brook

SAFEGUARDING REPORT 2024/25

I. INTRODUCTION & SUMMARY

1.1 This report demonstrates Brook's ongoing commitment to safeguarding and the wellbeing of those we support. It is prepared in line with the Charity Commission's requirements and covers the 2024/25 financial year, with relevant updates from the current year. Trustees annually receive this report, or more frequently when legislative changes require, to ensure safeguarding remains central to our work and decision-making.

1.2 Safeguarding those who use our clinical, education and wellbeing services is a core priority for Brook. We recognise our vital role in protecting children, young people and adults from all forms of harm. Every interaction is an opportunity to understand each person as a unique individual, enhancing their wellbeing and, where necessary, safeguarding them from risk. This requires proactive awareness of diverse risks, including physical, emotional, sexual and online harm, to safeguard individuals in an evolving landscape. Our relationships are grounded in respect, empowerment, compassion and trust, creating safe spaces where service users can share their experiences and enabling the timely identification and effective response to harm.

1.3 2024 marked Brook's 60th year. For six decades, Brook has been a pioneering force, transforming lives and communities by tirelessly championing safe and accessible sexual health and wellbeing support. This anniversary not only celebrates our history but also reinforces our ongoing responsibility to safeguard and support children, young people, vulnerable adults and communities in an ever-changing world. In 2024/25, the context for service provision, support for service users and the implementation of safeguarding measures continued to be shaped by the enduring impact of recent external challenges. Persistent global and national instability, the ongoing cost-of-living crisis and the long-term impact of the COVID-19 pandemic on children's and young people's development presented significant safeguarding challenges for both Brook's service users and workforce. The environment in which Brook operates remains under close scrutiny, with sensitive issues such as relationships and sex education, sexual health and the rights of people and communities most impacted by structural inequalities and social stigma attracting political and media attention. In this context, safeguarding remains central to our work. Brook is unwavering in its commitment to protect, support and empower those in our care, ensuring that all service users - particularly those most at risk - receive the highest standards of protection and guidance. Our safeguarding practice is underpinned by Brook's core values: being trustworthy in our actions, collaborative in working with service users and partners, inclusive in embracing diversity and championing equity, and courageous in addressing difficult issues and challenging risks to protect those we support. Below is a summary of the proactive measures and initiatives we have undertaken to safeguard both Brook service users, staff and other people involved in our work, reflecting our vigilance, dedication and commitment to excellence in safeguarding and promoting wellbeing:

- The 2024/25 staff survey showed that 100% of respondents strongly agree or agree that safeguarding should be a part of everyone's responsibility; this is a slight increase from 99% in 2023/24 and demonstrates the positive culture of safeguarding within Brook, of which we are immensely proud.

- 98% of staff indicated that they understand Brook's 6-step safeguarding procedure, which is consistent with the 2023/24 response. Additionally, 92% expressed confidence in their ability to apply the 6-step procedure. 100% of Brook colleagues confirmed that safeguarding supervision is available, and 97% of respondents strongly agree or agree that that they feel supported with day to day safeguarding practices.

- We continued to prioritise and champion wellbeing, fully recognising its significance in the context of the challenges faced by service users, staff and other people involved in our work. 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 comprehensive systems and an organisation-wide trauma informed approach.

- In 2024/25, the Blackburn and Cornwall wellbeing hubs became fully operational, providing safe and inclusive mental health services for 1:1 interventions and group programmes. Aligned with the nationally recognised and evidence based Thrive framework, they offer flexible, accessible spaces including a sensory sensitive space for neurodivergent young people and quiet workspaces to support young people's mental health and wellbeing.

- We remain a member of the Mindful Employer scheme and are committed to initiatives that promote employee wellbeing in the workplace. These initiatives include coffee vouchers for staff, an employee assistance programme, gratitude vouchers and wellbeing activities. The Mindful Employer scheme recognised Brook in their national newsletter as an example of positive mental health support.

