SAFEGUARDING REPORT

brook

21/22

1. INTRODUCTION & SUMMARY

1.1 This report on safeguarding in Brook is presented to comply with the Charity Commission's requirements. This report covers the financial year 2021/22 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 2021/22, we continued to respond and adjust to different ways of working in light of the global COVID-19 pandemic, reverting to traditional models of practice whilst embracing and embedding the learning acquired from the unprecedented experience; blending face-to-face and digital delivery to ensure service users received the support they needed. Other challenges emerged in the form of uncertain global stability in light of the conflict in Ukraine, Monkeypox and latterly the cost of living crisis. Brook addressed, planned for and put into practice Government and NHS England directed recommendations to ensure the necessary levels of support and protection were in place at all times. Below is a summary of the work we have undertaken to care for and safeguard Brook staff and service users:

- The 2021/22 staff survey revealed that 100% of respondents strongly agree or agree that safeguarding should be a part of everyone's responsibility; this is consistent with 2020/21 results (99%) of which we remain extremely proud.

- 99% of staff said that they understand the 6-step procedure, which is consistent with the 20/21 result of 96%. 89% said that they are confident to apply Brook's 6-step procedure, whereas 97% of staff said they were confident in 20/21. Fluctuation is to be anticipated as findings are linked to a number of factors impacting on levels of confidence including the emotive and anxiety inducing nature of safeguarding, application in practice and complexity, which is further layered by time in role and staff turnover.

With this knowledge, creating frameworks, spaces and an ethos pertaining to safeguarding which promotes security and collective efforts remains pivotal. 99% of Brook colleagues said that safeguarding supervision is available to them, which is consistent with 2020/21.

- We continued to prioritise and champion wellbeing, acutely aware of its importance against the backdrop of adversity experienced by our service users and staff, striving to deliver quality services and effectively safeguard. We created a Designated Wellbeing and Mental Health Lead role to support the development of Brook's mental health services and guide a whole system approach. Trauma informed training is fully embedded and core to our training offer and is highly valued. 2 colleagues trained as Mental Health First Aid (MHFA) instructors to facilitate the delivery of MHFA awareness training and Mental Health Champion training for all managers.

- Brook is signed up to the Mindful Employer charter, a national initiative supporting employers to take a positive approach towards mental health. A range of initiatives continue or have been introduced including Brook's Health and Wellbeing Hub, an Employee Assistance Programme, Health and Wellbeing Champions and safeguarding specific questions embedded into quarterly reviews and annual appraisals, supporting the strong link between personal welfare and reflection and the impact on service users.

- In March 2022, we launched the first phase of our innovative Digital Front Door project: our new STI home sampling kit online order form and accompanying Staff Hub which has been designed in response to our users' accessibility, usability and support needs. We have taken a safeguarding by design approach with comprehensive risk assessments and ongoing review throughout. The new Staff Hub was designed in collaboration with teams to enable Brook staff to easily identify, prioritise and respond to safeguarding cautions.

In June 2022, we launched a series of tailored online journeys and interactive web pages to support with some of the most common questions and concerns around sexual health and wellbeing, bringing together Brook's expert RSE and sexual health provision to promote positive relationships, facilitate self-care and signpost to further support.

- Our 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 21/22 encourage us to be satisfied that policies and procedures are effectively implemented with commitment.

- The Designated Safeguarding Lead (DSL) and Safeguarding Lead Coordinator (SLC) have worked closely with teams to review and strengthen safeguarding systems and practice culture. In October 2022, we created the role of Deputy Designated Safeguarding Lead (DDSL) underscoring our ongoing commitment, investment and value placed on safeguarding.

- The Quality & Assurance Committee (QAC) meets on a quarterly basis, is part of Brook's governance structure 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 and seeking assurances from the Director of Clinical Operations, Director of Education and Wellbeing and the 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, was the external safeguarding advisor to the QAC throughout 21/22. Brook's DSL attended 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 2021/22 have sustained our capability to safeguard service users. We acknowledge the significant contribution and commitment made by staff, the QAC committee members and trustees.

