

# 15 Steps Review

Child and Adolescent Mental  
Health Services (CAMHS)  
Beech Close  
March 2026

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# Introduction

The East London NHS Foundation Trust (ELFT) serves a vital role in the community by providing Child and Adolescent Mental Health Services (CAMHS) across the Bedfordshire and Luton regions. These services are designed to offer support to children and young people who are navigating emotional wellbeing challenges and complex mental health difficulties. By working in close partnership with young people, their families, and clinical professionals, the Trust provides approaches to assessment, treatment, and ongoing support.

Within this wider network, Beech Close CAMHS is a community-based site in Dunstable, specifically supporting young people from Central Bedfordshire who require specialist intervention. This facility is a space where families can access therapeutic support and receive guidance tailored to their individual circumstances.

Recognising the importance of the physical environment in a young person's recovery journey, Beech Close recently accepted a request from Young Healthwatch Central Bedfordshire to conduct an in-depth '15 Steps' review of their service. The primary objective of this visit, which took place on March 11th 2026 was to evaluate the site from the perspective of a young person arriving for the first time.

The review focused on immediate first impressions, assessing how welcoming and accessible the building feels to those seeking help. By exploring the environment through the eyes of its service users, the volunteers sought to understand how the physical surroundings, from the entrance to the therapy rooms, shape a young person's initial comfort and willingness to engage with the service.





# Preparation

This review was informed by Healthwatch England's statutory Enter and View powers. Under the Health and Social Care Act 2012, all local Healthwatch organisations have the legal authority to visit health and social care services, observe care delivery, and speak directly with service users. These powers apply across a wide range of settings, including hospital wards, GP practices, and residential care homes.

To ensure the review was both professional and empathetic, all Young Healthwatch volunteers completed 'Enter and View' training prior to the visit. This preparation was essential in building volunteer confidence and setting clear expectations for navigating a CAMHS setting, as well as enabling meaningful conversations with staff and families. While the legal framework of the visit was rooted in 'Enter and View,' the group adopted the '15 Steps Challenge' methodology as the primary tool. This framework is particularly effective for paediatric and youth services, as it prioritises the sensory and emotional experience of a service user within the first few moments of arrival.



***I can tell what kind of care my daughter is going to get within 15 steps of walking on to every new ward***

The 15 Steps methodology is well established within the Young Healthwatch team, having been successfully applied in previous reviews at Bedford Hospital (2023) and Sue Ryder St John's Hospice (2024). For the Beech Close visit, the Youth Engagement Officer developed a tailored survey based on these principles, ensuring that observations were both structured and sufficiently flexible to capture the full range of environmental factors. This approach enabled volunteers to record detailed feedback, encompassing elements such as building signage and the overall atmosphere of the spaces.





# Methodology

The visit lasted approximately three hours and involved five dedicated volunteers, alongside Healthwatch Central Bedfordshire's (HWCB) Youth Engagement Officer and a member of the Board of Directors. Upon arrival, the team entered through the main reception and was welcomed by the General Manager of Luton & Bedfordshire CAMHS. Prior to commencing the review, the Youth Engagement Officer delivered a concise but detailed briefing to management and staff, ensuring clarity around the purpose of the visit and how the findings would inform ongoing service development.

Following the briefing, volunteers proceeded through the site and divided into smaller groups. Some focused on assessing the physical environment, while others undertook semi-structured interviews with staff, service users, and parents or carers. Each volunteer participated in at least one interview, with discussions ranging from five to forty minutes. These conversations generated rich qualitative insights into the lived experience of receiving or supporting care, providing depth beyond that captured through observation alone.

Throughout the process, safeguarding remained a key priority. Volunteers were accompanied by the Youth Engagement Officer and/or a HWCB Director during staff interviews, ensuring appropriate support was in place and that all interactions remained suitable for the setting.