- The Designated Safeguarding Lead (DSL) and Senior Safeguarding Coordinator (SSC) continued to collaborate with teams to enhance safeguarding systems and practice culture, including implementing a revised approach to safeguarding practice and processes audits. In 2024/25, overall, clinical services were rated good with outstanding features with one service receiving an outstanding rating. Service safeguarding action plans were implemented, informed by insights and findings, to further drive progression and innovation.

- We updated the Level 1 online safeguarding training to ensure staff and volunteers remain equipped to respond effectively to the evolving needs of children, young people and adults at risk. The updates reflect changes in national guidance, emerging safeguarding risks and lessons learned from case reviews, while also embedding sector best practice. The review ensured that the training meets the diverse needs of our workforce, including neurodivergent staff. The update will support staff confidence and competence, ensuring that safeguarding remains robust, consistent and responsive.

- 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.

- Brook's updated clinical assessment proforma was launched in 2024. This assessment integrates Spotting the Signs best practice and is designed to enhance risk assessment, ensure accurate documentation, facilitate safer prescribing and streamline data extraction processes, while supporting internal and external reporting. Additionally, it improves consultation efficiency and provides prompts to support safe and effective consultations.

- 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 to further encourage the reporting of incidents and events.

- Our safeguarding policies and procedures have been kept up to date to ensure their relevance and effectiveness. No enforcement actions, special reviews, investigations or online monitoring calls took place during this period from CQC. Safeguarding audits carried out during the year confirmed that policies and procedures are effectively implemented and with strong commitment.

- In 2024, the Quality & Assurance Committee (QAC) terms of reference were reviewed and updated; the revised committee is the Operations & Quality Committee (OQC). Its role is to review the organisation's operations and ensure the delivery of high-quality services to Brook's service users. As part of Brook's governance structure, the Committee meets quarterly and routinely reviews safeguarding activity, emerging trends, and the implementation of safeguarding policies and procedures across the organisation.

- The OQC 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 OQC 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 always a need for ongoing review and reflection, Brook believes that the provisions made in 2024/25 sustained its capability to safeguard service users. We acknowledge the significant contribution and commitment made by staff, the OQC 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 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.

2.2 The provision of counselling and psychosexual counselling is not currently regulated by a statutory body; however Brook is an accredited member of the British Association for Counselling and Psychotherapy and works to the 2018 BACP Ethical Framework.

2.3 In 2024/25, Brook maintained compliance with Care Quality Commission requirements. No enforcement actions, special reviews, investigations or online monitoring calls were required during this period. CQC conducted an unannounced official inspection of the Manchester sexual health service on 24 July 2025, with staff interviews taking place later in the year, to update its previous 2017 inspection. The assessment report rated the service 'good' across all five domains of safe, effective, caring, responsive and well led, with positive feedback.

2.4 In terms of client feedback, all Brook clinical services were awarded the iWantGreatCare Certificate of Excellence in 2024/25 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 Brook's OQC has delegated responsibility for oversight of safeguarding among other activities and makes recommendations to the Board. The Committee, which comprises five members including external advisors, is chaired by a trustee, 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 constructive challenge and co-production promoted to benefit and enhance the safeguarding offer. All safeguarding reports reviewed by OQC are shared with the Board, and the OQC Chair delivers updates on significant matters.

3.3 Brook trustees receive mandatory Level 1 safeguarding training, and many have specialist training and experience from their external roles.

4. RISK

4.1 In 2024/25, 902 safeguarding proformas were completed, representing 3% of service users with identified safeguarding concerns. This is unchanged from the previous year, though lower than the 5% reported in 2022/23. Over the past decade, the scope and complexity of safeguarding activity has grown to reflect the increasingly interconnected needs of service users. This evolution continues to place significant demands on Brook staff, who respond with dedication and expertise to a wider and more diverse range of safeguarding concerns.

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 Across 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 often limited, due to reduced specialist 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, with a steady decline to 12% 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 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. The number of information sharing/seeking outcomes

remained steady at 47% this year, consistent with 49% in 2023/24. This results in Brook holding additional risk with increased expectation placed on our teams to manage and support service users.

