QNIC Cycle 24

Annual Report

2024-2025

Contents

Cover art: 'Ambiance' by Isabelle, 15, *Rhodes Wood Hospital School*

Foreword

Laurie Van Niekerk
Chair of QNIC Advisory Group
Medical Director of CAMHS, Consultant Child and
Adolescent Psychiatrist, Cygnet Bury Forestwood

I am so pleased to reflect on another busy and rewarding year at QNIC. The Report on Cycle 24 highlights and summarises the many achievements and also the areas for development for providers.

Firstly, a huge thanks to the team for all their hard work behind the scenes. Your dedication, passion and commitment has resulted in 75 reviews completed in this cycle. Thanks also to all our members who embraced the review process and joined peer reviews. I have been doing peer reviews for 15 years now and continue to learn from each visit.

This year the format of the report has changed, and we hope that you will find this helpful. Each of the domains have a summary of the commonly achieved standards by providers and those that require further development. One theme for the standards that require development across the domains is meaningful involvement of young people and their families and/or carers, whether this is around care plans that are co-produced and accessible or whether young people and families are involved in service development as examples. The QNIC team have also made summary recommendations for providers on how to meet these standards, and we hope you will find these recommendations supportive.

The highlight over the last year for me was the Annual Forum, what an inspiring day! The theme for the day centred around Neurodiversity and Learning Disability. We had 99 delegates who attended in person and the feedback was very positive. The day started with a powerful presentation from young people, and it set the tone for the day. It was clear that services that deliver excellent care and treatment are those where the young people and their families/carers are involved, empowered and most importantly listened to.

Finally, this year is our 25th year of existence and I am looking forward to seeing many of you at this year's Annual Forum on Monday 08 June 2026. The theme this year will focus on Trauma Informed Care and we are committed to ensure young people's and their carers/families' voices are central to the messages delivered on the day.

Foreword

Emilola Johnson
QNIC Patient Representative

As a Patient Representative now entering my third cycle with QNIC, seeing how much continues to change within the Network and throughout inpatient services is both exciting and inspiring. Of the dozens of wards we visit, to know our thoughts and voices as experts by experience help support the improvement and growth in CAMHS makes our role even more fulfilling.

This cycle, we have remained consistent in emphasising what's essential in being a great inpatient service. Wards are becoming more autism informed, with neurodivergent patients being consulted on what can help make a ward feel safer for them. Patients are being empowered, for example they are being encouraged to chair their community meetings. We have seen gardens brightened with QI projects, admission processes streamlined and welcome packs become simpler and more accessible. Overall, services have demonstrated some great practice across the review cycle – and it was particularly great to see that parent/carers feel supported at 100% of secure services, and young people feel listened to and understood by staff members at 100% of ED services.

I speak on behalf of my fellow QNIC Reps when I commend the support our Project Officers have provided this cycle, the team's recent successes are truly well deserved! Our cycle of learning - between the Reps and the young people, which we share from service to service, and in our groups and catch-ups with one another - it all continues to promote growth and ease change.

This cycle, I have been proud of the Network for championing improvement in focus areas that may once have been neglected. The revised QNIC standards recommends that there is an accommodation of a spectrum of genders in room allocation, and an availability of gender-neutral bedrooms and facilities where preferred. Learning disability awareness has been championed in our Annual Forum. It's essential that we are not complacent—when services are doing well, we commend them. But we also ask, how can we keep doing better?

I hope the findings in this report demonstrate the work that the Network have put in to support inpatient services to commit to best practice. Take a look at the highlights and think about what's most important to you. What are you proud of in your fellow colleagues? In which statistics and graphs do you see your service? What victories do you hope QNIC continue to achieve, to meet our fundamental goal: to help services help themselves succeed?

Introduction

Who we are

The Quality Network for Inpatient CAMHS (QNIC) works with inpatient CAMHS units to assure and improve the quality of services treating children and young people with a mental health illness. Through a comprehensive system of reviews against specialist standards, we identify and acknowledge high standards of patient care, and support services to achieve this.

QNIC was developed from the National Inpatient Child and Adolescent Psychiatry Study (NICAPS) in 2001. The Network is one of around 29 quality networks, accreditation and audit projects organised by the Royal College of Psychiatrists Centre for Quality Improvement (CCQI). Approximately 98% of units in the UK are members. QNIC also has international members in the Republic of Ireland. A full list of member wards and their current accreditation status is available to view on our **website.**

What we do

Our purpose is to support and engage wards in a process of quality improvement through peer-led reviews against a set of specialist standards for inpatient CAMHS. This process is supportive and promotes sharing of best practice between units.

Involvement in the Network is open to all CAMHS units across the UK and abroad and is strongly encouraged as a support mechanism for positive change and improvement.

The Network is governed by an Advisory Group which includes professionals, patients and carers to progress the programme of work. These individuals represent key interests and areas of expertise in the field of inpatient CAMHS, as well as individuals who have experience of using these services or caring for people in services. Similarly, an Accreditation Committee is in place to make key accreditation decisions and uphold the rigour and consistency of the process. Involving young people and carers in QNIC is a priority, and people with first-hand experience of using inpatient CAMHS are encouraged to get involved in aspects of QNIC's work.

◄ **'Alien in the forest' by Bella, 12** *Sunflower House*

Introduction

Annual Review Cycle

The Annual Review Cycle

- Agree Standards
- Self-Reviews
- External Peer Reviews
- Local Reports Produced
- Annual Forum
- Aggregated Report Compiled

The review process

The review process has 2 phases:

a) the completion of a self-review questionnaire which is sent out to all member units, and;
b) an external peer-review which takes place between September and June.

Each year, the latest edition of the standards are applied through a process of self-reviews and peer reviews where members visit each other's units. The self-review provides an opportunity for services to rate themselves against each of the QNIC standards.

This is followed by a peer-review visit whereby colleagues from other similar wards review their practices using the data provided from the self-review. During the peer review, further data is collected through interviews with staff, young people and parents/carers.

The results are fed back in local and national reports. Units then take action to address any development needs that have been identified. The process is ongoing rather than a single iteration.

Jargon Buster

Self-review
A service will score themselves against the QNIC standards and identify key areas of achievement and improvement.

