



SAFEGUARDING REPORT 2023/24



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 2023/24 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. Relationships must be rooted in respect, empowerment, compassion and trust, creating safe spaces where service users can securely share their experiences, enabling identification and effective response to harm and risk.

1.3 In 2023/24, the context for service provision, support for service users and the implementation of safeguarding measures continued to be shaped by the ongoing effects of the challenges encountered in recent years. Continued global and national instability, the persistent impact of the cost-of-living crisis and the long-term impact of the Covid-19 pandemic on children and young people's development presented numerous challenges for both our service users and workforce. Furthermore, the arena in which Brook operates is experiencing sustained scrutiny and criticism. Relationships and sex education, sexual health, and the rights of marginalised and stigmatised groups have generated significant political and media attention which has created a challenging atmosphere for these sensitive issues. Brook remains firmly dedicated to ensuring that those in greatest 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 both Brook service users and staff:

- The 2023/24 staff survey revealed that 99% of respondents strongly agree or agree that safeguarding should be a part of everyone's responsibility; this is consistent with 2022/23 results of which we remain immensely proud.
- 99% of staff indicated that they understand Brook's 6-step procedure, reflecting an increase from 98% in the 2022/23 results. Additionally, 96% expressed confidence in their ability to

apply the 6-step procedure, up from 95% in the previous year. 99% of Brook colleagues confirmed that safeguarding supervision is available, maintaining consistency with the 2022/23 data.

- We continued to prioritise and champion wellbeing, fully recognising its significance in the context of the challenges faced by both our service users and staff. The role of Designated Wellbeing and Mental Health Lead (DWMHL) is firmly established and plays a crucial role in advancing the development and innovation of mental health services through a comprehensive systems and organisation-wide trauma informed approach.
- We have finalised our model for place-based wellbeing and mental health hubs and successfully launched the first hubs in Cornwall and Blackburn. Brook's hub model sits within the nationally recognised and evidence-based Thrive framework.
- We remain a member of the Mindful Employer scheme and are committed to various initiatives that promote employee wellbeing in the workplace. These initiatives include providing coffee vouchers to all staff and supporting mental health and wellbeing. The Mindful Employer scheme recognised this initiative in their national newsletter as an example of positive mental health support.
- The role of Interim Designated Neurodivergence Lead, initially introduced in December 2022, has now been formalised as a permanent position. Brook acknowledges the importance of adapting care practices to accommodate the needs of neurodivergent people, which is of benefit to service users and staff. Additionally, Brook has invested in supporting neurodivergent staff through a range of initiatives led by our internal neurodivergent working group.
- The Designated Safeguarding Lead (DSL) and Deputy Designated Safeguarding Lead (DDSL) continued to collaborate with teams to enhance safeguarding systems and practice culture, including implementing a revised approach to safeguarding practice and processes audits. In 2023/24, all audited services were rated as good overall with 6 services found to be good with outstanding features. Service safeguarding action plans were implemented, informed by insights and findings, to further drive progression and innovation.
- Brook's Sexual Health Week in September 2024 - Are you Feeling it? was a comprehensive and

- impactful initiative. Addressing the intersection between physical and emotional wellbeing across a range of multimodal events and platforms, Sexual Health Week allowed us to reinforce the role that safeguarding plays in people’s emotional and mental wellbeing. We published Exploring the Intersection of Mental and Sexual Health - an overarching evidence review during the week.
- Digitally, our online order form for sexually transmitted infection home sampling kit has undergone further enhancements. This update has been in collaboration with Brook’s Designated Safeguarding Lead and escalation team, and it incorporates the latest best practice from the new Spotting the Signs of Child Sexual Exploitation and Abuse tool (StS).
 - Brook’s updated clinical assessment proforma was launched in 2024. This assessment integrates StS best practice and is designed to enhance risk assessment, ensure accurate documentation, facilitate safer prescribing and streamline data extraction processes, while supporting both internal and external reporting. Additionally, it improved consultation efficiency and provided prompts that aid in conducting safe and effective consultations.
 - Clinical safeguarding returns which audit individual service practice, numbers and decision making have been established by the Clinical Leadership Team to improve quality assurance and create accountability loops.
 - We conducted a review and update of Brook’s Incident Reporting procedures. The new reporting framework, which emphasises events rather than incidents, was introduced in 2024 to increase efficacy and robustness of the process. The new procedures encourage reporting, facilitate the sharing of insights, support analysis of recurring themes and promote a cultural shift that ensures staff feel safe to report incidents.
 - Our safeguarding policies and procedures have been kept up to date to ensure their relevance and effectiveness. Safeguarding audits carried out during 2023/24 and CQC inspections of 2022/23 confirmed that policies and procedures are effectively implemented and with strong 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 when necessary. 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 2023/24 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. In 2020, the CQC set out ambitious plans to transform their approach to regulation, the technology they use and their ways of working. The 2021 CQC strategy set out the plan to implement the new approach, however there have been challenges in implementation which has seen significant delays. The CQC has communicated it is determined to address these.