4.5 The Bristol service continues to operate on 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 this electronic system experiences 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 continued commitment and diligence demonstrated by our teams in ensuring effective safeguarding. Despite external challenges, 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 streamlined systems, policy reviews, evolved quality assurance approaches, and investment in staff welfare through supervision, training and other initiatives. We remain committed to collaborating with external 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 2025 was published in March 2025, updated in September 2025 and replaces previous versions.

5.2 The Crime & Policing Bill (2024–25) is currently progressing through Parliament and includes several proposed reforms relevant to safeguarding practice, particularly in relation to protecting women, children, and marginalised groups. It includes Mandatory Reporting of Child Sexual Abuse and a new legal duty to report known or suspected child sexual abuse (CSA), following recommendations from the Independent Inquiry into Child Sexual Abuse (IICSA).

5.3 Baroness Casey's National Audit into group-based child sexual exploitation and abuse, published June 2025, identifies deep-rooted institutional failures, such as inconsistent legal responses, weak data collection, poor coordination between agencies and victim-blaming practices that have allowed perpetrators to evade accountability and harms to persist. The Government accepted all 12 recommendations, which focus on:

- Strengthening legal protections for children (including automatic rape charges for sexual activity with under-16s)
- Establishing a statutory national inquiry
- Quashing unjust convictions of victims
- Mandating robust data collection and information sharing
- Linking children's and young people's records across agencies
- Treating CSE with the seriousness of organised crime
- Addressing emerging forms of exploitation, including online abuse.

5.4 The Children's Wellbeing and Schools Bill was introduced in December 2024, completed its passage through the House of Commons in March 2025 and is being scrutinised and debated by the House of Lords. It aims to better protect children and raise standards in education. Elements of the bill include strengthening obligations for agencies to work together to protect children's welfare, and additional support for care experienced young people. Although not all provisions of the Bill apply to Wales, the areas that will be applicable relate to children in secure accommodation, the extension of the offence of ill-treatment of a child by a care worker to cover 16/17-year-olds and a compulsory register for children not in mainstream school.

5.5 The Welsh Government launched a consultation on its new 10-year strategy to prevent and respond to child sexual abuse, the first comprehensive long-term strategy of its kind in the UK. This strategy, which will run from 2025 to 2035, represents a commitment to tackling child sexual abuse through a whole-system approach focused on prevention, protection and support.

5.6 The Department for Education (DfE) published a new edition of its statutory guidance Working together to safeguard children in December 2023, last updated June 2025. 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.

5.7 The Online Safety Act 2023 became law in October 2023, with duties being introduced in phases. It creates a new regulatory framework to protect users from harmful content, particularly children, and holds tech platforms accountable for user safety.

5.8 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 safeguarding reviews. 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.

5.9 The landmark Health and Social Care (Wales) Act 2025 received Royal Assent on 24 March 2025 and enacts significant changes to how children's social care is provided in Wales, and makes amendments to the Social Services and Well-being (Wales) Act 2014 and the Regulation and Inspection of Social Care (Wales) Act 2016 intended to restrict the extraction of profit by providers of children's care home services, secure accommodation services and fostering services; and makes a number of amendments in relation to social care services intended to ensure that the 2014 and 2016 Acts can effectively operate.

6. SAFEGUARDING PRACTICE IN BROOK

6.1 Staff receive safeguarding training at a level appropriate to their role, ensuring they are equipped to identify and respond to concerns. Those managing safeguarding concerns do so within the framework of Brook's Protecting People Policy and Procedure, ensuring a consistent and robust approach. Each service has an identified safeguarding lead, supported by safeguarding information which details local services, contacts and referral pathways. At a national level, there is provision of safeguarding escalation on-call support for times when local managers may not be available, including outside of usual working hours, and offers in-hours advice and decision-making for cases that are complex, contentious or involve unique features not routinely experienced. This ensures that safeguarding concerns are managed promptly, consistently and with appropriate expert oversight.

