PART TWO

Equality and Diversity
Service Users Annual Compliance Report 2016

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact equalityanddiversity@candi.nhs.uk
PART TWO
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Glossary
There are a number of ways in which the Trust gathers information about service users and carers’ experiences. Historically, demographic or population data around all the equality characteristics has not been captured routinely. There are improvements that need to be made and a tasked and finish group as mentioned earlier has been set up to address this.

This information will be used to help us improve our services in identifying any particular group which may not be accessing our services and take appropriate action.

The report describes the protected characteristics of service users accessing the Trust services. The equality data includes, age, ethnicity, disability, religion, gender, marital status, pregnancy and sexual orientation. Transgender is not recorded and this will be addressed in light of the Transgender policy that has been developed for service users.

**Chart 1: Shows Volume of Episodes by Age and Division**

The chart shows that the Acute division has the highest number of episodes in the age range 25-34 followed by Community Mental Health.

**Chart 2: Volume of Episodes by Disability and Division**
The chart shows that for a significant number of disable service users where their disability is not stated and this is highest in the Acute Division followed by Community Mental Health and this is a similar pattern for all the divisions.

Chart 3: Shows Volume of Episodes by Marital Status and Division

The chart shows that most of the service users are single and this perhaps confirms as in chart 1 where majority of the service users are in the younger age band and not in any formal relationships.

Chart 4: Volume of Episode by Pregnancy and Division

The chart shows that very few number of service users was pregnant when accessing services. However for a significant number of services especially in the Acute Division although this was not applicable, there were high numbers of service users where this was either not stated or unknown.
Chart 5: Shows Volume of Episodes by Race and Division

The chart shows after White British the Black African and Caribbean service users have the highest number of episodes. There is also a significant number of service users where the data is either not known or not recorded.

Chart 6: Shows Volume of Episodes by Religion (with >20 entries) and Division

The chart shows that although there is a diversity of religions represented across all the divisions, there are a high number of service users where this is not recorded. Note an increasing number of service users declaring “not religious”.

ASSESSMENTS UNDER THE MENTAL HEALTH ACT

There were 1340 mental health act assessments carried out in 2016 in Camden and Islington.

There are suggestions at national level that black patients who are detained are overrepresented compared to other groups. A high number of black patients were subject to section 2 or section 3 in C&I in the last financial year (nearly half as many as white patients).

However there has been a reduction in the number of assessments for people identified as Black or Black British (25%) as compared with (33%) in the same quarter the previous year in Islington. Both Camden and Islington undertake a proportion of assessments of people who are not known or resident to the borough but can be found in the local area in mental health crisis requiring assessment under the MHA. It is useful to explore this data further for ethnic breakdown. Most assessments are carried out on people in the age bracket 25-34 and are males.
The dashboard used to process information currently takes its figures from Care Notes where the recording of ethnicity is limited.

Key achievements during in 2016

- Courses for both AMHPs and non-AMHPs on cultural aspects of mental health “Islam and mental health” which received positive feedback and led to a repeat course being offered in Jan 2017
- Working alongside the Information team and Equality and Diversity lead to improve the way ethnicity data is captured on the electronic patient notes

Courses offered by AHMPS service during 2016 also included:

- Beliefs of Muslim service users around jinn, black magic and evil eye and how that belief can impact on their physical and mental health.
- The Human Rights Act training
- MHA and Deafness training
- Dementia and Autism training

Plans for 2017

- Collection of ethnicity data on CareNotes to be improved – for the information to be mandatory to complete at point of referral
- AMHPs to receive training around the collection of ethnicity data when it is not known

Detention in Hospital

In 2014/15 period, according to HSCIC, there were a total of 58,399 detentions under The Act, an increase of 5,223 (or 10%) compared to 2013/14 (53,176) and compares to a 6% rise during 2013/14 and a 4% rise during 2012/13.

On the 31st March 2015 there were a total of 25,117 people subject to the MHA. Of these, 19,656 were detained in hospital. This is an increase of 1,586 (or 6.7%) detained compared to 31st March 2014 and an increase of 4,179 (or 20.0%) compared to the 31st March 2011.

Community Treatment Orders (CTO)

In the 2014/15 period according to HSCIC, 4,564 CTOs were issued this is an increase of 130 (or 3%) compared with the same period in 2013/14.

On the 31st March 2015 there were 5,461 people subject to CTO. This is an increase of 96 (or 2%) on the previous snapshot on the 31st March 2014.

Use of Community Treatment Orders (S17a) – Trust Data

Community Treatment Orders (CTOs) allow patients with a mental disorder to live in the community whilst still being subject to powers under the Mental Health Act. The power of recall allows the Responsible Clinician (RC) to bring a CTO patient back to hospital if they think they have become unwell again.

As a snapshot on the 31st March 2016 there were a total of 165 people subject to a CTO within the Trust. Compared to the 31st March 2015 this represents an increase of 8 (or 3%).

In 2015/16 period, according to the KP90 submissions, there were a total of 151 new CTOs made within the Trust. Compared to 131 in 2014/15 representing there was an increase of 20 (or 15%).