2.2 The provision of counselling and psychosexual counselling is not currently statutorily regulated but Brook is an accredited member of the British Association for Counselling and Psychotherapy and works to the 2018 BACP Ethical Framework.

2.3 No CQC inspection of Brook services was carried out in 2023/24. During scheduled CQC monthly reviews of data, three Brook services were reviewed: Cornwall, Euston and Wirral. No evidence was found that required an inspection or to reassess the CQC rating for any of the services.

2.4 Brook Dudley was registered with CQC on 31 October 2023 and Brook Thurrock was registered on 23 May 2024.

2.5 In addition to the eight clinics previously awarded the I Want Great Care Certificate of Excellence in 2023, Southend on Sea, Dudley, Manchester and Bristol were awarded a Certificate of Excellence in 2024 in recognition of the outstanding care provided and the high number of positive service user 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 In 2023/24, 854 safeguarding proformas were completed which is a decrease from 1,126 in 2022/23. This reduction means that 3% of service users were flagged for safeguarding concerns, compared to 5% the previous year. Despite this decrease, the scope of safeguarding activities has broadened in the last decade, reflecting the increasingly complex and interconnected needs of service users. This growing complexity continues to place significant demands on Brook's staff, as they manage a wider range of safeguarding issues.

4.2 Enhancing the availability and delivery of services for all age groups while establishing ourselves as a recognised, trusted and inclusive environment enables our staff to address a wider range of service user needs and risks. This requires an elevated level of knowledge, skill and confidence. Brook values the diversity of our service users and recognises the additional practical and emotional challenges faced by our services and professionals.

4.3 In several parts of England, and with increasing frequency, 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. Options for alternate pathways are sometimes limited, due to reduced services 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 19% in 2021/22, 15% in 22/23 to 13% in this reporting year.

4.4 This finding highlights the everyday experiences related to access to services, options and availability. However, it is important to acknowledge that the general welfare needs and vulnerabilities of service users remain significant. While these situations may still necessitate intervention, a safeguarding response may not always be required. Consequently, staff are employing greater curiosity and actively sharing and seeking information to validate their observations for the purpose of risk assessment and determining appropriate outcomes. This can be seen with a further increase in the number of information sharing/seeking outcomes to 49% from 44% during 22/23 and 38% 21/22. This results in Brook holding additional risk with increased expectation placed on our teams to manage and support service users.

4.5 Legacy services, Wirral and Burnley and current service, Bristol, operated an alternative Electronic Patient Record system as mandated by local commissioners during this reporting period. This affects Brook's capacity to implement changes to processes in alignment with other service developments. Occasionally, access to and functionality of these electronic systems may experience intermittent disruptions. We remain committed to consulting and collaborating with relevant third-party partners to ensure the consistency of safeguarding systems and to address any technical challenges.

4.6 We are proud of the commitment and diligence demonstrated by our teams in ensuring effective safeguarding. Despite facing adversity and heightened scrutiny, Brook's services continue to be safely delivered. We embrace opportunities for learning, allowing us to enhance services and improve service user experience. Our achievements stem from digital innovation, streamlined systems, policy reviews, evolved quality assurance approaches, and investment in staff welfare through supervision, training and various initiatives. We remain committed to

collaborating with other services and professional partners to strengthen relationships and build safeguarding communities for the benefit of our service users.

5. THE NATIONAL SAFEGUARDING LEGISLATIVE FRAMEWORK

5.1 The updated statutory guidance for schools and colleges [Keeping children safe in education 2024](#) was published in September 2024 and replaces previous versions.