The team conducted a structured walkthrough of the following key areas:

- ◆ **Arrival Experience:** The car park and ease of the initial reception check-in.
- ◆ **Waiting and Transition Spaces:** The main waiting room and connecting corridors.
- ◆ **Therapeutic Spaces:** Consultation and therapy rooms, with a focus on privacy and overall atmosphere.
- ◆ **Staff and Wellbeing Areas:** Staff rooms, offices, and the outdoor garden space.

The findings from this three-hour visit have been collated to present a clear and balanced account of the visit to Beech Close. By combining environmental observations with individual testimonies, this report highlights key strengths of the current service while identifying areas where improvements could further enhance accessibility. This collaborative approach ensures that the voices of young people continue to inform and shape the development of mental health support across Central Bedfordshire.



# Summary of key findings

## Service Users

During the visit, Young Healthwatch volunteers engaged directly with two young people who were accessing CAMHS services on the day. Although several other young people were present on site, they were unable to participate in interviews due to being called for scheduled appointments.

To broaden the evidence base, the Healthwatch questionnaire was subsequently shared with the CAMHS General Manager, with the intention that it could be distributed to those who were unable to take part during the visit. However, no additional responses were received through this route, and it remains unclear whether the questionnaire was circulated to service users and their families.

Despite the limited number of participants, the two young people who contributed were open, engaged, and willing to share their experiences in detail, offering valuable qualitative insight into the service. Their experiences reflected a range of engagement with Beech Close CAMHS, from several months to multiple years. Referral pathways varied, including routes through schools and GPs, with some young people having previously accessed support from services such as school nursing teams prior to referral.

In general, young people reported that *“appointment times are [generally] convenient”*, with support delivered through a combination of face-to-face sessions and, on occasion, virtual appointments. Experiences of waiting times for initial appointments varied, with one young person describing a wait of approximately 3–4 months before receiving support.

A clear and consistent strength identified was the quality of relationships with staff. Young people said that *“the staff here are really kind”* and expressed that they felt comfortable discussing their feelings openly during sessions. There was also a strong sense of being listened to, with participants indicating that they felt involved in decisions about their care and that their views were taken seriously.

Alongside these positive experiences, several areas for improvement were identified. Communication emerged as a key theme, particularly in relation to appointment changes. One young person noted that staff are *“sometimes... bad at communicating when an appointment has been cancelled”*, suggesting that more timely and consistent communication could reduce uncertainty and enhance the overall experience.

Young people also reported a lack of clarity regarding how to raise concerns or make a complaint, indicating that this information may not be sufficiently visible or routinely communicated. In addition, experiences relating to choice within care were mixed, with some young people reporting that they had not always been offered the option to choose between a male or female practitioner.

The physical environment, particularly the waiting area, was another area highlighted for improvement. While aspects of the service were viewed positively, there was a shared view that the space could be more engaging and better suited to young people's needs. Suggestions included *"more chairs in the waiting room and more things to do"*, with one participant adding, *"I'd love to have more fidget toys"*. These comments point to a broader opportunity to enhance the environment so that it feels more welcoming, stimulating, and supportive for adolescents accessing the service.

## Parents/Carers

Parents and carers who engaged with Young Healthwatch volunteers provided consistently positive feedback regarding their experiences of Beech Close CAMHS. Across all discussions, there was a clear and reassuring sense that young people were receiving appropriate, responsive, and effective care. One parent summarised this sentiment by stating that the service is providing *"exactly what [their child] needs"*.

A prominent strength identified was the quality and approachability of staff. Parents described staff as *"supportive"*, *"caring"*, and *"approachable"*, with several highlighting the value of continuity in care. One parent noted that the *"nurse is extremely supportive and caring towards my daughter"*, while others commented that staff were *"very helpful"* and *"consistent"* in their approach. This consistency was viewed as particularly important in fostering trust, building strong therapeutic relationships, and providing a sense of stability for both young people and their families.

