SAFEGUARDING REPORT

brook

17/18

1. INTRODUCTION & SUMMARY

1.1 This report on safeguarding in Brook is presented to comply with the Charity Commission (CC) requirements. It is for the year 2017-18 with information relating to the present year where relevant. A report to trustees should be made on an annual basis or when legislation changes.

1.2 Safeguarding young people is a priority for Brook. During 2017-18 we have taken significant measures to ensure the safety and protection of young people who access our services. In summary the measures that we have taken include:

• Our robust safeguarding policies and procedures have been kept up to date. They are implemented effectively and with commitment.

• The Quality & Assurance Committee (QAC) meets on a quarterly basis and reports to the Board of Trustees. The committee regularly reports on safeguarding activity and the implementation of safeguarding policies and procedures across the organisation.

The QAC successfully scrutinises and holds services to account for safeguarding practice across Brook by reviewing the quarterly safeguarding report, requesting further information when required and seeking assurances from the Director of Operations and Designated Safeguarding Lead.

• A designated member of the Board of Trustees is responsible for safeguarding. For much of 2017/18 this was Phillip Noyes (Chief Advisor Child Protection, NSPCC) and it is now Jo Youle (Deputy Chair, Brook Board of Trustees and Chair of the QAC).

• Brook's Designated Safeguarding Lead Officer Carole Jackson attends QAC meetings and provides specialist guidance, support and training. Carole also ensures that there is a high awareness of safeguarding throughout the organisation.

While there can never be room for complacency and there is a constant need for review and reflection, we believe that the provisions made by Brook in 2017-18 mean that we have considerably improved our capability to safeguard young people. We acknowledge the significant contribution and commitment made by staff and trustees.

2. REGULATORY FRAMEWORK

2.1 Our primary regulator as a charity is the CC. Its primary focus is governance by trustees. The primary regulator of our services is the Care Quality Commission (CQC) whose primary focus is the quality of services. The CQC requirements were revised in April 2015. The requirements of each regulator are different, although not substantially at odds with each other apart from expectations of reporting serious incidents of maltreatment.

3.   THE ROLE OF TRUSTEES IN SAFEGUARDING

3.1   The CC regards trustees to be collectively and individually accountable for how the charity safeguards children and young people who contact us, our staff and volunteers. Brook endorses this approach and our trustees make safeguarding a priority.

3.2   In August 2017, we created our QAC to take responsibility for oversight of our safeguarding work among other activities. The QAC, which comprises six members including trustees, advisors and staff, meets regularly and provides a clear focus on safeguarding and risk. Each meeting receives a report on safeguarding and risk, and identifies any areas of concern.

4.   RISK

4.1   We are in a much stronger position this year in respect of identifying risks, recognising concerns, responding accordingly and recording accurately. We have electronic patient records (EPR) in all our clinical services with the exception of Jersey which uses a combination of EPR and complete paper client records.

During 2017/18, work was undertaken to draft templates for our education services with planned implemented for 2018/19.

4.2   Clinical, education and counselling services all use the Protecting Young People Policy (PYPP) process for identifying risk, decision making, recording and monitoring all safeguarding concerns.

4.3   Northern Ireland became fully compliant in respect of a full records audit, staff training and safeguarding audit. In April 2018 Brook Northern Ireland became an independent charity as planned; now operating as Common Youth.

4.4   Safeguarding process audits were completed in 2017/18 for all services (Burnley, Blackburn, Manchester, Oldham, Liverpool, Milton Keynes, Bristol, Cornwall, Jersey and London). All were rated green with no significant concerns. Jersey had one client file which evidenced the need for a safeguarding referral. This was actioned with immediate effect and suggested changes in safeguarding practice have been implemented.

4.5   We can now evidence that safeguarding concerns are being recognised and acted on in accordance with our robust policies and procedures.

4.6   At the time of auditing, Bedford and Wirral services shared an electronic patient record system hosted by our prime provider partners. Our limited access to this system has meant that the safeguarding lead was unable to complete a safeguarding audit. In Bedford, Brook works to our partner's governance (including safeguarding procedures) and is listed under its CQC registration. Our partner undertakes its own audits, with which we fully comply.