Peer review
A panel of reviewers and a patient/carer representative visits a service and assesses them against the QNIC standards in discussion, interviews and a tour of the premises.

This report

What to expect in this report

This Annual Report contains the aggregated results of reviews undertaken by **75** member services who completed a review in Cycle 24, against the 11th Edition QNIC Standards, the 3rd Edition Eating Disorder QNIC Standards or the 3rd Edition Secure QNIC Standards. It is aimed at ward staff, senior management, patients and carers, as well as anyone who has an interest in inpatient CAMHS.

The report first presents an overview of the data collection and then examines the contextual data obtained from the self-reviews of the 75 services, including number of beds, average length of stay, average occupancy level and average staffing numbers per profession.

This report then highlights how well member services are performing against the seven sections of the QNIC standards.

Included throughout the report are some of the QNIC standards that services have the highest and lowest average compliance with, as well as direct quotes from young people, parents/carers and staff spoken in feedback sessions on the peer review day.

The report concludes with a recommendations list for standards which were commonly discussed in local reports this cycle. These are aimed at ward staff and senior management teams.

All artwork throughout this report was created independently by young people from our member services, as part of our annual artwork competitions.

Purpose

The contextual data provided in this report is intended to serve as a useful resource for teams, enabling them to compare it with their own contextual information and support benchmarking efforts.

The purpose of the recommendations are to support wards to review their own areas for improvement and to continuously improve the quality of care that they provide.

Therefore, it is hoped that this report will help to increase the likelihood that children and young people who use inpatient services will have an improved experience.

'Occupied' by Amelia, 14
Rhodes Wood Hospital School

QNIC Standards

QNIC assess inpatient CAMHS teams in accordance with a set of standards. The 11th Edition QNIC standards, 3rd Edition Eating Disorder Standards and 3rd Edition Secure Standards are drawn from a range of authoritative sources and incorporate feedback from patient and carer representatives, as well as experts from relevant professions.

The standards are used to generate a series of data collection tools for use in the self- and peer-review processes. Participating teams rate themselves against the standards during their self-review.
This model aims to facilitate incremental improvements in service quality.

Standard Types

QNIC Standards are divided into three types:

• Type 1 Standard
• Type 2 Standard
• Type 3 Standard

Each standard type is explained in the Jargon Buster section to the right.

Standards domains

Each set of QNIC Standards are grouped into 7 domains:

1) Environment and Facilities
2) Staffing and Training
3) Access, Admission and Discharge
4) Care and Treatment
5) Information, Consent and Confidentiality
6) Young People's Rights and Safeguarding Children
7) Clinical Governance

Jargon Buster

Type 1 Standards
Standards that encompass criteria relating to patient safety, rights, dignity, the law and fundamentals of care, including the provision of evidence-based care and treatment.

Type 2 Standards
Criteria that a ward would be expected to meet.

Type 3 Standards
Criteria that are desirable for a ward to meet, or criteria that are not the direct responsibility of the service.

Data Collection

107
Member Units*
(as of the end of Cycle 24)

75
Wards had their self- and peer-reviews in 2024-25

174
Young People took part in interviews

413
Frontline Staff shared their experiences

149
Parent/carers took part in interviews

Where did data come from?

The data in this report comes from **75** member units who undertook their QNIC self-review, peer-review and/or accreditation from September 2024 to June 2025.

Member units that did not complete their peer review either chose not to participate this year, were being presented to the accreditation committee or were in the second year of accreditation, where a peer review does not take place.

Contextual data was obtained from the QNIC workbook completed by services at the beginning of their self-review.

Data showing whether a ward was marked as 'Met' or 'Not Met' against a given standard was taken from the decisions included in the draft report written following each ward's peer-review visit.

Decisions as to whether a ward had met standards were made by the peer-review teams based on evidence obtained from both a ward's self-review and subsequent peer-review visit.

This evidence included:
- Young people questionnaires
- Parent/carer questionnaires
- Staff questionnaires
- Policy and documentation checks
- Environmental checklists from tours of the premises
- Facilitated discussions on the review day with members of the SMT, MDT and any other staff members present.

*This number includes 6 units which have closed since the end of Cycle 24.

Contextual Data

Location

Of the **75** services that took part in a self-review and peer-review in Cycle 24:
- **67** are based in England
- **3** in Scotland
- **3** in Northern Ireland
- **2** in the Republic of Ireland

To compare to the **107** QNIC members (as of the end of Cycle 24): **96** QNIC members are based in England, **3** in Scotland, **2** in Wales, **3** in Northern Ireland and **3** in the Republic of Ireland.
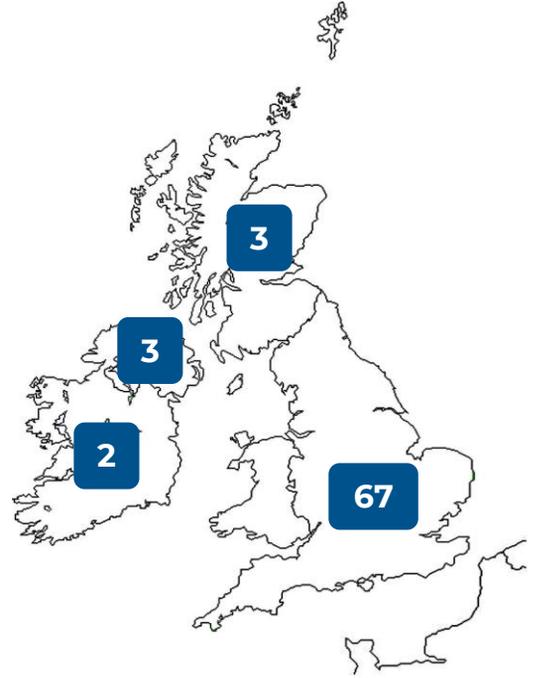
Service Type

The table shows the number of member services by type and how many of these were reviewed during Cycle 24.

Service Type	All Members	Review in Cycle 24
General Adolescent Unit (GAU)	55	38
Psychiatric Intensive Care Unit (PICU)	11	6
Eating Disorder	18	12
Low Secure	9	8
Medium Secure	3	2
Children	6	5
Learning Disability Unit (LD)	4	3
Tier 4 Day Hospital	1	1
Total	**107**	**75**

Contextual data continued

The services that participated in a QNIC self-review or peer review this cycle provided up-to-date contextual data, including the number of beds, bed occupancy, and average length of stay.

