SAFEGUARDING REPORT

brook

20/21

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 2020/21 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 service users is a priority for Brook. During 2020/21, we continued to respond to the global COVID-19 pandemic; for reassurances Brook quickly responded to address and put into practice, all Government requirements and recommendations regarding COVID-19. Below is a summary of the work we have undertaken to protect and safeguard all Brook staff and service users:

• The 2020/21 staff survey revealed that 99% of staff strongly agree or agree that safeguarding should be a part of everyone's responsibility; this is consistent with 2019/20 results. 96% of staff strongly agree or agree that the 6-step procedure is easy to follow compared to 78% in 2019/20. This is something we sought to better understand and implemented additional training to support staff. 100% said that safeguarding supervision is available to them compared to 88% in 2019/20.

• We continued to prioritise the wellbeing of our workforce by delivering Mental Health Awareness Training to 51 staff (as part of the mental health first aid suite of training) and delivered the 2-day Mental Health First Aid (MHFA) Course to three new staff, in addition to the 16 staff trained in 2019/20. Two of those staff are progressing to become MHFA Instructors to provide the Aware course to our teams.

• We have produced and delivered Trauma Informed Training to 35 Brook staff via a digital platform. This will continue to be rolled out throughout the organisation. Digital external Gender Awareness Training has been delivered to Brook Trustees and 50% of staff, with further dates planned to accommodate all staff.

• The free 24/7 wellbeing support line launched in 2019, remains available for staff as well as a new health and wellbeing hub on the intranet.

• Our robust safeguarding policies and procedures have been kept up to date and relevant. Safeguarding audits, Care Quality Commission (CQC) inspections and formal interviews carried out during 20/21 encourage us to be satisfied that policies and procedures are effectively implemented 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, trends 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 (DSL).

• The designated member of the Board of Trustees responsible for safeguarding is Maxine Evans (Deputy Chair, Brook Board of Trustees and Chair of the QAC).

Christian McMullen, NSPCC, is the external safeguarding advisor to the QAC. Brook's DSL continued to attend the QAC to provide specialist guidance, support and training. The DSL 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, Brook believes that the provisions made in 2020/21 have sustained our capability to safeguard all service users. 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 regulator of our clinical 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. Throughout the pandemic, the CQC regulatory role has not changed. The core purpose is to ensure that the public receive safe, effective, compassionate and high-quality care and this has remained at the centre of CQC activities. In March 2020, CQC paused routine inspections and focused their activity where there was a risk to people's safety. This year they have continued to only undertake inspection activity where there were serious risks to people's safety or where it supported the health and care system's response to the pandemic. This also includes newly registered services to check whether they are likely to be safe, effective, caring, responsive and well-led. A Transitional Monitoring Approach has been adopted with a focus on safety and how effectively a service is led, particularly during a global pandemic. Formal interviews have taken place with Brook services over video call or telephone.

2.2   Brook supported the CQC inspection of Cornwall, a newly registered CQC service, in October 2021. The report and rating is due to be published, however no significant concerns were raised and formal interviews that have taken place across Brook received low risk gradings.

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/volunteers. Brook endorses this approach and our Trustees make safeguarding a priority.

3.2   Established in 2017, Brook's QAC takes responsibility for oversight of its safeguarding work, among other activities. The Committee, which comprises eight members including Trustees, external advisors and staff, meets 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, Education and Wellbeing team use the 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 2021/22, we will continue to work with our partner to improve user experience of this system.

4.2   During 2020/21, we completed 827 safeguarding proformas. This represents 5% of service users. Compared to last year, 3% of our service users 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.

4.3   In some parts of the country we continue to face resistance and challenges 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. We understand the resource challenges within children's social care, however this practice is not compatible with Brook's own safeguarding practice and requirements to effectively safeguard our service users.

During 2021/22, 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 service users who present with increasing complexities of need. We have therefore provided additional training and supervision support to our staff.