2. REGULATORY FRAMEWORK

2.1 Our primary regulator as a charity is the Charity Commission (CC). Its primary focus is Trustee governance and effective charity activities. The regulator of our clinical services is the Care Quality Commission (CQC) whose primary focus is the quality of services. The core purpose of CQC's regulatory role is to ensure that the public receive safe, effective, compassionate and high-quality care and this has remained at the centre of CQC activities. The CQC plans to introduce a new single assessment framework which will be introduced in phases. The aims of this single assessment framework are; to make inspections simpler to enable focus on what really matters to people, to better reflect how care is actually delivered by different types of services as well as across a local area and to have one framework that connects registration activity to assessments of quality. In March 2020, CQC paused routine inspections and focused activity where there was a risk to people's safety. A Transitional Monitoring Approach was adopted with a focus on safety and how effectively a service is led, particularly during the global pandemic. Formal monitoring interviews took place with Brook services over video call or telephone. This has continued into 2021/22 with three Brook services supporting the CQC with these inspections, Manchester, Dudley and Southend-on-Sea. No ratings are provided with monitoring inspections; however, no significant concerns were highlighted.

2.2 Brook supported the CQC inspection of Wirral in February 2022 with the report published in April 2022 retaining an overall rating of Good. The inspection highlighted that 'the service was well led, with a positive staff culture and good governance. Staff felt respected, supported and valued and were focused on the needs of patients receiving care. Staff felt proud of the service they worked in and that they provided good care for patients. Staff spoke passionately about the work that they did and the patients that they worked with'. Moreover, feedback from service users who had completed the 'I want great care' questionnaire was consistently positive about the way staff treated people. Service users reported that staff went "the extra mile" and their care and support exceeded their expectations.

2.3 Brook Lambeth and Southwark was inspected during July and August 2022 with the report published in October 2022 retaining an overall rating of Good. The inspection highlighted that;

'Staff treated children and young people with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand sexual health'. 'They provided emotional support to children and young people, families, and carers.' 'The service had enough staff to care for children and young people and keep them safe. Staff had training in key skills, understood how to protect children and young people from abuse, and managed safety well'. 'There was a robust safeguarding system in place, which was supported by a comprehensive policy framework. Staff had been trained to recognise safeguarding concerns'.

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 six members including Trustees and external advisors, meets quarterly and provides a clear focus on safeguarding and risk. Each meeting, the committee receives a report from Brook's DSL on safeguarding for scrutiny and assurance with a culture of respectful challenge and co-production promoted for the benefit and enhancement of the safeguarding offer. Brook Trustees receive mandatory Level 1 safeguarding training, and many have additional training and experience from their external roles.

4. RISK

4.1 The climate in which services are delivered, service users are supported and safeguarding occurs has faced unprecedented times. It is without dispute that the impact of COVID-19, uncertain global stability in light of the conflict in Ukraine, the emergence of Monkeypox and the cost-of-living crisis has and continues to present a number of challenges for our service users and workforce alike.

4.2 During 2021/22, 1047 safeguarding proformas were completed which is an increase from 827 in 2020/21. This represents 4% of our service users compared to 5% the previous year. Since 2014, safeguarding activity has continued to grow and whilst the overall proportion has decreased by 1% amongst our service user group as a whole, the complexity and demands faced by our teams has become multifaceted and more consuming.

4.3 The nature of safeguarding and our team's experience has been impacted by the noted external factors alongside our service users presenting with a wider range of vulnerabilities and support needs. Moreover, a greater presence in the provision of all age services means that our staff are required to meet a broader spectrum of service users, presenting circumstances, needs and risks with an increased level of knowledge, skill and confidence required. This can place additional practical and emotional pressures on services and professionals within them.

4.4 In some parts of the country, we continue to face resistance and challenges when making safeguarding referrals to social care or other specialist services. This is in part due to the variation and interpretation of thresholds; with the general experience being that acceptance into services occur when needs/risks are considered higher and more acute. Alongside this, options into alternate pathways appear limited due to both the reduction of services more widely or increased waiting times. This can be observed with a further decrease in the proportion of safeguarding proformas that resulted in an external referral from 22% in 2020/21 to 19% this reporting year.

