

## **Written Evidence Submitted by Aspiring Futures CIC**

### **Subject: The Mental Health Bill [HL] 2025 — Statutory Implementation of the Patient and Carer Race Equality Framework (PCREF)**

#### **Executive Summary**

- This submission supports the inclusion of the Patient and Carer Race Equality Framework (PCREF) within the Mental Health Bill [HL] 2025.
- PCREF provides a structured, co-produced mechanism for eliminating racial inequalities in mental health services.
- Statutory implementation is necessary to ensure consistency, accountability, and long-term impact.
- Long term partnerships with voluntary and community sector organisations is pivotal in implantation of the PCREF.

#### **1. About Us**

Aspiring Futures is a women-led charitable Community Interest Company (CIC) and has been delivering services across Wolverhampton and surrounding areas since 2010. Our projects and initiatives tackle poverty and health inequalities throughout Wolverhampton through the delivery of various services including the provision of specialist mental health counselling services to mainly women from diverse communities. All of Aspiring Futures' activities and services are underpinned by an aspiration to improve women's mental health and the well-being of their children. This also includes increasing confidence, self-esteem for women to move on from severe mental trauma resulting from domestic abuse, migration etc.

All of our services are demand-led and tailor made, adopting a 'person-centred' approach to achieving the positive outcomes e.g. a woman new to the UK coming from Ukraine might have different needs to the woman coming from Syria; it is not just difference in the faith but also their customs, traditions and mind set. Even though some of the basic needs might be similar such as housing, English Language support, access to health services etc. We also find that their approach to accessing the counselling / mental health service might also be different. One might be attending English classes to get into paid work however the other might want to improve her language skills to communicate with the GP, health professionals or, the school etc.

#### **2. Rationale for Statutory PCREF**

Unfortunately, with increases in mental health awareness and the after-effects of the Covid pandemic, there is greater need for community based mental health services that can be accessed by a diverse client group to support additional needs such as IT proficiency, literacy, language skills, affordability and geographical accessibility; having the flexibility to work with clients at their own pace. We are successfully running a partnership Talking Therapies Plus programme in Wolverhampton that is currently led by the VCS (Voluntary and Community Sector); the programme is based in the heart of the community at various locations; having flexibility of in-person and remote service, staff who can speak community languages and access to other support services that are relevant to the clients make a difference in their long term recovery and reduced reliance on NHS services.

Our mission of supporting women to ‘aspire for better’ directly links with the PCREF agenda; i.e. to ensure equitable healthcare access, experiences and outcomes for patients and carers from all racial, ethnic and religious backgrounds.

We have a great momentum with our local PCREF group however we need to see the implementation of recommendations made by the partners.

### **3. Legislative Recommendations**

We urge the Committee to consider the following amendments to the Mental Health Bill [HL] 2025:

1. Introduce a statutory duty on NHS mental health providers to implement PCREF in full.
2. Require local co-production and community governance of PCREF implementation.
3. Link PCREF delivery to regulatory and commissioning oversight (e.g. via CQC, ICBs).
4. Ensure annual, transparent reporting on progress and impact.

### **4. Conclusion**

We believe that without statutory PCREF, efforts to address racial inequality in mental health will remain fragmented and insufficient. Legislation is needed to embed equity as a non-negotiable principle of mental health care.

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