5. THE NATIONAL SAFEGUARDING LEGISLATIVE FRAMEWORK

5.1   During 2018/19, the Government released the Draft Domestic Violence Bill. On 6 July 2020, the Bill completed its report stage and third reading, and was voted through by the House of Commons. The Bill received Royal Assent in April 2021.

5.2   HM Government Guidance published on 26 August 2021, the Consensus Statement for Information Sharing and Suicide Prevention. The Department of Health and Social Care has been working to update the Consensus Statement for Information Sharing and Suicide Prevention to ensure it is in line with the current legal position including the implementation of the UK General Data Protection Regulation (UK GDPR). Alongside this, they also commissioned the Zero Suicide Alliance (ZSA) to produce guidance for frontline staff on how to use the Consensus Statement and how to engage with patients when discussing confidentiality and consent to share information.

5.3   The HM Government Ofsted Review of Sexual Abuse: terms of reference was published on 7 April 2021. The government asked Ofsted to carry out an immediate review of safeguarding policies in state and independent schools and colleges in relation to sexual abuse. The review looked at whether schools and colleges have appropriate processes in place to allow pupils to report sexual abuse concerns freely, knowing these will be taken seriously and dealt with swiftly and appropriately.

5.4   The Mental Capacity (Amendment) Bill became law in May 2019; it replaces Deprivation of Liberty Safeguards with a scheme known as Liberty Protection Safeguards. Implementation was postponed until April 2022, when new codes of practice will be introduced.

5.7.   The Joint Committee has been appointed to consider the Government's draft Online Safety Bill, published in May 2021, to establish a new regulatory framework to tackle harmful content online.

5.8.   The HM Government Tackling Violence Against Women and Girls Strategy published on 21 July 2021, and updated on 12 October 2021, is the new strategy document outlining the Government's plan to tackle violence against women and girls.

5.9   The HM Government Tackling Child Sexual Abuse Strategy published on 22 January 2021, was updated on 7 June 2021. The Tackling Child Sexual Abuse Strategy sets out a whole-system response to all forms of child sexual abuse.

6. SAFEGUARDING PRACTICE IN BROOK

6.1   We continue to have a high level of confidence in data for the year 2020/21. During 2020/21, we worked hard to obtain data from partners' 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 service users seen across Brook as a direct result of reducing or static budgets and the global pandemic. We continue to see more complex and vulnerable service users; consultation times are therefore longer which also contributes to an overall reduction in numbers of service users.

•   The overall number of safeguarding proformas completed decreased from 1271 to 827; 5% of our service users.

•   We saw a decrease in the proportion of proformas that resulted in an external referral (22%, a decrease from 49% in 2019/20). However, we did include in reporting 'information sharing/seeking' with external partners, which was 29%, this is where we sought information and advice which did not lead to a formal referral. The cases that are not referred to social care are scrutinised by the local safeguarding leads and, where appropriate, advice is sought from Brook's Safeguarding Escalation team.

All safeguarding proformas are monitored to outcome including those who have not been externally referred.

•   This year we added new primary reasons for concern (suicidal ideation, suicidal ideation with plan, self-harm and positive pregnancy test under 18 or adult at risk). We also introduced a new decision type of information sharing/seeking with external partners and included age and gender breakdown for all proforma rather than just external referrals; this data is set out in the Appendix for this year only as we do not have historic data for the additions/amendments.

6.3   Our education safeguarding and one-to-one work is captured on Brook's electronic patient record system (Lilie) and this year we included this work in the service user and visit figures. 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 received mandatory safeguarding training relevant to their role in a timely manner.

6.5   We asked staff additional safeguarding questions during the 2020 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 step process. This enabled us to adapt the training to meet the needs of Brook staff and the wider organisation.

6.6   We have developed new digital Level 1 and 2 Safeguarding Training modules for staff to access in light of current COVID-19 recommendations and restrictions, to ensure mandatory requirements continue to be met.

The DSL updated the Safeguarding Level 1 and 2 Training Pack, which includes a learning log to evidence continued professional development.

Live online case study sections have been delivered each month to all relevant new starters and staff who required refresher training. This has been extended to provide clarity and address issues noted on the 2019 staff survey which indicated that some staff felt that the 6 step process may not be easy to follow.