4. RISK

4.7   Brook Wirral works in partnership with a prime provider; sharing governance, EPRs and CQC registration. However, a lack of safeguarding referrals to date is a cause for concern. In 2018/19, we will review our partnership and shared approach to safeguarding. For reassurance, at the time of writing this report, this review is progressing and will conclude at the end of October 2018. Once agreed, Brook will work to its own governance frameworks. Brook's procedural documentation in relation to safeguarding will be added to our partner's electronic patient record.

5. THE NATIONAL SAFEGUARDING LEGISLATIVE FRAMEWORK

5.1   The Children and Social Work Act received Royal Assent on 27 April 2017. The revised *Working Together to Safeguard Children* (a guide to inter agency working to safeguard and promote the welfare of children) was published in July 2018. We are implementing the new provisions.

5.2   Following safeguarding failures in international charities, DCMS, the Home Office and the Charity Commission are looking at safeguarding provisions and guidance in relation to both domestic and overseas charities. Announcements are expected shortly and Brook will be considering the implications for its reporting and work.

It is felt important that Brook makes explicit reference to its understanding of its duty as a charity to report abuse to the CC. So in this regard and for the avoidance of doubt; Brook is clear and has a commitment to report all safeguarding incidents that occur on our premises and/or where the alleged perpetrator is a Brook member of staff.

6. SAFEGUARDING PRACTICE IN BROOK

6.1   Data for the year 2017/18 is more robust than previous years now that most services are working on a single electronic patient record (Lilie). There are still challenges in obtaining data from partner systems but we receive regular extracts from three of the five services that share an EPR system with a prime provider (Bristol, Blackburn and Burnley). In 2017/18, there was no data available from Wirral or Bedfordshire. For reassurance, at the time of writing this report, we now have access to data for both Wirral and Bedfordshire.

6.2   Data relating to the identification and referral of safeguarding concerns for children and young people is set out in the Appendix. We make the following observations:

•   Following improvements in our reporting, we have updated figures from previous years. This shows that the proportion of clients with a safeguarding proforma in 2016/17 was 2% and not 1% as was reported last year.

•   We continue to see a decline in the overall number of clients seen across our services. We intentionally continue to see more complex and vulnerable clients so consultation times are longer leading to an overall reduction in numbers of young people seen. We have seen our contract values reduce across the country and, as a result, our staffing levels in many of our clinics have reduced, which in turn means we are able to see fewer young people. In addition, we have ceased to deliver some clinical services during the year 2017/18 which has also led to an overall reduction in client numbers.

•   The overall number of safeguarding proforma completed dropped from 1,176 to 1,105 but remains at 2% of our clients.

•   We saw an increase in the proportion of proforma that resulted in an external referral (30%, up from 28% in 2016/17).

•   Most education safeguarding and one-to-one work is now captured on the main Lilie system. Using a single system for both clinical and education one-to-one work allows us to more effectively safeguard young people.

6.3   All safeguarding training undertaken is recorded on the training matrix log and is managed by the People and Organisational Development Team.

Mandatory Brook Introduction to Safeguarding Training Level 1/2 continues to be delivered by the safeguarding leads within services. Staff must complete this prior to lone working. The training pack is available on the intranet and there is a plan in place to review this in September 2018.

Mandatory accredited online Level 3 Safeguarding Training continues for all client facing staff involved in the assessment process and those who manage them. From July 2017 to April 2018, 148 staff successfully completed an online course. An online approach was developed in response to a lack of timely access to face-to-face multi-agency training delivered by Local Safeguarding Children Boards. We are clear where possible that staff should access Level 3 training locally to ensure this is delivered in the spirit of the intercollegiate guidance. Our approach to this will be reviewed in November 2018.

Level 4 Decision Making Training has been delivered to all senior staff involved in the decision making process. The four sessions, designed to cover all areas of the country, were delivered by the Designated Safeguarding Lead and the Head of Innovation and Partnerships. Following feedback from participants, this training has now been incorporated into Brook's rolling programme of safeguarding training and will continue to be delivered in this way.

Level 5 Advanced Designated Officer Training has been completed by all staff on the Safeguarding Escalation Team and the Caldicott Guardian.

