



# **SAFEGUARDING REPORT 2022/23**



## 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 2022/23 with information relating to the current year where this is relevant. A report to trustees is made on an annual basis or when legislation changes.

1.2 Safeguarding service users and those who engage with our clinical, education and wellbeing services, is a priority for Brook. We understand that we have a vital role in the safeguarding of children, young people and adults from whatever harm they may be facing. We approach every interaction as an opportunity to gain an insight or understanding of a person as a unique individual to enhance or improve their life or, where necessary, protect them from harm. This requires relationships built on respect, empowerment, compassion and trust with safe spaces so that service users feel emotionally and physically secure to share their experiences, so that harm and the risk of harm can be identified and effectively responded to.

1.3 During 2022/23, the climate in which services were delivered, service users were supported and safeguarding occurred continued to be affected by the cumulative impact of unprecedented times experienced in recent years. The remanence of COVID-19, uncertain global stability and the continued impact of the cost-of-living crisis presents several challenges for our service users and workforce. Moreover, the space Brook proudly and diligently occupies faces increased scrutiny and criticism. Relationships and Sex Education (RSE), sexual health and the rights of disadvantaged and stigmatised groups of people have become the focus of both political and media attention. This has, at times, created a hostile environment for an already sensitive and delicate area. Brook is unwaveringly committed to ensuring that those in most need receive the support, care and protection they require and deserve. Below is a summary of the work we have undertaken to care for and safeguard Brook staff and service users:

- The 2022/23 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 2021/22 results of which we remain immensely proud.
- 98% of staff said that they understand the 6-step procedure, which is consistent with the 2021/22 result of 99%. 95% said that they are confident to apply Brook's 6-step procedure which is an increase from 91% in 2021/22.
- 99% of Brook colleagues said that safeguarding supervision is available which is consistent with 2021/22.
- For the first time during the annual survey, staff were asked if they feel supported with safeguarding day to day in their practice, with 99% reporting that they were.
- We continued to prioritise and champion wellbeing, acutely aware of its importance against the backdrop of adversity experienced by our service users and staff. The Designated Wellbeing and Mental Health Lead (DWMHL) role is firmly embedded and supporting development and innovation of mental health services and a whole system approach. Trauma Informed Practice and Mental Health Awareness training are fully embedded and highly valued with 75% of the workforce trained. We continue to participate in the Mindful Employer scheme and are committed to a range of initiatives to promote wellbeing in the workplace.
- In recognition of the changing landscape and evolving needs of our service users, Brook created the roles of Interim Designated Neurodivergence Lead and Clinical Practice Development Manager, strengthening frameworks and practice to better reflect and respond to the needs of those accessing our services and our staff.
- The Designated Safeguarding Lead (DSL) and Deputy Designated Safeguarding Lead (DDSL) have continued to work with teams to enhance safeguarding systems and practice culture including implementing a revised approach to Safeguarding Practice and Processes Audits. All services audited were rated as good overall with six services found to be good with outstanding features. Service safeguarding action plans were produced, informed by insights and findings to further drive progression and innovation.
- Brook utilised its expertise and position to influence safeguarding with the theme of Playing it Safe during this year's Sexual Health Week, including the release of the revised Spotting the Signs (STS) tool and guidance. Brook collaborated with British Association for Sexual Health & HIV (BASHH) to develop the updated STS tool, supporting frontline professionals nationally to recognise and respond to children and young people at risk of or being sexually or criminally exploited.

