

Meeting the public sector equality duty at SLaM

2015 Lewisham ethnicity information



Please contact South London and Maudsley NHS Foundation Trust if you have any questions, comments or feedback on this report or if you would like to request a copy of this report in another format.

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1. Purpose of this report

Last year we published a 2014 ethnicity report for Lewisham in response to requests from our stakeholders. This report provides comparative information for 2015.

The report shows who is accessing 10 of the Trust's services in Lewisham and what feedback Lewisham service users of different ethnicities have given about their experience in our services over the last three years. It also sets out some of limitations of the data; what we think this means and what we are doing about these issues.

We have made some changes to the data in the report following feedback from staff and stakeholders with the aim of making this more informative and useful. Changes from the 2014 report include:

- Adding details of where teams get their referrals from
- Providing more appropriate comparators for certain teams
- Providing examples of activity undertaken by teams to improve services for BME service users with links to further information
- Including feedback on the Friends and Family test for different ethnicities

This information is being published together with similar reports for Croydon, Lambeth and Southwark and other Trust-wide equality information on all protected characteristics that is available on our website at: [our equality information](#)

2. Lewisham service user profiles

2.1 Explanation of the data on service user profiles

This section presents data on the ethnicity of service users in 10 of the Trust's Lewisham services that are comparable with our services in Croydon, Lambeth and Southwark. This includes the following:

1. Child and adolescent mental health service community teams in CAMHS Clinical Academic Group (CAG).
2. Improving access to psychological therapies (IAPT) service in Mood and Personality Disorder (MAP) CAG
3. Assessment and treatment teams in MAP CAG
4. Integrated psychological therapy team (IPTT) in MAP CAG
5. Early intervention team in Psychosis CAG
6. Promoting recovery teams in Psychosis CAG
7. Home treatment team in Psychological Medicine CAG
8. Crisis wards in Psychological Medicine CAG and acute wards in Psychosis CAG (Combined)
9. Memory service in Mental Health of Older Adults and Dementia (MHOAD) CAG
10. Older adult mental health community teams in MHOAD CAG.

Service user ethnicity data for the IAPT service comes from IAPTus. The data for the other nine teams comes from our electronic patient journey system (ePJS). IAPTus and ePJS are both electronic systems used to record clinical information that have a specific field for recording the ethnicity of service users.

The IAPT data represents the number of people entering treatment in December 2014 and November 2015. The data for the nine other teams is a snapshot of their caseload on a single day in January 2015 and a single day in November 2015. The actual number of service users in each year's sample (n) is provided in the table along with the percentage of each ethnicity.

A summary of what each service does and where referrals come from is provided with a link to [our website](#) where you can find more information on these teams and

our other services. This section also highlights examples of work teams have done or are undertaking to improve services for BME service users.

2.2 Limitations of the data

The data in this report provides useful food for thought for who is, or is not accessing our services in Lewisham. But it is important to recognise the limitations of what this data alone can tell us. For example:

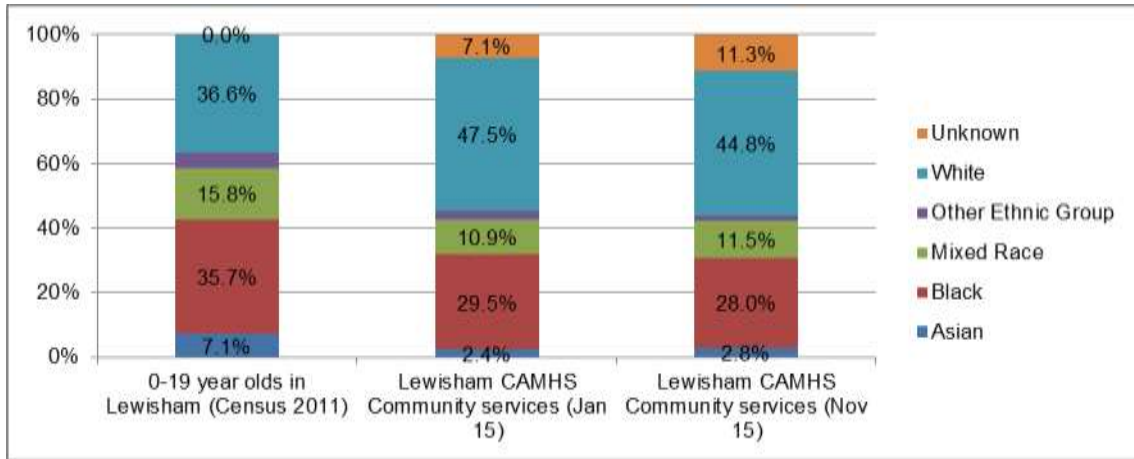
- For certain teams, the level of unknown ethnicity makes it difficult to draw meaningful conclusions about access. Ethnicity may be unknown because service users state they do not want this recorded or because it has not been recorded on ePJS yet. This may occur when a referral is added to a team's caseload but does not include details of the service user's ethnicity. Staff will ask service users to disclose their ethnicity at their first appointment but in some cases this may not have taken place yet. As a result, the ethnicity of these service users would be unknown on the day that the snapshot data used in this report was taken.
- The ethnicity data provides two snapshots of the ethnicity profile of teams on two days in 2015. This data alone does not necessarily reflect the profile of teams on other days or the pathway journey of service users. This needs regular consideration of this and other data along with staff and service user interpretation and insight.
- Census data is used because it is a well-known and accessible source of data that provides a consistent comparator for all boroughs. But it is not possible to draw conclusions about access to some teams from Census data alone. Other factors need to be considered such as the uneven incidence of some mental health problems across different demographic groups and the fact that referrals to teams often come via other services, not directly from the community. For some teams a more appropriate comparator has been used with an explanation of why.

2.3 CAMHS community teams

CAMHS community services in Lewisham include an [Adolescent Community Service](#), [Child and Adolescent Community Service \(Lewisham East\)](#), the [Kaleidoscope West Clinic Team](#), a [Child and Adolescent Looked After Service](#), a [Child and Adolescent Neurodevelopmental and Paediatric Liaison Service](#) and a [Young Offenders Service](#). Teams get their referrals from GPs, schools and social services.

The table and chart below show the ethnicity of service users in January and November 2015 (from ePJS) in comparison with the ethnicity of 0-19 year olds in Lewisham (from Census 2011).

