

SAFEGUARDING REPORT



1. INTRODUCTION & SUMMARY

1.1 This report on safeguarding in Brook is presented to comply with the Charity Commission requirements. This report covers the financial year 2019/20 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 all clients is a priority for Brook and, during 2019/20, we have taken significant measures to ensure the safety and protection of everyone who accesses Brook services. In summary, the measures that we have taken include:

- To ensure consistency of quality, we have reviewed and updated the Introduction to Safeguarding Level 1/2 Training to include a more detailed section relating to adult safeguarding and our responsibilities under the Mental Capacity Act.
- We have delivered train the trainer safeguarding training level 1/2 to 30 members of Brook staff to enable them to deliver this training locally. To support the trained trainers to evidence continued practice development (CPD) a learning log has been developed for completion.
- The 2019/20 staff survey revealed that 100% of staff strongly agree, or agree that safeguarding should be a part of everyone's responsibility; this is consistent with 2018/19 results. 78% of staff strongly agree or agree that the 6-step procedure is easy to follow, compared to 95% in 2018/19. This is something we will seek to understand more and respond to in 20/21.
- We continued to prioritise the wellbeing of our workforce by delivering Mental Health Awareness Training (as part of the mental health first aid suite of training) to the leadership team and Mental Health First Aid to 16 mental health first aiders in Brook. On 2 September 2019 we launched a free 24/7 wellbeing support line for all staff.

- Our robust safeguarding policies and procedures have been kept up to date and relevant. Safeguarding audits and Care Quality Commission (CQC) inspections carried out during 19/20 encourage us to be satisfied that policies and procedures 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 2019/20 mean that we have sustained our capability to safeguard all clients. 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.

2.2 Brook supported two CQC inspections in 2019. Dudley on 14th November 2019 was rated Good overall and Bristol on 20th December 2019 rated Good overall with Outstanding for care.

"The service provided mandatory training in key skills to all staff and made sure everyone completed it. • Staff understood how to protect young people from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it....."

CQC report [Brook Dudley] published 14 November 2019

"The service provided mandatory training in key skills to all staff and made sure everyone completed it. • Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it....."

CQC report [Brook Bristol] published 20 December 2019

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, adults, 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, meet quarterly 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 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 20/21, we will continue to work with our partner to improve user experience of this system.

4.2 During 2019/20 we completed 1271 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 commissioner's efficiency savings

4.3 In some parts of the country, we continue to face resistance and friction when making safeguarding referrals to children's social care. It continues to be the case that some duty social work teams refuse to accept referrals without parental consent and on occasions there is disagreement on whether the threshold for social care intervention has been met. This social care practice is not compatible with Brook safeguarding practice and requirements to effectively safeguard our clients. During 2020/21, we will continue to work with statutory services to agree clear and seamless referral pathways and to maintain and promote professional working relationships.

4.4 In view of the above, our experience has been that in practice the increased thresholds for accepting social care referrals has resulted in Brook often being the only service working to support clients who present with increasing complexities 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 have implemented the new provisions.

5.2 The DCMS, Home Office and the Charity Commission, following safeguarding failures in international charities, have reviewed safeguarding provisions and guidance in relation to both domestic and overseas charities. Guidance: 22 October 2019 Safeguarding and Protecting People for Charities and trustees. All Charity trustees have to ensure that their charity prioritises the safety of anyone who comes into contact with their charity. The guidance helps them to do this and explains their duties under safeguarding law. It also covers the wider measures they need to take to protect people from harm.

Brook continues to be committed to report all safeguarding incidents that occur on Brook premises and/or where the alleged perpetrator is a Brook member of staff to the Charity Commission and Care Quality Commission.

5.3 During 2018/19, the Government released the Draft Domestic Violence Bill. On Monday 6th July 2020 the bill completed its report stage and third reading and was voted through by the House of Commons. The bill will now be debated in the House of Lords before it receives Royal Assent and becomes law.

5.4 The criminal offence of up-skirting created under the Voyeurism Act became law in April 2019.

5.5 The HM Government Multi Agency Statutory Guidance on Female Genital Mutilation (FGM) updated and published July 2020.

5.6 The Mental Capacity (Amendment) bill passed in to law May 2019, it replaces Deprivation of Liberty Safeguards with a scheme known as Liberty Protection Safeguards. Implementation postponed until April 2022. When new codes of practice will be introduced.