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1 Mental Health Law Annual Report 2015/16
The chart below shows the number of new Community Treatment Orders (CTO) made in the trust over the past 6 years.

**Chart 9: Show Number of CTO’s Made in the Trust**

![Chart showing number of CTO's made in the trust from 2009/10 to 2015/16]

Further information about CTO’s can be found in the Mental Health Law Annual Report 2015/16

The following information on the protected characteristics is available on the MHA undertaken by the Trust:

**Gender**

Out of the total number of assessments, 42% are women and 58% are men. Last year we assessed almost the same number of men as women, this year we have assessed significantly more men than women in every quarter.

**Chart 10 Show: Number of AMHP Assessments [Camden Only] in Qtr. per Gender- 01 April 2015 to 31 March 2016**

![Chart showing number of AMHP assessments by gender and quarter from 2015 to 2016]
Age

Chart 11 Shows: Number of AMHP Assessments [Camden Only] in Age Band- 01 April 2015 to 31 March 2016

<table>
<thead>
<tr>
<th>Age</th>
<th>&lt;18</th>
<th>16-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65-74</th>
<th>75+</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>16</td>
<td>74</td>
<td>141</td>
<td>147</td>
<td>135</td>
<td>72</td>
<td>45</td>
<td>35</td>
<td>3</td>
</tr>
<tr>
<td>%</td>
<td>2.5%</td>
<td>11%</td>
<td>21%</td>
<td>22%</td>
<td>20%</td>
<td>11%</td>
<td>7%</td>
<td>5%</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

It has been requested if information can be provided for under-18s as this more appropriately identifies CAMHs service users. The spread of the age range of those being assessed demonstrates the diversity of needs and also the skills and knowledge required to undertake AMHP work in Camden.

The Camden age profile is very similar to that of the rest of London but relatively younger than England with significantly greater proportions of younger adults aged between 25 and 40 years. Camden’s population is expected to rise to 246,100 by 2023, an increase of 8.5%. People aged 45 years and over are expected to account for the largest rise between now and 2023. In terms of percentage increase, the highest increase is expected in those aged 75+, numbers in this age group are expected to increase by 30% (3,500 people) (Reference: LBC Joint Strategic Needs Assessment). Serious mental illness affects a greater proportion of men than women aged 18 and over (1.8% compared to 1.3%). The prevalence of diagnosed serious mental illness increases in people aged 35 years and over, with 45-54 year olds experiencing the highest prevalence (Public Health Intelligence report).
Ethnicity

Chart 12: Show: Number of AMHP Assessments [Camden Only] in Qtr. per Ethnicity - 01 April 2015 to 31 March 2016

These figures are drawn from Rio and it should be noted that these categories are sometimes not self-defined.

Of the total number of those assessed, almost half of those assessed were from ‘white’, 21.5% from ‘black’ and 7% from ‘Asian’ ethnic groups. 6% were described as ‘mixed’ heritage and 9% ‘other ethnicities’. These are similar numbers to last year but with slightly more people coming under the ‘other’ group, ‘black’ service users and slight decrease in the percentage of ‘Asian’ service users.

There has been almost a 10% decrease in the number of ‘white’ service users that we assessed. It would be interesting to see a breakdown of the figures for ‘white’ service users in terms of country of origin to see the effect of EU migration.

According to the Camden Public Health Intelligence report on ‘serious mental illness’ (June 2013), the incidence of psychiatric illness is observed to vary across ethnic groups. Nearly 35% of Camden’s overall population is estimated to be from a black minority ethnic group background. Black ethnicities count for the highest prevalence of SMI, particularly black men. The highest recorded prevalence is 4.8% in black men and 2.7% in black women.

Evidence also suggests that Black Caribbean and Black Africans have a higher incidence of common adult mental health disorders, e.g. anxiety, depression and phobias. The same can be said of the White Irish community (Reference: JSNA). 22% of Camden’s residents are from the non-British, white community. The figures we report here are only those who have been subject to a Mental Health Act assessment. A more detailed analysis is required to compare this with the ethnicity of those subject to CTOs, S.136 as well as the breakdown of the likelihood of informal or formal admission for different ethnicities and the population of the inpatient and crisis services.
Islington AMHP Duty Service 2015/16

Total number of assessments: 564

Gender

Chart 13 Show: Number of AMHP Assessments Gender- 01 April 2015 to 31 March 2016

Age

Chart 14 Show: AMHP Assessment by Age

The numbers of adults with mental health conditions is expected to increase over the next 15 years. There are likely to be approximately an extra 5,500 cases in Camden and Islington, based on population growth estimates.

Common Mental Disorders will make up the majority of the increase, but the number of people with dementia will see the largest percentage change. In the long term, it is predicted that the number of people with dementia will double by 2050 with the fastest percentage growth expected amongst people aged 85 and over.
Based on current estimates of population change, and the proportion of children living in social housing remaining constant, the number of children with any mental health condition in Camden is likely to decrease by 0.4% by 2030, as the number of children resident in the borough falls (13 fewer children with a mental health condition).