Communication and flexibility were also highlighted as key positives. Parents described staff as welcoming and clear in their communication, with a willingness to adapt to individual family needs where possible. Reflecting on their overall experience, one parent remarked that *"we have been quite lucky with it all"*, capturing a broader sense of appreciation and satisfaction with the service provided.

In addition, the importance of child-centred practice was emphasised. One parent highlighted that effective care involves actively listening to the young person and valuing their perspective. This reflects a wider expectation among parents and carers that services should prioritise the voice of the young person, ensuring that care and decision-making processes are both inclusive and responsive to individual needs.

## Staff

### Staff Experience

Staff interviewed at Beech Close CAMHS had a wide range of experience, from a few months to over 20 years, with many having worked across different CAMHS sites and services. This reflects a diverse and experienced workforce.

There was a strong sense of team support and collaboration, with staff describing the team as *“hard working”*, *“a good solid team”*, and stating that they feel *“really at home”* within the service. Most staff reported feeling valued in their role, and morale was generally described as positive, with comments such as *“very good”*, *“busy and supportive”*, and *“you never feel alone if you have a problem”*. However, staff also acknowledged that the role can be challenging, particularly due to external pressures and increasing demand.

### Staffing Levels and Breaks

Staff consistently highlighted pressures related to staffing levels and demand. While some felt staffing was adequate, the majority expressed concerns, with comments such as *“very under resourced”*, *“more referrals than staff available”*, and references to *“limited staff”* and *“budget cuts”*. This pressure was also reflected in day-to-day working conditions. Although some staff reported being able to take breaks, many said this was not always possible due to workload, with comments including *“there are no scheduled breaks”*, *“we don’t have enough time”*, and *“the demand of the service can prevent this”*. Despite these challenges, staff continued to describe a committed and resilient team environment.

### Supporting Service Users with Additional Needs

Staff demonstrated a flexible and person-centred approach when supporting young people with additional needs. A consistent theme was the importance of listening and adapting to the individual, with staff explaining they *“always listen to the young person”*, *“try and do whatever is needed”* and focus on *“adapting the session so it is right for them”*. Support strategies included working closely with parents and carers, adapting environments (such as using the same room) and offering alternative formats such as online sessions where appropriate. Staff also highlighted the availability of specialist teams, for example for young people with learning disabilities.

When supporting young people with communication difficulties, staff emphasised the importance of building trust and working at the young person’s pace, using creative approaches such as drawing, and ensuring flexibility, with one staff member stating they *“meet young people wherever and whenever they feel most comfortable”*.

### Training

Staff generally reported feeling well supported in relation to training and professional development, with many indicating that they had received appropriate preparation for their roles. One staff member commented that *“ELFT are good at providing training”*, while others highlighted positive management support and access to a range of learning opportunities. This reflects a broadly strong foundation in workforce development within the service.

However, staff also identified specific areas where further training would enhance practice. In particular, there was a consistent emphasis on the need for more comprehensive training in neurodevelopmental conditions, including autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD), with one staff member suggesting this should be available to *“every single member of staff”*. There was also interest in expanding skills in more creative therapeutic approaches and strengthening collaboration with external services, indicating a desire to further develop both clinical practice and partnership working.

While most staff felt confident in requesting additional training, some noted that access could be influenced by factors such as budget constraints or availability. This suggests an opportunity to further strengthen equitable access to ongoing professional development across the team.

### **Feedback and Service Improvement**

Staff described a range of approaches currently used to gather feedback, including formal outcome measures, structured feedback forms, and informal discussions during appointments. Feedback is also collected at key stages of the care pathway, such as at discharge, and through participation initiatives where former service users contribute to service development, including involvement in staff recruitment.

Despite these established mechanisms, some staff felt that feedback processes could be further strengthened. This was reflected in comments such as *“it needs to be done more so more feedback can improve care”*, alongside concerns regarding the accessibility of feedback tools, for example *“no leaflets to give out”*. These insights suggest an opportunity to enhance both the consistency and inclusivity of feedback collection.