- Digitally, our sexually transmitted infection home sampling kit online order form and accompanying staff hub have 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. The new staff hub was designed in collaboration with teams so that staff could easily identify, prioritise and respond to safeguarding cautions.
- In June 2022, we launched a series of tailored online journeys and interactive webpages to support with some of the most common questions and concerns around sexual health, wellbeing and keeping safe. This combined 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 22/23 confirmed that policies and procedures are effectively implemented and with commitment.
- The Quality & Assurance Committee (QAC) forms part of Brook's governance and meets on a quarterly basis. The Committee routinely receives reports on safeguarding activity, trends and the implementation of safeguarding policies and procedures across the organisation.
- The QAC scrutinises and holds Brook's Executive Team and the DSL to account for safeguarding practice across Brook by reviewing the quarterly safeguarding report, requesting further information and seeking relevant assurances.
- The designated member of the Board of Trustees responsible for safeguarding throughout 22/23 was Maxine Evans (Deputy Chair, Brook Board of Trustees and Chair of the QAC). Brook's DSL attends the QAC to provide specialist guidance, support and training. The DSL also ensures that there is a high level of 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 2022/23 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. Its primary focus is trustee governance and the effective registration and regulation of charities in England and Wales. The regulator of our clinical services is the Care Quality Commission (CQC) whose primary focus is the quality of health and social care services. The core purpose of CQC's independent 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 regional phases from November 2023 starting with providers in the South of England. The aims of this single assessment framework are to make inspections simpler to focus on what really matters to people, to better reflect how care is actually delivered by different types of service as well as across a local area, and to have one framework that connects registration activity to assessments of quality.

2.2 Brook supported the CQC inspection of Brixton in July/August 2022 with the report published in October 2022 receiving an overall rating of Good. The inspection highlighted that "leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of children and young people receiving care. 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."

2.3 Brook Blackburn and Brook Burnley were inspected during October 2022 with the reports published in January 2023 receiving overall ratings of Good. The inspections highlighted that "staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. 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."

2.4 Eight clinics (Blackburn, Bristol, Cornwall, Dudley, London Euston, Manchester, Southend-on-Sea and Wirral) were awarded the I Want Great Care Certificate of Excellence for 2023 in recognition of the outstanding care provided and the number of positive patient reviews.



### **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, and staff/volunteers. Brook endorses this approach and safeguarding is a priority for the Brook board of trustees.

3.2 Established in 2017, Brook's QAC has responsibility for oversight of safeguarding 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. The committee receives reports from the 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 specialist training and experience from their external roles.

### **4. RISK**

4.1 During 2022/23, 1126 safeguarding proformas were completed which is an increase from 1047 in 2021/22. This represents 5% of service users compared to 4% the previous year. Since 2014, safeguarding activity has continued to grow with the complexity and variation of needs experienced by our service users more often being multi-layered and interconnecting. This, in turn, continues to place additional demands and pressures on Brook staff.

4.2 Greater presence and delivery of all age services, alongside being a recognised, trusted and inclusive space, means that our staff meet a broader spectrum of service user needs and risks with an increased level of knowledge, skill and confidence required. Brook embraces the diversity of our service users but acknowledges the additional practical and emotional pressures placed on services and professionals.

4.3 In some parts of England, we continue to experience 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 acceptance into services occurring when needs/risks are considered higher and more acute. Linked is that options for alternate pathways appear limited due to both the reduction of services more widely and increased waiting times.

This can be observed with an ongoing decrease in the proportion of safeguarding proformas that resulted in an external referral from 22% in 2020/21, 19% in 21/22 to 15% this reporting year.

4.4 While this finding reflects the day-to-day experience of thresholds into services, options and availability, it is equally recognised that general welfare needs and vulnerabilities amongst service users remain prominent. Such situations still require intervention but not always a safeguarding response due to risk. Therefore, staff are exercising 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 service users are met in the interim. This can be seen with a further increase in the number of information sharing/seeking outcomes to 44% from 38% during 21/22 and 29% 20/21. We are therefore aware that Brook is holding additional risk with increased expectations placed on our teams to manage and support service users.

4.5 Bristol, Wirral and Burnley operate an alternative Electronic Patient Record system as required by commissioner contracts in those locations. 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 these electronic systems can be intermittently affected by connection issues. We continue to consult and seek solutions to ensure the consistency of safeguarding systems and resolve technical issues with the relevant third-party partners.

4.6 However, we remain proud in the rigour and resolve demonstrated by our teams to effectively safeguard. Services continue to be safely delivered with the backdrop of adversity and increased scrutiny, and we have adjusted to these challenges, taking on learning where possible to develop and enhance services and the service user experience. We have achieved this via digital innovation, streamlining systems, reviewing policy, evolving our approach to quality assurance and investing in staff welfare and methods to promote this through supervision, training and initiatives. We will continue to work with other services and professional partners to develop relationships, collaborations and build safeguarding communities 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 the 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.