	Asian	Black	Mixed race	Other ethnic group	White	Unknown
0-19 year olds in Lewisham (Census 2011)	7.1%	35.7%	15.8%	4.8%	36.6%	0.0%
Lewisham CAMHS Community services (Jan 15) (n=1199)	2.4%	29.5%	10.9%	2.5%	47.5%	7.1%
Lewisham CAMHS Community services (Nov 15) (n=1126)	2.8%	28.0%	11.5%	1.6%	44.8%	11.3%



Examples of work to improve services for BME service users include:

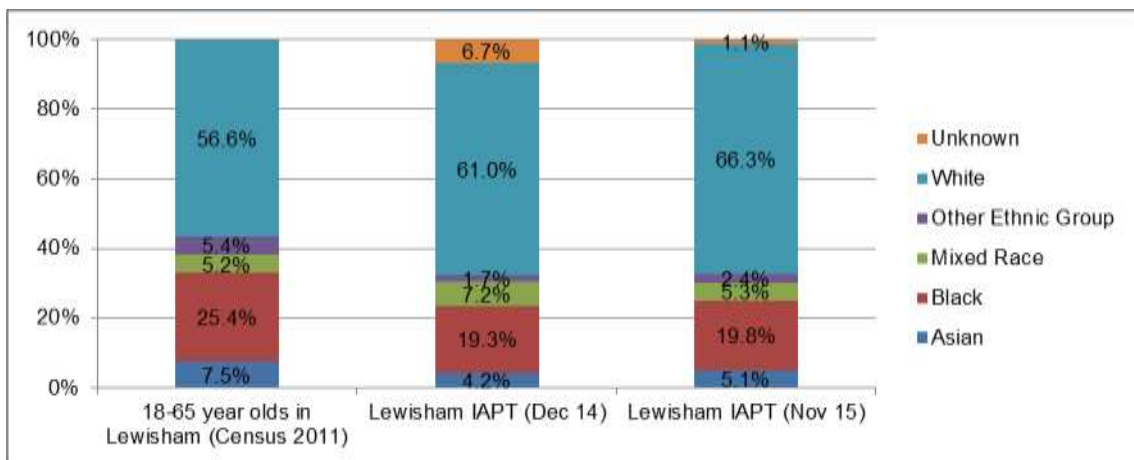
- Ongoing work to improve ethnicity recording
- Working with the Trust’s mental health promotion team to scope a community engagement pilot

2.4 Improving access to psychological therapies

[IAPT Lewisham](#) is a primary care service that provides advice and brief treatment, including self-help therapy for people, aged over 18, with depression or anxiety. Referrals are received from GPs and self-referrals.

Table and chart showing the ethnicity of people entering treatment during the December 2014 and November 2015 (from IAPTUS) in comparison with the ethnicity of 18-65 year olds in Lewisham (from Census 2011).

	Asian	Black	Mixed race	Other ethnic group	White	Unknown
18-65 year olds in Lewisham (Census 2011)	7.5%	25.4%	5.2%	5.4%	56.6%	0.0%
Lewisham IAPT (Dec 14) (n=405)	4.2%	19.3%	7.2%	1.7%	61.0%	6.7%
Lewisham IAPT (Nov 15) (n=374)	5.1%	19.8%	5.3%	2.4%	66.3%	1.1%



Examples of work to improve services for BME service users include:

- Holding a week-long promotional event in Lewisham shopping centre to tell people about the service and how to access it
- Delivering workshops to local community groups such as FOVRIL a local Vietnamese group.
- Ongoing work to develop relationships with Lewisham community organisations.

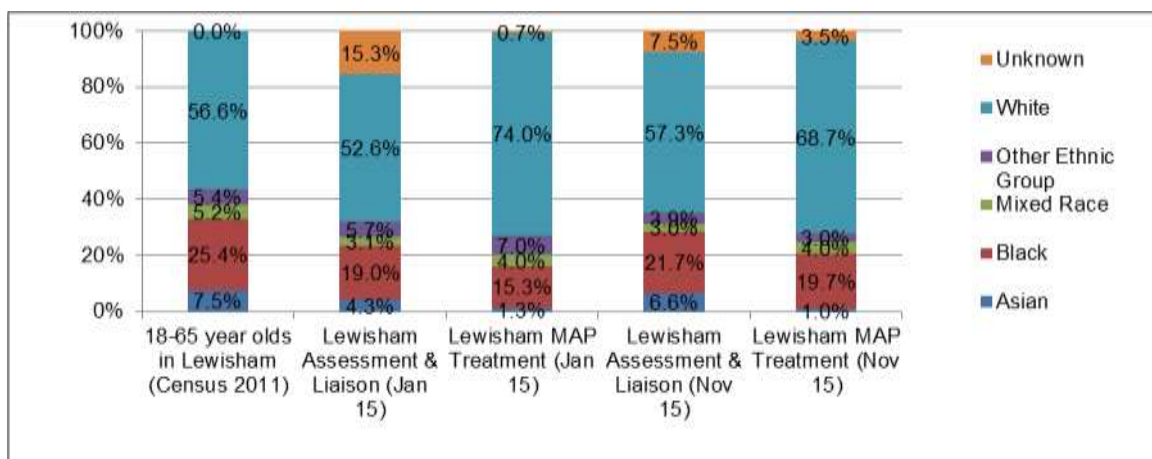
2.5 MAP Assessment and liaison team and MAP Treatment teams

Mood Anxiety and Personality (MAP) Assessment and Liaison teams receive referrals from GPs and other health and social care workers. They are for people age 18-65 and they refer people to appropriate mental health service. They may provide support for up to 12 weeks.

The MAP Treatment team offers safe and effective treatment in the community to people experiencing severe depression, anxiety and/or personality disorders. People are referred to this team by Assessment & Liaison teams.

Table and chart showing the ethnicity of service users in MAP Assessment and Liaison Teams and MAP Treatments teams in January 2015 and November 2015 compared in comparison with the ethnicity of 18-65 year olds in Lewisham (from Census 2011).

	Asian	Black	Mixed race	Other ethnic group	White	Unknown
18-65 year olds in Lewisham (Census 2011)	7.5%	25.4%	5.2%	5.4%	56.6%	0.0%
Lewisham Assessment & Liaison (Jan 15) (n=489)	4.3%	19.0%	3.1%	5.7%	52.6%	15.3%
Lewisham MAP Treatment (Jan 15) (n=150)	1.3%	15.3%	4.0%	7.0%	74.0%	0.7%
Lewisham Assessment & Liaison (Nov 15) (n=467)	6.6%	21.7%	3.0%	3.9%	57.3%	7.5%
Lewisham MAP Treatment (Nov 15) (n=198)	1.0%	19.7%	4.0%	3.0%	68.7%	3.5%



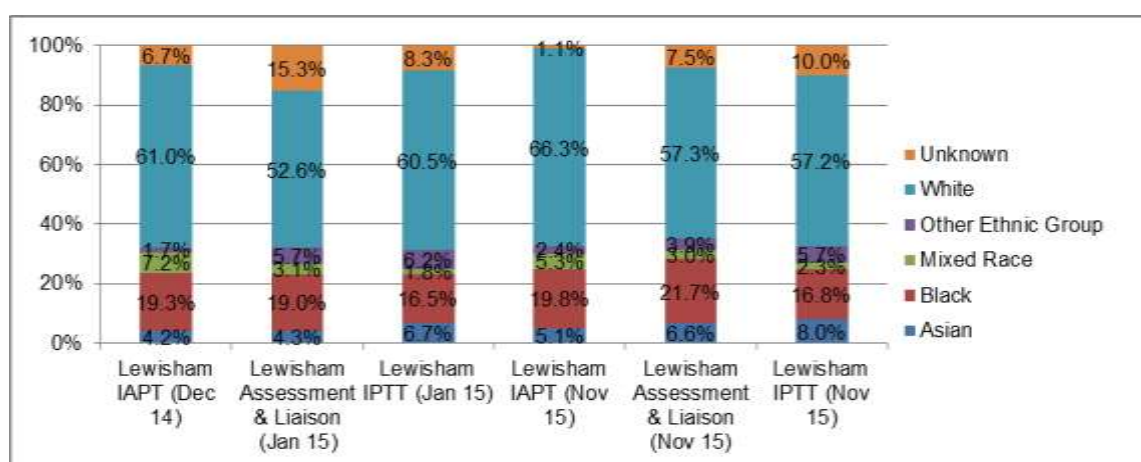
2.6 Integrated psychological therapies service

[Integrated Psychological Therapy Team \(Lewisham\)](#) is a specialist psychological therapy service (secondary care) that provides assessment, treatment and care for people, aged 18-65, who have severe mental illness.