Number of beds

Average bed number by unit type, rounded to nearest whole number

Unit type	Value
General	12
Eating Disorder	13
Secure	11

The unit with the smallest number of beds was an Eating Disorder service with 5 beds, and the unit with the largest number of beds was also an Eating Disorder service with 28 beds. The average number of beds across all 75 units was 12.
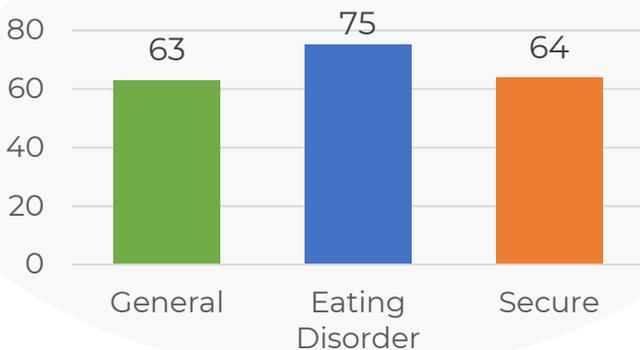
Average length of stay (days)

Average length of stay (days) by unit type, rounded to the nearest whole number

Unit type	Value
General	121
Eating Disorder	215
Secure	416

The shortest average length of stay reported was 33 days at a General Adolescent Unit (GAU). The longest average length of stay was reported as 781 days, also at a GAU. The average length of stay across all 75 units was 178 days.*****

Bed occupancy (%)

Average bed occupancy by unit type, rounded to the nearest whole number

Unit type	Value
General	63
Eating Disorder	75
Secure	64

Bed occupancy levels varied considerably across the 75 wards, ranging from 7% to 100%. The average bed occupancy level was 65%.*****

*Nine services did not provide data on either their average length of stay or bed occupancy, so these services have not been included in analysis for the missing categories.

Contextual data continued

All units engaging in a QNIC review are also asked to provide a breakdown of their WTE staffing numbers to inform the classification of the QNIC standards, to gain a national picture of any staffing shortages services may be facing, and to promote the mutual exchange of any helpful recruitment materials between our services.

Average Staffing Numbers (WTE) by Service Type

|	GAU/HDU/PICU/Children's	Eating Disorder	Secure
	Per 12 beds		Per 10 beds
Consultant Psychiatrist	1.17	1.19	1.26
Non-Consultant Medical Input*	1.53	1.22	1.16
Clinical Psychologist	1.19	1.00	0.87
Occupational Therapist	1.53	1.05	1.26
Family Therapist*	0.74	0.95	0.64
Social Worker	0.94	2.80	0.85
Dietician	0.42	0.93	0.32
Ward Manager	1.22	1.08	1.2
Staff Nurses	13.28	10.16	12.47
Healthcare Assistants	18.47	22.86	28.67
Teachers*	3.22	3.79	5.33
Administration/ Secretarial staff*	2.20	3.51	1.83
Non-clinical Psychologist	0.63	0.83	0.82
Activity Co-ordinator	0.70	0.63	0.95
Speech and Language Therapist	0.24	0.15	0.36
Peer Support Worker*	0.24	0.20	0.14
Parent Advocate/Family Ambassador◆	49.60%	25%	27.27%

*= Eight services did not provide data on the staffing numbers (WTE) for these professions, and their responses have been excluded from the analysis.
◆= Information provided as a percentage of services with any access to a Parent Advocate/Family Ambassador, as WTE data was not provided in majority of responses

Aggregated Standard Compliance Data

All services were assessed on their compliance with the 11th edition of the QNIC standards, or the 3rd edition standards for Eating Disorder and Secure services. Below is the average total (percentage) adherence to each of the subsections of these standards (counting "Partly Met", and "Unmet" as not adherent, and "Met" as adherent). Standards marked as N/A or Don't Know have been excluded from analysis. Please note that data may not add up to 100% as each data point has been rounded to the nearest whole number.

Overall Standard Compliance (%)
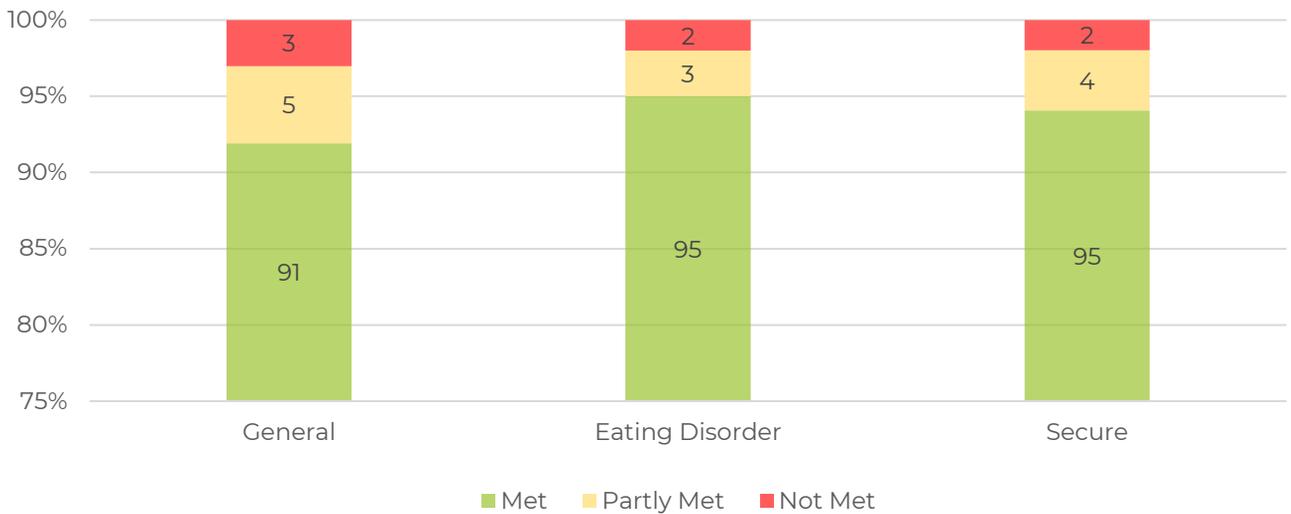
The following section will further analyse compliance to the standards for each domain, including common achievements and areas for development.