Conversely, Islington’s population aged 5-16 will grow in that time. In 15 years there could be an additional 570 children diagnosed with a mental health condition living in Islington (3,760 in total). (Healthy Minds, Healthy lives: Widening The Focus on Mental Health. Camden and Islington Annual Public Health Report 2015)

Ethnicity

Chart 15 Shows: Number of Assessments by Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian / Asian British</td>
<td>22</td>
<td>4%</td>
</tr>
<tr>
<td>Black / Black British</td>
<td>161</td>
<td>28.5%</td>
</tr>
<tr>
<td>Mixed Background</td>
<td>11</td>
<td>2%</td>
</tr>
<tr>
<td>Not Known</td>
<td>20</td>
<td>3.5%</td>
</tr>
<tr>
<td>Not Stated</td>
<td>34</td>
<td>6%</td>
</tr>
<tr>
<td>Other Ethnic Groups</td>
<td>29</td>
<td>5%</td>
</tr>
<tr>
<td>White</td>
<td>287</td>
<td>51%</td>
</tr>
</tbody>
</table>

Last year, 49% of those assessed were White British which was the highest percentage. This year the figure is 51% followed by Black British at 28.5%.

These two groups remain the two main ethnic groups. Asian/Asian British at 4% White – any other background at 17%, Black African at 13% and Asian British at 7%. Broad ethnic groups have been reported as Islington’s population is very diverse and there are many smaller groups which are 1% of the total number.

However, it would be useful to identify which groups are greatest in number if particular populations are increasing. These figures are drawn from Rio. It should be noted that these categories are sometimes not self-defined.

Islington has an ethnically diverse population: less than half (48%) of residents describe themselves as White British, which is slightly higher than the London average (45%) and much lower than the England average (80%). Islington’s population has become more diverse since 2001, when 57% of Islington residents described themselves as White British. This was slightly lower than London (60%) and again much lower than England (87%).
There are however, differences in prevalence of Common Mental Disorders by ethnic group. People of all White backgrounds are significantly more likely to be diagnosed with CMD than all adults (16% compared to 15% in Camden; 18% compared to 17% in Islington).

Of the major ethnic groups, prevalence of CMD is significantly higher than average among White British (20% in Camden and 21% in Islington), White Irish (23% in both boroughs) and Black Caribbean adults (18% in Camden and 17% in Islington) which is represented in our figures.

Furthermore, in Camden, Black women are significantly more likely to be diagnosed (16%) than women in general (14%). In both Camden and Islington, the Asian and Chinese populations are significantly less likely to be diagnosed than the average (9% for both boroughs). (Healthy Minds, Healthy lives: Widening The Focus on Mental Health. Camden and Islington Annual Public Health Report 2015)

Mental Health Act sectioning (MHA)
01 April 2015 to 31 March 2016

The report below shows MHA sectioning where some of the protected characteristics are reported.

The following protected characteristic in relation to MHA, we have as follows:

<table>
<thead>
<tr>
<th>Protected Characteristics</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Use of Section 2 and 3 in inpatients see chart below</td>
</tr>
<tr>
<td>Disability</td>
<td>Future reports will include these characteristics</td>
</tr>
<tr>
<td>Gender reassignment</td>
<td></td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td></td>
</tr>
<tr>
<td>Marriage and civil partnership</td>
<td></td>
</tr>
<tr>
<td>Religion and belief</td>
<td></td>
</tr>
<tr>
<td>Sexual orientation</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>Use of Section 2 and 3 in inpatients</td>
</tr>
<tr>
<td>Sex</td>
<td>All inpatient Sections, All Community CTO patients- see charts below</td>
</tr>
</tbody>
</table>
Chart 16. Shows the number of patients subject to section 2 and section 3

![Chart showing the number of patients subject to section 2 and section 3 by ethnicity]

Chart 16 above shows the number of patients subject to section 2 and section 3 in the last financial year per ethnicity. Section 2 is used for the assessment and treatment in hospital of people who have, or are believed to have a mental disorder. It lasts a maximum of 28 days and is the most commonly used section in C&I (and in other trusts providing mental health services).

Section 3 is used to detain and treat a person in hospital for up to 6 months. It is the 2nd most commonly used section in C&I. Overall, most inpatients subject to the MHA 1983 will either be subject to a Section 2 or to a Section 3. Although it is difficult to confirm to what extent this applies to C&I without knowing the ethnic make-up of the Trust population, there are suggestions at national level that black patients are overrepresented in the detained patients group. Table 1 shows that a high number of black patients are subject to section 2 or section 3 in C&I (nearly half as many as white patients).

We plan to undertake detail analysis on what impact this is having on protected characteristics and what changes we need to make.

Chart 17. Shows MHA patients by Section and gender- 01 April 2015 to 31 March 2016

![Chart showing MHA patients by Section and gender]

Chart 2 above is a snapshot of patients subject to section 2 or 3 by gender. The figures show what seems to be an overrepresentation of males. Again this is difficult to confirm without knowing the ethnic make-up of the Trust population.
Chart 18. Shows MHA patients by Section and age- 01 April 2015 to 31 March 2016

Chart 18 above shows the highest number of patients sectioned under MHA who fall between the ages of 24-34. This indicates that patients are from a much younger group.