6. SAFEGUARDING PRACTICE IN BROOK

6.1 We continue to have a high level of confidence in data for the year 2019/20. During 2019/20, 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, young people and adults 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 as a direct result of reducing or static budgets. We continue to see more complex and vulnerable clients; consultation times are therefore longer which also contributes to an overall reduction in numbers of clients. 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 clients.
- The overall number of safeguarding proforma completed increased from 1062 to 1271; 3% of our clients.
- We saw an increase in the proportion of proforma that resulted in an external referral (49%, increased from 32%, in 2018/19). 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. 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 captured on Brook's patient record (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 our records more effectively should we receive requests for records in the future.

6.4 All required mandatory safeguarding training undertaken by staff is recorded on the training matrix log located on Brook's electronic personnel record system and is managed by the People & Organisational Development Team. All staff have received mandatory safeguarding training relevant to their role in a timely manner.

6.5 We have developed and delivered train the trainer Level 1/2 Safeguarding training for 30 senior staff currently responsible for safeguarding best practice. This enables a consistently high level of training to be delivered locally across all services in a timely and cost effective way.

The Designated Safeguarding Lead has updated the Safeguarding Level 1 and 2 Training Pack and produced a Learning Log to evidence continued CPD. This is available on the intranet for all staff to access. The case study section of this training has been extended to provide clarity and address issues noted on the staff survey November 2019, which indicated that some staff felt that the 6 steps process may be not be easy to follow as we would like.

Level 1 and 2 Safeguarding Training evaluations were rated excellent throughout the 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. This must be completed prior to face to face and 1:1 digital working with clients, with refresher training every 3 years.

Our online approach developed in response to a lack of timely access to face-to-face, multi-agency training delivered by Safeguarding Partnerships continues. We are clear where possible that staff should also 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

6.6 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 discuss complex cases, review patterns and trends, and stress test the organisational practice at regular intervals.

6.7 We have completed Safeguarding Processes Audits for clinical and one-to-one work delivered by the education and counselling teams. All Rag rated green, with the exception of one set of client education notes in the Dudley service, which rated amber, the audit identified that the client was effectively safeguarded at the time, but that the safeguarding processes had not been followed correctly. Action taken: Safeguarding Record Training Keeping delivered in the Dudley service. The audit findings have been discussed with the Quality & Assurance Committee.

6.8 There was one serious case review during the period (SCR) in Milton Keynes. This concerned a young woman who attended Brook on one occasion in 2018 for a pregnancy test which was positive. Her chosen option was a termination of pregnancy.

She was assessed as competent to understand and consent. Despite three attempts by Brook to follow up the outcome, which was the policy in 2018, follow up contact could not be made. A SCR comments and factual accuracy report was requested in February 2020, as we later discovered that the young lady concealed the pregnancy and the new born died after being delivered at home with her boyfriend present. Recommendations were made to all sexual health services that following any positive pregnancy test for all under 18 years and adults at risk they must be followed up until an outcome of care from a GP or Termination of Pregnancy Service has been evidenced. Failure to obtain this information must be treated as a safeguarding case and referred to Social Care and the GP. Brook had already implemented this into policy prior to the recommendation being published.

6.9 In 2019/2020, we reviewed the Protecting Young People Policies and, in particular, transitioned to a Protecting People Policy to reflect our work with older adults in Cornwall.

6.10 We have increased the resilience and probity of the safeguarding function in Brook by recruiting a Safeguarding Lead Coordinator. This position commenced in September 2020

6.11 We responded to any new information and recommendations from the Government, CQC and the Charity Commission, and incorporated into our policy and practice.

6.12 The end of this reporting period saw the country begin its response to the global COVID 19 pandemic, for reassurances Brook responded quickly to address and put into practice all Government requirements and recommendations regarding COVID 19, to protect and safeguard all Brook staff and service users.

7. SAFEGUARDING POLICY IN BROOK

7. The Protecting Young People Policy was fully reviewed in October 2019. This became the Protecting People Policy to include a comprehensive adult section. The Confidentiality Policy was fully reviewed in October 2019. Amendments to the policies have been included throughout 2019/20 to reflect any changes in legislation. All references to Safeguarding and Confidentiality Documents have been checked and updated.

8. SAFEGUARDING PRIORITIES 2020/2021

8.1 In 2020/21, we plan to review the Protecting People Policies and the Confidentiality Policies

8.2 We will utilise the additional capacity provided by the Safeguarding Lead co-ordinator appropriately to increase the resilience and probity of the safeguarding function in Brook.

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

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

8.5 We will compile Level 1 and 2 Safeguarding Training Modules for staff to access via webinars in light of current COVID 19 recommendations and restrictions, to ensure all mandatory requirements are met.