4.5 Whilst this finding supports the day-to-day experience in terms of thresholds into services, options and availability, it is equally recognised that general welfare needs and vulnerabilities amongst our service users have become prominent. Such situations still require a response but not always a safeguarding response due to risk. Therefore, staff are required to exercise additional levels of curiosity and sharing/ seeking of information to triangulate findings for the purpose of assessing risk and deciding on appropriate outcomes. More frequently this occurs over a period of time with an enhanced need to sense check, explore and collaborate whilst still ensuring the needs of our service users are met in the interim. This can be seen with a further increase in the number of information sharing/seeking outcomes to 38% from 29% during 2020/21. We are therefore cognisant that Brook is holding additional risk with increased expectations placed on our teams to manage and support service users who require it.

4.6 Bristol, Wirral and Burnley operate an alternative Electronic Patient Record (EPR) system as required by commissioned contracts. This impacts on our influence and ability to make alterations to processes in line with other developments across services. At times, access and functionality of electronic systems can be intermittently affected by connection issues, particularly in Southend and Manchester. We continue to consult and seek solutions to ensure the consistency of safeguarding systems and resolve technical issues as they occur with relevant partners.

4.7 Notwithstanding the noted context, we remain proud in the rigour and steadfast determination shown by our teams to effectively safeguard. Not only have services continued to be safely delivered in the backdrop of adversity, we have adjusted to these challenges, taking on learning where possible, developed and enhanced our services and the service user experience through digital innovation, stream-lining systems, reviewing policy and investing in staff welfare and methods to promote this via supervision, training and initiatives. Outwardly, we will continue to work with other services and professional partners to develop relationships, systems and multi-agency approaches for the benefit of our service users.

5. THE NATIONAL SAFEGUARDING LEGISLATIVE FRAMEWORK

5.1 The Mental Capacity (Amendment) Act 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 were expected to be introduced; however, a consultation was launched in March 2022 to seek views on proposed changes to the Mental Capacity Act 2005 Code of Practice and implementation of the Liberty Protection Safeguards. The outcome of this public feedback has not yet been published.

5.2 The Online Safety Bill was published in May 2021, to establish a new regulatory framework to tackle harmful content online. The Public Bill Committee has now completed its work and has reported the Bill with amendments to the House of Commons. Following a third reading, the Bill will go to The House of Lords.

5.3 Keeping Children Safe in Education (KCSIE), statutory guidance for schools and colleges was published in September 2022. This guidance replaces both Keeping Children Safe in Education 2021 and Sexual Violence and Sexual Harassment (SVSH) guidance between children in schools and colleges.

5.4 In May 2022 the independent review of children's social care published its final report 'The Independent

Review of Children's Social Care: Final Report'. In response, the government set out the actions it is taking to improve children's social care and it plans to publish an implementation strategy on children's social care before the end of 2022. Main priorities include improving the child protection system, supporting families to care for their children and quality of placements.

5.5 The Independent Inquiry into Child Sexual Abuse's final statutory report was published, October 2022. 15 investigations were carried out as part of the inquiry including brave participation and testimony from survivors, with recommendations made for each. Brook needs to fully review and ensure compliance with recommendations as the impact of the landmark report takes effect.

6. SAFEGUARDING PRACTICE IN BROOK

6.1 Brook continues to have a high level of confidence in data for the year 2021/22. 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:

- There has been an increase in the overall number of service users seen across Brook to 23,916 from 16,944 during 2020/21. The overall number of service users requiring safeguarding has increased this reporting year to 1047 (4%) from 827 (5%). Whilst the overall proportion has decreased by 1%, the complexity and level of vulnerability faced by our service users continues to broaden. Service users experiencing mental health related safeguarding concerns remains most prominent at 38% followed by sexual abuse at 19%.

- Whilst the activity and complexity of safeguarding have increased, a downward trend in the proportion of concerns that have resulted in an external referral continues at 19% from 22% in 2020/21 and 49% during 2019/20. This is partly due to a reduction in service user numbers at the height of the global pandemic and adherence

to safety measures in place at various intervals, alongside the inclusion of information sharing/ seeking as an outcome option. A further increase in the number of information sharing/seeking outcomes has been observed at 38% from 29% during 2020/21.

6.2 In response to the outlined challenges and increased insights, Brook has introduced initiatives to mitigate these, focusing on advancing our safeguarding systems and frameworks for supporting our teams.

6.3 Following previous full revision to ensure new regulatory adherence, digital and online mandatory safeguarding training continues to be accessed across the organisation.