Chart 19. Shows the number of patients subject to section 2, section 3, forensic sections

Chart 19 shows the number of patients subject to section 2, section 3, forensic sections (37, 37/41, 48/49) and short term holding powers (5(4) and 5(2)) in the last financial year per gender. The figures show what seems to be an overrepresentation of males. Again this is difficult to confirm without knowing the ethnic make-up of the trust population. The overrepresentation of males for forensic sections can be explained by the fact that the Trust runs a male PICU but no female one. Short-term powers are used in equal measure for male and female patients.
Chart 20. Shows use of section 17 A Community Treatment Orders (CTO)

Chart 20 above shows the number of patients subject to CTOs by gender. Community Treatment Orders (CTOs) are community based sections. The figures show what seems to be an overrepresentation of males. Again this is difficult to confirm without knowing the ethnic make-up of the trust population.

Areas we need to address for year 17/18:
- Ethnic make-up of the trust population
- Reporting on use of the MHA 1983 by protected characteristics (as part of CareNotes revamp)

13. SERVICE USER INVOLVEMENT

The Trust is committed to service user involvement and consultation. As part of the Service User Involvement Strategy, the Trust supports a number of service user groups and representatives from these attend regularly and meet at the Service User Alliance. These groups include Women’s Strategy, local service user groups for Islington residents (IBUG), Camden residents (CBUG), who regularly undertake ward inspections, Substance Misuse Service Frontline and Older Service Users Group (AGOP) and BME service user group (NUF).

The Trust has a close working relationship with Nubian Service Users (NUF).

It was a difficult time last year for all NUF members as there was no permanent base and this was a huge upheaval for everyone. In spite of this, NUF members as the reports says, has managed to keep involved in some significant groups and meetings and drew support from these various Groups:
- 8 NUF members had places at a Co-Production Conference in June 2016
- NUF member made a short video short with Simon Peel one of the practice development nurses for the interactive training suite
- NUF member co-chaired the Service User Alliance Group
- Over 4 NUF members attended the first Service-User Conference in December 2016
- 2 NUF members have signed up for the Primary Care Peer mentoring scheme in January 2016
- NUF member joined the interview panel for the appointment of the Chief Operating Officer role.

It is hoped in the coming year the Trust and NUF will continue to build on this progress and it shows how members are gaining confidence and expertise as they become active participants.

We will bring closer the work of the Divisions including the Network for Challenge (BME Staff Network) and Primary Care with NUF members.

Below are some of the additional activities that NUF have been involved in:

- Members continue to maintain the gardens of two of the residential projects in the Trust
- Member represents the Trust at board level and attended Clinical Commissioning (CCG) meetings, Medication Seminar, and the Recovery College
- NUF attended Service User Alliance (SUA) and Equality & Diversity Group (EDG), Law Group, and Women’s Strategy Group
- Undertaken work with the Camden Commissioners and their service users Involvement Worker
- NUF will continue to support and be involved in the activities of the Trust
- Improve communications between NUF and C&I
- Improve membership and access to NUF services by other diverse groups such as the Bengali community and other diverse groups
- Revisit some of the principles from the “Changing Outcomes” report
- Secure permanent base for NUF

15. VETERANS SERVICE

The Trust has a dedicated and well established service to meet the needs of our veterans.

- C&I hosted London Veterans’ Service (LVS) and was opened by Chair Leisha Fullick and featured presentations by Dr Sue Ferrier, lead clinical psychologist for the LVS Prison In-Reach project and LVS co-ordinator; Dr Deirdre MacManus, LVS consultant forensic psychiatrist; ex-serviceman Neil Davies who will also showed a short film about the LVS, and Dr Jon Bashford, a senior researcher.
The Trust was awarded a contract from NHS England to provide a service for veterans across London. The London Veteran Service has been established and running in its current form since 2010.

LVS is a joint collaboration between C&I and our partners at South London and Maudsley NHS Foundation Trust (SLaM), and based at our St Pancras site.

We offer a comprehensive assessment and treatment service to veterans, reservists and their families across the London region (within the M25).

Our multidisciplinary team is experienced in working with veterans and their families. Clinicians have relevant expertise for working with veterans including specialist military-specific assessment and treatment of trauma skills, forensic experience in offender management, skills in working with alcohol and substance misuse. Our team includes a reservist who provides an invaluable perspective on the needs of veterans and their families.

The LVS follows a Care Plan Approach and a stepped care model, working closely with secondary care NHS and IAPT services and third sector organisations to ensure veteran’s attending the service have their needs appropriately met. We have experience in providing training and consultation across a range of services.

We run workshops to raise awareness of veteran’s needs and promote veteran sensitive practice across London including GPs, IAPT services, Court Liaison and Diversion and Probation services. We work with service users to address the stigma associated with veterans accessing mental health help and promote awareness of veteran needs and the LVS.

The LVS has embedded veteran in custody in-reach mental health service in 4 prisons in London to respond to the needs of veterans who have come into contact with Criminal Justice. The service identifies the mental health, health and welfare needs of prisoners who are ex-armed forces and supports them through the gate into the community.