Level 1 and 2 Safeguarding Training evaluations were rated good or excellent throughout the year.

Mandatory accredited online Level 3 Safeguarding Training continues for all service user-facing staff involved in the assessment process and their line managers. This must be completed prior to face to face and 1:1 digital working with service users, 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 that, where possible, staff should also access Level 3 training locally to ensure this is delivered in the spirit of the intercollegiate guidance.

We have revised the Level 4 Decision Making Training and delivered this digitally to all senior staff involved in the decision-making process.

We have produced and delivered Trauma Informed Training to 35 Brook staff via a digital platform which will continue as a rolling programme for all Brook staff.

The Safeguarding Escalation Team, DSL and the Caldicott Guardian have completed digital external accredited Level 5 Safeguarding Children, Young People and Adults training.

6.7   Safeguarding supervision for all service user-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 creates a space to discuss complex cases, review patterns and trends, and stress test the organisational practice at regular intervals.

6.8   We have completed Safeguarding Processes Audits for clinical and one-to-one work delivered by the education and counselling teams. All were RAG rated green.

6.9   In 2020/2021, we reviewed the Protecting People Policies and, in particular, reviewed the updates made in 2019/20 from the transition from Protecting Young People Policy to the Protecting People Policy, which reflects our work with older adults in Blackburn, Cornwall and Southend-on-Sea.

6.10   The Safeguarding Lead Coordinator is a new role introduced in 2020/21 and we have used this additional capacity to increase the resilience and probity of the safeguarding function in Brook. A new Designated Safeguarding Lead has been recruited in October 2021 following retirement of the previous postholder.

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

6.12   The end of this reporting period saw the country continue its response to the global COVID-19 pandemic. Brook quickly responded and continues to do so when guidance is updated 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 People Policy was fully reviewed in October/November 2020; in particular, the policy now includes a comprehensive adult section, added in 2019/20, transitioning from Protecting Young People Policy to the Protecting People Policy. This reflects our work with older adults in Blackburn, Cornwall and Southend-on-Sea. In addition to the review, we added an Addendum to the policy covering safeguarding measures during COVID-19. The Confidentiality Policy was fully reviewed in November 2020. Amendments to the policies have been included throughout 2020/21 to reflect any changes in legislation. All references to Safeguarding and Confidentiality documents have been checked and updated.

8. SAFEGUARDING PRIORITIES 2021/2022

8.1   As part of our continued commitment to protecting our staff and service users in 2021/22, we will:

•   Further review the Protecting People Policies and the Confidentiality Policies.

•   Utilise the additional knowledge and experience provided by the Designated Safeguarding Lead to expand the resilience and probity of the safeguarding function in Brook.

•   Respond to new information and recommendations from the Government, CQC and the CC, and incorporate into our policy and practice.

•   Continue to utilise and develop our use of internal data and intelligence to ensure a clear understanding of the needs, diversity, trends and circumstances of service users who require safeguarding. Focus to include analysis of demographics to help us understand if any group are more or less likely to report a particular type of abuse and further analyse safeguarding reports classified as 'other'.

•   Ensure staff receive mandatory safeguarding training that is relevant to their role and in a timely manner.

•   Continue to monitor and review internal safeguarding training to ensure it meets the safeguarding needs of the organisation and is in line with internal and external policy and updates.

•   Continue to digitally deliver the Trauma Informed Training to Brook staff.

•   Ensure the Gender Awareness Training is delivered to staff.

•   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 clinical 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.

8.2   We recognise this is an ambitious programme of work, particularly in the context of a global pandemic, but much of this activity is underway and our progress to date provides confidence on achievement.

9. FINAL WORD

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

"Working as the safeguarding advisor for Brook over the last year, I have continued to be impressed with the level of scrutiny the charity place on their approach to safeguarding. The Quality & Assurance Committee remains a space for the Safeguarding Leads at Brook to have open dialogue about areas that require reflection, areas that are to be celebrated and areas that require improvement.