Section 1: Environment and Facilities

Section 2: Staffing and Training

Section 3: Access, Admission and Discharge

Section 4: Care and Treatment

Section 5: Information, Consent and Confidentiality

Section 6: Young People's Rights and Safeguarding Children

Section 7: Clinical Governance

Jargon Buster

The following terms are used to describe the data presented in this section:

General
Services that scored against the 11th edition QNIC standards – which includes GAUs, PICUs, Learning Disability Wards, Children's services and Tier 4 Day Services.

Eating Disorder (ED)
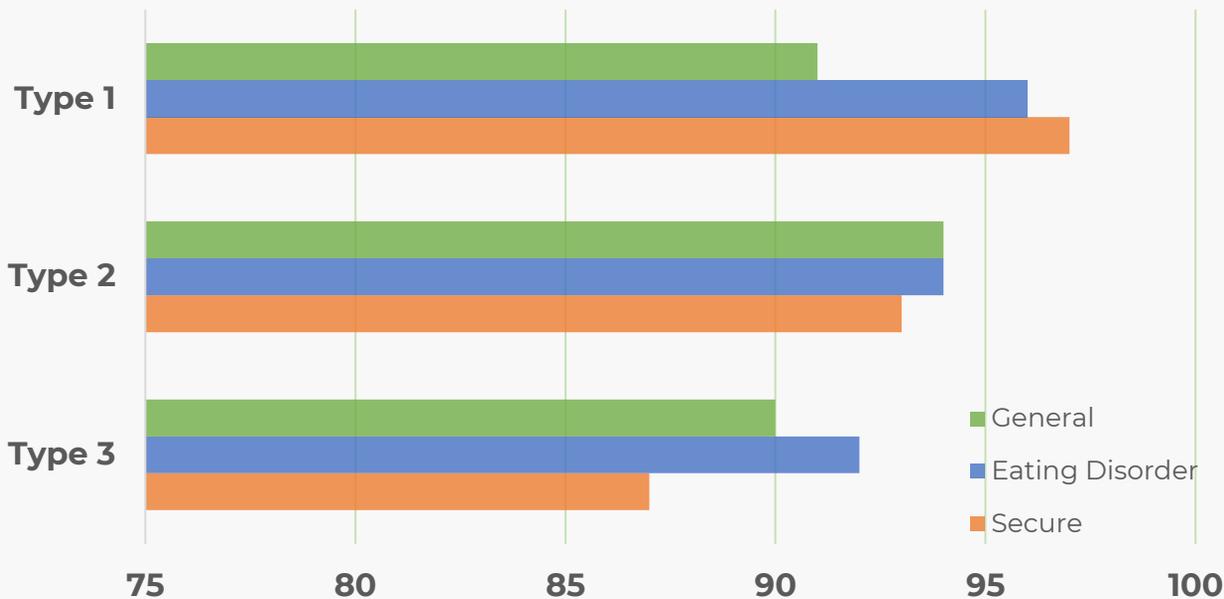Eating Disorder units that scored against the 3rd edition Eating Disorder QNIC Standards.

Secure
Low Secure and Medium Secure Units that scored against the 3rd edition Secure QNIC Standards.

Please note that a full list of average compliance for each standard is available upon request.

Section 1: Environment and Facilities

Average % Met for each **standard type** in this subsection

Horizontal bar chart showing average % met for Type 1, Type 2, and Type 3 standards across three service categories (General, Eating Disorder, Secure), with x-axis from 75 to 100.

Achievements

- **100%** of services have an indoor space for recreation which is large enough to accommodate all young people.

- **100%** of services have at least one computer for every two young people in school.

"The [visiting] room we were in was very nice, we were offered drinks and water, comfortable chairs and we felt relaxed in there."

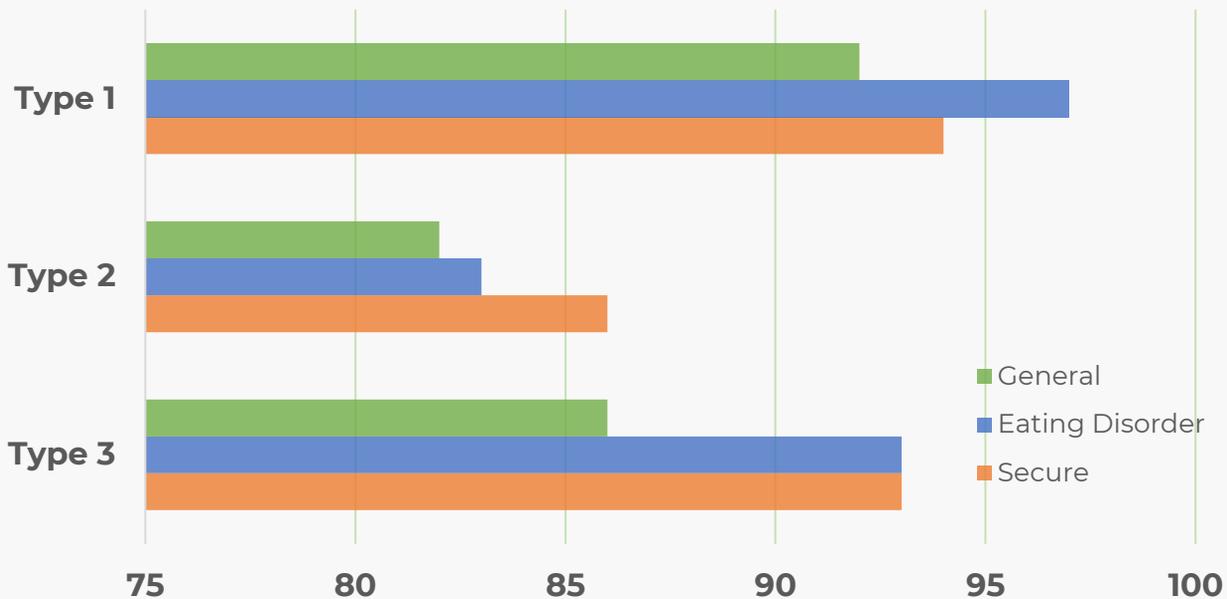**Parent/carer**

Areas for development

- Staff members and young people can control heating, ventilation and light at **60%** of secure services and **75%** of general and ED services.