We have recently been awarded a contract from NHSE to provide a service to veterans in transitions across London and the South East.

The Chart shows Veterans usage of the Interpreting and Translation Service.
17. MULTI-FAITH CHAPLAINCY SERVICE

The Trust is committed to offering multi-faith pastoral support and spiritual care to our service users.

The Chaplaincy team comprises of the following faiths:

- Christian
- Muslim
- Jewish and
- Hindu faiths

The Well is a dedicated space for Multi-faith activities at St Pancras Hospital and also includes a Multi-faith facility at Highgate Centre. St Pancras Hospital has a purpose built ablution for washing.

Activity during March 2016 – January 2017

We started Collection of Chaplaincy Data on 23rd March 2016. The graphs on this and the following pages give the results of data collected from March to the end of January, 2017

We started Collection of Chaplaincy Data on 23rd March 2016. The graphs on this and the following pages give the results of data collected from March to the end of January, 2017

Chart 21 Show: Activity by Ward
18. VOLUNTEERS SERVICE

Volunteers who use our services or have lived experience of mental ill health/substance misuse

When the Voluntary Services remit expanded to cover all areas of the trust three years ago we did not have any volunteers, which we were aware of, that had used/were using our services or had lived experience of mental ill health or substances misuse. We now have over 29 volunteers who have disclosed to us that they are using, have used our trust services or have lived mental ill health or substance misuse experience. This demonstrates our work on equality in terms of making it clear we welcome volunteer applications from everyone. We also offer support in terms of assistance with completing the necessary forms as part of the application process and with access to the internet which can be a barrier for some applicants.

Languages

A number of our volunteers bring foreign language skills with them which include: Urdu, Punjabi, Pothwari, Somali, Bengali, Hindi, Spanish, French, Italian, Greek, Polish, Cantonese, Mandarin, Portuguese, German and Bulgarian.
During 2016 and going forward in 2017

In 2016 volunteers assisted with the distribution the new Equality Charter. All new volunteers to the trust complete the trust’s ‘Safe and Sound’ training which includes Equality and Diversity training.

For 2017, the Voluntary Services Department has recognised that although information on the service and its opportunities is accessible on the trust website via browse aloud. This facility is not available for the recruitment webpages where any potential volunteers would submit an application. Therefore we will update Voluntary Services page on the trust website to provide appropriate direction for those people who may need assistance to apply.

The voluntary services information leaflet will also be updated to make it clear where people can get information in alternative formats, should they require this.

The Equality & Diversity lead will be invited to attend one of the volunteer meetings to talk about Equality and Diversity.

Voluntary Services Department - Equality & Diversity Overview for 2016

The following equality data relates to the 97 volunteering applications received between 01/01/2016 and 31/12/2016.

<table>
<thead>
<tr>
<th>Gender</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>21</td>
</tr>
<tr>
<td>Female</td>
<td>79</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 20</td>
<td>4</td>
</tr>
<tr>
<td>20-24</td>
<td>22</td>
</tr>
<tr>
<td>25-29</td>
<td>19</td>
</tr>
<tr>
<td>30-34</td>
<td>13</td>
</tr>
<tr>
<td>35-39</td>
<td>13</td>
</tr>
<tr>
<td>40-44</td>
<td>10</td>
</tr>
<tr>
<td>45-49</td>
<td>3</td>
</tr>
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<td>50-54</td>
<td>7</td>
</tr>
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<td>55-59</td>
<td>3</td>
</tr>
<tr>
<td>60-64</td>
<td>3</td>
</tr>
<tr>
<td>65+</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>17</td>
</tr>
<tr>
<td>White Irish</td>
<td>1</td>
</tr>
<tr>
<td>Any other White background</td>
<td>4</td>
</tr>
<tr>
<td>Asian or Asian British Indian</td>
<td>7</td>
</tr>
<tr>
<td>Asian or Asian British Pakistani</td>
<td>2</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>%</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>----</td>
</tr>
<tr>
<td>Asian or Asian British Bangladeshi</td>
<td>4</td>
</tr>
<tr>
<td>Any other Asian background</td>
<td>1</td>
</tr>
<tr>
<td>Black or Black British Caribbean</td>
<td>4</td>
</tr>
<tr>
<td>Black or Black British African</td>
<td>12</td>
</tr>
<tr>
<td>Mixed White and Black Caribbean</td>
<td>1</td>
</tr>
<tr>
<td>Mixed White and Black African</td>
<td>2</td>
</tr>
<tr>
<td>Chinese</td>
<td>1</td>
</tr>
<tr>
<td>Any other ethnic group</td>
<td>7</td>
</tr>
<tr>
<td>White Scottish</td>
<td>1</td>
</tr>
<tr>
<td>White Greek Cypriot</td>
<td>1</td>
</tr>
<tr>
<td>White Italian</td>
<td>3</td>
</tr>
<tr>
<td>White Polish</td>
<td>3</td>
</tr>
<tr>
<td>White other European</td>
<td>7</td>
</tr>
<tr>
<td>Asian Mixed</td>
<td>1</td>
</tr>
<tr>
<td>Asian British</td>
<td>1</td>
</tr>
<tr>
<td>Black Somali</td>
<td>1</td>
</tr>
<tr>
<td>Black Nigerian</td>
<td>3</td>
</tr>
<tr>
<td>Black British</td>
<td>7</td>
</tr>
<tr>
<td>Not Stated</td>
<td>7</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Disability</th>
<th>%</th>
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<tbody>
<tr>
<td>Yes</td>
<td>1</td>
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<tr>
<td>No</td>
<td>70</td>
</tr>
<tr>
<td>Do not wish to disclose</td>
<td>1</td>
</tr>
<tr>
<td>Not stated</td>
<td>28</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bisexual</td>
<td>1</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>81</td>
</tr>
<tr>
<td>Gay/Lesbian</td>
<td>1</td>
</tr>
<tr>
<td>Do not wish to disclose</td>
<td>6</td>
</tr>
<tr>
<td>Not Stated</td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Convictions</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicated that they may have convictions which should be taken into account</td>
<td>1</td>
</tr>
<tr>
<td>Indicated that they do not have convictions which should be taken into account</td>
<td>95</td>
</tr>
<tr>
<td>Not stated</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Religion</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atheism</td>
<td>13</td>
</tr>
<tr>
<td>Buddhism</td>
<td>1</td>
</tr>
<tr>
<td>Christianity</td>
<td>30</td>
</tr>
<tr>
<td>Hinduism</td>
<td>9</td>
</tr>
<tr>
<td>Islam</td>
<td>17</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
</tr>
<tr>
<td>Do not wish to disclose</td>
<td>10</td>
</tr>
<tr>
<td>Not stated</td>
<td>9</td>
</tr>
</tbody>
</table>
Equality data on our actual C&I volunteer community as it stood at September 2016