The service receives referrals from the IAPT and Assessment and Liaison team so their ethnicity profiles are provided as a comparator for the IPTTT team as this is more appropriate than comparison with Census data.

Table and chart showing the ethnicity of service users in Lewisham IPTTT in January 2015 and November 2015 compared with the ethnicity of the services (IAPT and Assessment and Liaison teams) from which they get referrals from.

	Asian	Black	Mixed race	Other ethnic group	White	Unknown
Lewisham IAPT (Dec 14) (n=405)	4.2%	19.3%	7.2%	1.7%	61.0%	6.7%
Lewisham Assessment & Liaison (Jan 15) (n=489)	4.3%	19.0%	3.1%	5.7%	52.6%	15.3%
Lewisham IPTTT (Jan 15) (n=387)	6.7%	16.5%	1.8%	6.2%	60.5%	8.3%
Lewisham IAPT (Nov 15) (n=374)	5.1%	19.8%	5.3%	2.4%	66.3%	1.1%
Lewisham Assessment & Liaison (Nov 15) (n=467)	6.6%	21.7%	3.0%	3.9%	57.3%	7.5%
Lewisham IPTTT (Nov 15) (n=388)	8.0%	16.8%	2.3%	5.7%	57.2%	10.0%

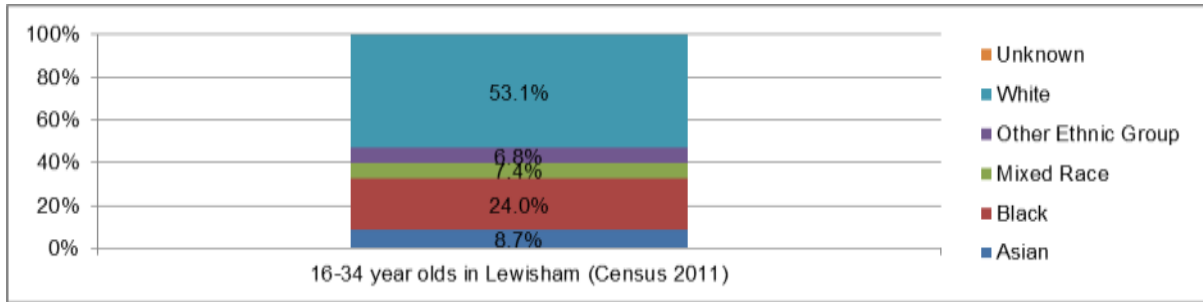


2.7 Early intervention team

The Trust's [Early Intervention Service \(Lewisham\)](#) provides support to people aged 16-35 who are suspected to be at risk or who are having a first episode of psychosis before they reach 'crisis point'. Referrals come from a range of sources including GPs and schools.

Table and chart showing the ethnicity of people in Lewisham within the age range eligible to access the early intervention service (from Census 2011).

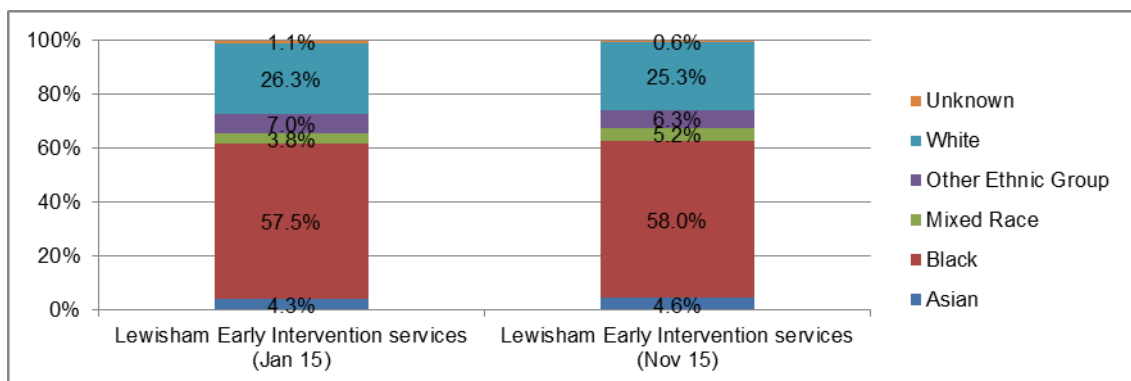
	Asian	Black	Mixed race	Other ethnic group	White	Unknown
16-34 year olds in Lewisham (Census 2011)	8.7%	24.0%	7.4%	6.8%	53.1%	0.0%



It is not possible to draw conclusions about access to the early intervention service from Census data alone. Other factors need to be considered such as the uneven incidence of psychosis across ethnic groups and referrals to the service coming via other services, not directly from the community.

Table and chart showing the ethnicity of early intervention service users in January and November 2015 (from ePJS).

	Asian	Black	Mixed Race	Other Ethnic Group	White	Unknown
Lewisham Early Intervention services (Jan 15) (n=186)	4.3%	57.5%	3.8%	7.0%	26.3%	1.1%
Lewisham Early Intervention services (Nov 15) (n=174)	4.6%	58.0%	5.2%	6.3%	25.3%	0.6%



The data shows that a high proportion of Black service users are accessing the early intervention service. While this suggests there is good engagement by the team it also may reflect the higher prevalence of psychosis among Black communities.

2.8 Community promoting recovery teams

The Trust's Support and Recovery Service ([Lewisham Central](#)) and ([Lewisham South](#)) provide ongoing support for people with a long history of mental illness.

Referrals to these teams are generally from Assessment and Liaison teams, Early Intervention teams or wards. This makes it hard to make meaningful comparisons solely from local census data.

Table and chart showing the ethnicity of people in Lewisham within the age range eligible to access promoting recovery teams (from Census 2011).

