

SAFEGUARDING REPORT



1. INTRODUCTION & SUMMARY

1.1 This report on safeguarding in Brook Young People is presented to comply with the Charity Commission requirements. It is for 2018/19 with information relating to the present year where this is 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 and, during 2018/19, we have taken significant measures to ensure the safety and protection of young people who access Brook services. In summary, the measures that we have taken include:

- To ensure consistency of quality, we updated the Introduction to Safeguarding Level 1/2 Training Pack for Safeguarding Leads to deliver. This included the addition of a workbook to evidence reflective learning. To evidence the impact of this, we reviewed the 2018/19 staff survey which showed that 100% of staff strongly agree or agree that safeguarding should be a part of everyone's responsibility; this is a 2% increase on 2017/18 results. 95% of staff strongly agree or agree that the 6-step procedure is easy to follow, compared to 90% in 2017. 88% of staff strongly agree or agree that supervision and support throughout safeguarding issues has always been available, compared to 84% in 2017.
- 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 routinely receives 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.

- The designated member of the Board of Trustees responsible for safeguarding is Jo Youle (Deputy Chair, Brook Board of Trustees and Chair of the QAC). Brook's Designated Safeguard Lead, Carole Jackson, attends QAC meetings and provides specialist guidance, support and training. The Safeguarding Lead 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 2018/19 mean that we have sustained 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 Charity Commission. 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 Charity Commission regards Trustees to be collectively and individually accountable for how the charity safeguards children and young people who contact us, and its staff and volunteers. Brook endorses this approach and our Trustees make safeguarding a priority.

3.2 Established in 2017, Brook's Quality & Assurance Committee takes responsibility for oversight of its safeguarding work, among other activities. The Committee, which comprises six members including Trustees, advisors and staff, has met regularly and provides a clear focus on safeguarding and risk. Each meeting receives a report on safeguarding for scrutiny and assurance. All Brook Trustees receive Level 1 safeguarding training, and many have additional training and experience from their external roles.

4. RISK

4.1 This year, due a period of sickness of the Designated Safeguarding Lead, the nurse manager in London undertook the safeguarding audits of the London services. This would ordinarily be undertaken independently by the Designated Safeguarding Lead. During 2019/20, we will review the procedures for safeguarding process audits.

4.2 In Bristol, the clinical team use our prime partner's electronic patient record system, Millcare. Accessed via PULSE (remote dial) it is temperamental and can slow down and interrupt the completion of Brook's client core record. During 2019/20, we will work with our partner to improve user experience of this system.

4.3 During 2018/19, we completed 1062 safeguarding proformas which represents 3% of clients who visit services. Compared to last year, 2% of our clients resulted in a safeguarding proforma. Since 2014/15, we have seen a steady increase in the amount of safeguarding activity undertaken by our teams. Increased referrals to social care, follow up work, monitoring and attendance at multi agency meetings has increased the safeguarding workload of our teams. This is compounded by a smaller workforce in response to efficiency savings.

Throughout 2019/20, we will continue to prioritise the wellbeing of our workforce by developing mental health first aid trainers and offering opportunities to all teams to access this training. On 2 September, we launched a free 24/7 wellbeing support line for all staff.

4.4 In some parts of the country, we are facing resistance and friction when making safeguarding referrals to children's social care. We are seeing an emerging trend of duty social work teams refusing to accept referrals without parental consent. Often this is not compatible with the types of sexual abuse and exploitation we see in Brook. During 2019/20, we will continue to work with statutory services to agree clear and seamless referral pathways.

4.5 In addition to the above, our experience has been that children's safeguarding services have, in practice, increased the thresholds for accepting a referral, resulting in Brook often being the only service working to support a young person with an increasing complexity of need.

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 was published in July 2018. (A guide to inter agency working to safeguard and promote the welfare of children) and we are implementing the new provisions.

5.2 The DCMS, Home Office and the Charity Commission, following safeguarding failures in international charities, are reviewing safeguarding provisions and guidance in relation to both domestic and overseas charities. Announcements are awaited and Brook will be considering the implications for reporting and its work.