The draft Code of Practice was consulted on between March and July 2022. The implementation date and the final version of the Code of Practice are still awaited and the outcome of the public feedback has not yet been published. In April 2023, the Department of Health and Social Care announced that the implementation of the Liberty Protection Safeguards (LPS) the Mental Capacity (Amendment) Act 2019 will be delayed “beyond the life of this Parliament” (therefore likely beyond Autumn 2024).

5.2 The Online Safety Bill passed its final Parliamentary debate in September 2023 and is now ready to become law. The bill has undergone considerable parliamentary scrutiny in both the Houses. The Online Safety Bill is a new set of laws to protect children and adults online. It will make social media companies more responsible for users’ safety on online platforms.

5.3 The Keeping Children Safe in Education (KCSIE) statutory guidance for schools and colleges was published in September 2023 and replaces previous versions.

5.4 In May 2022, the independent review of children’s social care published ‘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. Main priorities include improving the child protection system, supporting families to care for their children and quality of placements.

5.5 In February 2023, the Government published an implementation strategy and consultation on reforming children’s social care in England. The consultation for changes to statutory guidance: Working Together to Safeguard Children, ran from 21 June to 6 September 2023. Updating Working Together is central to delivering the first phase of the plans to transform Children’s Social Care, set out in Stable Homes, Built on Love. The purpose of the update is to strengthen multi-agency working across the whole system.

5.6 The Health and Care Act 2022 was published in January 2023 and builds on the proposals of the NHS following the publication of the Long-Term Plan. These proposals built on extensive engagement by the NHS in 2019 and were further developed in the 2021 White Paper: Working Together to Improve Health and Social Care for All. The Act advances on the collaborative working seen throughout the pandemic to shape a system which is best placed to serve the needs of the population.

The Act removes existing competition rules and formalises integrated care systems as commissioners of local NHS services. It also grants the Health Secretary authority over the health service.

5.7 In April 2023, the government published next steps to put People at the Heart of Care, a plan for adult social care system reform from 2023 to 2025, with the aim to improve the lives of the 10 million people who draw on, work in or provide care and support.

5.8 The Independent Inquiry into Child Sexual Abuse’s final statutory report was published in October 2022. In its final report, the Inquiry recommended that the government introduce a mandatory reporting duty for cases of child sexual abuse. The government conducted a call for evidence consultation with key professionals and organisations which closed in August 2023, and a response is due to be published within 12 weeks.

5.9 The government published updated guidance in May 2023 on Forced Marriage. The forced marriage resource pack was developed following a commitment in the Government’s Tackling Violence Against Women and Girls Strategy (VAWG), published in July 2021. The Strategy recognised that more could be done to provide frontline professionals, including local authorities, the police, schools, healthcare services and others, with additional resources on forced marriage.

5.10 The government updated the Information sharing advice for safeguarding practitioners, in July 2023. This advice is currently under revision after a period of consultation which ended in September 2023.

5.11 The Welsh Government conducted a consultation on a new Single Unified Safeguarding Review (SUSR) process in June 2023. The responses to the consultation are being reviewed.

## 6. SAFEGUARDING PRACTICE IN BROOK

6.1 Brook continues to have a high level of confidence in data for the year 2022/23. 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:

- Whilst overall numbers of service users seen across Brook has remained steady at 23,453 from 23,916 during 2021/22, this is still a noticeable increase from 2020/21 of 16,944. The overall number of service users requiring safeguarding continues to increase this reporting year to 1126 (5%) from 1047 (4%). 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 36% followed by pregnancy of concern at 20% and Sexual Abuse/Exploitation at 18%.
- While 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 15% from 19% in 2021/22 and 22% in 2020/21. A further increase in the number of information sharing/seeking outcomes has been observed at 44% from 38% during 2021/22 and 29% during 2020/21.

6.2 In response to the outlined challenges and increased insights, Brook has worked to mitigate these while continuing to prioritise strengthening our safeguarding policies, procedures, systems and quality assurance within a healthy, vibrant, fair and consistent safeguarding culture.

6.3 The strengthened and streamlined systems achieved during the previous reporting year have simplified procedures and processes for staff and have improved data and mechanism for oversight of safeguarding activity.