	Asian	Black	Mixed race	Other ethnic group	White	Unknown
18-65 year olds in Lewisham (Census 2011)	7.5%	25.4%	5.2%	5.4%	56.6%	0.0%

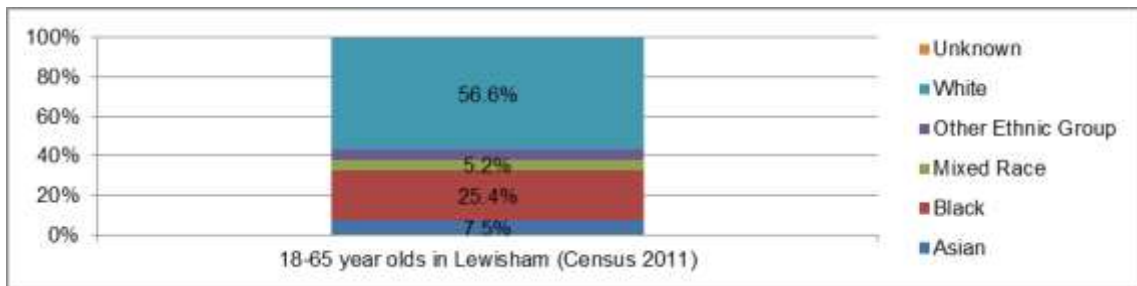
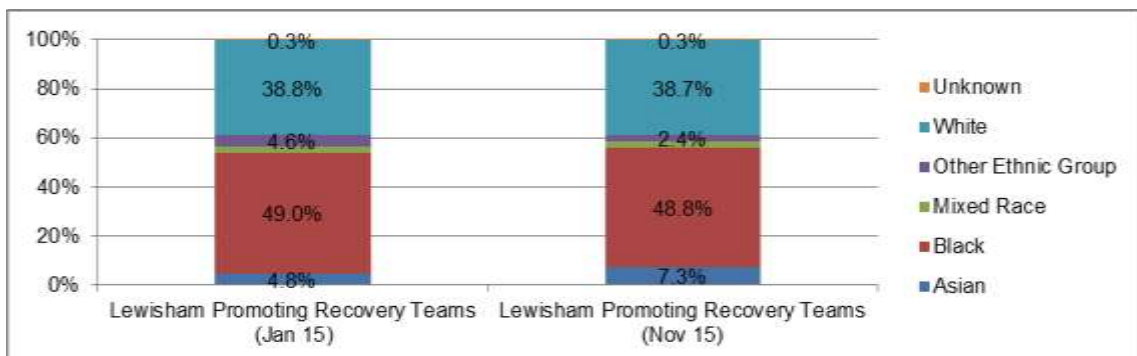


Table and chart showing the ethnicity of promoting recovery service users in January and November 2015 (from ePJS).

	Asian	Black	Mixed Race	Other Ethnic Group	White	Unknown
Lewisham Promoting Recovery Teams (Jan 15) (n=1113)	4.8%	49.0%	2.6%	4.6%	38.8%	0.3%
Lewisham Promoting Recovery Teams (Nov 15) (n=1128)	7.3%	48.8%	2.5%	2.4%	38.7%	0.3%



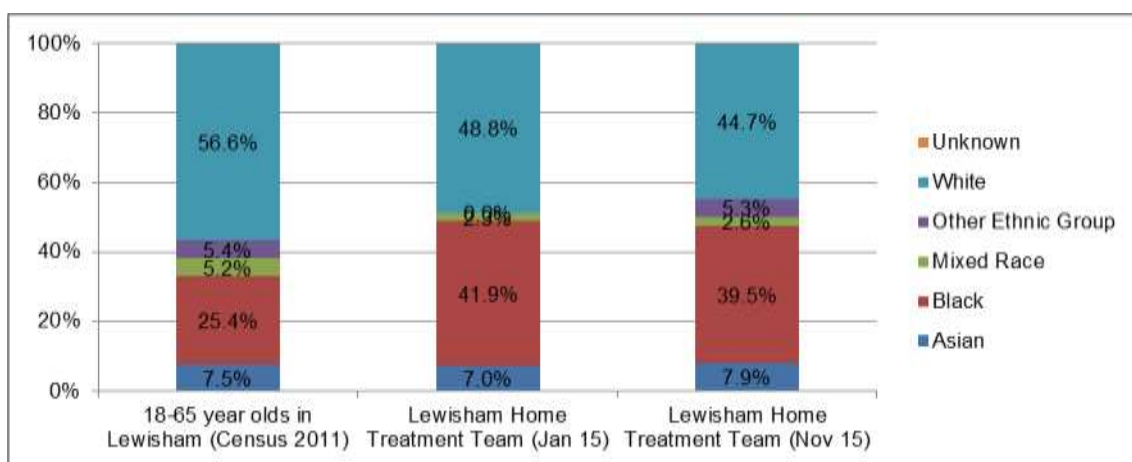
The proportion of Black service users in Promoting Recovery teams is higher than those in the local community. This is partly due to the fact that referrals come from secondary care services that already have a higher proportion of Black service users and the unequal distribution of psychosis across different ethnic groups.

2.9 Home treatment team

The Trust's [Home Treatment Team \(Lewisham\)](#) care for people, aged 18-65, who have severe mental illness, who would benefit from assessment and treatment at home as an alternative to hospital. Referrals come from other Trust services such as assessment and liaison teams, crisis services, promoting recovery teams and wards.

Table and chart showing ethnicity of service users in January and November 2015 (from ePJS) in comparison with the ethnicity of 18-65 year olds in Lewisham (from Census 2011).

	Asian	Black	Mixed race	Other ethnic group	White	Unknown
18-65 year olds in Lewisham (Census 2011)	7.5%	25.4%	5.2%	5.4%	56.6%	0.0%
Lewisham Home Treatment Team (Jan 15) (n=43)	7.0%	41.9%	2.3%	0.0%	48.8%	0.0%
Lewisham Home Treatment Team (Nov 15) (n=38)	7.9%	39.5%	2.6%	5.3%	44.7%	0.0%



2.10 Crisis and acute wards

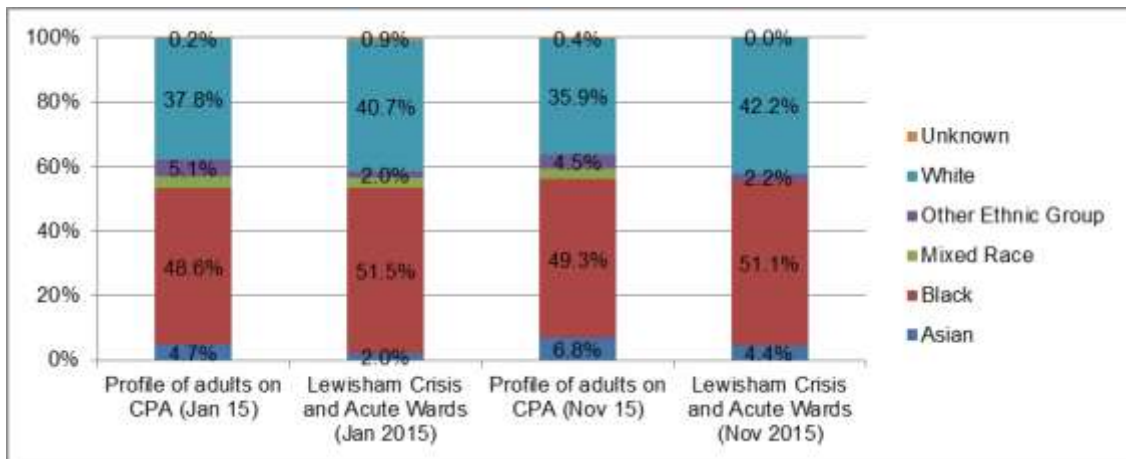
The Trust has a number of ward's that support people in Lewisham, aged 18 to 65 years old, who need inpatient crisis or acute mental health care. These include [Clare Ward](#); [Johnson Psychiatric Intensive Care Unit and Place of Safety](#); [Powell Ward](#), [Wharton Ward](#) and [Lewisham Triage](#).