We have limited equality data stored on our actual volunteer community to draw on, which includes gender and age, as illustrated below, with the addition of languages spoken by our volunteers.

Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>25</td>
</tr>
<tr>
<td>Female</td>
<td>75</td>
</tr>
</tbody>
</table>

Although we have reduced the gender split of volunteers which stood at 86% female and 14% male, three years ago, we still have some way to go. The NCVO, UK Civil Society Almanac 2016, on Volunteer Profiles indicates that there are no gender differences in rates of formal volunteering between men and women. However, they do state that women were considerably more likely to provide caring roles, which may account for our higher percentage of female volunteers being a care environment.

Age

<table>
<thead>
<tr>
<th>Age</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 20</td>
<td>1</td>
</tr>
<tr>
<td>20-24</td>
<td>21</td>
</tr>
<tr>
<td>25-29</td>
<td>11</td>
</tr>
<tr>
<td>30-34</td>
<td>11</td>
</tr>
<tr>
<td>35-39</td>
<td>13</td>
</tr>
<tr>
<td>40-44</td>
<td>7</td>
</tr>
<tr>
<td>45-49</td>
<td>15</td>
</tr>
<tr>
<td>50-54</td>
<td>11</td>
</tr>
<tr>
<td>55-59</td>
<td>4</td>
</tr>
<tr>
<td>60-64</td>
<td>3</td>
</tr>
<tr>
<td>65+</td>
<td>4</td>
</tr>
</tbody>
</table>

The NVCO volunteer profiles suggests that the highest rates of volunteering are amongst young people between 16 to 24 years old, however, our highest rates of volunteers are slightly older within 35 to 49 years old age group.

Languages

A number of our volunteers bring foreign language skills with them which include: Urdu, Punjabi, Pothwari, Somali, Bengali, Hindi, Spanish, French, Italian, Greek, Polish, Cantonese, Mandarin, Portuguese, German and Bulgarian.

Volunteers who use our services or have lived experience of mental ill health/substance misuse

When the Voluntary Services remit expanded to cover all areas of the trust three years ago we did not have any volunteers, which we were aware of, that had used/were using our services or had lived experience of mental ill health or substances misuse. We now have over 29 volunteers who have disclosed to us that they are using, have used our trust services or have lived mental ill health or substance misuse experience. This demonstrates our work on equality in terms of making it clear we welcome volunteer applications from everyone. We also offer support in terms of assistance with completing the necessary forms as part of the application process and with access to the internet which can be a barrier for some applicants.

During 2016 and going forward in 2017

In 2016 volunteers assisted with the distribution the new Equality Charter. All new volunteers to the trust complete the trust’s ‘Safe and Sound’ training which includes Equality and Diversity training.
For 2017, the Voluntary Services Department has recognised that although information on the service and its opportunities is accessible on the trust website via browse aloud. This facility is not available for the recruitment webpages where any potential volunteers would submit an application. Therefore we will update Voluntary Services page on the trust website to provide appropriate direction for those people who may need assistance to apply. The voluntary services information leaflet will also be updated to make it clear where people can get information in alternative formats, should they require this. The Equality & Diversity lead will be invited to attend one of the volunteer meetings to talk about Equality and Diversity.

19. RECOVERY COLLEGE

The C&I Recovery College is the only Recovery College open to everyone in the community i.e. service users, professionals, family, friends and members of the public. We work on a model of co-production, with courses created and delivered by two tutors working together as equal partners.