Live online case study sessions are run each month for relevant new starters and staff who require refresher training. The adaptations and blend of module and virtual discussion-based learning have been well-received and proven effective. This has enabled easier accessibility for staff whilst still providing opportunities to consolidate and share learning amongst peers.

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 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.

- The Level 4 Decision Making Training is delivered digitally to senior staff involved in the decision-making process. We have started to include managers that may not be in a service user-facing role to widen knowledge on safeguarding more holistically.

- Our internal mandatory training evaluations were rated good or very good throughout the year, with staff reporting:

  'I really appreciated this training and I found it reassuring, encouraging and helpful. I feel more confident now, thank you'

  'Great training, very hard to make safeguarding training comfortable and enjoyable but it was a great chance to chat through case studies'

  'Excellent session, good co-facilitation, clear messaging and clear links to my role. Sufficient breaks, great exercises and post reflection document. Loads of tips to use in my own training sessions'

  'I thought this was an excellent and informative training session, well-structured and delivered in an engaging manner. I'll definitely be recommending it to the colleagues in my team'

- Digital external accredited Level 5 Safeguarding Children, Young People and Adults training was completed in October 2022 for members of the Escalation Team, DSL, DDSL and identified senior operational managers. Further Level 5 Safeguarding training has been arranged for December 2022/January 2023 with spaces offered wider than the previously intended audience to again promote and increase safeguarding awareness across the charity.

- Alongside a review of our safer recruitment processes, mandatory online training for managers will be introduced.

- 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.

We continuously monitor training evaluation data to ensure our programmes remain relevant and meet the needs of our staff.

6.4 In addition to mandatory training, a range of opportunities have been provided to supplement core requirements, further increasing professional confidence, knowledge and awareness.

- Webinar and Q&A sessions including gender and sexual orientation, SEND & RSE, HIV awareness and sexual and gender terminology were delivered throughout the year to ensure we continue to value diversity and remain inclusive to the needs of our service users and staff.

- Safeguarding practice guidance tools were developed and Q&A sessions piloted in response to staff feedback to develop practice-focused skills. Assessing Safeguarding Risk sessions were delivered during September and October 2022, with a further suite of 'bitesize' safeguarding sessions to be created.

6.5 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. In addition, group safeguarding supervision is available on a monthly basis to safeguarding leads and managers, and quarterly to members of the Escalation Team facilitated by the DSL. Safeguarding supervision creates a safe space to discuss complex cases, review patterns/trends, share learning and peer support. Safeguarding supervision will undergo a further review to develop tools and resources including introducing externally facilitated supervision for the DSL and DDSL.

6.6 With the increase of service users seeking support for mental health issues and the wider adverse climate, strong emphasis towards emotional wellbeing has continued to drive our approach and culture towards direct practice.

- We created a Designated Wellbeing and Mental Health role to support the development of Brook's mental health services and guide a whole system approach for the benefit of our service users and teams.

- Trauma informed training is fully embedded and core to our training offer and is highly valued. Training continues to be offered regularly at bi-monthly intervals with 80 participants attending sessions this year (156 in total).

- Two colleagues trained as Mental Health First Aid instructors to facilitate the delivery of MHFA awareness training and Mental Health Champion training for managers.

- We conducted a review and revision of Brook's My Life (early intervention 1:1 wellbeing) programme and strengthened the approach, structure and resources to support Education Specialists to create bespoke programmes for young people. We introduced a robust and consistent case management and supervision process supporting reflective and best safeguarding practice.

- We further extended the guidance and support for staff on responses to suicidal thoughts and risk.

6.7 Our staff take care of young people and adults' health and wellbeing needs and we make sure the same support is there for our staff. In the context of safeguarding this is of the upmost importance:

- Brook is signed up to Mindful Employer, a national initiative supporting employers to take a positive approach towards mental health at work.

- Managers discuss individuals' wellbeing at all quarterly reviews and as part of annual appraisals. This includes the addition of safeguarding specific questions exploring personal welfare and reflection about positive impacts staff have had on service users via their interventions.

- The Health and Wellbeing Hub on our intranet has a wealth of information and resources to support staff and ensure our managers are well equipped, including information about Brook's own Employee Assistance Programme.