6.2 Brook has a strong level of confidence in the 2024/25 data which is detailed in the Appendix and makes the following observations:

- We have seen a noticeable increase in the number of service users at Brook, steadily rising from 16,944 in 2020/21 to 33,208 in the current year - an average annual increase of 4,065 service users over the past four years.
- Despite this growth, the proportion of service users requiring safeguarding has remained relatively stable at 3% in 2023/24 and 2024/25, compared with an average of 4.66% in the three years prior. The current identified concerns are similar to pre-COVID levels, which ranged from 2–3% between 2016 and 2020.
- The complexity and vulnerability of safeguarding cases continues to rise. Mental health concerns remain the most prevalent, accounting for 40% of cases, followed by the 'other concerns and risks' category at 14%, consistent with the previous year. Incidents of sexual abuse, both familial and non-familial, have stabilised at 21% of concerns identified.
- Cases involving pregnancy of concern continue to decrease to 4% this year, a reduction from 6% in 2023/24 and 20% in 2022/23, reflecting the successful implementation of the updated emergency contraception and pregnancy testing pathway, which ensures only cases meeting the safeguarding threshold are addressed under Brook's Protecting People Policy.
- Sexual exploitation cases have slightly increased to 6% from 5% in 2023/24.
- The actions taken in response to safeguarding concerns have remained stable across all areas, with the exception of a slight increase in cases requiring internal referral. Specifically, external referrals accounted for 12% of cases (13% in 2023/24); cases involving information sharing or seeking with external agencies were 47% (49% in 2023/24); cases requiring no immediate action were 30% (31% in 2023/24); and internal referrals rose to 10% (7% in 2023/24). The increase in internal referrals reflects strengthened internal safeguarding pathways, greater staff awareness of escalation and improved consistency in applying Brook's safeguarding procedures.

6.3 In response to the identified challenges and enhanced insights, Brook has worked to understand the trends seen in 2024/25 data through a range of samples, audits and research activities.

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

6.5 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 SSC, ensuring

consistent messaging and the promotion of a positive safeguarding culture while fostering strong workforce connections. The combination of module-based and virtual discussion learning formats has been well-received and effective. Brook trustees and members of the executive team receive Level 1 safeguarding training.

6.6 Service user-facing staff involved in the assessment process, as well as their line managers, are required to complete mandatory accredited 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. 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 local Level 3 training to align with the principles outlined in the intercollegiate guidance. In June 2025, a comprehensive review of the Level 3 safeguarding training for children, young people and adults was undertaken. Following this review, the training transitioned to the learning platform used for other mandatory courses. This integration enhances accessibility and consistency, allowing staff to complete all mandatory learning through a single, streamlined system when the updated training goes live later in 2025.

6.7 The Level 4 safeguarding decision-making training is conducted digitally for relevant senior staff involved. This training includes managers who may not have direct service user responsibilities to enhance 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.

6.8 The safer recruitment online training module continues to remain a mandatory requirement 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 receive 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. We are delighted that our Power BI data indicates satisfaction levels above 90%, in line with the previous year. The data shows that:

- the experience was good or very good for 99.6% of participants.
- 98.9% said the facilitator was knowledgeable and 98.7% said they were engaging.
- 97.4% felt the content was organised, 95.8% felt the materials used were useful and 97.8% agreed there was adequate time for discussions.
- 95.5% of participants gained skills, 95.5% gained confidence and 88.4% felt they could use the knowledge gained in the future.

6.11 The safeguarding training sessions facilitated by the DSL and SSC have been positively received and regarded as highly beneficial. Case study sessions again 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 2023/24. The safeguarding decision-making training also received a 100% satisfaction rating in overall experience, skills improved, and confidence increased. The training received positive feedback:

"I found the level 1 and 2 training courses very informative and comprehensive, I really enjoyed completing the learning log alongside the modules as feel this helps consolidate the information by encouraging us to put it into our own words, the case discussion following the session was very helpful and reassured me that I would have continuous support with safeguarding."

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

- We have continued to enhance our learning and development offer, increasing the number of opportunities from 127 in 2022/23, 237 in 2023/24 to 268 this year. In conjunction with our regular training events and qualification programmes, Brook has a diverse offer of learning and development opportunities. These include group supervision, peer reflective practice skill-share sessions, neurodivergence and neurodiversity skill-share reflective practice sessions, topical drop-in support, coffee morning Q&A sessions, supporting and meeting the needs of neurodivergent people training, as well as individual 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 programme, safeguarding processes, case recording, non-fatal strangulation and Level 3 award in education and training.