6.4 In January 2023, we launched a revised Emergency Hormonal Contraception (EHC) and Pregnancy Test process in clinical services using Brook Lillie, following a pilot in Manchester to ensure a separate pathway for service users with additional needs/vulnerabilities (16 and under accessing EHC, under 18/adult at risk of positive pregnancy). The amended process will ensure service users continue to receive appropriate levels of oversight, follow-up and escalation into safeguarding processes as and when required.

6.5 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. Sessions are facilitated by the DSL/DDSL ensuring consistent messaging and promotion of a positive and buoyant safeguarding culture as well as close connection with the workforce. The blend of module and virtual discussion-based learning are well-received and proven effective. Level 1 safeguarding training was provided to trustees and members of the executive team during July 2023 with an additional session scheduled for October.

6.6 Mandatory accredited online Level 3 Safeguarding Training continues for 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 three years. The training package has been refreshed with all relevant staff now automatically enrolled to complete both Child and Adult modules. 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.

6.7 The Level 4 Safeguarding Decision Making Training, facilitated by the DSL/DDSL, is delivered digitally to senior staff involved in the decision-making process and continues to include managers that may not be in a service user-facing role to widen knowledge on safeguarding holistically. Digital external accredited Level 5 Safeguarding Children, Young People and Adults training was completed in December 2022/January 2023. Invites were extended to managers from non-traditional safeguarding roles to increase and promote safeguarding awareness and culture across the charity, with the inclusion of two external organisations who were supported by grants from Brook.

6.8 Safer recruitment online training is now mandatory for recruiting managers.

6.9 Training undertaken by staff is recorded on Brook's online central system and managed by the People & Organisational Development team. Staff received mandatory safeguarding training relevant to their role in a timely manner.

6.10 Brook continuously monitors training evaluation data to ensure our programmes remain relevant and meet the needs of our staff.

Confidence/satisfaction for internally delivered training programmes is high with staff reporting:

- the experience as good or very good for 97% of participants.
- 95.2% gained skills and 94.7% gained confidence.
- 98% felt the content was organised, 92.3% agreed there was adequate time for discussions and 96% felt the materials were useful.
- 98% agreed the facilitator was knowledgeable and engaging.

6.11 Safeguarding training sessions facilitated by the DSL/DDSL are well received and particularly beneficial. Case study sessions received satisfaction ratings of 98% (overall experience), 100% (skills improved) and 95% (confidence increased) with Safeguarding Decision Making receiving 100% across all three areas.

6.12 A range of other opportunities have been provided to supplement core requirements, further increasing professional confidence, knowledge and awareness:

- 127 learning and development events, activities and programmes were delivered over the course of the year which included training programmes with safeguarding elements such as the STI Foundation programme, Level 3 Award in Education and Training, Non-Nursing Competencies, Traffic Light Tool train the trainer, de-escalation and conflict management and SEND training.
- A coaching and mentoring programme with 25 staff took place last year. Coaches were trained in adult safeguarding and completed a bespoke case study session.
- Safeguarding surgeries were launched August 2023 providing a space and opportunity for any staff member to meet with the DSL/DDSL to increase day to day practice confidence.
- Safeguarding supervision creates a safe space to discuss complex cases, review patterns/trends, share learning and offer peer support. Safeguarding supervision for frontline staff is offered both one-to-one and as a multidisciplinary group. Safeguarding supervision is locally available and conducted in accordance with the safeguarding policy. Group safeguarding supervision is also available on a monthly basis to safeguarding leads and managers, and bi-monthly for

members of the escalation team and senior managers. Supervision arrangements have been strengthened with the appointment of a safeguarding consultant; this adds a layer of critical thinking and self-appraisal to provide surety that our safeguarding is in line with best practice. Debrief sessions have been facilitated following complex or high-risk safeguarding incidences. Brook understands the benefit and importance of supervision, making assertive efforts to ensure it is a valuable and productive forum for staff.

6.13 With the ongoing increase of service users seeking support for mental health issues and the wider climate, the role of the Designated Wellbeing and Mental Health Lead has been firmly embedded and is core to Brook. This role has focused on three key work strands:

- Growing our existing work – service delivery
- Strengthening support for Brook frontline professionals
- Expanding Brook’s profile and partnerships.