To ensure people get the help they need when most unwell, referrals to these wards can be received from anywhere across the Trust not just Lewisham. The Trust uses the Care Programme Approach (CPA) to assess, plan, co-ordinate and review care for service users with mental health problems and complex issues.

The profile of adults on a CPA is provided as a comparator to ward profiles as these are the people most likely to require an inpatient services.

Table and chart showing the ethnicity profile of service users on CPA in January and November 2015 (from ePJS) in comparison with the ethnicity service users in Lewisham acute and crisis wards in January and November 2015 (from ePJS).

	Asian	Black	Mixed race	Other ethnic group	White	Unknown
Profile of adults on CPA (Jan 15) (n=5213)	4.7%	48.6%	3.6%	5.1%	37.8%	0.2%
Lewisham Crisis and Acute Wards (Jan 2015) (n=99)	2.0%	51.5%	3.0%	2.0%	40.7%	0.9%
Profile of adults on CPA (Nov 15) (n=4637)	6.8%	49.3%	3.2%	4.5%	35.9%	0.4%
Lewisham Crisis and Acute Wards (Nov 2015) (n=90)	4.4%	51.1%	0.0%	2.2%	42.2%	0.0%



Examples of work to improve services for BME service users include:

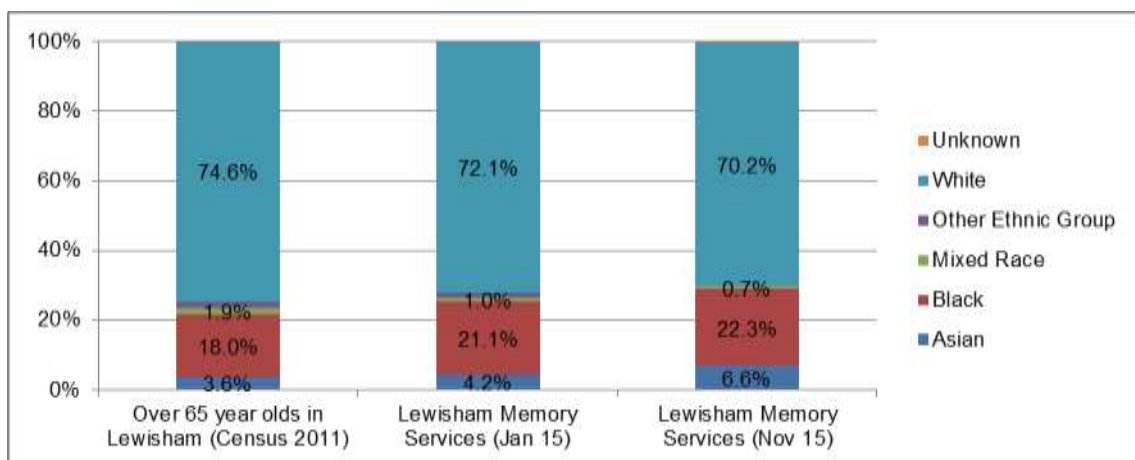
- [Tree of Life](#) workshops were delivered to 148 service users and 111 members of staff on Lewisham wards. 75% of participants were from BME backgrounds. 100% of service user participants rated the workshops positive. The project [won a national 'Equality and diversity in service delivery' award](#).

2.11 Memory service

[Memory Service \(Lewisham\)](#) provides early assessment, treatment and care for people, over 18, who have memory problems that may be associated with dementia. Referrals are received from GPs.

Table and chart showing the ethnicity of service users in January and November 2015 (from ePJS) in comparison with the ethnicity of over 65 year olds in Lewisham (from Census 2011).

	Asian	Black	Mixed Race	Other Ethnic Group	White	Unknown
Over 65 year olds in Lewisham (Census 2011)	3.6%	18.0%	1.9%	1.9%	74.6%	0.0%
Lewisham Memory Services (Jan 15) (n=602)	4.2%	21.1%	1.0%	1.7%	72.1%	0.0%
Lewisham Memory Services (Nov 15) (n=534)	6.6%	22.3%	0.7%	0.0%	70.2%	0.2%

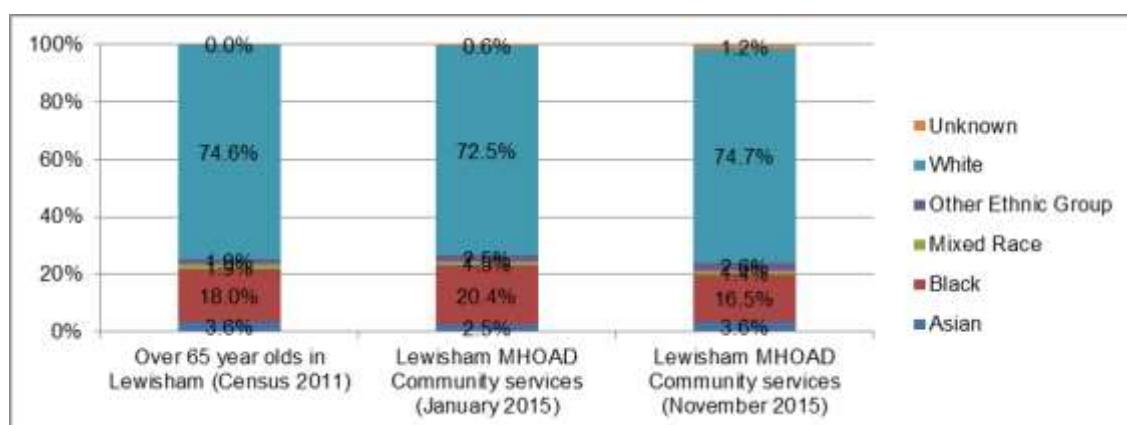


2.12 Older adults community mental health teams

The Trust's Community Mental Health Team for Older Adults ([Lewisham North](#)) and ([Lewisham South](#)) provide community-based assessment, treatment and care for people aged over 65 who have mental health problems and younger people with a diagnosis of dementia. [Home Treatment for Older Adults](#) care for people aged 65 and over with severe mental illness who would benefit from assessment and treatment at home as an alternative to hospital. Referrals come from GPs, social services or other secondary care services.

Table and chart showing the ethnicity of service users in January and November 2015 (from ePJS) in comparison with the ethnicity of over 65 year olds in Lewisham (from Census 2011).