Caldicott Training has been completed by the Caldicott Guardian and the Deputy Caldicott Guardian.

A series of six safeguarding briefings have been delivered by the Designated Safeguarding Lead and Director of Operations through conference calls on a monthly basis. Topics included an overview of PYPP and recent revisions; client core record; use of the safeguarding proforma and the six steps process; CSE; domestic abuse; female genital mutilation (FGM) and neglect. Following consultation with safeguarding leads in services, the briefings were planned at different times and days to enable as many staff as possible to participate. The call attendance averaged 20 and feedback was very positive. The briefing topic notes have been distributed to Nurse and Service Managers to enable them to disseminate the information to their teams.

The Brook staff conference in March 2018 included a workshop which covered adverse childhood experiences and serious case review findings.

Safeguarding supervision for all client facing staff is available in each service and conducted in accordance with the safeguarding policy. Group safeguarding supervision for the members of the Safeguarding Escalation Team is available on a three monthly basis and incorporated into the Operations Meeting. This supervision also creates a space to pause and review the organisational practice at regular intervals based on the advice sought from the Safeguarding Escalation Team.

6.4   There have been no CQC inspections in 2017/18. Any actions and recommendations from the 2017 inspections were actioned and completed.

In light of one recommendation, the quarterly quality report has been amended to capture safeguarding themes and trends. The under 13 years section has been also revised to capture reasons why a referral to social care has not been made, for example an open social care case.

6.5   All services have had a safeguarding processes audit completed. All were rated green with no significant concerns. The audit forms are stored on Brook's central data centre to enable audit and for accessibility.

6.6   Brook aims to ensure all services are accessible, welcoming, professional and delivered in hubs of excellence (Strategic Aim 1.3). This audit ensures clinical services are compliant with Brook's policies, procedures and processes. Through this audit, Heads of Operations will be able to highlight both areas of best practice and areas for improvement within services. Three questions relate to safeguarding and ensuring compliance with the PYPP.

6.7   The three serious case reviews (SCRs) in which Brook was involved in 2016/17, as noted in last year's report, have all been published.

Brook addressed any recommendations identified within our service with immediate effect. There were no recommendations made by local authorities.

There were two incidents that resulted in a serious case review in 2017/18. Both overlap into 2018/19. Concerns were identified in March 2018 but not actioned as a SCR until July 2018.

Blackburn: this concerned the mother who was a Brook client but not the child. In this instance, a detailed chronology was required and has been completed. An agency report was not required.

Oldham: this concerned a child who was a Brook client. A chronology was requested and completed and a decision has been reached that Brook will not be required to complete an agency report.

7. SAFEGUARDING POLICY IN BROOK

7.1 The full review of Protecting Young People Policy took place in July 2018.

The full review of Confidentiality Policy took place in August 2018.

Amendments to policies have been included throughout the 2017/18 reporting to reflect any changes in legislation. All references to National Safeguarding Documents have been checked and updated.

Throughout 2017/2018 information has been collated to include in the revised versions of PYPP.

8. SAFEGUARDING PRIORITIES 2018/2019

8.1   In 2018/2019 we plan to review the Protecting Young People Policies including:

- GDPR requirements throughout all PYPP and Confidentiality Policies
- Adverse Childhood Experiences (ACE) and resilience factors information
- Additional guidance on third party referrals for clarity
- Gang culture and County Lines information
- Breast ironing information
- Deprivation of Liberty Safeguards information
- Jersey Sexual Offences Act 2018
- Reference checks.

8.2   The review of Confidentiality Policies will include:

- General Data Protection Regulations
- Our Confidentiality leaflets. A decision is to be made on the continued use of leaflets to inform clients on their rights to privacy and confidentiality.

8.3   We will respond to new information and recommendations from the government, CQC and the CC, and incorporate into policy and practice.

8.4   We plan to complete the safeguarding processes audit throughout all services.

8.5   All staff will receive mandatory safeguarding training relevant to their role in a timely manner.

8.6   We will update the Introduction to Safeguarding Level 1/2 Training Pack for safeguarding leads to deliver. This will include a work book to evidence reflective learning.