There were 612 students who attended our courses in the academic year 2015-2016. Around 66% declared they were female, and 33% male. Almost 35% of our student population were aged 45-54, age bracket, 20% 35-44 and 18% 25-34. Our students live in ethnically diverse areas of London – around a third of our students came from Black and Minority Ethnic backgrounds.

We consider equality and diversity an important priority and we constantly strive to be more accessible and inclusive.

In 2016 the Recovery College:

- Introduced a policy on using only fully accessible venues for our courses. We created a Venue Checklist which is used to assess venue suitability prior to courses. The check is conducted by either Recovery College tutors or volunteers. ‘Fully accessible’ means that a person in a motorised wheelchair is able to freely access all relevant facilities, e.g. classroom, toilets, refreshment area
- Re-formatted all of our PowerPoint course materials with non-white backgrounds, easy to read fonts and high-contrast images
- Re-formatted our Student Charter document to make it easier to read quickly, increasing font type and size
- Provided large-print materials and non-white paper for students who advised us at enrolment that they had needs relating to visual impairment, dyslexia, etc
- Ran men only and women only courses and embedded new transgender policy into it

Plans for 2017

In 2017 the Recovery College will continue to gather data about students that enables us to address and meet our students’ needs. We will be working closely with Shabir Abdul, Equality & Diversity Lead, on the best way forward in terms of how we collect data, and how we report on it. We will be reviewing our forms to ensure equality and diversity measures are monitored and are reflected in how we operate.

20. COMPLAINTS DATA

The Trust currently collects and reports data on sex and age. The data on other protected characteristics is not available. Further work needs to be done and this will be re-dressed in future reports to ensure all protected characteristics are reported as far as possible.
Formal Complaints service user’s gender

The pie chart below shows that the formal complaints we have received during the period of 1 April 2016 to 31 January 2017, involve almost an equal number of male and female service users.

Formal Complaints service user’s age range

This chart below shows the average age of the service user involved in the complaint. The limited data collected shows the youngest age at 21 years old and the oldest at 89 years old.

Plans for 2017

- To update our standard complaints acknowledgement letter in order to inform complainants that we are collecting the protected characteristics data and the reasons for this.
- To include the accessible standard statement on all letters.
- To update the Advice and Complaints pages on the website.
- We record complaints information on the complaints module of the main Datix system (not web based). The module already has capacity to record some of the data such as age, gender and ethnicity; however we will need to look at modifying it to be able to record the other characteristics.

These charts are made up of 116 formal complaint received from 1 April 2016 to 31 January 2017. Chart 32 Shows complaints by Gender
The Trust has a contract with a number of suppliers to provide interpreters for service users who speak other languages. Interpreting is available in over 100 languages and during the 2016, the top 5 languages were:

- Albanian
- Arabic
- Bengali
- Farsi
- Turkish

Interpreting for service users with hearing and visual impairments:

The Trust has a contract with suppliers to provide British Sign Language interpreters, lip-speakers, speech-to-text reporters and deaf-blind interpreters etc.
Chart 34. Shows Telephone Interpreting for Service Users during January 2016

Table 35 Shows Translations undertaken by Department by Language

<table>
<thead>
<tr>
<th>Department</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Islington Icope</td>
<td>Somali</td>
</tr>
<tr>
<td>IAPT</td>
<td>Turkish</td>
</tr>
</tbody>
</table>

Chart 36. Shows Face to Face Interpreting during February 2016
Chart 37. Shows Telephone Interpreting by Department and Language

Chart 38. Shows Translations by Department and Language
Chart 39. Shows Face to Face Interpreting during March 2016

Chart 40. Shows Telephone Interpreting

Shows Translation by Department and Language

<table>
<thead>
<tr>
<th>Department</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Islington R&amp;R</td>
<td>Polish</td>
</tr>
<tr>
<td>South</td>
<td></td>
</tr>
<tr>
<td>Islington IAPT</td>
<td>Arabic</td>
</tr>
<tr>
<td>iCope</td>
<td></td>
</tr>
</tbody>
</table>
Chart 41. Shows Face to Face Interpreting during April 2016

There was no access to Telephone Interpreting during April 2016

During April 2016 Translations by Department by Language were:

LBC PWLD Urdu
Islington IAPT icope Albanian

Chart 42. Shows Face to Face Interpreting during May 2016
Chart 43. Shows Telephone Interpreting by Language

Translations by Department by Language were:

Islington IAPT iCope
- Albanian

Chart 44. Shows Face to Face Interpreting during June 2016

There was no Telephone activity during June 2016

Translations undertaken by Department and by Language during June 2016 were:

Islington IAPT iCope
- Turkish

Camden Psychological Therapies
- Farsi
Chart 45. Shows Face to face Interpreting during July 2016

Table 46. Shows Telephone Interpreting by Language during July 2016
Chart 47. Shows Face to Face Interpreting during August 2016

Chart 48. Shows Telephone Interpreting during August 2016

Translations undertaken by Department by Language during August 2016 were:

FOCUS  Turkish
Chart 50 Shows Face to Face Interpreting during September 2016

Chart 51. Shows Telephone Interpreting during September 2016

Translations undertaken by Department and Language during September 2016 were:

Camden Assessment Team  
Somalia
Chart 52. Shows Face to Face Interpreting during October 2016

Chart 53. Shows Telephone Interpreting during October 2016

Total Telephone Interpreting
Chart 54. Shows Translations undertaken by Department and Language during November 2016.