"The safeguarding reporting mechanism across Brook is maturing and each report is assessed and scrutinised by both internal safeguarding staff and external safeguarding experts who are independent of the Brook management system, this offers an independent view of progress and areas that need strengthening. I have been involved in this through the committee in their process of highlighting these areas where Brook can strengthen their approach to safeguarding and have every confidence that the committee and the safeguarding team are committed to seeing these through.

"COVID-19 remains a significant threat to the charity and how society protects children and Brook will need to respond to these ongoing challenges – especially in how the pandemic impacts on children and young people's mental health. I am delighted to remain part of the Quality & Assurance Committee for the next year and look forward to working with Brook to improve its ongoing approach to safeguarding."

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 Maxine Evans in her role as named Trustee for safeguarding and Chair of the Quality & Assurance Committee. Finally, we are grateful to our Designated Safeguarding Lead for the 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 each year. We will continue to learn from safeguarding practice reviews and our experience of what people tell us when they access our services, and we know that there is more to do.

APPENDIX

Safeguarding identification and referral - summary information

Number of service users and visits

	Service users			
	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
2020/21**	14,998 (89%)	1,922 (11%)	24 (0.1%)	16,944

*Note: These figures do not include data from the Wirral or Bedfordshire integrated sexual health service
** Includes education one-to-one service users

	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
2020/21	34,558 (88%)	4,780 (12%)	27 (0.1%)	39,365

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

Number of service users with safeguarding concerns

	Number proforma completed	Number service users	Proportion service users 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%
2020/21	827	16,944	5%

*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	Information sharing/seeking with external partners
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	
2020/21	827	35 (4%)	186 (22%)	367 (44%)		239 (29%)

External referrals

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Sexual abuse	164	109	110	107	109	177	58
CSE		84	63	58	67	61	14
Domestic violence	47	58	43	33	46	58	25
Neglect	11	10	6	6	8	10	8
MEH		85	63	83	79	146	77
Suicidal ideation							16
Suicidal ideation with plan							3
Self-harm							14
Physical						14	17
Positive pregnancy test under 18							30
Other	138	67	57	67	102	174	41

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Sexual abuse	46%	26%	32%	32%	33%	29%	31%
CSE		20%	18%	17%	20%	10%	8%
Domestic violence	13%	14%	13%	10%	14%	9%	13%
Neglect	3%	2%	2%	2%	2%	2%	4%
MEH	38%	21%	18%	25%	24%	24%	41%
Suicidal ideation							9%
Suicidal ideation with plan							2%
Self-harm							8%
Physical						2%	9%
Positive pregnancy test under 18							16%
Other		16%	17%	20%	30%	28%	22%

External referrals by type as a % of external referrals

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
With consent	295	323	309	269	312	538	173
Without consent	27	19	11	9	22	28	10
Without consent but with knowledge	26	31	13	23	12	30	3
Not stated	1	2	0	23	7	21	0

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
With consent	85%	86%	92%	80%	88%	87%	93%
Without consent	8%	3%	3%	3%	6%	5%	5%
Without consent but with knowledge	7%	8%	4%	7%	3%	5%	2%
Not stated	0%	1%	0%	7%	2%	3%	0%

% 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%

2020/21	Age	10	11	12	13	14	15	16	17	18	19-25	25+	Total
	Number	1	3	8	30	96	163	187	185	34	99	21	827
	%	0%	0%	1%	4%	12%	20%	23%	22%	4%	12%	3%	100%

Gender of service users 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

Gender of service users with proforma

2020/21	Gender	Female	Male	Trans*	Total
	Number	743	77	7	827
	%	90%	9%	1%	100%

Under 13s

	Total service users			Sexually active service users			Sexually active under 13s referred to social care	
	Female	Male	Trans*	Female	Male	Trans*	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
2020/21	5	4	2	4	1	0	2	1

	Proportion of service users under 13s who were sexually active			Proportion of sexually active under 13s referred to social care		
	Female	Male	Trans*	Female	Male	Trans
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%	0*	109%*	0%	

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