In relation to service improvement, staff consistently identified the physical environment as a key area for development. There was a shared view that spaces could be made more *“youth friendly”*, *“cozy”*, and engaging, with particular emphasis on the need to *“revamp the waiting room”* and improve the overall appearance of the building, including creating a more welcoming entrance.

Staff also highlighted broader areas for enhancement, including the need for increased staffing capacity, clearer internal and external communication, and the adoption of more creative approaches to care. Additional suggestions included making better use of outdoor spaces, improving temperature regulation within the building, and introducing more accessible methods for gathering feedback, such as the use of QR codes linked to online forms.



# General observations

## Outside

When approaching the building, several Young Healthwatch volunteers felt that the exterior and entrance area could be improved to create a more welcoming first impression for young people and families attending appointments.

Some volunteers described the building as appearing *“uninviting”*, with one volunteer commenting that the exterior *“looks like a prison”* due to the overall appearance of the building, specifically the front door. Others felt that the entrance itself was not immediately clear, with one volunteer stating *“I wouldn’t know where to go”* when first arriving at the site.



Volunteers also noted that the front door would benefit from clearer signage, with one comment highlighting that the *“front door needs more signs”* to help visitors easily identify the entrance. Signage inside for the reception area was clearly signed though. Overall, the exterior of the building was described by most volunteers as *“ugly”*.

When visiting the rear of the building, the volunteers observed a large garden space with wooden benches dotted throughout the area. The volunteers described the outdoor space as *“more inviting”* and felt that it had strong potential to be a positive area for young people and their families.

The group noted that the garden could provide a *“calm”* and *“relaxed environment”* for service users, particularly during the warmer summer months, and felt that it could be a valuable space for young people to spend time before, after or even during their appointments.



## Inside

Overall, Young Healthwatch volunteers felt that the interior of Beech Close CAMHS created a mixed first impression.

While some described the space as *“calm but anxious”*, the overall feel was often perceived as *“very hospital like”* and *“clinical”*, with one volunteer noting that *“everything feels dull”*. Sensory factors also contributed to this, with comments such as *“smelt a bit old”* and a *“musty smell”*, which impacted the welcoming nature of the environment.

## Waiting Room

The waiting room was identified as a key area where improvements could enhance the experience for young people. Although volunteers highlighted positives such as *“the music in the waiting room is good to diffuse the possible tense atmosphere”* and *“it was good to see pictures of the staff... and their roles”*, the space was largely viewed as overcrowded and not well-suited to young people’s needs.



Volunteers described the room as *“too small and overcrowded, not much personal space”*, with seating that was *“comfortable but too close together”*. Lighting was a significant concern, with comments including *“the lighting was quite harsh”* and *“the lighting gave me a headache”*, suggesting the environment may not be appropriate for young people who are already feeling anxious.

The overall design and layout were seen as outdated and overstimulating, with *“lots of leaflets on the walls which can be a bit overwhelming”*. At the same time, there was a lack of meaningful engagement, as *“activities provided [were] mainly aimed at young children”*, limiting suitability for older young people. While features such as the chalkboard were noted, one volunteer commented that *“the black background made it feel quite ominous”*, highlighting how design choices can unintentionally affect the atmosphere.



Feedback opportunities were also unclear, with *“no feedback forms found in the waiting room”*, despite some being available elsewhere, reducing visibility and accessibility for service users. We did find one feedback poster, as we were leaving the waiting room, but it took an eagle eyed volunteer to spot this. The poster needs to be more prominently displayed and more than one.

Volunteers also observed a *“You said, we did”* board on display, which demonstrates that the service is taking steps to respond to and act on feedback received from service users.