Chart 55. Shows Face to Face Interpreting during November 2016.

Translation by Department by Language during November 2016 were:

CDAT: Farsi
Chart 56. Shows Face to Face Interpreting during December 2016

Chart 57. Shows Telephone Interpreting during December 2016
GLOSSARY OF TERMS

Asian
People who self-define as being Asian, East African Asian, British Asian or originate from India, Bangladesh, Pakistan, Sri Lanka, Nepal or China.

Bisexual
A man or woman who is emotionally, physically and/or sexually attracted to both men and women.

Black
An inclusive term that refers to all ethnic groups who have a common experience of discrimination on the basis of their skin colour. It also includes those who self-define as Black. For some statistical data collection purposes, such as the National Census and in monitoring, ‘Black’ has been used as a more narrowly defined term to refer to people who self-define as any of the Black or Black British categories which are ‘African’, ‘Caribbean’ or ‘Black Other’.

Disability
The Disability Discrimination Act 2010 defines disability as a “physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day to day activities.” However, campaigners for disability rights adopt a more social approach that defines disability as “the loss or limitation of opportunities that prevent people who have impairments from taking part in the life of the community on an equal level with others due to physical and social barriers.”

Discrimination
Discrimination happens when a person is treated less favourably because of differences from the majority. These differences include but are not limited to gender, race, disability, religion, sexual orientation and age.

Diversity
The difference in the values, attitudes, cultural perspectives, beliefs, ethnic backgrounds, sexuality, skills, knowledge and life experiences of each individual in any group of people. This term refers to differences among people and is used to highlight need.

Duty
A mandatory and legal obligation to do something.

Equality Act 2010
The Equality Act 2010 is the law which bans unfair treatment and helps to achieve equal opportunities in the workplace and in wider society.

Equal Opportunities
The development of practices that promote the possibility of fair and equal chances for all to develop their full potential in all aspects of life and the removal of barriers of discrimination and oppression experienced by certain groups.

Equalities
Used as short-hand term to refer to all work addressing issues of discrimination and disadvantage, particularly as it relates to race, disability, gender, sexuality, faith and age.

Equality
The vision or aim of creating a society where power and quality of life is shared equally and both individuals and groups are able to live their lives free from discrimination and oppression.
Ethnicity
An individual’s identification with a group sharing any or all of the following: lifestyles, religion, customs and language.

Feminine
Assigned physical and behavioural characteristics attributed to the female sex.

Gender
A concept that refers to the social differences between women and men that have been learnt are changeable over time and have wide variations both within and between cultures. The term is also used to differentiate from 'sex', which refers to biological differences.

Human Rights Act 1998
Human rights are legal obligations owed by states and public authorities to everyone. This means that government and public authorities must act in a way that respects human rights. Government must also pass laws to ensure that individuals respect each other’s human rights. Every human being has human rights regardless of their particular situation or characteristic. The human rights of people in the United Kingdom (UK) are legally enforceable through the Human Rights Act 1998. The Act incorporates the rights found in the European Convention on Human Rights into UK law.

Impact Assessment
Assessment of policies on how they impact on different groups.

Patient-Led Assessments of the Care Environment (PLACE)
The Department of Health recommends that all hospitals providing NHS-funded care undertake an annual assessment of the quality of non-clinical services and condition of their buildings. These assessments are referred to as Patient-Led Assessments of the Care Environment (PLACE). PLACE assessments help organisations to understand whether they are meeting the needs of the local population service users across a range of areas such as cleanliness, quality of food, privacy, maintenance and facilities. The assessments are carried out by people who use the hospitals, supported by hospital staff.

Positive Action
Covers a wide range of measures taken to compensate for present and past disadvantages which exist and/or existed because of discrimination. The proviso for such measures is that their raison d’être must be to achieve “full equality in practice.” Positive action is not affirmative action but reasonable accommodation, and is: 1) adequate; 2) proportionate; and 3) limited in time.

Procurement
The process by which an organisation enters into a contract with an external supplier for the latter to carry out works or provide goods or services.

Protected Characteristics
Protected characteristics refer to nine characteristics covered under the Equality Act 2010.

Sex
A strictly biological reference to the differences between male and female which include: chromosomes; genitalia; reproductive organs; hormonal states; and secondary sex characteristics.

Sexuality
A person’s emotional, physical and/or sexual attraction and the expression of that attraction.

Stakeholders
All those individuals or organisations who have an interest in, or could be affected by, a policy.
**Transgender**

Transgender (sometimes known as gender dysphoria) people are those who identify their gender to be different from their physical sex at birth. A transgender person can also be a person who, like a transsexual, goes through transition, sometimes with the help of hormone therapy and/or cosmetic surgery, to live in the gender role of choice but has not undergone and generally does not intend to undergo surgery.