- The coaching and mentoring programme, launched in 2022/23, continued this year with new coaches supported in Level 5 apprenticeships.

- We identified the need for additional skills-based training to support the recognition of and responses to risks related to suicide. Mental health remains our highest primary safeguarding concern and suicidal thoughts with and without a plan are the most common cause for concern. During 2024/25, we developed an ongoing training programme Strengthening our Response to Suicide for all staff which includes the opportunity to discuss learning from practice. We have strengthened the support frontline colleagues can access, with two new resources to support responding to suicidal thoughts and behaviours.

- 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 the Protecting People Policy. Group safeguarding supervision is available monthly to safeguarding leads and managers, and takes places six weekly for members of the escalation team. Supervision arrangements have been strengthened with the appointment 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 continued 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.

6.13 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 community mental health and wellbeing hubs in 2024 required strengthening of our mental health provision and governance. This work was scrutinised and supported by Brook's Service Development Committee and continues to offer support for young people to improve their own mental health and wellbeing.

6.14 A key focus 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. In 2024/25, we continued to deliver role-related training in trauma informed approaches, specifically in the application of the PACE model (a trauma-informed approach to supporting children and young people). This training provides colleagues with the opportunity to develop and extend skills, ensuring our clinical, education and counselling provision is trauma informed. In 2024/25, we delivered 6 core and role-related trauma informed training sessions. We continue to deliver a rolling programme of MHFA awareness training for staff and Mental Health Champion training for managers, contributing to and building a meaningful and insightful culture with staff reporting:

" It helps to see beyond someone's behaviour and to take a trauma informed approach to how I respond - it will help me to slow down."

" I didn't expect to be talking about how being playful might help when responding to trauma responses - that's been great. "

" It's good to learn how mental health is positive and that everyone has it and it's not just about mental illness."

6.15 Our staff take care of young people and adults' health and wellbeing needs, and Brook makes sure the same support is available to staff. We understand staff need to feel safe and well in order to care 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 2022/23 to thank colleagues, continues to be utilised.

- Managers discuss individual's wellbeing at quarterly reviews and annual appraisal. 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 seven Wellbeing Champions at Brook, who 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 discussing 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 work week was implemented on a permanent basis with staff able to benefit from a 20% reduction in working hours for the same pay. This benefit is available to staff on successful completion of their probationary period.

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

- At the end of year 1 of their 2-year term, 42 participation forum members across three age groups 16-19, 20-24 and 25+ plus 4 parents and carers were engaged nationally and at a local level. These forum members provided rich insight and support to develop Brook's systems, tools and services.

- Induction of the new PAGs appointed 44 young people and adults across the three age groups for a 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.

- Our PAGs have explored the following themes during this year:
  - 16-19 PAG: RSE in schools and pornography awareness
  - 20-24 PAG: Misconceptions and representations in the media/online vs real life experiences of relationships and sexual health
  - 25+ PAG: Reclaiming pleasure – webpages and social media content created by the group

- PAGs contributed to a wide variety of activities including:
  - Supporting the review of the updated Safeguarding Level 1 online training.
  - A Healthy Relationships digital module aimed at educators.
  - A range of research projects including Open University research on information sources and sexual health.
  - Creating blogs for Internet Safety Day about their lived experience of online safety.
  - Designing a webinar to reach other parents and carers about RSE.
  - Attending and speaking at Brook's 60th anniversary celebrations.
  - Supporting Sexual Health Week 2024 by writing blogs and creating video content/ reels.
  - We ensure that the Brook approach to safeguarding underpins the work of our PAGs

6.17 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 2024, we attained a Silver Award in the Workplace Equality Index and ascended 55 places in the rankings.

- The 2024/25 equity, diversity and inclusion (EDI) action plan was launched in quarter 3. Achievements include a diversity audit, EDI coffee mornings, social platform enhancements, the introduction of Equality Impact Assessments, local service visits, and training. Brook retained its status as a London Living Wage Employer and Disability Confident Employer.