- **70%** of secure services and **77%** of general services have facilities for young people to make their own hot and cold drinks and snacks which are available 24 hours a day (where risk permits).

"Staff turn on the lights without asking."

Young person

Average % Met for each **standard type** in this subsection

Chart legend:
- General
- Eating Disorder
- Secure

X-axis: 75, 80, 85, 90, 95, 100

Categories: Type 1, Type 2, Type 3

Achievements

- **100%** of ED and secure services and **91%** of general services have adequate mechanisms to respond to low/unsafe staffing levels.

- Staff members at **100%** of ED services, **94%** of general services, and **90%** of secure services can access a reflective practice group at least once every six weeks.

Areas for development

- Young people or parent/carer representatives are involved in the interview process for recruiting staff at **58%** of ED services, **60%** of secure services, and **62%** of general services.

- There is at least one full-time equivalent social worker present in only **57%** of general services (per 12 beds), **58%** of ED services (per 12 beds), and **60%** of secure services (per 10 beds).

"There are definitely enough staff on the unit. They are consistent and try their best."

Young person

"I know everyone is here for the right reasons and has everyone's best interests at heart."

Staff member

"The social worker is great when we see them, but we just don't get enough time."

Parent/carer

Section 3: Access, Admission and Discharge

Average % Met for each **standard type** in this subsection

Type 1
Type 2

Legend:
- General
- Eating Disorder
- Secure

75 80 85 90 95 100
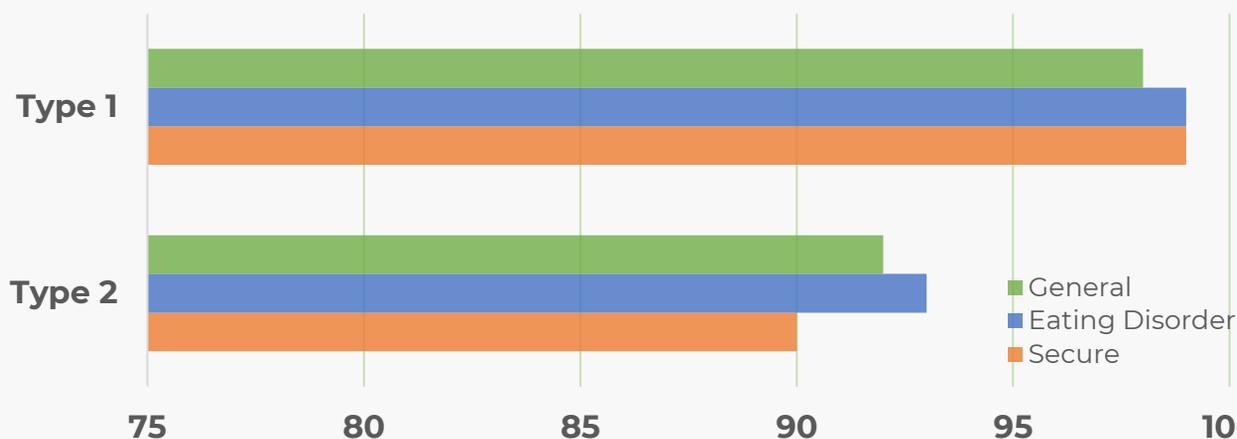
Achievements

- **100%** of all services invite a representative from young people's community teams to attend and contribute to relevant meetings.

- **100%** of all services make sure that young people who are discharged from hospital have arrangements in place to be followed up within one week.

- **100%** of ED services and **96%** of general services actively support families to overcome barriers to access.

"For the first time I feel like the discharge might be really well structured and supported."

Parent/carer

Areas for development

- Parents and carers are offered time with staff (with the young person's consent), within 48 hours of the young person's admission to discuss concerns, family history and their own needs at **83%** of ED services and **87%** of general services.

- **80%** of secure services actively support families to overcome barriers to access.

"I would have liked admission to be quicker. They didn't explain why it took so long."

Parent/carer

16

Average % Met for each **standard type** in this subsection

Legend:
- General
- Eating Disorder
- Secure
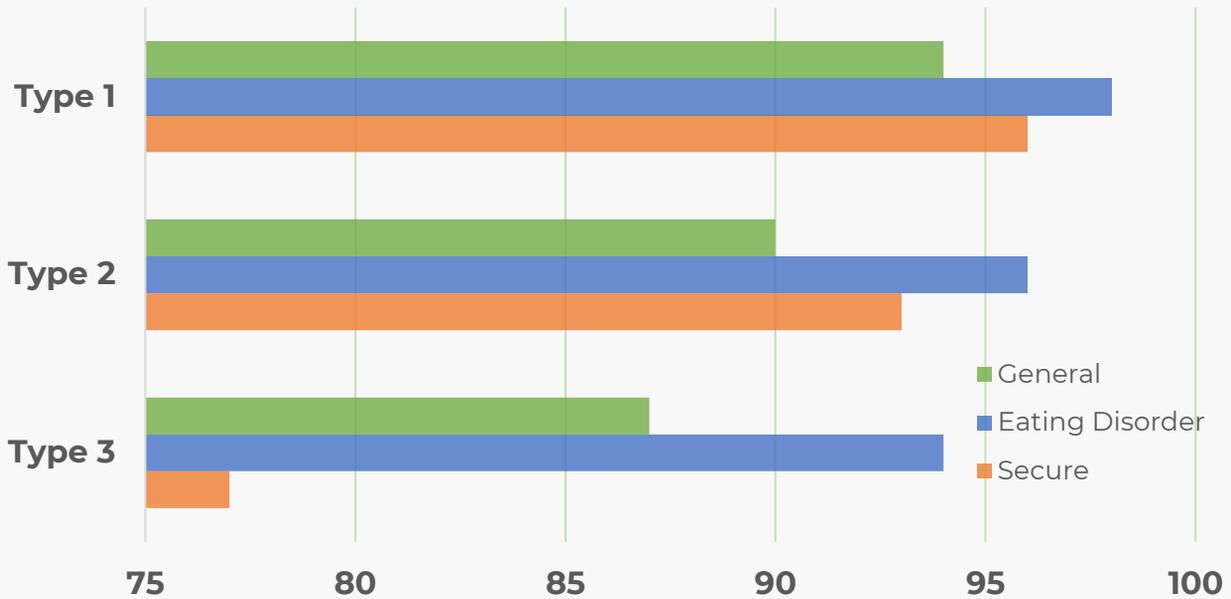
Achievements

- Teachers and nursing staff have a handover at **100%** of **ED** and **secure** services.