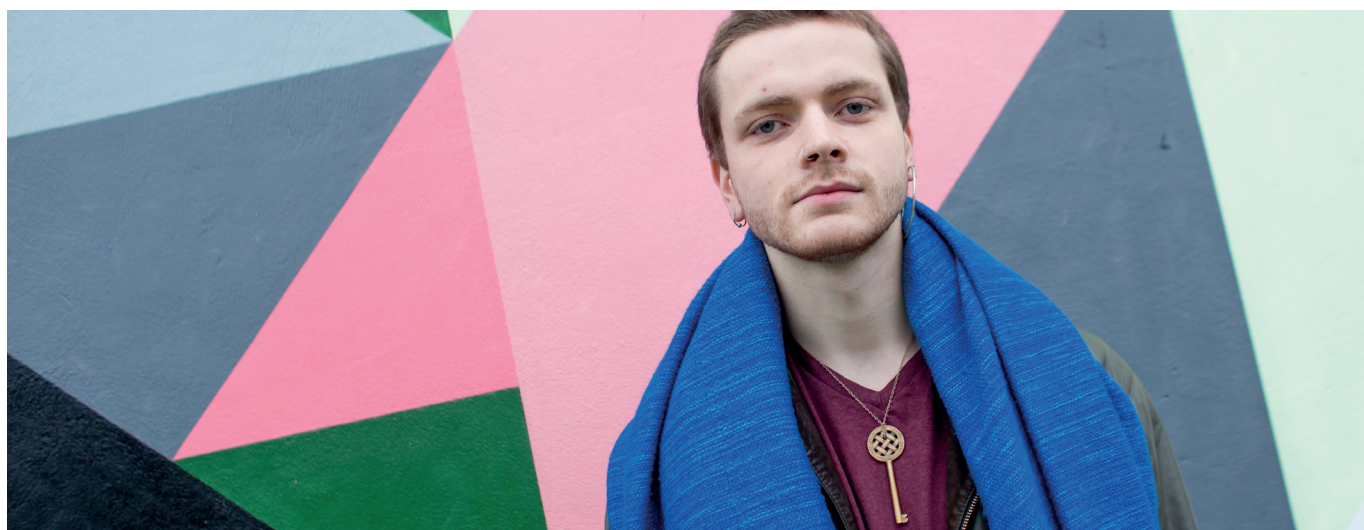
For clarity, we chose to detail in our annual safeguarding report our understanding of our duty, as a charity, to report abuse to the Charity Commission. In this regard and for the avoidance of doubt, Brook is clear and has a commitment to report all safeguarding incidents that occur on Brook premises and/or where the alleged perpetrator is a Brook member of staff.

5.3 During 2018 the government published revised statutory guidance on inter-agency working to safeguard and promote the welfare of children. One of the most prominent Working Together 2018 changes is the replacement of Local Safeguarding Children Boards (LSCBs) with Safeguarding Partnerships.

5.4 During 2018/19, the Government released the Draft Domestic Violence Bill. The bill was later published in July 2019. Partnerships.

5.5 The criminal offence of up-skirting was created under the Voyeurism Act when it received Royal Assent in February 2019. The law came into force in April 2019.

5.6 The Intercollegiate Document Safeguarding Young People Roles Competencies for Health Care Staff was published January 2019.



6. SAFEGUARDING PRACTICE IN BROOK

6.1 We continue to have a high level of confidence in data for the year 2018/19. During 2018/19, we worked hard to obtain data from partner's systems and we received regular extracts from the four partner services that host an integrated electronic patient record system (Bristol, Blackburn, Burnley and Wirral).

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:

- We continue to see a decline in the overall number of clients seen across our services. We continue to see more complex and vulnerable clients; consultation times are therefore longer leading to an overall reduction in numbers of young people. We have experienced a reduction in contract values across the country and, as a result, staffing levels in many of our clinics have reduced. This, in turn, means we are able to see fewer young people.
- The overall number of safeguarding proforma completed increased from 1,105 to 1,162; 3% of our clients.
- We saw an increase in the proportion of proforma that resulted in an external referral (32%, increased from 30% in 2017/18). The cases that do not go forward to be referred to social care are scrutinised by the local safeguarding leads and, where appropriate, advice is sought from the safeguarding escalation team. Equally all safeguarding proformas are monitored to outcome including those who have not been externally referred.

6.3 Our 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 safeguard young people more effectively and query practice should we receive requests for records in the future.

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

Mandatory Brook Introduction to Safeguarding Training Level 1/2 continues to be delivered by the Safeguarding Leads within services and/or the Designated Safeguarding Lead. This year, 82 people completed this level of training. During 2019/20, we will increase the number of trainers. The training pack is available on the intranet and this has been reviewed this year.

Mandatory accredited online Level 3 Safeguarding Training continues for all client-facing staff involved in the assessment process and those who line manage them. From April 2018 to end March 2019, 51 staff successfully completed the 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.

Level 4 Decision Making Training has been delivered to all senior staff involved in the decision-making process.

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

6.5 Safeguarding supervision for all client facing staff is offered both one-to-one and as a multidisciplinary group. Safeguarding supervision 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 provided on a bi-monthly basis. This supervision also creates a space to review patterns and trends, and stress test the organisational practice at regular intervals.

6.6 There were no CQC inspections in 2018/19.

6.7 All services undertook a safeguarding processes audit. All were rated as green with the exception of Bristol which was rated as amber and later re-audited as green. The audit forms are stored on the central ICT data centre to enable audit and for accessibility.

6.8 There was one serious case review in Oldham that overlapped 2017/18 and 2018/19. This concerned a child who was a Brook client. A chronology was requested, completed and a decision was reached that Brook was not required to complete an agency report.