5.2 In April 2023, the Conservative government committed to introduce a mandatory duty to report child sexual abuse for those working or volunteering with children. Following a call for evidence and a consultation in May 2024, the government tabled amendments to the Criminal Justice Bill 2023-24, providing for the introduction of a mandatory reporting duty. Parliament dissolved on 30 May 2024 ahead of the general election. The 2023/24 Criminal Justice Bill, which contained the proposals for a mandatory reporting duty in England, did not complete its passage through Parliament to become an Act.

5.3 The Department for Education (DfE) published a new edition of its statutory guidance [Working together to safeguard children in December 2023](#). The updated guidance emphasises the importance of robust multi-agency partnerships, comprehensive safeguarding arrangements, early intervention, child protection and organisational responsibilities. Furthermore, it includes revisions related to the insights gained from Serious Child Safeguarding Incidents and factual updates on Child Death Reviews.

5.4 The DfE published updated [Information sharing advice for safeguarding practitioners](#) in May 2024 after a period of consultation that ended in September 2023.

5.5 Reforms to the Rehabilitation of Offenders Act 1974 came into force on 28 October 2023. These changes significantly reduce the time people with criminal convictions are legally required to declare them to most potential employers after serving their sentence.

5.6 The Welsh Government conducted a consultation on a new Single Unified Safeguarding Review process in June 2023. The statutory guidance published in October 2024 outlines changes to the way safeguarding reviews will be undertaken. This statutory guidance replaces Working Together to Safeguard People Volumes

2 (Child Practice Reviews) and 3 (Adult Practice Reviews). As a result, consequential changes to Volume 1 (Introduction and Overview) will be made to reflect this.

5.7 The Welsh Government updated [Safeguarding children: reporting suspected abuse, neglect or harm October 2023](#).

6. SAFEGUARDING PRACTICE IN BROOK

6.1 Brook maintains a strong level of confidence in the data for the year 2023/24. Data regarding the identification and referral of safeguarding concerns for children, young people and adults is detailed in the Appendix. We make the following observations:

- We have seen a noticeable increase in service users in Brook, rising from 23,453 in 2022/23 to 29,425, up from 23,916 in 2021/22. This reflects a consistent upward trend from the 16,944 service users recorded in 2020/21. On average, over the past three years, the total number of service users has increased by 6,151 per year. However, the number of service users requiring safeguarding has experienced a decrease this year, to 854 (3% of total service users) compared to 1,126 (5% of total service users) in 2022/23. Notwithstanding the decline in service users safeguarded, the complexity and level of vulnerability among our service users continues to expand. Mental health-related safeguarding concerns remain the most prevalent, accounting for 39% of cases, followed by the other concerns and risks category at 15%, (representing a 5% increase in this category from 2022/23). Incidents of sexual abuse, both familial and non-familial, have increased to 20% of proformas completed, marking a 6% rise compared to 2022/23. Conversely, cases involving pregnancy of concern have decreased to 6%, down from 20% in 2022/23. This is due to the implementation of the updated emergency contraception and pregnancy testing pathway which ensures that only cases which meet the safeguarding threshold are addressed with Brook's Protecting People Policy. Additionally, instances of sexual exploitation have seen a slight increase to 6%, up from 5% in 2022/23.
- 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 13% from 15% in 2022/23 and 19% in 2021/22. A

further increase in the number of information sharing/seeking outcomes has been observed at 49% from 44% during 2022/23 and 38% during 2021/22.

6.2 In response to the identified challenges and enhanced insights, Brook has worked to understand the trends seen in 2023/24's data through a range of samples, audits and research activities. At the same time, we remain committed to fostering a healthy, vibrant, fair and consistent safeguarding culture.

6.3 The enhancements implemented in our systems during the previous reporting year have streamlined procedures and processes for staff. This has led to improved service delivery and facilitated better data management and oversight mechanisms for safeguarding activities.

6.4 Digital and online mandatory safeguarding training remains accessible across the organisation. Live online case study sessions are conducted monthly for new starters and those requiring refresher training. These sessions are facilitated by the DSL and Deputy DSL, ensuring consistent messaging and the promotion of a positive safeguarding culture while fostering strong connections with the workforce. The combination of module-based and virtual discussion learning formats has been well-received and has demonstrated effectiveness. In October 2023, Level 1 safeguarding training was provided to trustees and members of the executive team.