	Asian	Black	Mixed race	Other ethnic group	White	Unknown
Over 65 year olds in Lewisham (Census 2011)	3.6%	18.0%	1.9%	1.9%	74.6%	0.0%
Lewisham MHOAD Community services (Jan 15) (n=480)	2.5%	20.4%	1.5%	2.5%	72.5%	0.6%
Lewisham MHOAD Community services (Nov 15) (n=419)	3.6%	16.5%	1.4%	2.6%	74.7%	1.2%



3. Lewisham service user experience

3.1 Explanation of data on service user experience

The data in this section comes from responses to five questions in anonymised surveys completed by or on behalf of our Lewisham service users. The questions are:

1. The Friends and Family Test question: How likely are you to recommend the ward / team to friends and family if they needed similar care or treatment?
2. Do you feel involved your care?
3. Are staff kind and caring?
4. Do we treat you as an individual by considering your culture, spirituality, disability, gender, sexuality, age and ethnicity?
5. Do you feel safe?

The data covers the following time periods:

- April 2013 to March 2014
- April 2014 to March 2015
- April 2015 to September 2015* (Data for surveys inputted into the system at the end of September and presented at SLaM Equality Partnership Time event on 19th November 2015).

Data for the first four questions includes feedback from both inpatient service users and outpatient / community service users. The data on feelings of safety only includes feedback from inpatient service users as this question is not asked in outpatient / community service surveys.

In order to produce a meaningful sample size for service users from all ethnicities, the data in this report includes feedback received by all the Trust's services in Lewisham (not just the 10 services highlighted in the section above).

Data is presented in tables, showing the number of responses and proportion of positive responses, and graphs to visually show how experience has changed over the past three years.

The feedback has been graded as positive or negative using the following methods:

- The Friends and Family Test question: responses of 'extremely likely' and 'likely' were considered to be positive. Responses of 'neither likely nor unlikely', 'unlikely', 'extremely unlikely' and 'don't know' were considered to be negative.
- Questions 2 to 4: responses of 'yes, to some extent' and 'yes, definitely' were considered to be positive. Responses of 'don't know'; 'not really' and 'definitely not' were considered to be negative.

The Friends and Family Test data is accompanied by some examples of service user feedback for the reasons why they would or would not recommend wards or teams. These service users gave permission for their comment to be made public when they completed the survey.

3.2 Limitations of the data

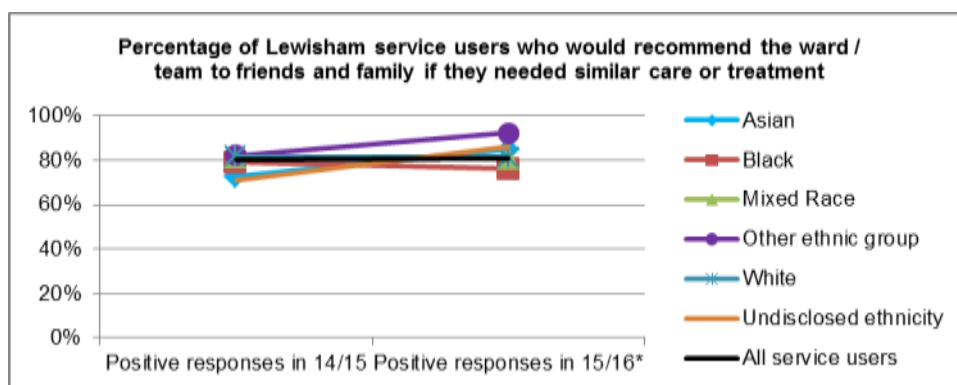
The data in this section provides useful insight into the experience of service users of different ethnicities. But it is important to recognise the limitations of what this data alone can tell us. For example:

- The data does not include feedback from other methods that service users use to give feedback such as suggestion boxes, ward community meetings, PALS (Patient Advice and Liaison Service), formal compliments or complaints.
- The borough-wide sample sizes for some ethnic groups are low and will be even smaller at a team level where responses to feedback can be most meaningful.
- It is difficult to accurately assess how representative survey responses are across ethnicity because of the level of people who choose not to disclose this in surveys. Trust wide analysis of respondents who do disclose ethnicity

suggests mixed race respondents are slight over represented and those of all other ethnicities are slightly under represented. This will need further investigation and further encouragement to service users to complete surveys.

3.3 Friends and Family Test question

How likely are you to recommend the ward / team to friends and family if they needed similar care or treatment?					
	Financial year 2014-15		Financial year 2015-16*		
	Number of responses in 14/15	Positive responses in 14/15	Number of responses in 15/16*	Positive responses in 15/16*	Changes in positive responses between 14/15 and 15/16*
Asian	22	72.7%	46	84.8%	12.1%
Black	96	79.2%	201	76.1%	-3.0%
Mixed Race	37	81.1%	83	80.7%	-0.4%
Other ethnic group	17	82.4%	26	92.3%	10.0%
White	266	81.6%	414	81.4%	-0.2%
Undisclosed ethnicity	24	70.8%	44	86.4%	15.5%
All service users	462	80.1%	814	80.8%	0.7%



During 2015/16* 122 service users, who disclosed they were BME and gave permission for their feedback to be made public, gave reasons why they were 'extremely likely' to recommend a service, including:

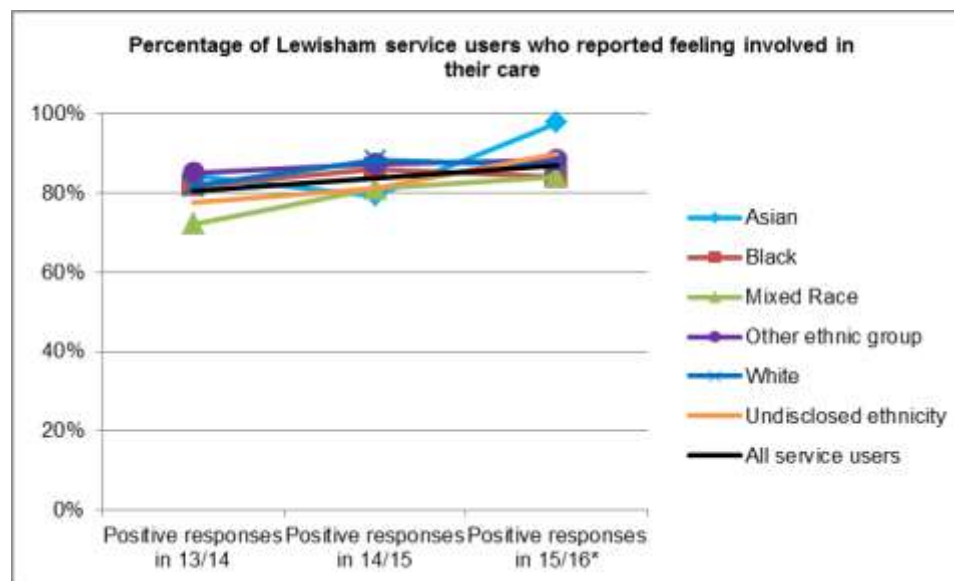
- *'Because it really helped me and gave me back my confidence, and me feel better about myself'*, Asian other service user, CAMHS community service
- *'Because the staff are so supportive'*, Black Caribbean service user, Triage ward

During 2015/16* 11 service users, who disclosed they were BME and gave permission for their feedback to be made public, gave reasons why they were 'extremely unlikely' to recommend a service, including:

- *'Incompetent and inefficient'*. Black African service user, Powell Ward (Ladywell Unit, Lewisham Hospital).
- *'The majority of the staff are very rude. The ward is not clean. The patients are very aggressive'*, Mixed race service user, Johnson Psychiatric Intensive Care Unit and Place of Safety (Ladywell Unit, Lewisham Hospital).