7. SAFEGUARDING POLICY IN BROOK

7.1 A full review of Protecting Young People Policy took place in July 2018 and a full review of Confidentiality Policy took place in August 2018. Amendments to policies have been included throughout the 2018/19 reporting to reflect any changes in legislation. All references to National Safeguarding Documents have been checked and updated.



8. SAFEGUARDING PRIORITIES 2019/2020

8.1 In 2019/2020, we plan to review the Protecting Young People Policies and, in particular, to transition to a Protecting People Policy reflecting our work with older adults in Cornwall.

8.2 We will increase the resilience and probity of the safeguarding function in Brook by recruiting a Safeguarding Coordinator.

8.3 In addition to undertaking safeguarding process audits in all services, we will review the current approach to our safeguarding audit practice and make any recommendations for improvement to the Quality & Assurance Committee.

8.4 We will respond to new information and recommendations from the Government, CQC and the CC, and incorporate into our policy and practice.

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

8.6 We will compile and deliver train the trainer training for all staff currently delivering safeguarding training for best practice. The training has been compiled and dates are booked.

8.7 We will complete safeguarding process audits for one-to-one work delivered by the education and counselling teams.

We recognise this is an ambitious programme of work which is already underway and our progress to date puts us on track to deliver.



9. FINAL WORD

9.1 Statement from Christian McMullen, NSPCC, Safeguarding Advisor to the Quality & Assurance Committee:

"Since taking on the role of safeguarding advisor on Brook's Quality & Assurance Committee I can see how the thread of safeguarding and child protection runs from governance to practice within Brook. The Annual Safeguarding Report identifies areas to both celebrate and areas of risk and concern. The report highlights how the committee and the charity remain vigilant in ensuring that these risks to children and young people in its care are identified and managed appropriately. Organisational safeguarding is a journey that requires constant review and reflection, in setting out its commitment to safeguarding through this report this demonstrates a proactive attitude and culture towards safeguarding within the charity. I would like to thank Brook for inviting me to be part of the committee and I look forward to supporting the charity in ensuring that safeguarding and child protection maintains the significantly high profile it deserves within the charity."

9.2 We would like to thank and express our gratitude to our executive and leadership teams, managers and staff for their commitment to safeguarding and their contributions.

During 2018/19, Chris Cloke from NSPCC was the advisor to the Quality & Assurance Committee and we are grateful for his support, reassurance and the thorough way in which he fulfilled his responsibilities. Thanks also to Jo Youle who continues in her role as named Trustee for safeguarding and Chair of the Quality & Assurance Committee. Finally, we are grateful to our Designated Safeguarding Lead, Carole Jackson, for her leadership and commitment to safeguarding young people.

We are delighted to share our progress and challenges. We are reassured that our approach to identifying risk increases the number of young people we support to keep safe year on year. However, our learning from serious case reviews and our experience of what young people tell us when they access our services, makes it clear to us there is more to do.



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
2018/19	32976 (82%)	72,38 (18%)	-	40,214

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

	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
2018/19	62408 (82%)	13699 (18%)	-	76,107

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

Number of clients with safeguarding concerns

	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%
2018/19	1062	40,214	3%

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

Proforma completed and action taken

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%)	0
2017/18	1105	187 (17%)	336 (30%)	520 (47%)	0
2018/19	1062	126 (12%)	335 (32%)	593 (56%)	0

External referrals

	2014/15	2015/16	2016/17	2017/18	2018/19
Sexual abuse	164	109	110	107	109
CSE		84	63	58	67
Domestic violence	47	58	43	33	46
Neglect	11	10	6	6	8
MEH		85	63	83	79
Other	138	67	57	67	102

	2014/15	2015/16	2016/17	2017/18	2018/19
Sexual abuse	46%	26%	32%	32%	33%
CSE		20%	18%	17%	20%
Domestic violence	13%	14%	13%	10%	14%
Neglect	3%	2%	2%	2%	2%
MEH	38%	21%	18%	25%	24%
Other		16%	17%	20%	30%



External referrals by type as a % of external referrals

	2014/15	2015/16	2016/17	2017/18	2018/19
With consent	295	323	309	269	312
Without consent	27	19	11	9	22
Without consent but with knowledge	26	31	13	23	12
Not stated	1	2	0	23	7

	2014/15	2015/16	2016/17	2017/18	2018/19
With consent	85%	86%	92%	80%	88%
Without consent	8%	3%	3%	3%	6%
Without consent but with knowledge	7%	8%	4%	7%	3%
Not stated	0%	1%	0%	7%	2%

% rounded



Demographic Information

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
2018/19	2	0	15	23	39	57	66	67	21	15	13	10	1	9	3	341

%	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%
2018/19	1%	0%	4%	7%	11%	17%	19%	20%	6%	4%	4%	3%	0%	3%	1%	100%

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%)	0	3	336
2018/19	293 (84%)	49 (14%)	6 (2%)	0	348

Under 13s

	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
2018/19	37	9	13	3	11	2

	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%
2018/19	35%	33%	85%	67%