6.14 Central to this is the ongoing commitment to Trauma Informed training, Mental Health Awareness, Mental Health First Aid and Mental Health Champions training. During 2022/23, we delivered five Mental Health Awareness sessions, two Mental Health Champions sessions and two Mental Health First Aid courses. 75% of the workforce have received MHA and TIP mandatory training contributing to and building a meaningful and insightful culture with staff reporting:

*“I found the course very informative, well presented and easy to understand. I have already highly recommended the course to my work colleagues for their respective knowledge and betterment”.*

*“Really informative and interesting training - has really made me think about how we ensure our practice is trauma informed on a day-to-day basis, and effectively recognise and support young people who have experienced trauma”.*

6.15 Our staff take care of young people and adults’ health and wellbeing needs and Brook makes sure the same support is there for staff. We understand that they need to feel safe and well in themselves in order to care and protect others:

- We continue to offer an Employee Assistance Programme.
- We introduced the Gratitude Voucher scheme to thank colleagues, which was utilised by over 50% of staff last year.



- Managers discuss individuals' wellbeing at quarterly reviews. This includes safeguarding specific questions exploring personal welfare and reflection about positive impacts staff have had on service users and the potential impact safeguarding has on them personally.
- A question has been included in the staff annual appraisals to ask if 'there have been any significant/important moments of learning relating to safeguarding that has influenced the way in which you practice? What do you feel you need to do or would be helpful for the coming year in developing your safeguarding practice or confidence further'? This ensures that welfare, learning and growth underpins key conversations with our staff.
- We understand how vital it is to maintain a healthy work-life balance and Four Day Week is being piloted for six months to 31 January 2024.
- Participation has continued to influence our approach:
- 50 Participation Forum members including young people and adults, nationally and at a local level, provide rich insights and support to Brook's systems, tools and services.
- Brook's younger Forum members have explored how to improve accessibility and inclusivity of our clinical services working with the safeguarding team to better understand Brook's safeguarding practices. The forum believe it is important to reach more young people with accessible messages about the meaning of safeguarding and confidentiality, and have produced a series of short videos.
- Brook co-produced a series of animations with young people from Wales on how young people can support friends in unhealthy relationships.
- Collaboration and co-production with Forum members in the development of safeguarding processes, systems and service improvements has launched the Managers and Frontline Safeguarding Solution Groups. Weekly operational meetings remain a consistent feature bringing together key senior managers to enhance our oversight interdepartmentally, share knowledge and agree priorities including safeguarding.

6.16 Safeguarding is complex and ever evolving. This is true for Brook staff and for the people we support. It is recognised that we have individual needs and experiences, with diverse and unique personal and professional journeys. As people and professionals, we are dynamic as are the contexts, circumstances and situations we experience. This can add to complexity but equally provides space and opportunities to harness the best of each other. Brook continues to embrace diversity, champion individual rights and inclusivity:

- In February 2023, we submitted our first Workplace Equality Index, securing a Silver Award reflecting our achievements in making Brook a more inclusive workplace.
- In December 2022, Brook created the role of Interim Designated Neurodivergence Lead (IDNL). Brook believes that care needs to adapt to neurodivergent people whether by ensuring that the sensory environment is appropriate, communicating clearly or adapting the care itself.
- We delivered Oliver McGowan Mandatory Training on Autism and Learning Disabilities to staff working with service users or based in a clinic.
- An internal Neurodivergence and Neurodiversity working group has been established for neurodivergent staff to collaborate and drive improvements.
- Brook re-enrolled with Stonewall as Diversity Champions.
- Mandatory LGBT+ training continues to be delivered to staff.
- The LGBT+ staff network group continues to promote informative and positive messaging and culture.

6.17 To increase confidence and assurance that the range of developments and initiatives has had the intended and desired impact, we revised and elevated our approach to safeguarding audits.

6.18 The new approach and audit tool was aligned with the CQC framework, with greater emphasis on safeguarding practice and the experience from service users' perspective. Safeguarding practice and process audits included the introduction of formal action plans shaped and informed by themes/findings highlighted from the audit activity to promote a culture of continuous learning and development.