## Therapy Rooms

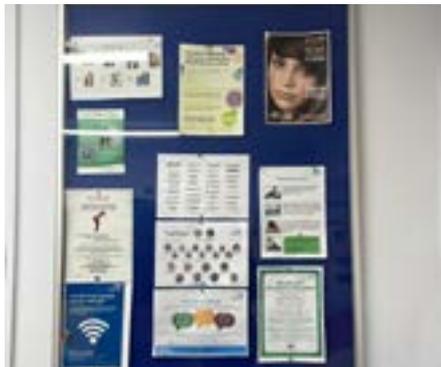
Therapy rooms were generally perceived as more appropriate for younger children than adolescents. Volunteers noted that the rooms *“felt more welcoming for young children and less for adolescence”*, with limited resources available beyond *“only [a] wooden dolls house”*. This created the impression that the space was not fully inclusive of different age groups.



Volunteers also highlighted a lack of communication support, with one noting they *“couldn’t find any resources available to support communication”*, which may impact the ability of some young people to fully engage in sessions.

## General Environment and Accessibility

Across the wider building, volunteers identified issues with maintenance and clarity. For example, *“blue tac stains on the wall looked horrible”* and *“cobwebs”* in the lift took away from the overall presentation of the space. Although the lift itself was accessible, these details affected perceptions of cleanliness and care.



While *“staff seemed friendly”*, which positively influenced the experience, some volunteers felt that important information was missing. One noted they *“wouldn’t know what to do in an emergency”*, and others reported that it was not clear how young people could get involved in shaping the service.





# What worked well

## **Exceptional Staff Relationships:**

Both young people and parents consistently praised staff for being “kind,” “supportive,” and “approachable.” This creates a foundation of trust, allowing service users to feel safe and heard.

## **Strong**

**Management Support:** Staff noted that the trust (ELFT) is “good at providing training” and that management is generally supportive of professional development requests.

## **Collaborative Care:**

Young people reported feeling actively involved in decisions regarding their treatment. Their views are taken seriously, fostering a person-centered approach to mental health support.

## **Team Cohesion and Morale:**

Despite external pressures, the staff team is resilient, collaborative, and supportive of one another. Most staff feel valued and describe a “solid” team environment.

## **Flexibility for Additional Needs:**

The service demonstrates a strong ability to adapt sessions for young people with communication difficulties or neurodevelopmental needs, using creative tools like drawing and offering flexible meeting formats (virtual vs. face-to-face).

## **Parental Confidence:**

Parents expressed high levels of satisfaction, noting that the care provided is effective and that staff are consistent in their support for the whole family.

## **Valuable Outdoor Space:**

The large garden at the rear of the building is a significant asset, providing a calm and relaxed environment that contrasts positively with the clinical interior.

## **Hybrid Support:**

The service successfully balances face-to-face appointments with virtual sessions, allowing families to choose the format that best fits their schedule or mental health needs.



# Recommendations

## Communication and Information



Improving communication with young people and families is a key priority, particularly in relation to appointment changes and cancellations. A more consistent system (e.g. text reminders and follow-up notifications) would help reduce uncertainty and anxiety. Clear and accessible information within the building would also strengthen understanding and engagement.

This includes:

- ◆ How to make a complaint
- ◆ What to do in an emergency
- ◆ How young people can get involved in shaping the service

Information would benefit from being visible, youth-friendly, not written for adults, and easy to understand, rather than relying solely on verbal communication

## Waiting Room

### WAITING ROOM



A review and redesign of the waiting room would support it in better meeting the needs of young people, particularly adolescents. Enhancements could focus on both comfort and overall experience, including:

- ◆ Increasing seating and improving layout to reduce overcrowding and support personal space
- ◆ Introducing a wider range of age-appropriate activities (e.g. fidget tools, sensory items, books, creative resources)
- ◆ Reviewing lighting to create a softer and more comfortable environment
- ◆ Reducing visual clutter, such as excessive leaflets, and presenting information in a more engaging format
- ◆ Redesigning the chalkboard area to retain its interactive purpose while creating a more positive and welcoming feel (e.g. lighter background, colourful borders, or guided prompts)
- ◆ Information would benefit from being visible, youth-friendly, not written for adults, and easy to understand, rather than relying solely on verbal communication

Involving young people directly in co-designing the waiting area would help ensure the space reflects their preferences and creates a more welcoming and engaging environment.