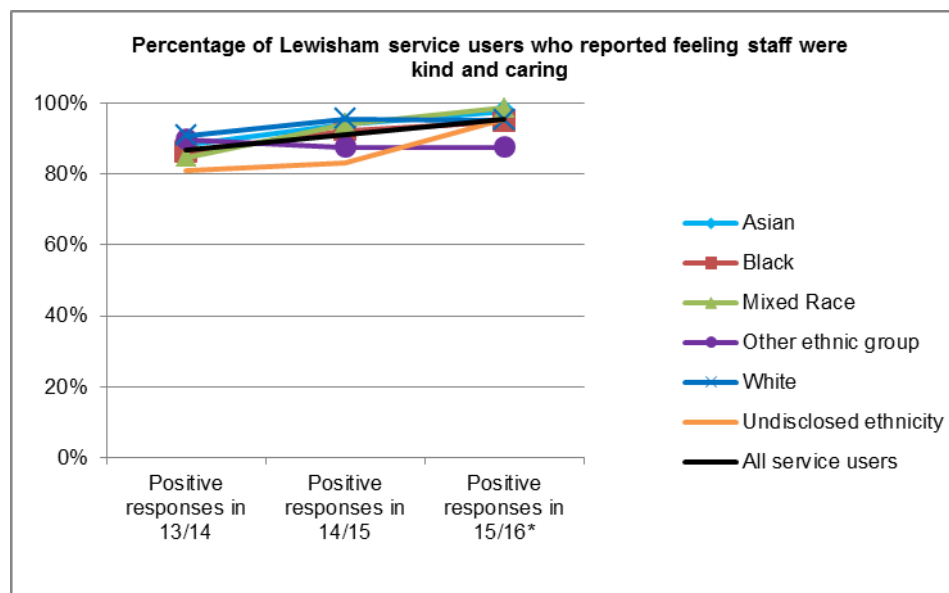
3.4 Involvement in care

Do you feel involved in your care?								
	Financial year 2013-14		Financial year 2014-15			Financial year 2015-16*		
	Number of responses in 13/14	Positive responses in 13/14	Number of responses in 14/15	Positive responses in 14/15	Changes in positive responses between 13/14 and 14/15	Number of responses in 15/16*	Positive responses in 15/16*	Changes in positive responses between 14/15 and 15/16*
Asian	26	84.6%	34	79.4%	-5.2%	44	97.7%	18.3%
Black	261	82.0%	208	86.1%	4.1%	190	84.2%	-1.9%
Mixed Race	36	72.2%	53	81.1%	8.9%	75	84.0%	2.9%
Other ethnic group	27	85.2%	24	87.5%	2.3%	26	88.5%	1.0%
White	449	81.7%	544	88.2%	6.5%	388	87.1%	-1.1%
Undisclosed ethnicity	135	77.8%	95	81.1%	3.3%	40	90.0%	8.9%
All service users	934	80.6%	958	83.9%	3.3%	763	86.9%	3.0%



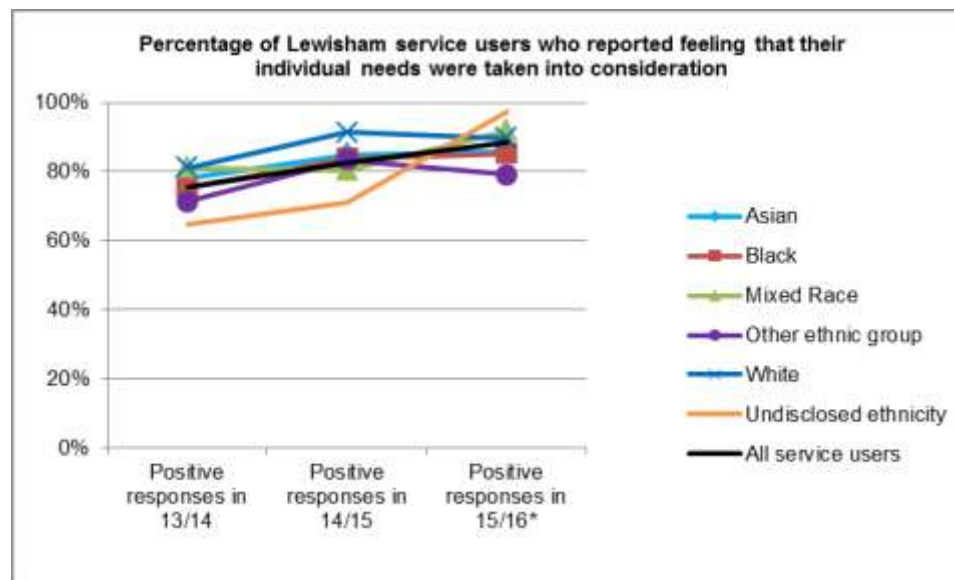
3.5 Kind and caring staff

Are staff kind and caring?								
	Financial year 2013-14		Financial year 2014-15			Financial year 2015-16*		
	Number of responses in 13/14	Positive responses in 13/14	Number of responses in 14/15	Positive responses in 14/15	Changes in positive responses between 13/14 and 14/15	Number of responses in 15/16*	Positive responses in 15/16*	Changes in positive responses between 14/15 and 15/16*
Asian	25	88.0%	33	93.9%	5.9%	44	97.7%	3.8%
Black	266	86.1%	206	92.2%	6.1%	190	94.7%	2.5%
Mixed race	39	84.6%	50	94.0%	9.4%	73	98.6%	4.6%
Other ethnic group	29	89.7%	24	87.5%	-2.2%	24	87.5%	0.0%
White	435	90.8%	536	95.5%	4.7%	385	95.1%	-0.4%
Undisclosed ethnicity	121	81.0%	88	83.0%	2.0%	43	95.3%	12.3%
All service users	915	86.7%	937	91.0%	4.3%	759	95.3%	4.3%