8.7   We plan to compile and deliver "train the trainer" training for staff currently delivering safeguarding training for best practice.

8.8   We plan to complete records audits for one to one work delivered by the education team to enable monitoring of safeguarding practice.

8.9   This is an ambitious programme of work and work is already underway in most areas.

9. FINAL WORD

This Annual Safeguarding Report has highlighted the progress that Brook has made in safeguarding young people in 2017/18. The report suggests that our policies and procedures are robust and rigorously implemented and staff are effectively trained and supported. We are confident in our practice. We are not complacent and safeguarding is kept under constant review.

Collaborative working is a fundamental tenet of sound safeguarding practice and at Brook we are grateful to our trustees, directors, managers, and staff for their commitment to safeguarding and their respective contributions. During 2017/18, Phillip Noyes from the NSPCC was the Brook Trustee with lead responsibility for safeguarding and we are grateful to him for the thorough way in which he fulfilled his responsibilities. Special thanks go to Jo Youle who has now taken on this role and incorporated it into chairing the QAC and also NSPCC's Christopher Cloke for his advisory role. Finally, we are grateful to our Designated Safeguarding Lead Officer, Carole Jackson, for her leadership and commitment to safeguarding young people.

APPENDIX

Safeguarding identification and referral - summary information

Number of clients and visits

	Clients			
	Female	Male	Other/not specified/ prefer not to say	Total
2014/15 (15 Aug 2015 - 31 March 2015	51,032 (79%)	13,083 (20%)	175 (0.3%)	64,290
2015/16	65,036 (81%)	15,550 (19%)	130 (0.1%)	80,716
2016/17	53,006 (83%)	10,096 (16%)	172 (1%)	63,274
2017/18*	43,769 (86%)	7074 (14%)	51 (0.1%)	50,894

	Visits			
	Female	Male	Other/not specified/ prefer not to say	Total
2014/15 (15 Aug 2015 - 31 March 2015	88,407 (82%)	18,850 (18%)	248 (0.2%)	107,505
2015/16	126,409 (84%)	24,076 (16%)	150 (0.1%)	150,637
2016/17	95,282 (85%)	17,148 (15%)	232 (0.2%)	112,662
2017/18*	75,210 (85%)	12,673 (14%)	54 (0.1%)	87,937

*Note: These figures do not include data from the Wirral or Bedfordshire integrated sexual health service.

Number of clients with safeguarding concerns

During 2017/18 proforma were completed for 2% of clients, the same as 2016/17 (note the original figure of 1% for 2016/17 was incorrect)

	Number proforma completed	Number clients	Proportion clients with proforma
2014/15 (15 August 2014 - 31 March 2015)	968	64,290	1.5%
2015/16*	1309	80,716	1.7%
2016/17	1176	63,274[1]	2%
2017/18	1105	50,894	2%

*Note: These figures do not include data from the Wirral integrated sexual health service.

1. Corrected client figure

Proforma completed and action taken

During 2017/18 services completed 1,105 proforma of which

- 17% resulted in a referral internally compared to 27% in 2016/17

- 30% resulted in an external referral compared to 28% in 2016/17

- 47% led to no immediate action compared to 47% in 2016/17

Year	Number proforma completed	Internal referral	External referral	No immediate action	Other
2014/15	968	416 (43%)	349 (36%)	267 (28%)	0
2015/16	1309	526 (40%)	375 (29%)	343 (26%)	76 (6%)
2016/17	1176	315(27%)	333 (28%)	557(47%)	
2017/18	1105	187 (17%)	336 (30%)	520 (47%)	

External referrals

Of the 336 referrals to external agencies in 2016/17, services categorised these as follows:

- 32%   Sexual Abuse - no change from the previous year.
- 17%   Child Sexual Exploitation a drop of 1% compared to the previous year
- 10%   Domestic Violence a drop of 3% compared to the previous year
- 2%   Neglect - no change from the previous year
- 25%   Mental or emotional health issues – an increase of 7% compared to the previous year
- 20%   Other reasons - an increase of 3% compared to the previous year

Some clients are referred for multiple reasons so the number of clients referred will be lower than the total of the sum of the reasons for referral