- We continued to deliver Oliver McGowan mandatory training on autism and learning disabilities to staff working with service users or based in a clinic. All appropriate staff have completed part one of the training, and we are expanding part two to include clinical and other appropriate staff.

6.18 We take a multi-layered approach to assuring the quality of our safeguarding practice, with two different types of safeguarding audit. The safeguarding audit tool launched in 2023, aligned with the CQC framework, is intended to provide assurance for our clinical, education, 1:1 support in wellbeing hubs and counselling services. Additionally, we undertake safeguarding quality assurance audits for services which do not have an electronic client record (such as group education provision). In 2023/24, all relevant services had a safeguarding audit tool assessment led by the DSL. These have been reinforced in 2024/25 by a self-audit reviewed by the DSL with subsequent debrief meetings.

6.19 The safeguarding audit tool continues to increase confidence, placing greater emphasis on safeguarding practice and the experience from service users' perspective and utilising formal action plans shaped and informed by themes/ findings highlighted from the audit activity. These have promoted a culture of continuous learning and development. Following the launch of the tool and audits carried out by the DSL in 2024, all audited services were rated as good overall with six services found to be good with outstanding features. Self-service audits were conducted in 2025, intended to promote transparency and help services take responsibility for their safeguarding. It encourages individuals and teams to critically evaluate their own performance and actions as well as providing reflection on their safeguarding practices and working collectively to find opportunities for continuous improvement. This can include supporting the wider refining of policies, enhancing our training programmes, or adjusting our procedures to better protect the people for whom we have concerns.

6.20 Between February and September 2025, safeguarding audits and safeguarding quality assurance audits were conducted with support and review from the DSL and SSC. A total of six clinical and 18 education and wellbeing services completed audits, covering 78 full case reviews and 25 safeguarding quality assurance case reviews where no outcome rating is provided due to the nature of the service provision. One clinical service was audited by the DSL with a focus on mental health concerns as a specific theme. Overall, clinical services were rated good with outstanding features, with one service receiving an outstanding rating. Education and wellbeing services ratings are ongoing with four to date rated good with outstanding features, two rated good and two rated good but requiring improvements. Cross-service themes and insights included:

- The overall quality of safeguarding practices and processes has improved.

- 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 with the addition of enhanced management oversight.

6.21 Following completion of audits, service managers and leads attend debriefs with the DSL or SSC to discuss findings, agree and confirm the ratings, and develop and confirm the service actions. Feedback from teams has been positive and well received:

"Process was really helpful. Initially doing the audit allowed us to be self-reflective on our policies, processes and procedures. The in depth look back at cases allowed us to be more introspective about the cases, how they were communicated, recorded and what actions were taken."

"Initially, It felt a little overwhelming by the thought of the audit process. Auditing files that were predominantly managed by myself seemed daunting at first, but it has turned out to be a really positive experience. Reviewing past cases has

given me the opportunity to reflect on the practices that worked well and identify areas for future improvement."

6.22 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 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 a new online safeguarding group.
- We attend the CSA Protect and Prepare Board led by the National Crime Agency.
- We attend the International Planned Parenthood Federation, EN Safeguarding Community of Practice Forum.
- In February 2025, the DSL became a member of the British Association for Sexual Health and HIV Adolescent Special Interest Group.
- In 2024/25, we presented at several national events showcasing Brook's approach to safeguarding.
- The revised Spotting the Signs tool and accompanying guidance was released in September 2023 and, to date, the tool has been downloaded 6,600 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 3,162 enrolled participants.
- The Brook Learn courses Sexual Behaviours Traffic Light Tool, Child Sexual Exploitation, Consent and Educare Harmful Sexual Behaviours have 27,689 professionals signed up to date. The Educare Harmful Sexual Behaviours course, was reviewed and updated in January 2024.
- 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/support.