6.5 All service user-facing staff involved in the assessment process, as well as their line managers, are required to complete mandatory accredited online Level 3 safeguarding training. This must be completed prior to engaging in face-to-face or digital interactions with service users and refresher training is required every three years. Following the update of the training package in 2023, the implementation of automatic enrolment for staff in both child and adult modules has been positively received, enhancing accessibility. Our online training approach was developed to address the challenges of accessing timely face-to-face multi-agency training provided by Safeguarding Partnerships. We recommend that, where feasible, staff should also pursue Level 3 training locally to align with the principles outlined in the intercollegiate guidance.

6.6 The Level 4 safeguarding decision making training is conducted digitally for senior staff involved in the decision-making process. This training also includes managers who may not have direct service user responsibilities, thereby enhancing a comprehensive understanding of

safeguarding practices. Key senior staff have completed Level 5 safeguarding children, young people, and adults training, which is accredited and externally conducted.

6.7 The safer recruitment online training module remains a mandatory requirement for recruiting managers, continuing from the previous year.

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

6.9 Brook continuously monitors training evaluation data to ensure our programmes remain relevant and meet the needs of our staff. We are delighted that our Power BI data indicates satisfaction levels above 90%. The data shows that:

- The experience was good or very good for 97% of participants.
- 99% of attendees said the facilitator was knowledgeable and 99% said they were engaging.
- 99% of attendees felt the content was well organised; 97% felt the materials used were useful.
- 91% of participants gained skills, 93% gained confidence and 93% felt they could use the knowledge gained in the future.

6.10 The safeguarding training sessions facilitated by the DSL and Deputy DSL have been positively received and regarded as highly beneficial. Case study sessions achieved a satisfaction rating of 100% in overall experience, skills improved, confidence increased and future use of knowledge. This is consistent with the evaluations from 2022/23. The safeguarding decision making training also received a 100% satisfaction rating in overall experience, confidence increased and future use of knowledge, with 91% of participants reporting improved skills.

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

- We have significantly enhanced our learning and development offer, increasing the number of opportunities from 127 in 2022/23 to 237 in 2023/24, representing an 87% increase. The number of participants has risen by 96% to 2,311. In conjunction with our regular training

events and qualification programs, Brook has a diverse offer of learning and development opportunities. These include group supervision, peer reflective practice skill-share sessions, topical drop-in support, coffee morning Q&A sessions, as well as coaching and mentoring. This expansion of learning approaches better accommodates the varied learning styles of our colleagues and shifts the focus from traditional training to a more collaborative and engaging environment. Throughout the year, we implemented a range of training initiatives with safeguarding components such as the STI Foundation Program, Level 3 Award in Education and Training, non-nursing competencies, Traffic Light Tool Train-the-Trainer, de-escalation and conflict management and SEND training.

- The coaching and mentoring programme, launched in 2022/23, continued this year providing coaching and mentoring to 17 staff.
- Safeguarding surgeries were initiated in August 2023 and continued throughout the year, offering staff a dedicated opportunity to meet with the DSL or Deputy DSL to enhance their confidence in day-to-day practices.
- We identified the need for additional skills-based training to support the recognition of and responses to risks related to suicide. In the 2023/24, senior managers and key internal stakeholders participated in SAFETALK training to evaluate its suitability and appropriateness for broader implementation. This rollout will commence in 2024/25 and be complemented by the ASIST programme, which focuses on supporting colleagues in frontline services.
- Safeguarding supervision continues to create a safe space to discuss complex cases, review patterns/trends, share learning insights 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 our Protecting People Policy. Group safeguarding supervision is available monthly to safeguarding leads and managers, and increased from bi-monthly to six weekly for members of the escalation team. Supervision arrangements have been strengthened with the engagement of an external 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 and weekly debrief sessions are scheduled for the escalation team. Brook understands the benefit and importance of supervision, making assertive efforts to ensure it is a valuable and productive forum for staff

6.12 With the continued 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 continued to provide strategic leadership and support across the organisation. The launch of two mental health and wellbeing hubs in 2024 required strengthening of our mental health provision and governance. This work has been scrutinised and supported by Brook's Service Development Committee.