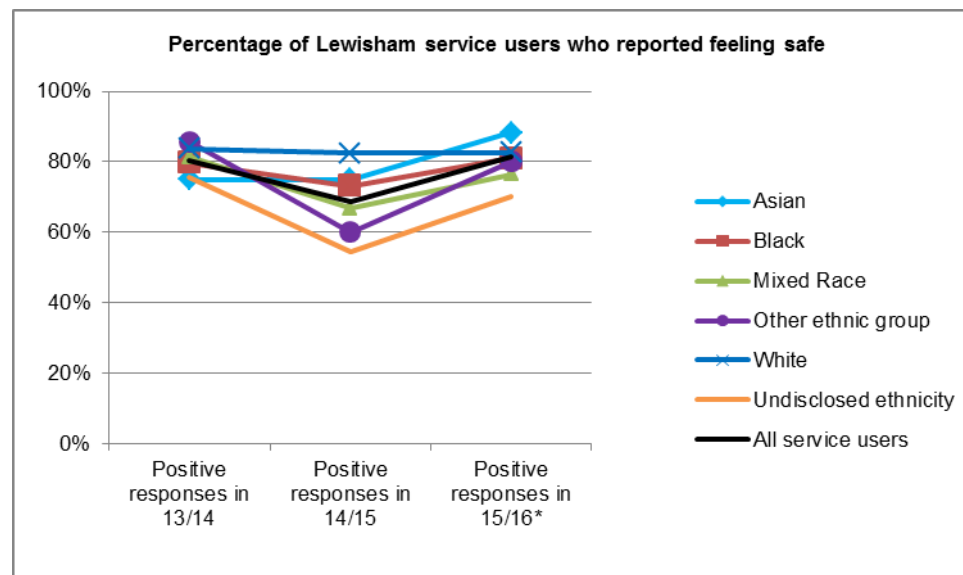
3.6 Consideration of individual needs

Do we treat you as an individual by considering your culture, spirituality, disability, gender, sexuality, age and ethnicity?								
	Financial year 2013-14		Financial year 2014-15			Financial year 2015-16*		
	Number of responses in 13/14	Positive responses in 13/14	Number of responses in 14/15	Positive responses in 14/15	Changes in positive responses between 13/14 and 14/15	Number of responses in 15/16*	Positive responses in 15/16*	Changes in positive responses between 14/15 and 15/16*
Asian	23	78.3%	33	84.9%	6.6%	43	86.0%	1.1%
Black	249	75.5%	196	83.7%	8.2%	190	85.3%	1.6%
Mixed race	37	81.1%	46	80.4%	-0.6%	74	91.9%	11.5%
Other ethnic group	28	71.4%	22	83.4%	11.9%	24	79.2%	-4.2%
White	377	81.2%	492	91.3%	10.1%	377	89.7%	-1.6%
Undisclosed ethnicity	108	64.8%	79	70.9%	6.1%	41	97.6%	26.7%
All service users	822	75.4%	868	82.4%	7.0%	749	88.7%	6.3%



3.7 Safety

Do you feel safe?								
	Financial year 2013-14		Financial year 2014-15			Financial year 2015-16*		
	Number of responses in 13/14	Positive responses in 13/14	Number of responses in 14/15	Positive responses in 14/15	Changes in positive responses between 13/14 and 14/15	Number of responses in 15/16*	Positive responses in 15/16*	Changes in positive responses between 14/15 and 15/16*
Asian	Below 10	75.0%	Below 10	75.0%	0.0%	17	88.2%	13.2%
Black	109	79.8%	41	73.2%	-6.7%	58	81.0%	7.8%
Mixed race	16	81.3%	Below 10	66.7%	-14.6%	17	76.5%	9.8%
Other ethnic group	Below 10	85.7%	Below 10	60.0%	-25.7%	Below 10	80.0%	20.0%
White	148	83.8%	40	82.5%	-1.3%	109	82.6%	0.1%
Undisclosed ethnicity	45	75.6%	22	54.6%	-21.0%	10	70.0%	15.4%
All service users	329	80.2%	119	68.6%	-11.5%	216	81.5%	12.9%



4 What does this data tell us?

As highlighted in section 2.2, there are limitations to what can be concluded about changes in access to services from just two snapshots of data over time. Taking that into account, the data in the reports suggests that BME service users are accessing the Trust's Lewisham services in broadly similar patterns to last year's reports. This needs regular consideration of caseload and other data over a longer period of time to get a more accurate picture.

IAPT and the Assessment and Liaison teams recorded a greater proportion of ethnicity in November, while there was a lower proportion of ethnicity recorded by Lewisham CAMHS community teams and IPTT teams.

Research has highlighted elevated levels of risk of developing psychosis among Black communities due to social factors such as experiences of migration, unemployment, use of certain drugs, trauma, childhood neglect and abuse, urban living, poverty and discrimination. This is reflected in the high proportions of Black service users accessing both crisis and acute wards and teams that support people in the community, such as promoting recovery teams and home treatment teams.

There are a high proportion of Black service users accessing support at an earlier stage of psychosis through the early intervention team. Comparison between the ethnicity profile of adults on CPA and on wards does not suggest there are any big differences, in the likelihood of service users who are most unwell accessing inpatient service, between ethnic groups.

The majority of Lewisham service users from all ethnicities would recommend the ward or teams to friends and family if they needed similar care or treatment. Most Lewisham service users also reported positive experiences to all four questions relating to the Trust's equality objectives.

Where ethnicity was disclosed, overall experience has slightly improved or stayed the same in the last three years in relation to all survey questions. Experience is broadly similar (but not identical) across ethnic groups but there are fluctuations in the experiences reported by service users of different ethnicities. Year to date experience data for 15/16 suggests improved experience for service users of all ethnicities in relation to safety. But some ethnicities report poorer experiences than the year before in relation other questions.

It will be important to continue to monitor this to identify and respond to any trends of consistent poor experience. We anticipate that response rates will continue to increase for service users of all ethnicities during 2015/16 and will continue work to increase this further.

As in last year's report the data in this report reiterates the importance of continuing work to deliver services that are appropriate and responsive to the needs of BME service users to enable the Trust to deliver effective services to service users of all ethnicities.

5 What are we doing about this?

During 2016 we will:

- Continue to consider and analyse ethnicity data on access and experience and respond accordingly to any potential race equality issues that are identified.
- Continue to work to improve our equality performance through delivery of the Trust's [equality objectives](#) and quality priorities.
- Increase recording of ethnicity on ePJS, particularly in CAMHS Community teams and IPTT Teams to help improve our understanding of access to services.
- Continue to work to ensure services are appropriate and responsive to the needs of BME service users through relevant auditing, training, guidance, reflective practice and projects such as the Tree of Life.
- Seek to increase the amount of service user feedback collected through surveys conducted by all teams in Lewisham. Service users should be encouraged to disclose their ethnicity in surveys and reassured that this will be anonymous and kept confidential. Teams will get monthly reports on the ethnicity of service users completing surveys so they can identify and respond to gaps in feedback.
- Use this evidence alongside feedback through other means (for example from service user advisory groups; local voluntary and community groups etc.) to better understand service users' experiences and improve our services accordingly.
- Continue to work in partnership with Lewisham CCG, Council and third sector organisations to implement recommendations from the Department of Health's ['Future in Mind'](#) report to improve access to effective support for BME young people.
- Seek feedback on this report from stakeholders and staff to identify how it can be improved.
- Publish another report with local ethnicity information for Lewisham in January 2017, as part of our annual equality information to show what we have done and what has changed during 2016.