- When a young person is identified as having a learning disability or autism spectrum condition after admission to the unit, staff identify and notify all relevant agencies in order to initiate the C(E)TR process at **100%** of services.

> *"We have community meeting every Friday, I feel like I can say what I want to change"*
>
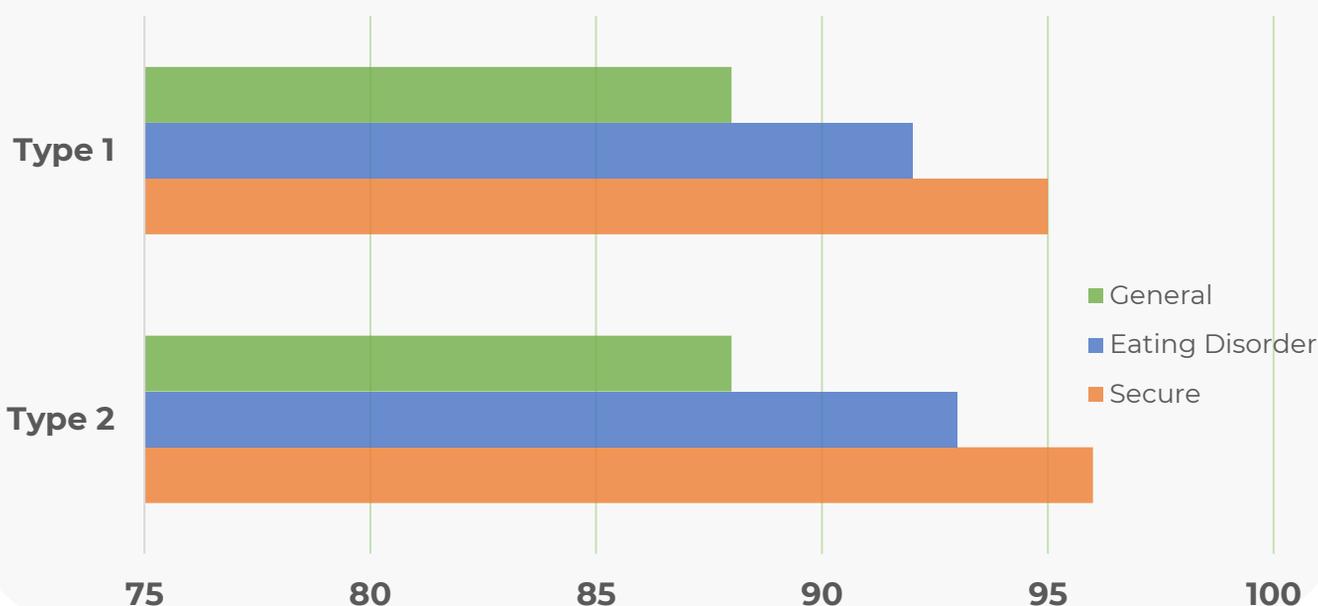> **Young Person**

Areas for development

- Every young person has a written care plan, reflecting their individual needs and developed in collaboration with young people and parents/carers at **64%** of **general** services.

- Every young person has a seven-day personalised therapeutic and recreational timetable of activities to promote social inclusion at **83%** of **general** services and **80%** of **secure** services.

> *"They don't do goals, it, feels hard to know what the purpose of your admission is"*
>
> **Young Person**

Average % Met for each **standard type** in this subsection

Chart legend:
- General
- Eating Disorder
- Secure

X-axis: 75, 80, 85, 90, 95, 100

Type 1
- General: ~88
- Eating Disorder: ~92
- Secure: ~95

Type 2
- General: ~88
- Eating Disorder: ~93
- Secure: ~96

Achievements

- **100%** of **ED** and **secure** services and **98%** of **general** services use interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation.

- Parent/carers are supported to access a statutory carers assessment at **100%** of **secure** services.

- **100%** of **secure** and **ED** services have a website which provides information about the unit that young people and parents/carers can access prior to admission.

"I have had a look at the video on the website just before my child went there, it was helpful for me"

Parent/carer

Areas for development

- Young people are given an information pack on admission at **87%** of **general** services, **81%** of **ED** services and **90%** of **secure** services.