## Therapy Room Inclusivity



Adapting therapy rooms to ensure inclusivity across all age groups, particularly adolescents, would enhance the overall experience. This may include:

- ◆ Providing a broader range of resources beyond those aimed at younger children
- ◆ Introducing tools to support communication (e.g. visual aids, emotion cards, sensory resources)
- ◆ Creating a neutral, flexible environment that can be adapted to individual needs

Opportunities to gather input from young people on how these spaces feel and function in practice would further support the development of environments that are both inclusive and responsive to need.

## Building Environment and First Impressions



Enhancing the overall environment of the building would contribute to a more welcoming and less clinical atmosphere.

Key areas for improvement include:

- ◆ Improving signage and clarity of the main entrance
- ◆ Refreshing décor to reduce the “clinical” and “hospital-like” feel
- ◆ Addressing maintenance issues (e.g. stains, cobwebs, general upkeep)
- ◆ Improving sensory elements such as lighting and smell

Engaging young people in shaping first impressions of the service could provide valuable insight into how the environment is experienced on arrival and identify meaningful opportunities for improvement.

## Use of Outdoor Space



The garden area offers a valuable opportunity to enhance the service experience. Consideration could be given to:

- ◆ Increasing outdoor space into appointments where appropriate
- ◆ Providing seating and structured activities for young people and families
- ◆ Promoting the space as a calm, therapeutic environment

This may be particularly beneficial for young people who find indoor clinical settings overwhelming.

## Staffing and Workforce Support



In light of staff feedback regarding workload and capacity, a review of staffing levels and resource allocation would support the service in meeting demand effectively.

Further considerations include:

- ◆ Protecting staff breaks and wellbeing
- ◆ Exploring ways to reduce pressure during peak periods

Sustaining staff wellbeing is essential in maintaining the positive and supportive culture already evident within the team.

## Training and Development



While training provision is viewed positively overall, there is scope to further develop opportunities in key areas identified by staff, including:

- ◆ Neurodevelopmental conditions (e.g. ASD, ADHD)
- ◆ Adapting sessions for neurodivergent young people
- ◆ Creative and alternative therapeutic approaches

Strengthening consistency of knowledge across these areas would further enhance the service's ability to meet diverse needs.

## Choice and Personalisation of Care



Expanding opportunities for choice within care would further support a person-centred approach. For example: Offering young people the option to choose the gender of their practitioner where possible.

This would help empower young people and strengthen their sense of involvement in their care.

## Feedback and Participation



Opportunities exist to strengthen how feedback is collected, shared, and acted upon. This could include:

- ◆ Making feedback mechanisms more visible and accessible (e.g. clearly displayed forms, QR codes in waiting areas). There is a dedicated person who emails clients and parent for feedback on their experience
- ◆ Offering multiple methods of providing feedback (digital and paper-based)

Increasing visible opportunities for young people to shape the service would further embed their voices within ongoing development.

Consideration could also be given to establishing a dedicated Young People's Advisory Group (or similar forum), providing a structured and ongoing mechanism for young people to contribute to service design and improvement. This group could play a key role in co-producing changes to the environment, communication approaches, and care delivery.

Embedding this approach would support the service in delivering more responsive, inclusive, and high-quality care, ensuring that developments are directly informed by the lived experiences of young people.



# Acknowledgements

Young Healthwatch's Youth Engagement officer would like to extend sincere thanks to all the staff at Beech Close CAMHS for their time, openness and willingness to support this review.