7. SAFEGUARDING POLICY IN BROOK

7.1 The Protecting People Policy was reviewed in October 2023 with the next review planned for 2026. This review incorporated updates and checked 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 2024/2025 SUMMARY OF ACTIONS COMPLETED

8.1 As part of our continued commitment to protecting our service users, staff and other people involved in our work in 2024/25, we set out 11 priorities, which have been achieved:

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.**
Benchmarking safeguarding data proved challenging due to the limited availability and comparability of external reports. While safeguarding reports were identified, differences in service delivery, age groups and data comprehensiveness restricted the application of the information. Safeguarding activity data reflects our service delivery models and consequently varies over time. For example, the delivery of more all-age clinical services and the introduction of wellbeing hubs has altered the profile of our clients and consequently their safeguarding needs. While the data is therefore helpful in identifying trends and providing assurance, it should be viewed as dynamic and interpreted in the context of Brook's evolving services and client population. The OQC was assured that the data showed no evidence of new or emerging risks, with patterns consistent with previous years.

4. **Create practical-based micro safeguarding environments that promote learning consolidation, enhance professional confidence, foster peer support and strengthen a culture of safeguarding.**
Throughout the year, training initiatives were implemented with safeguarding components such as the STI Foundation programme, safeguarding processes, case recording and Level 3 Award in Education and Training

5. **Respond to new information and recommendations from the Government, CQC and the CC, and incorporate into our policy and practice.**
Policies have been updated in line with the latest guidance, and operational procedures have been adjusted to ensure compliance and best practice. We are confident our approach remains current, robust, and aligned with national expectations and regulatory standards.

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.
A theme specific audit was conducted in the Cornwall clinical service focused on mental health concerns. The service was rated good with outstanding features such as the application of processes, and the systematic review and manager oversight of safeguarding.

7. Review and amend the Emergency Contraception/Pregnancy tracker standard operating procedure and strengthen guidelines and support for managing conversations with service users.
The review and update took place in March 2025.

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.
Mental health remains our highest primary safeguarding concern and within that suicidal thoughts with and without a plan are the most common cause for concern. During 2024/25, we developed staff training Strengthening our Response to Suicide which includes the opportunity to discuss learning from practice. We have strengthened the support frontline colleagues can access with new resources to support frontline colleagues to respond to concerns to suicide thoughts and behaviours. The development of this programme featured the evidence base of SAFETALK and ASIST Suicide prevention training, which key safeguarding leads have attended.

11. Develop an external safeguarding training programme to enhance professionals' safeguarding expertise.
The outcome of this programme aims to equip professionals delivering Relationships and Sex Education with the skills, knowledge and confidence to recognise and respond to safeguarding concerns, and to understand how RSE acts as an essential tool for early intervention and prevention of harm.

9. SAFEGUARDING PRIORITIES 2025/2026

9.1 As part of Brook's continued commitment to protecting our service users, staff and other people involved in our work, in 2025/26, we will:

1. Fully review and enhance the Protecting People and Confidentiality policies, reflecting key legislative changes and safeguarding practice developments.

2. Develop refresher safeguarding training for staff to ensure that continued professional development enhances safeguarding knowledge, maintains compliance with statutory requirements, and strengthens staff confidence and professional curiosity in identifying and responding to concerns.

3. Create practical-based micro safeguarding training to consolidate learning, enhance professional confidence, foster peer support and strengthen a culture of safeguarding.

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

5. Conduct theme specific, child exploitation reviews to allow a heightened understanding of the needs, diversity, trends and circumstances of service users who require safeguarding.

6. Continue to ensure staff receive mandatory safeguarding training relevant to their role in a timely manner.

7. Continue to enhance the Safeguarding Communications Strategy to further raise the profile of safeguarding and culture across Brook so that key messages, information and research/learning are shared in a concise, accessible, engaging and creative manner.

8. Fully implement the Strengthening our Response to Suicide staff training.

9. Develop our safeguarding proforma to record the outcomes of referrals made to statutory and non-statutory services, enabling us to better understand and monitor referral acceptance and response.

10. Undertake an audit of the 'Other' safeguarding category to identify patterns, clarify definitions, and enhance understanding.