6.19 During March-June 2023, the DSL and DDSL completed 11 audits (20 services) with 53 full case reviews. Services audited were rated as good overall with 6 services found to be good with outstanding features. Whilst specific assessments and actions plans were devised for individual services, cross-service themes and insights included:

- The overall quality of safeguarding (practice and process) has improved since last cycle of audits.
- There was strong evidence of fair, consistent, considerate, sensitive and person-centred safeguarding that was trauma informed.
- We saw consistent evidence of improved identification/assessment of risk leading to sound decision making with good initial action plans.
- Plans are mostly progressed to required outcomes although this is an area for focus and improvement, particularly around pace and consistency of safeguarding journeys.
- Quality of recording/documentation had improved although attention to detail and ensuring key moments/decisions is an area for focus and improvement.

6.20 Following completion of audits, de-briefs were offered to managers/leads to share findings and develop action plans. Feedback from teams has been positive and well received including:

- ‘Process was really useful, including the debrief as an opportunity to reflect and discuss together as a team, gathering everyone’s perspectives. The integrated approach was very helpful, as it picked up examples that showed inter-team working and highlighted what we do well that we can continue. It was a fair and balanced result; it picked up on the strengths of our safeguarding while the things we can work on were described in a supportive, encouraging way’

6.21 Brook has created a positive and thriving safeguarding culture internally and used its expertise and influence externally to contribute to and inspire the wider safeguarding community:

- We have produced an assortment of tools and promotions including #Checkwithmefirst

- We have progressed our safeguarding communications strategy to raise internal awareness and ensure key messages, updates, information, resources and tools are accessible with the launch of the new online safeguarding group.
- During November 22, a series of communications were produced to support Safeguarding Adults Week with the theme focusing on ‘Responding to Contemporary Safeguarding Challenges.’ Resources covered key themes such as self-neglect, exploitation/county lines, domestic abuse in tech society and safer organisational cultures, as well as blogs, Brook’s adaptation to adult safeguarding through all-age services , Safeguarding in Everyday Life and Creating Safer Organisational Cultures.
- We attend the CSA Protect and Prepare Board led by the National Crime Agency and, in March 2022, facilitated Brook’s first Learning Lab bringing together key leaders/stakeholders from across professional disciplines.
- We presented at national events showcasing Brook’s approach to safeguarding including running a workshop at the Safeguarding in the Voluntary Sector Conference on the theme of ‘Evaluating Safeguarding Procedures to inform Future Improvements’ and presenting at both St Mary’s SARC and BASHH annual conferences.
- Safeguarding took centre stage in this year’s Sexual Health Week – Playing it Safe. Throughout the week, we hosted RSE sessions, posted blogs, launched new Brook Learn courses, launched the Brook TikTok platform and released the Spotting the Signs Tool. A range of activities and coffee mornings were hosted demonstrating the links between mental health and sexual health and amplifying the voices of those who face health inequalities including neurodivergent people.
- In September 2023, we held our first virtual safeguarding conference with four online events led by expert panellists from the charity, healthcare academic and corporate sectors:
  1. Spotting the Signs of CSE
  2. Safeguarding in a Mental Health Crisis
  3. Safeguarding in the age of AI
  4. How RSHE safeguards our children

- The revised STS Tool and accompanying guidance was released. With a grant from the Department of Health and Social Care, a review was conducted with stakeholders including health care professionals, professionals working with young people, the voluntary sector and young people of the existing tool and how it should be developed in the light of new knowledge about CSE to encompass children at risk of or involved in being criminally exploited. Brook collaborated with BASHH with the support of a multi-agency advisory board and working group to produce the updated Tool so that it can be used whenever a young person accesses a service, shaping the national safeguarding landscape.

## **7. SAFEGUARDING POLICY IN BROOK**

7.1 The Protecting People Policy was fully reviewed in July 2022 and the Confidentiality Policy in October 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 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.

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 2023/2024**

8.1 As part of our continued commitment to protecting our service users and staff in 2023/24, Brook will:

- Enhance the Protecting People and Confidentiality Policies with a focus on reflecting key safeguarding practice developments.
- Respond to new information and recommendations from the Government, CQC and the CC, and incorporate into our policy and practice.
- Advance our use of internal data and intelligence including theme specific reviews to allow 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.
- Amend key safeguarding processes and systems. Streamline and improve functionality including the Client Core Record 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 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 safeguarding surgeries to consolidate learning, increase professional confidence, continue peer support and support safeguarding culture.
- Commence facilitator quality review meetings to enable internal training facilitators to enhance practice through personal and peer reflection and critical thinking.
- Elevate the safeguarding communication strategy to further raise the profile of safeguarding and culture with key messages, information and research/learning shared in a concise, accessible, engaging and creative manner.
- Monitor safeguarding action plans and use learning to evolve our audit approach with recommendations for improvement presented to QAC.
- Continue to offer Trauma Informed training to staff with an ongoing focus on creating and promoting emotional wellbeing and resilience.
- Review our incident reporting systems.
- Undertake mock CQC inspections and align to relevant data sets.