8.6 We will revise the Decision Making Training Level 4 and deliver via a digital platform

8.7 We will produce and deliver Trauma Informed Training to all Brook staff via a digital platform

8.8 The Safeguarding Escalation Team, DSL and the Caldicott Guardian will complete external accredited Level 5 Safeguarding training via a digital platform

8.9 We will complete safeguarding process audits for clinical services and one-to-one work delivered by the education and counselling teams. In addition to undertaking safeguarding process audits in all services, we will continue to scrutinise our current approach to our safeguarding audit practice and make any recommendations for improvement to the Quality & Assurance Committee.

8.10 We will ask staff additional safeguarding questions during the staff survey to identify if there are any aspects of our safeguarding policy and processes which they feel are unclear, paying particular attention to the 6 steps process. This will enable us to further address processes and training if required.

8.11 We recognise this is an ambitious programme of work and particularly in the context of a global pandemic but much of this activity 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:

"As safeguarding advisor for Brook's Quality Assurance Committee, I have been able to observe from an external perspective how Brook prioritise safeguarding within the organisation. Their commitment to safeguarding is evidenced in the support given to the safeguarding team, whom have an impressive knowledge of safeguarding and their sector. They demonstrate this in their ability to progress and enhance safeguarding and their commitment to continuous improvement in Brook. The safeguarding team have a good and appropriate approach to the ongoing collection and analysis of safeguarding data. This leads to learning and improvement in the quality of their services and ultimately a better experience for their service users. From my experience of the quality assurance committee Brook values external scrutiny and critical challenge, which is vital to improve any service. It is pleasing to see that Brook continues to invest in their staff continued professional development in safeguarding, all staff have received mandatory safeguarding training relevant to their role, that train the trainer Level 1 and 2 Safeguarding training was delivered to 30 senior staff in order to improve their safeguarding capacity, that the DLS courses have been improved for level 1 and 2 and that the evaluations are rated as excellent throughout the year. It is positive to see that Brook have been able to add to their safeguarding team and capacity through the recruitment of a Safeguarding Lead Coordinator. In conclusion it is important to note that as is the case for many charities Brook has had to respond to the global COVID 19 pandemic, and it is clear that they moved quickly to address any potential safeguarding issues that the pandemic brought for staff and service users. I have been impressed with Brooks continued commitment to its safeguarding journey and look forward to supporting the quality assurance committee in the upcoming year."

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.

Thank you to Jo Youle 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 children, young people and adults.

We are delighted to share our progress and challenges. We are reassured that our approach to identifying risk increases the number of people we support to keep safe year on year. However, our learning from serious case reviews and our experience of what 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
2019/20	30,124 (80%)	7,533 (20%)	8 (0.02%)	37,665

*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
2019/20	52,735 (80%)	13,180 (20%)	11 (0.02%)	65,926

*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%
2019/20	1,271	37,665	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
2019/20	1,271	101 (8%)	617 (49%)	559 (44%)	0



External referrals

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Sexual abuse	164	109	110	107	109	177
CSE		84	63	58	67	61
Domestic violence	47	58	43	33	46	58
Neglect	11	10	6	6	8	10
MEH		85	63	83	79	146
Physical						14
Other	138	67	57	67	102	174

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Sexual abuse	46%	26%	32%	32%	33%	29%
CSE		20%	18%	17%	20%	10%
Domestic violence	13%	14%	13%	10%	14%	9%
Neglect	3%	2%	2%	2%	2%	2%
MEH	38%	21%	18%	25%	24%	24%
Physical						2%
Other		16%	17%	20%	30%	28%



External referrals by type as a % of external referrals

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
With consent	295	323	309	269	312	538
Without consent	27	19	11	9	22	28
Without consent but with knowledge	26	31	13	23	12	30
Not stated	1	2	0	23	7	21

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
With consent	85%	86%	92%	80%	88%	87%
Without consent	8%	3%	3%	3%	6%	5%
Without consent but with knowledge	7%	8%	4%	7%	3%	5%
Not stated	0%	1%	0%	7%	2%	3%

% rounded



Demographic Information

Number	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	26	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
2019/20	0	6	14	41	97	117	138	88	37	27	17	9	11	7	4	1	614*

*plus 3 unknown

%	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	26	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%
2019/20	0%	1%	2%	7%	16%	19%	22%	14%	6%	4%	3%	1%	2%	1%	1%	0%	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
2019/20	534 (87%)	75 (12%)	8 (1%)		617

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
2019/20	20	4	11	0	12	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%
2019/20	55%	0%	109%*	0%

*One none sexually active under 13 referred leading to a % greater than 100