6.13 A key focus of our efforts is the sustained commitment to Trauma-Informed training and Mental Health Awareness and Mental Health Champions training (MHFA). There are ongoing initiatives to promote and provide trauma-informed training for Brook staff, additionally expanding our training to encompass the application of trauma-informed approaches in both client-facing and management support roles. We continue to deliver a rolling programme of MHFA awareness training for staff and Mental Health Champion training for managers. During 2023/24, we delivered 6 Mental Health Awareness sessions and 3 Mental Health Champions sessions, contributing to and building a meaningful and insightful culture with staff reporting:

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 was nervous about the subject matter to begin with, both facilitators were warm and welcoming, friendly, and knowledgeable."

"Training pitched at a good level and pace. I feel I have gained from attending it, thank you."

"The course contained subject matter that was very sensitive and potentially triggering. The facilitators framed this beautifully before the session started, ensuring that everyone felt at ease and able to dip out of the session should they need to. I did dip out at one stage and was promptly contacted and offered support at the time or after

the session. Not an easy topic to deliver and these two did so in such a kind, thoughtful and caring way.”

6.16 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 order to care for and protect others:

- We continue to offer an Employee Assistance Programme and a dedicated page on our intranet offers information and support on staff health and wellbeing.
- The gratitude voucher scheme introduced in the previous year to thank colleagues, continues to be utilised. 86 vouchers have been awarded to date.
- Managers discuss individual’s wellbeing at quarterly reviews. This includes safeguarding specific questions exploring personal welfare and reflection on positive impacts staff have on service users and the potential personal impact of safeguarding. 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 currently have 6 Wellbeing Champions at Brook, who aim to promote positive mental health and healthy lifestyles, support current health and wellbeing (H&W) resources and initiatives, contribute to new H&W initiatives, share success stories and ensure H&W resources are current and accessible. The Wellbeing Champions initiated Wellbeing Wednesdays, biweekly posts focused on promoting health and wellness and host quarterly coffee mornings that have discussed mindfulness and menopause among other topics.
- We recognise the importance of fostering a healthy work-life balance. Following the conclusion of the six-month Four Day Week pilot in January 2024, along with the overwhelmingly positive feedback received, the four-day workweek was implemented on a permanent basis. This option is now available to staff members on successful completion of the probationary period.

6.17 Participation and meaningful engagement with service users has continued to influence our safeguarding approach:

- At the end of their 2-year term, 35 participation forum members were engaged nationally and at a local level. These forum members provided rich insight and support to develop Brook’s systems, tools and services.
- In response to feedback from the forum members, these groups have been renamed as Participation Advisory Groups (PAG).
- Induction of the new PAGs took place, with 44 young people and adults across the three age groups: 16-19, 20-24 and 25+ for the new two-year term of 2024-2026.
- An online event took place for the new PAG members to meet Brook staff and teams, including the central safeguarding function, which supported their induction and provided an overview of safeguarding.
- Brook’s younger PAG 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 believes 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. An internal Neurodivergence and Neurodiversity working group has been established for neurodivergent staff to collaborate and drive improvements.
- The Participation Team completed a nine-month participation project in Manchester, working with ten neurodivergent boys and young men. With the support of Brook’s Designated Neurodivergence and Wellbeing and Mental Health Leads, the group reviewed our clinical services and mental health literacy programme. Findings and recommendations from the project were internally shared to improve inclusivity of services.
- Our 16-19 participation forum supported with an accessibility audit of core clinical sites for people with additional access needs. Their recommendations are being implemented with a report published in 2024/25.
- PAG members supported the development of education resources including topics such as pornography, gender and sexual harassment. Additionally, they created content for

Brook's social media channels, offering lived experiences and opinions on sexual health and wellbeing topics alongside safeguarding content.

6.18 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.