## **9. FINAL WORD**

9.1 Thank you to our executive and leadership teams, managers and staff for their commitment, contribution and unwavering resolve towards safeguarding. We are grateful to our Designated & Deputy Designated Safeguarding Leads for their 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.

9.2 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 a commitment to learn and evolve our safeguarding practice, recognising that there is no room for complacency and that 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%)	7,074 (14%)	51 (0.1%)	50,894	Not including Wirral and Bedfordshire
2018/19	32,976 (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
2022/23	18,230 (78%)	5,183 (22%)	40 (0%)	23,453	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	62,408 (82%)	13,699 (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	
2022/23	36,187 (78%)	10,347 (22%)	44 (0%)	46,578	

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 <sub>1</sub>	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%	
2022/23	1126	23,453	5%	

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%)
2022/23	1126	83 (7%)	164 (15%)	385 (34%)		494 (44%)

(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	2022/ 23
With consent	295	323	309	269	312	538	173	183	146
Without consent	27	19	11	9	22	28	10	10	13
Without consent but with knowledge	26	31	13	23	12	30	3	1	5
Not stated	1	2	0	23	7	21	0	10	0

External referrals by type as a %	2014 /15	2015 /16	2016 /17	2017 /18	2018 /19	2019 /20	2020 /21	2021 /22	2022/ 23
With consent	85%	86%	92%	80%	88%	87%	93%	94%	89%
Without consent	8%	3%	3%	3%	6%	5%	5%	5%	8%
Without consent but with knowledge	7%	8%	4%	7%	3%	5%	2%	1%	3%
Not stated	0%	1%	0%	7%	2%	3%	0%	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

See next page for all proforma

%	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	26	unknown
2014/15	0%	1%	6%	9%	21%	21%	11%	10%	4%	5%	3%	3%	2%	3%	1%		
2015/16	0%	1%	6%	8%	14%	21%	18%	10%	5%	5%		2%	0%	2%	1%		
2016/17	0%	1%	6%	6%	15%	15%	17%	12%	8%	7%		1%	2%	2%	2%		
2017/18	1%		5%	7%	12%	21%	16%	16%	5%	8%	3%	1%	2%	1%	1%		
2018/19	1%		4%	7%	11%	17%	19%		6%	4%		3%	0%	3%	1%		0%
2019/20	0%	1%	2%	7%	16%	19%	22%	14%	6%	4%	3%	1%	2%	1%	1%	0%	0%

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%	
2022/23	0	2	20	90	140	245	170	181	70	144	64	1126	
%	0%	0%	2%	8%	12%	22%	15%	16%	6%	13%	6%	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%
2022/23	979	130	17	1126
%	87%	12%	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
2022/23	20	2	0	3	2	0	2	2	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%
2022/23	15%	100%	67%	100%

\* 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%
<b>Total</b>	<b>1047</b>	<b>100%</b>

All SG proforma	Total	%
Criminal exploitation	8	19%
Domestic abuse	51	7%
Emotional abuse	8	7%
FGM	5	0%
Mental/emotional health concern - other	146	13%
Mental/emotional health concern = self harm	93	8%
Mental/emotional health concern - suicidal thoughts and feelings	146	13%
Mental/emotional health concern - suicidal thoughts and feelings with plan to end life	28	2%
Neglect	9	1%
Online/digital harm	19	2%
Other concern/risk	109	10%
Physical abuse	23	2%
Pregnancy of concern	225	20%
Sexual abuse familial	83	7%
Sexual abuse non-familial	84	7%
Sexual exploitation	42	4%
Sexually active 12 and under	8	1%
Substance abuse	39	3%
<b>Total</b>	<b>1126</b>	<b>100%</b>



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