk therapy, also known as counselling or psychotherapy, is a way to talk to a professional about your thoughts and feelings to help improve your mental wellbeing.



### LEAST RESTRICTIVE INTERVENTIONS

Actions that can be taken that do not restrict someone's personal freedom and that use the smallest amount of control or force.



### TRAUMA- INFORMED

How mental health services care for and treat people who have been through difficult experiences. Making sure they feel supported, safe and understood.



### WINDRUSH GENERATION

People from Caribbean countries who arrived in the UK between 1948 and 1973. Many began working for the NHS and organisations that needed more workers after World War 2.



'Windrush' comes from the ship's name, which brought one of the first large groups of Caribbean people to the UK in 1948.