6.19 Safeguarding is a complex and continually evolving area of Brook's work. This applies to the individuals we support as well as staff. We recognise that each person possesses unique needs and experiences, shaped by a variety of personal and professional journeys. Both as individuals and professionals, we are adaptable, as are the contexts and situations we face. While this complexity may present challenges, it also offers opportunities to enhance our collective strengths. Brook is dedicated to embracing diversity, advocating for individual rights and promoting inclusivity:

- In February 2023, we attained a Silver Award in the Workplace Equality Index. This year, we ascended 55 places in the rankings, moving up to 111th position out of 246 employers. As a result, we once again achieved a Silver Award and moved closer to entering the top 100 employers.
- In 2024, we appointed Brook's new Equality, Diversity & Inclusion (EDI) Lead. This role will lead the development and monitoring of a new EDI strategy with an annual EDI action plan.
- We launched the internal neurodivergence working group. The group is working on a guide to support neurodivergent people - especially those with learning disabilities - to access sexual health services in an empowering way.
- We continued to deliver Oliver McGowan Mandatory Training on autism and learning disabilities to staff working with service users or based in a clinic, and continue to focus on expanding part 2 of the training for clinical staff.
- We worked with the Centre for Expertise on child sexual abuse and the NSPCC to drive forward our 1:1 work for neurodivergent young people who are the victims of CSA and to explore how we could support work to stop neurodivergent young people developing potential perpetrator behaviours.
- Working with a young illustrator, we commissioned accessible images to improve access to sexual health and wellbeing

information for neurodivergent young people. Our new images feature in our education resources and digital channels and, in 2024/25, we will produce illustrations that enhance our safeguarding provision.

- Brook re-enrolled with Stonewall as Diversity Champions. We achieved a silver award.
- Mandatory LGBT+ training continues to be delivered to staff.
- The LGBT+ staff network group continues to promote informative and positive messaging and culture, with a range of projects and initiatives.

6.20 The new safeguarding audit tool, aligned with the CQC framework, continues to increase confidence and assurance. With greater emphasis on safeguarding practice and the experience from service users' perspective, our safeguarding practice and process audits have utilised formal action plans shaped and informed by themes/ findings highlighted from the audit activity. These have promoted a culture of continuous learning and development.

6.21 During March to 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. Cross-service themes and insights included:

- The overall quality of safeguarding practices and processes has shown notable improvement.
- There is significant evidence of fair, consistent, considerate and person-centred safeguarding approaches that are consistently trauma informed.
- We observed consistent evidence of enhanced risk identification and assessment, leading to sound decision-making and effective initial action plans.
- While safeguarding plans are generally progressing toward desired outcomes, there remains an opportunity for improvement, particularly in the areas of pace and consistency in safeguarding journeys.
- The quality of recording and documentation has improved; however, there is a need for greater attention to detail and the inclusion of key moments and decisions.

6.22 Following completion of audits, de-briefs were offered to managers and leads to share findings and develop action plans. Feedback from

teams has been positive and well received:

“I have found the overall process of this audit really positive, also adding confidence around management oversight and my involvement in active cases. As a team, we will take all the findings of the audit to continue to improve safeguarding practice in service, by building on areas of good practice as well as areas that can be improved. Thank you for all your support throughout this process.”

6.23 Brook has established a positive and thriving safeguarding culture and has utilised its expertise and influence externally to contribute to and inspire the broader safeguarding community:

- We have continued to progress and enhance 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.
- We attend the CSA Protect and Prepare Board led by the National Crime Agency.
- In 2023/24, we presented at national events showcasing Brook’s approach to safeguarding which included the Safeguarding in the Voluntary Sector conference, the Farrer & Co. Children’s Relationships in the Digital Age conference, the BASHH annual conference and FSRH Annual Conference: Navigating the complexities of clinical care.
- The revised Spotting the Signs Tool and accompanying guidance was released in September and, to date, the tool has been downloaded 4,800 times.

- The Brook Learn course Managing a Disclosure of Sexual Harassment or Assault launched in 2023, was developed in close collaboration with the DSL and safeguarding team. It currently has 2,361 enrolled participants and has received positive feedback from attendees:

“This course has provided me with the confidence to manage a disclosure from a young person and importantly the process in documenting disclosures.”

- The Brook Learn online courses: Harmful Sexual Behaviours, the Sexual Behaviours Traffic Light Tool and Child Sexual Exploitation, have 2,600 professionals signed up.
- We have developed a comprehensive webpage dedicated to LGBT+ and mental health which addresses the unique challenges faced by the LGBT+ community and provides valuable resources and support.

7. SAFEGUARDING POLICY IN BROOK

7.1 The Protecting People Policy was reviewed in October 2023. This review incorporated updates and ensured that all references were aligned with current national legislation, policies, guidance and best practice principles relevant to safeguarding.