We are particularly grateful to those who facilitated the visit and to the staff members who took part in interviews, sharing their experiences and insights so honestly. Their cooperation and engagement have been invaluable in helping us to understand the service.

We would also like to thank the young people and parents/carers who spoke with our volunteers. Your contributions have played a vital role in shaping this report and ensuring that the voices of service users are reflected.

Finally, we would like to recognise the dedication and commitment of our Young Healthwatch volunteers. Their professionalism, enthusiasm and thoughtful approach throughout the visit made this review possible, and their perspectives are central to the findings.

*"I'm very grateful to have been able to visit CAMHS, it was my first time being in an environment like that where I was able to talk to so many different people including parents and professionals. Through my interviews I was able to have a better understanding of how much work and organisation is needed to support the young people that are seeking help, I also think that the staff were extremely nice and accommodating, and although it was a bit weird for me to interview them, they made me feel at ease. Although I think the design of the place needs some work, ultimately, I enjoyed my time there."*

**Naomi, YHW volunteer , 17 years old**

*"During my CAMHS experience through Young Healthwatch, I got to experience how the service works, meeting the staff and some young people using the service. I and a group of other volunteers had an amazing opportunity to report feedback from the service to see what was good and what could be improved. The staff were so lovely as well as the service users we spoke to. I am very grateful for the opportunity and thank you again Healthwatch!"*

**Ava, YHW volunteer , 17 years old**

*"I felt honoured to have the opportunity to look inside the CAMHS service, I learnt lots and I found it very enjoyable talking to all the people. I thought the staff were lovely, however the facilities felt a little run down and not as welcoming or calming as the use of the building required. The garden and actual consultation rooms were nice however it lacked activities and personal touches to make it feel more welcoming such as fidget toys and pictures."*

**Isabelle, YHW volunteer , 14 years old**



WELCOME TO  
CAMHS



WhosMelon



Why be normal?  
Celebrate  
Being  
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# Appendix A

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# Appendix A

## General Observations Questions

The volunteers marked these as present (yes) or not present (no) or/with any supporting comments by observing the external and internal general areas of the CAMHS site:

### Observation Criteria

1. Is it clear to go when you arrive?
2. When you first enter the building, how does it make you feel?
3. What can you hear, see, smell?
4. Is the reception friendly and approachable?
5. What is the atmosphere like?
6. Are the staff friendly?
7. Is there clear signage suitable for young people?
8. Is there any literature for people to take away?
9. Is the lighting soft and welcoming?
10. Are there any feedback forms?
11. Wheelchair/pushchair accessible?
12. Fire exits – locations and signs?
13. Is the seating comfortable?
14. Is this space welcoming for children and young people of different ages?
15. Is the seating arranged to allow personal space?
16. Would you know how to contact a staff member in an emergency?
17. Does this room feel safe?
18. Is the room clean?
19. Is there Wi-Fi and is it easily accessible for all to use?
20. Is there evidence that young people have helped shape the service?
21. Is it clear how young people can get involved in shaping the service?
22. Are posters and materials inclusive of different backgrounds
23. Is there any information available in different languages or accessible formats?
24. Is the environment considerate of neurodiversity?
25. Is there public transport nearby?
26. Is there air conditioning/good ventilation?