	2014/2015	2015/2016	2016/2017	2017/18
Sexual abuse	164	109	110	107
CSE		84	63	58
Domestic violence	47	58	43	33
Neglect	11	10	6	6
MEH		85	63	83
Other	138	67	57	67

	2014/2015	2015/2016	2016/2017	2017/18
Sexual abuse	46%	26%	32%	32%
CSE		20%	18%	17%
Domestic violence	13%	14%	13%	10%
Neglect	3%	2%	2%	2%
MEH	38%	21%	18%	25%
Other		16%	17%	20%

Referrals were made:

- with client consent in 80% of cases compared with 92% in 2016/17

- without client consent in 3% cases, the same as the previous year

- without client consent but with their knowledge in 7% of cases compared to 4% in 2016/17

- Of note in 17/18 is the increase in consent not stated, this will be picked up as part of records keeping feedback, via team meetings.

	2014/2015	2015/2016	2016/2017	2017/18
With consent	295	323	309	269
Without consent	27	19	11	9
Without consent but with knowledge	26	31	13	23
Not stated	1	2	0	23

	2014/2015	2015/2016	2016/2017	2017/18
With consent	85%	86%	92%	80%
Without consent	8%	3%	3%	3%
Without consent but with knowledge	7%	8%	4%	7%
Not stated	0%	1%	0%	7%

Note: Consent status not known for all referrals

Demographic Information

The modal age for external referrals was 15 years in 2017/18. The median age for external referrals this year was 15. The majority of referrals were for female clients: 88%, an increase on 2016/17 (86%).

Age of clients referred to external safeguarding agencies

Number	10	11	12	13	14	15	16	17	18	19		21	22	23		Total
2014/15	1	5	21	32	74	74	37	34	14	16	11	9	7	9	5	349
2015/16	1	3	22	29	53	80	69	38	19	19	23	7	1	6	5	375
2016/17	1	3	20	20	50	51	56	40	28	22	21	4	5	5	7	333
2017/18	2	1	16	25	42	73	56	54	16	28	9	5	6	4	3	340[1]

1 Bedford raw data included in age breakdown, but no in referral type

%	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	Total
2014/15	0%	1%	6%	9%	21%	21%	11%	10%	4%	5%	3%	3%	2%	3%	1%	100%
2015/16	0%	1%	6%	8%	14%	21%	18%	10%	5%	5%	6%	2%	0%	2%	1%	100%
2016/17	0%	1%	6%	6%	15%	15%	17%	12%	8%	7%	6%	1%	2%	2%	2%	100%
2017/18	1%	0%	5%	7%	12%	21%	16%	16%	5%	8%	3%	1%	2%	1%	1%	100%

Note: Age not known for Bedfordshire apart from Q4

Gender of clients referred to external safeguarding agencies

	Female	Male	Other	Not known	Total
2014/15	314 (90%)	35 (10%)	0	0	349
2015/16	334 (89%	36 (10%)	1 (10%)	4 (1%)	375
2016/17	287 (86%)	46(14%)	0	0	333
2017/18	292 (88%)	41 (12%)		3	336

Under 13s

The number of female clients who were under 13 years old increased slightly (41 to 45) whilst the number of male clients decreased (36 to 26). The number of girls who were sexually active increased by a third whilst the number of sexually active males increased by 50%.

The number of sexually active girls referred to social care increased. The number of boys referred remained the same.

The proportion of under 13 female clients that were sexually active increased by 7% and the proportion of under 13 males that were sexually active increased by 12%. There was a decrease in the proportion of sexually active males and females referred to social care.

	Total clients		Sexually active clients		Sexually active under 13s referred to social care	
	Female	Male	Female	Male	Female	Male
2014/15	60	53	16	10	14	8
2015/16	74	54	18	2	14	1
2016/17 (Q1-3 only)	41	36	12	4	9	4
2017/18	45	26	16	6	10	4

	Proportion of clients under 13s who were sexually active		Proportion of sexually active under 13s referred to social care	
	Female	Male	Female	Male
2014/15	27%	19%	88%	80%
2015/16	24%	4%	78%	50%
2016/17	29%	11%	75%	100%
2017/18	36%	23%	63%	67%