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 2024/25, Brook will:

1. Fully review and enhance the Protecting People and Confidentiality Policies, reflecting key legislative changes and safeguarding practice developments.
2. Review and update our internal Level 1 and 2 online training modules to reflect policy and practice changes since their original recording in 2020.
3. Complete a research project which analyses the decline in the proportion of total users receiving a safeguarding action within Brook and benchmark this against similar organisations if possible.
4. Create practical-based micro safeguarding environments that promote learning consolidation, enhance professional confidence, foster peer support and strengthen a culture of safeguarding.
5. Respond to new information and recommendations from the government, CQC and the CC, and incorporate into our policy and practice.
6. Conduct theme specific, mental and emotional health reviews to allow a heightened understanding of the needs, diversity, trends and circumstances of service users who require safeguarding.
7. Review and amend the Emergency Contraception/Pregnancy tracker standard operating procedure and strengthen guidelines and support for managing conversations with service users.
8. Ensure staff receive mandatory safeguarding training relevant to their role in a timely manner.
9. Deliver phase 2 of the safeguarding communications 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.
10. Introduce SAFETALK and ASIST Suicide Prevention Training to better support our frontline colleagues who work with service users in crisis or distress.
11. Develop an external safeguarding training programme to enhance professionals' safeguarding expertise.

9. FINAL WORD

9.1 Thank you to our trustees, 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 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

Clients					
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
2023/24	21,915 (75%)	7,441 (25%)	69 (0%)	29,425	

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	
2023/24	40,491 (73%)	14,521 (26%)	129 (0%)	55,141	

Number of clients with safeguarding concerns				
Year	Number proforma completed	Number clients	Proportion clients with proforma	
2014/15 (15 August 2014 - 31 March 2015)	968	64,290	1.5%	
2015/16	1309	80,716	1.7%	Not including Wirral
2016/17	1176	63,274	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%	
2023/24	854	29,425	3%	

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%)
2023/24	854	63 (7%)	112 (13%)	264 (31%)		415 (49%)

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

Age of clients 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%
2023/24	1	4	20	48	100	112	131	112	55	170	101	854
%	0%	0%	2%	6%	12%	13%	15%	13%	6%	20%	12%	100%

Gender of clients 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%
2023/24	714	124	16	854
%	84%	15%	2%	100%

Under 13s									
Year	Total clients			Sexually active clients			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
2023/24	23	2	0	6	0	0	6	0	0

Year	Proportion of clients under 13s who were sexually active		Proportion of sexually active under 13s referred to social care	
	Female	Male	Female	Male
2014/15	27%	19%	88%	80%
2015/16	24%	4%	78%	50%
2016/17	29%	11%	75%	100%
2017/18	36%	23%	63%	67%
2018/19	35%	33%	85%	67%
2019/20	55%	0%	109%*	0%
2020/21	80%	25%	50%	100%
2021/22	17%	0%	100%	0%
2022/23	15%	100%	67%	100%
2023/24	26%	0%	100%	0%

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

All SG proforma	Total (2021-22)	%
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%

All SG proforma	Total (2022-23)	%	Total (2023-24)	%	Notes
Criminal exploitation	8	19%	2	0%	
Domestic abuse	51	7%	49	6%	
Emotional abuse	8	7%	11	1%	
FGM	5	0%	3	0%	
Mental/emotional health concern - other	146	13%	110	13%	
Mental/emotional health concern = self harm	93	8%	86	10%	
Mental/emotional health concern - suicidal thoughts and feelings	146	13%	118	14%	
Mental/emotional health concern - suicidal thoughts and feelings with plan to end life	28	2%	14	2%	
Neglect	9	1%	8	1%	
Online/digital harm	19	2%	8	1%	
Other concern/risk	109	10%	129	15%	5% increase in "other" primary concern
Physical abuse	23	2%	9	1%	
Pregnancy of concern	225	20%	49	6%	Drop in pregnancy of concern as the EC/PT pathway was put in place
Sexual abuse familial	83	7%	77	9%	
Sexual abuse non-familial	84	7%	92	11%	6% increase in sexual abuse primary concerns (combined familial and non-familial)
Sexual exploitation	42	4%	43	5%	
Sexually active 12 and under	8	1%	9	1%	
Substance abuse	39	3%	37	4%	
Total	1126	100%	854	100%	