- In April 2022 we invested in the Thrive Mental Health App which offers staff tools to support their mental wellbeing and become more resilient against stress. Tools include educational content, meditation, mood journal and applied relaxation.

- Our volunteer team of Health and Wellbeing Champions research, lead and introduce new initiatives to support staff at work including monthly Wellbeing Bulletins. Brook's first Health and Wellbeing Staff Conference will take place in early 2023.

6.8 Participation has continued to influence our approach both internally and externally.

- Participation forums are fully established with the Participation Team successfully recruiting over 50 members across different age groups providing rich opportunities to shape Brook systems, tools and services.

- Forum members are involved in reviewing education resources and digital tools on the Brook website helping to contribute to a trauma-informed and inclusive approach.

- Brook forum members took part in a 2-hour workshop to help review and feedback about the new Spotting the Signs Toolkit for professionals.

- Young people have been involved in opportunities that will help to improve professionals' responses to safeguarding. Earlier this year, Brook was involved in research to inform the development of guidance to support teaching about sexual harassment and sexual violence, consulting with 124 teachers and 57 young people.

- Collaboration and co-production in the development of safeguarding processes, systems and service improvements from a workforce perspective has benefitted from the launch of the Manager's Safeguarding Solution Group in late 2021, with the Frontline Safeguarding Solution Group being established mid-2022. We formed the Safeguarding Operations Network Meeting in September 2022 comprising senior managers enhancing our oversight interdepartmentally, sharing knowledge and agreeing priorities benefiting our safeguarding practice and culture.

- The LGBT+ working group has been instrumental in leading a number of initiatives, including setting up networking on Workplace and providing updates across our LGBT+ work. Specific questions will be included in the 2022 staff survey to better understand our LGBT+ demographic and their needs and aspirations. Staff training has been developed and will commence this winter.

6.9 Via the combination of safeguarding process audits completed towards the end of 2021 into the beginning of 2022, staff feedback and ongoing constructive scrutiny and guidance from the recognised quality committees, safeguarding improvement remains a priority with an ongoing focus towards risk assessment, increasing management oversight and professional confidence.

- We continue to strengthen and streamline safeguarding systems including amending primary/concern options, updating the safeguarding proforma to include management oversight section and intervention log, centralising/linking the safeguarding monitoring spreadsheet for teams using Brook Lillie (EPR), improved data reporting and increased audit activity with theme/topic specific analysis. Further insights on these alterations will be available within the 2022/23 annual safeguarding report.

7. SAFEGUARDING POLICY IN BROOK

7.1 The Protecting People and Confidentiality Policies were fully reviewed during April/July 2022. This built on previous policy advancements to reflect our progression into all age service provision whilst ensuring references, updates and inclusion of national legislation, policy, guidance and best practice principles relevant to safeguarding. Tone and context throughout both policies were updated to better represent the increased scope and diversity of our work and people who access our services; namely the Code of Conduct for Working with Service Users (from Young People) and encompassing key alternations to safeguarding processes that have been achieved during this period. Further reviews and updates will continue during the coming year with a specific focus towards priority areas including safeguarding supervision, information/resources and Client Core Record (CCR) for the purpose of enhancing how safeguarding is practised.

7.2 We responded to new information and recommendations from the Government, CQC and the CC, and incorporated these into our policy and practice.

8. SAFEGUARDING PRIORITIES 2022/2023

8.1 As part of our continued commitment to protecting our service users and staff in 2022/23, Brook will:

- Enhance the Protecting People and Confidentiality Policies with a focus on key areas to further develop safeguarding practice including supervision and information/resources.

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

- Utilise the experience and knowledge of the DSL and DDSL to expand the resilience, capacity and probity of the safeguarding function in Brook.

- Advance our use of internal data and intelligence including theme specific reviews to ensure a heightened understanding of the needs, diversity, trends and circumstances of service users who require safeguarding with increased insights on the nature of safeguarding activity experienced by Brook and foresee future needs and potential challenges.

- Amend key safeguarding processes and systems. Streamline and improve functionality and ease for teams, including the CCR and digital innovation with the participation and collaboration of staff (and service users when appropriate)

- Ensure staff receive mandatory safeguarding training relevant to their role and in a timely manner. Review internal mandatory safeguarding training to ensure it meets the evolving safeguarding needs of the organisation and is in line with internal/external policy updates. Develop additional bitesize practical based spaces for consolidating learning, increasing professional confidence, peer support and safeguarding culture supplementary to our aims, values, vision and best practice principles.