- Young people and parents/carers are offered written and verbal information about the young persons mental health condition at **81%** of **general** services and **ED** services and **90%** of secure services.
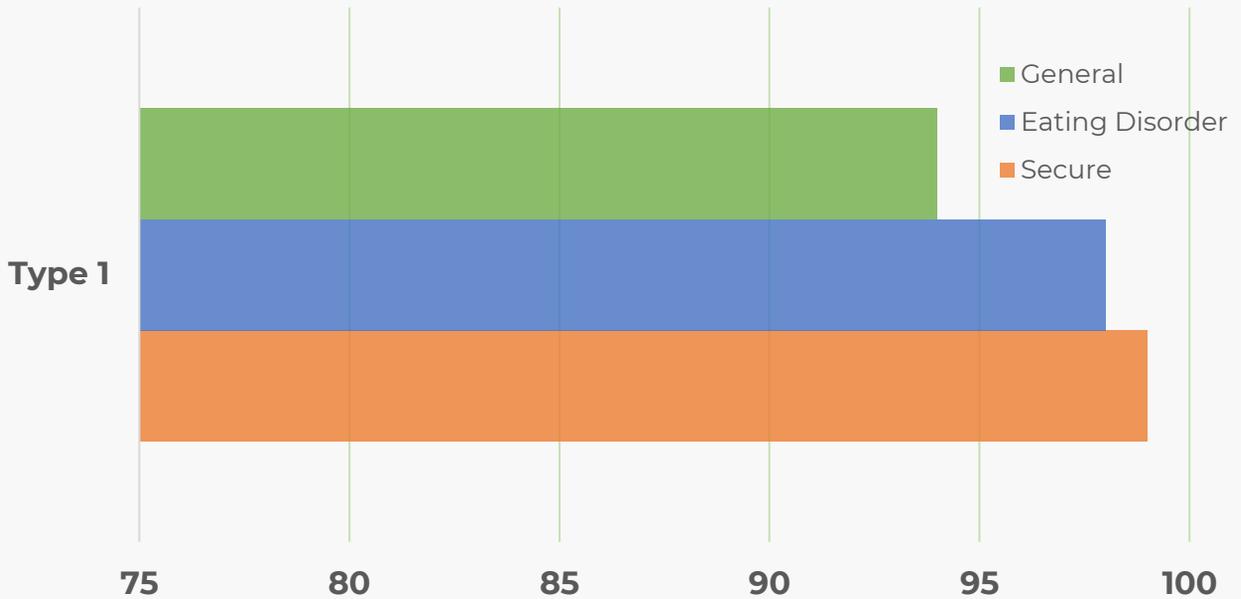
"The welcome pack was very detailed, and I felt overwhelmed with all the information"

Young person

18

Average % Met for each **standard type** in this subsection

Legend:
- General
- Eating Disorder
- Secure

Type 1

X-axis: 75, 80, 85, 90, 95, 100

Achievements

- Parent/carers feel supported at **100%** of **secure** services.
- Young people on constant observations receive at least one hour per day of being observed by a member of staff who is familiar to them at **100%** of **ED** and **secure** services, and **98%** of **general** services.
- Young people feel listened to and understood by staff members at **100%** of **ED** services.

"The staff are really welcoming, and will always try and help, we know it's not easy"

Parent/carer
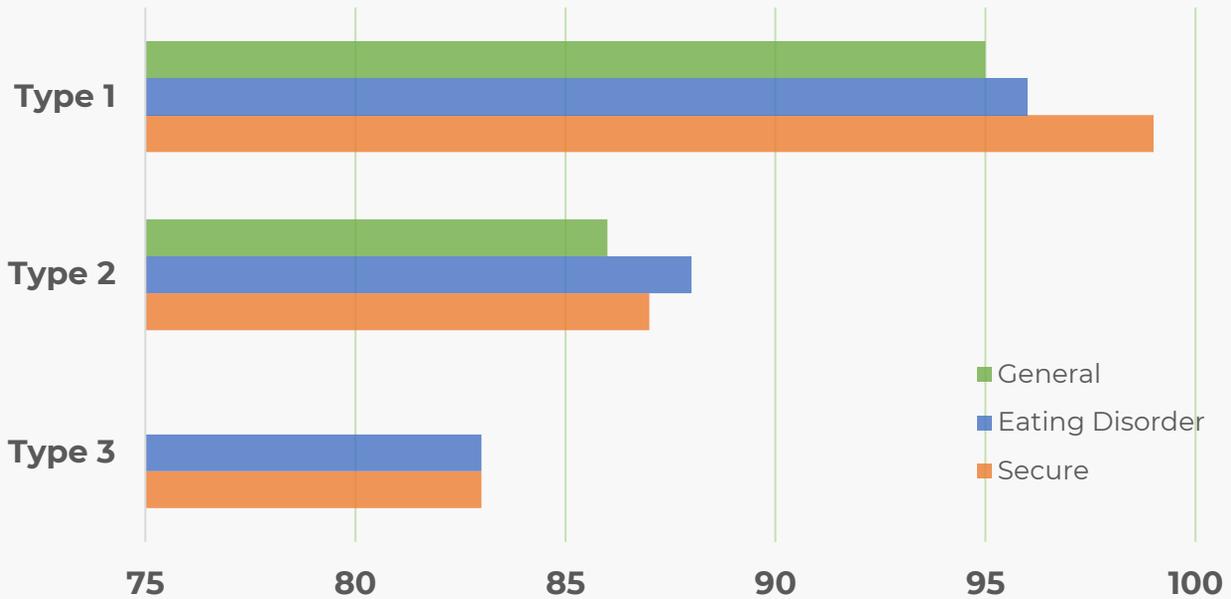
Areas for development

- Staff members, young people and parents/carers who are affected by a serious incident are offered post-incident support at **74%** of **general** services, **83%** of **ED** services and **90%** of **secure** services.
- Young people and parents/carers fed back that staff treated them with compassion, dignity and respect at **77%** of **general** services.

"If there's a problem, staff will be understanding and listen to you"

Young person

Average % Met for each **standard type** in this subsection

Legend:
- General
- Eating Disorder
- Secure

(Bar chart showing Type 1, Type 2, Type 3 with x-axis from 75 to 100)

Achievements
- A range of local and multi-centre clinical audits are conducted at **100%** of **ED** and **secure** services
- Teams have systems in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this in **100%** of **ED** and secure services, and **98%** of **general** services.
- Young people and parents/carers are encouraged to feed back confidentially about their experiences of the service, and this feedback is used to improve the service in **100%** of **secure** services.

"It was really positive to hear feedback from young people and parents of patients who had been discharged."

Staff member

Areas for development
- Services are developed in partnership with appropriately experienced young people and parent/carers who have an active role in decision making in **68%** of **general** services, **75%** of **ED** services and **80%** of **secure** services.
- The team actively encourages young people and parents/carers to be involved in QI initiatives in **77%** of **general** services, **83%** of **ED** services and **70%** of **secure** services.

"All staff would like more time for QI, but most days there just isn't enough time or resource"

Staff member
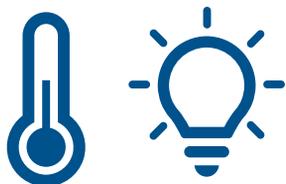
QNIC Team Recommendations

We now present a series of recommendations and practical suggestions to help services address commonly unmet standards. These have been drawn from insights and observations gathered during peer review days.