**NHS**  
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**CAMHS  
and  
SPLD**



# Appendix B



# Appendix B

## Service users, Parents/Carers and Staff Questions

### Service User Questions:

1. Which CAMHS service have you accessed?
2. How long have you been getting support from CAMHS?
3. How were you referred to the service?
4. Before coming to CAMHS did you access any of the following?
  - ◆ Contact NHW 111
  - ◆ Go to a “walk-in center”
  - ◆ Speak to a Pharmacist
  - ◆ GP
  - ◆ Hospital
  - ◆ School nurse
  - ◆ Other healthcare professionals
  - ◆ Online support organisation
  - ◆ Other
5. Are the appointments offered convenient for you?
6. On average how long did it take to receive your first appointment with CAMHS?
7. Who have you seen at CAMHS?
8. What type of appointments were you offered?
9. When you arrive for your appointment, do you have to wait long to be seen?
10. Are the staff at the service helpful and polite?
11. How would you access out-of-hours care if you needed it?
12. Do you feel able to talk openly about how you are feeling?
13. Are you involved in decisions about your care and goals?
14. How is a copy of your care plan shared with you?
15. Do the staff listen to you and consider your opinions?
16. Are you able to choose whether you see a male or female practitioner?
17. Do you know how to make a complaint about the service or the staff?
18. On a scale of 1-5, 1 being very dissatisfied and 5 being very satisfied, how would you rate your overall quality, care and treatment at CAMHS?
19. From your experience, what could CAMHS do differently to improve your experience?
20. Do you have any other comments you would like to add?

### **Parents/Carers Questions:**

1. What is your relationship to the person you have come to support today?
2. Why are you here today?
3. Do you believe your relative/child is receiving the best care when at Beech Close?
4. Was the child you are here to support asked if they have any additional needs? (e.g. hearing or visual impairment or whether they require additional language support)
5. Was the child you are here to support asked if they require an interpreter?
6. What would good care look like for your child/relative?
7. Is there anything you would like to tell us about your experience with Beech Close and/or the care given to your child/relative/

### **Staff Questions:**

1. How long have you worked in this department?
2. Have you worked anywhere else within CAMHS?
3. Do you have regular team meetings?
4. Do you feel the current staffing level is adequate?
5. If a young person came to the department with additional needs, how would they be supported?
6. How do you support young people who have difficulty communicating?
7. Do you know how feedback is collected and then used within your department?
8. Do you feel you have been offered sufficient training for this role?
9. What other training do you feel you or other members of your team would benefit from?
10. Do you feel you are able to request further training appropriate to your role?
11. Is today's staffing level usual for this department?
12. Are you able to take breaks as scheduled?
13. Do you feel part of a team within the department?
14. Do you feel valued in your role?
15. How would you describe current staff morale within the department?
16. Are you aware of the department's safeguarding procedure
17. What changes do you feel could be made to improve the patient's experience?
18. Is there any other feedback you would like to give?

# YOUNG healthwatch Central Bedfordshire

Young Healthwatch aims to ensure that health and social care services work effectively for the people who use them, with a particular focus on the voices and experiences of young people. Our role is to make sure that local decision-makers and service providers place young people at the center of their work and decision-making.

Our volunteers are trained in the “Enter & View” process and are committed to using these skills to visit a range of health and social care settings, including hospital wards, GP surgeries and residential care homes. Through these visits, young people are able to share their findings and insights from a unique and valuable perspective.

If you would like a group of Young Healthwatch volunteers to visit your service, please get in touch.

Further information about Young Healthwatch can be found on our website: <https://healthwatch-centralbedfordshire.org.uk/young-healthwatch>.

If you are under 25, why not consider becoming a member of Young Healthwatch Central Bedfordshire?

Contact us:



[elli.margolius@healthwatch-centralbedfordshire.org.uk](mailto:elli.margolius@healthwatch-centralbedfordshire.org.uk)



[info@healthwatch-centralbedfordshire.org.uk](mailto:info@healthwatch-centralbedfordshire.org.uk)



0300 303 8554





Healthwatch Central Bedfordshire  
Capability House Wrest Park  
Silsoe  
Beds MK45 4HR

[www.healthwatch-centralbedfordshire.org.uk](http://www.healthwatch-centralbedfordshire.org.uk)

tel: 0300 303 8554

email: [info@healthwatch-centralbedfordshire.org.uk](mailto:info@healthwatch-centralbedfordshire.org.uk)

Registered Address: Capability House, Wrest  
Park, Silsoe, MK45 4HR  
Registered Company No: 08399922  
Registered Charity No: 1154627