- Develop a Safeguarding Communication Strategy to further raise the profile of safeguarding and culture across Brook ensuring key messages, information and research/learning are shared in a concise, accessible, engaging and creative manner.

- 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, we will increase audit activity to include specific themes with focus on practice and impact. We will evolve our approach to safeguarding audit practice and make recommendations for improvement to the Quality & Assurance Committee.

- Continue to deliver the Trauma Informed Training to Brook staff with an ongoing focus on creating and promoting emotional wellbeing and resilience.

8.2 Brook will develop our mental health work in three key areas:

A) Increase the confidence and competence of Brook staff so that when service users present with wellbeing and mental health challenges, they feel well-equipped and skilled to be able to provide support

B) Grow our existing wellbeing work utilising the strengths of our My Life methodology to develop a new programme for young people on mental health literacy and mental health promotion which will seamlessly intersect with an expanded counselling provision

C) Develop partnerships with like-minded organisations to improve wellbeing and mental health provision for young people.

8.3 Brook recognises this is an ambitious range of initiatives and remain alert to the extensive challenges faced by our service users, staff and the charity sector. It is because of this we believe our priorities are attuned and directed where they are needed and confident that they will be achieved.

9. FINAL WORD

9.1 Statement from Maxine Evans, Chair of the Quality & Assurance Committee and Named Trustee for safeguarding:

"I have a fortunate role in having both the responsibility of holding Brook to account by scrutinising its approach to safeguarding alongside the privilege of influencing how this is achieved. I take both equally seriously, with an overarching sense of determination and passion that this is done so to the highest quality. Ultimately, it is the wellbeing and safety of anyone who accesses Brook that remains at the heart of all that we do, any challenges made or guidance provided to drive and improve how people are cared for and protected.

"Alongside this, we remain focused and interested in the charity as a whole so that the policies, values, infrastructure and systems are conducive with the safest level of service provision and that the people who operate within it are competent, skilled, knowledgeable and cared for themselves in order to provide service users with what they deserve. In the last couple of years, this has never been more important. Whilst some of these challenges have been overcome, others remain present, looming or yet unknown. The function of the Quality & Assurance Committee is therefore in no doubt of its aims and absolute purpose.

"I remain satisfied with Brook's devotion towards ensuring safeguarding remains a priority at all levels and diligent in self-appraising its approach; with an open ethos that improvements should always be prioritised when other people's safety is the goal. As Chair, a culture of collaboration and coproduction is facilitated as is the clear understanding of accountability. I am confident that that Brook has provided safe services, which has been evidenced with the increased use of data, insights and analysis. This has provided richer and more comprehensive awareness of safeguarding activity. I have been impressed that, despite the challenging context of recent times, Brook has not only continued to offer much needed services and effectively safeguard, areas of practice have been enhanced with an ongoing appetite to evolve and improve. I am proud to lead the Quality & Assurance Committee and look forward to working with Brook's ongoing efforts and innovations relating to safeguarding".

9.2 We would like to thank our executive and leadership teams, managers and staff for their commitment, contributions and unwavering resolve towards safeguarding. 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 & Deputy Designated Safeguarding Leads for the leadership and commitment to safeguarding children, young people and adults. We are delighted to share our progress, challenges and plans for our services and teams, and those who access our services for support, care and, at times, safeguarding.

9.3 We are reassured that our approach has been effective in identifying risk and that we have responded in the best interests of our service users to keep them safe. We will continue to work with professionalism, curiosity and desire to learn and evolve our safeguarding practice, recognising that there is no room for complacency and our service users deserve the highest quality support.