	Standard Criteria	Recommendations
1.1.2	Staff members and young people can control heating, ventilation and light.	Many services report that controlling heating can be a challenge. Services are often encouraged to discuss heating and temperature issues with their trusts as it is important that the unit is a comfortable space for young people to stay. Staff members and young people should at the very least be able to request changes to the temperature in the bedrooms and other ward spaces. Ventilation and light should be easy to control, especially in bedrooms. Services could also use dimmer switches or a staged lighting system on the ward to allow staff and young people to change the brightness of the lighting, and to further support young people with sensory needs.
2.1.7 **[General and ED]** **2.1.8** **[Secure]**	Appropriately experienced young person or parent/carer representatives are involved in the interview process for recruiting potential staff members.	QNIC recommends involving young people and parents/carers in the recruitment of new staff. For example, they could contribute by developing interview questions and either providing model answers or offering feedback on candidates' responses. Additionally, young people could be invited to give prospective candidates a tour of the unit, which would give them an opportunity to interact with potential staff members and give the service an insight into how the candidates interact with young people.

QNIC Team Recommendations (cont.)

Standard Criteria

Recommendations

3.2.4
[ED]

3.2.3
[General and Secure]

Parents and carers are offered individual time with staff members (with the young person's consent), within 48 hours of the young person's admission to discuss concerns, family history and their own needs.

QNIC recommends that services establish a clear process to ensure parents and carers are offered individual time with staff within 48 hours of a young person's admission, provided the young person consents. This can be achieved by scheduling a dedicated meeting as part of the admission pathway and communicating this to parents and carers early. Services should provide clear information about the purpose of the meeting, including the opportunity to discuss family history, concerns, and support needs. Assigning a named staff member to coordinate and facilitate these meetings will help maintain consistency and accountability. Where in-person meetings are not possible, services should offer flexible alternatives such as phone or video calls. Finally, implementing a simple feedback mechanism will allow parents and carers to confirm whether their needs were addressed and identify any follow-up actions.

4.1.1

Every young person has a written care plan, reflecting their individual needs. Staff members collaborate with young people and parents/carers (with the young person's consent) when developing the care plan and they are offered a copy.

Care plans are often not written in language that is easily accessible to young people, partly due to universal digital systems used across hospital trusts. Services may wish to consider developing a supplementary document, in collaboration with young people, that summarises the care plan and measurable goals in an easy-read format, with visuals to support communication needs. It may also be helpful to ensure the young person's voice is reflected in their care plan, for example through key-worker sessions where the plan is reviewed, signed, and a copy provided for the young person to keep in their room. Involving parents and carers in this process, with space for their input and signatures on updated copies, could further support their involvement.

22

	Standard Criteria	Recommendations
5.1.2	Young people are given an information pack on admission that contains the following: • A description of the service; • The therapeutic programme; • Information about the staff team; • The unit code of conduct; • Key service policies (e.g. permitted items, smoking policy); • Resources to meet spiritual, cultural or gender needs.	Young people often report that they cannot remember much of the information provided at admission or in the days immediately following. Services may wish to consider creating a short, easy-to-understand alternative to the welcome booklet, such as five or six flashcards summarising key information and explaining why they are on the ward. These cards could be displayed in bedrooms for ongoing reference and co-produced with young people and experienced peer support workers to ensure they include the most helpful details. Flashcards should supplement the full welcome pack so that young people have access to essential information when they are ready. Services could also consider holding a post-admission meeting one to two weeks after admission, once the young person has settled, to revisit key documents, answer questions, and provide more detailed welcome information. It could be helpful for services to have a 7-day admission plan, created in co-production with young people who have experienced this.
6.1.1	Staff members treat all young people and their parents/carers with compassion, dignity and respect.	Services could consider creating a mutual expectations agreement with young people and parents/carers, informed by parent and carer support groups and supported by family ambassadors. This could be revisited in community meetings to address any breaches collaboratively. Involving young people in staff training may also help reinforce compassion, dignity and respect, for example through role-play exercises supported by peer-support workers and experts by experience. Services should ensure trauma-informed care and relational approaches are delivered promptly and that all staff, including bank and agency workers, receive this training to maintain consistency.

23

	Standard Criteria	Recommendations
7.1.3	Services are developed in partnership with appropriately experienced service user and carers who have an active role in decision making.	It is encouraging that many services now have provision of family ambassadors and peer-support workers, and utilising these roles in service development could be highly beneficial.

Services may wish to consider establishing participation groups for young people and parents/carers, ensuring their views inform decisions about ward routines, resources, and care planning.

Involving young people and parent/scarers in recruitment panels and governance meetings may also strengthen their role in shaping services, and could be a good starting point for many services.

Services may also wish to explore flexible engagement methods, such as online forums or written feedback opportunities, to accommodate different preferences and circumstances. Providing recognition for the time and expertise offered by service users and carers could encourage sustained involvement and demonstrate that their input is valued. Finally, it may be beneficial to review these partnership arrangements regularly, seeking feedback on what works well and where improvements could be made, to ensure the process remains meaningful and effective. |

Cycle 24 and 25 Events

Special Interest Days – 29 November 2024 and 14 March 2025 (Online)

98%

of delegates rated the event Excellent-Good.

103 delegates attended across both dates

CAMHS Accreditation Training – 02 October 2024 and 6 February 2025 (Online)

100%

of delegates rated these training session as 4 or 5 out of 5

101 delegates attended across both dates

QNIC Annual Forum – Friday 20 June 2025 (in person). Theme: Neurodiversity and Learning Disability

100%

of delegates rated the event Excellent or Very Good.

99 delegates attended the event

Cycle 25 Events

QNIC Teacher's Special Interest Day, Friday 6 March 2026, Virtual

CAMHS Accreditation Training, Monday 23 March 2026, Virtual

QNIC Annual Forum, Monday 6 June 2026, Royal College of Psychiatrists - London

Sunflower Minds by Lily-Jane, 12 *Rhodes Wood Hospital School*

For more information visit our event page: QNIC news and events (rcpsych.ac.uk)

QNIC

The Royal College of Psychiatrists

21 Prescot Street

London

E1 8BB

 QNIC@RCPsych.ac.uk

www.rcpsych.ac.uk/qnic