APPENDIX

Service users					
Year	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	Not including Wirral and Bedfordshire
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	Includes education one to one service users
2021/22	19,870 (83%)	4,031 (17%)	15 (0%)	23,916	Includes education one to one service users

Visits					
Year	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	Not including Wirral and Bedfordshire
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	Includes education one to one visits
2021/22	43,895 (82%)	9,314 (18%)	25 (0%)	53,234	

Number of service users with safeguarding concerns				
Year	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%	Not including Wirral
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%	
2021/22	1047	23,916	4%	

Proformas 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%)
2021/22	1047	92 (9%)	194 (19%)	363 (35%)		398 (38%)

(Proforma may result in both an internal and external referral making the total higher than the number of proforma)

External referrals	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Sexual abuse	164	109	110	107	109	177	58	49
CSE		84	63	58	67	61	14	10
Domestic violence	47	58	43	33	46	58	25	9
Neglect	11	10	6	6	8	10	8	2
MEH		85	63	83	79	146	77	44
Suicidal ideation							16	4
Suicidal ideation with plan							3	0
Self-harm							14	4
Physical abuse						14	17	4
16 and under follow up after EC								1
Positive pregnancy test under 18							30	28
Other	138	67	57	67	102	174	41	39

External referrals as a %	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Sexual abuse	46%	26%	32%	32%	33%	29%	31%	25%
CSE		20%	18%	17%	20%	10%	8%	5%
Domestic violence	13%	14%	13%	10%	14%	9%	13%	5%
Neglect	3%	2%	2%	2%	2%	2%	4%	1%
MEH	38%	21%	18%	25%	24%	24%	41%	23%
Suicidal ideation							9%	2%
Suicidal ideation with plan							2%	0%
Self-harm							8%	2%
Physical abuse						2%	9%	2%
16 and under follow up after EC								1%
Positive pregnancy test under 18							16%	14%
Other		16%	17%	20%	30%	28%	22%	20%

External referrals by type	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
With consent	295	323	309	269	312	538	173	183
Without consent	27	19	11	9	22	28	10	10
Without consent but with knowledge	26	31	13	23	12	30	3	1
Not stated	1	2	0	23	7	21	0	10

External referrals by type as a %	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
With consent	85%	86%	92%	80%	88%	87%	93%	94%
Without consent	8%	3%	3%	3%	6%	5%	5%	5%
Without consent but with knowledge	7%	8%	4%	7%	3%	5%	2%	1%
Not stated	0%	1%	0%	7%	2%	3%	0%	0%

Age of service users referred to external safeguarding agencies																	
From 2020/21 age and gender are for all proforma and not just external referrals																	
Age	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	26	un-known	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		138	88	37	27	17	9	11	7	4	1	3	617

%	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	26	un-known	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%		5%	7%	12%	21%	16%	16%	5%	8%	3%	1%	2%	1%	1%			100%
2018/19	1%		4%	7%	11%	17%	19%	20%	6%	4%	4%	3%	0%	3%	1%		0%	100%
2019/20	0%	1%	2%	7%	16%	19%	22%	14%	6%	4%	3%	1%	2%	1%	1%	0%	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

Age of service users with safeguarding proforma												
Age	10	11	12	13	14	15	16	17	18	19-25	Over 25	Total
2020/21	1	3	8	30	96	163	187	185	34	99	21	827
%	0%	0%	1%	4%	12%	20%	23%	22%	4%	12%	3%	100%
2021/22	1	2	22	56	105	174	199	180	95	136	77	1074
%	0%	0%	2%	5%	10%	17%	19%	17%	9%	13%	7%	100%

Gender of service users with proforma				
Gender	Female	Male	Trans*	Total
2020/21	743	77	7	827
%	90%	9%	1%	100%
2021/22	911	118	18	1047
%	87%	11%	2%	100%

Under 13s									
Year	Total service users			Sexually active service users			Sexually active under 13s referred to social care		
	Female	Male	Trans*	Female	Male	Trans*	Female	Male	Trans*
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	0
2021/22	18	5	2	3	0	0	3	0	0

Year	Proportion of service users 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%
2020/21	80%	25%	50%	100%
2021/22	17%	0%	100%	0%

* Referrals for non sexually active service users means over 100%

All SG proforma	Total	%
Sexual abuse (including familial)	202	19%
CSE	76	7%
Domestic Violence (including FGM)	74	7%
Neglect	14	1%
Mental/emotional health concerns	347	33%
Suicidal ideation	15	1%
Suicidal ideation with plan	10	1%
Self-harm	29	3%
Physical abuse	16	2%
16 and under follow up after EC	7	1%
Positive pregnancy test under 18 years/adults at risk	70	7%
Other	187	18%
Total	1047	100%