10. FINAL WORD

Keeping people safe is at the heart of Brook's mission and work. In a climate marked by social, political and economic uncertainty, Brook has remained steadfast in its commitment to protecting and empowering people of all ages. The challenges we face, such as rising mental health concerns, evolving safeguarding risks and increasing complexity in service user needs, require not only robust systems and policies, but also a culture of curiosity, care and continuous learning. This report offers a clear and comprehensive account of the innovative and compassionate approach Brook is taking to meet those challenges.

From the implementation of trauma-informed approaches and strengthened suicide prevention training, to the development of our early-intervention wellbeing hubs, Brook's safeguarding practice continues to evolve in line with both national guidance and the needs of the communities we support. The data and insights presented here reflect a safeguarding culture rooted in our core values of trust, inclusivity and collaboration.

We are proud of the commitment shown by our staff, whose expertise and care underpin every safeguarding decision. Their work ensures that Brook remains a safe, inclusive and responsive environment for all service users, particularly those most at risk. As we look ahead, we do so with a continued focus on strengthening our safeguarding systems, deepening our partnerships and amplifying the voices of those we support.

APPENDIX

Service users					
Year	Female	Male	Other/not specified/ prefer not to say	Total	
2014/15 (15 Aug 2015 - 31 March 2015	51,032 (79%)	13,083 (20%)	175 (0.3%)	64,290	
2015/16	65,036 (81%)	15,550 (19%)	130 (0.1%)	80,716	
2016/17	53,006 (83%)	10,096 (16%)	172 (1%)	63,274	
2017/18	43,769 (86%)	7074 (14%)	51 (0.1%)	50,894	Not including Wirral and Bedfordshire
2018/19	32,976 (82%)	72,38 (18%)	-	40,214	
2019/20	30,124 (80%)	7,533 (20%)	8 (0%)	37,665	
2020/21	14,998 (89%)	1,922 (11%)	24 (0%)	16,944	Includes education one to one visits
2021/22	19,870 (83%)	4,031 (17%)	15 (0%)	23,916	Includes education one to one visits
2022/23	18230 (78%)	5,183 (22%)	40 (0%)	23,453	Includes education one to one visits
2023/24	21,915 (75%)	7,441 (25%)	69 (0%)	29,425	Includes education one to one visits
2024/25	23,302 (70%)	9,867 (30%)	36 (0%)	33,205	Includes education one to one visits

Visits					
Year	Female	Male	Other/not specified/ prefer not to say	Total	
2014/15 (15 Aug 2015 - 31 March 2015	88,407 (82%)	18,850 (18%)	248 (0.2%)	107,505	
2015/16	126,409 (84%)	24,076 (16%)	150 (0.1%)	150,637	
2016/17	95,282 (85%)	17,148 (15%)	232 (0.2%)	112,662	
2017/18	75,210 (85%)	12,673 (14%)	54 (0.1%)	87,937	Not including Wirral and Bedfordshire
2018/19	62408 (82%)	13699 (18%)	-	76,107	
2019/20	52,735 (80%)	13,180 (20%)	11 (0.02%)	65,926	
2020/21	34,558 (88%)	4,780 (12%)	27 (0.1%)	39,365	Includes education one to one visits
2021/22	43,895 (82%)	9,314 (18%)	25 (0%)	53,234	Includes education one to one visits
2022/23	36,187 (78%)	10,347 (22%)	44 (0%)	46,578	Includes education one to one visits
2023/24	40,491 (73%)	14,521 (26%)	129 (0%)	55,141	Includes education one to one visits
2024/25	43169 (68%)	19864 (32%)	70 (0%)	63,103	Includes education one to one visits

Number of service users with safeguarding concerns				
Year	Number proforma completed	Number service users	Proportion service users with proforma	
2014/15 (15 August 2014 - 31 March 2015)	968	64,290	1.5%	
2015/16	1309	80,716	1.7%	Not including Wirral
2016/17	1176	63,274[1]	2%	
2017/18	1105	50,894	2%	
2018/19	1062	40,214	3%	
2019/20	1,271	37,665	3%	
2020/21	827	16,944	5%	
2021/22	1047	23,916	4%	
2022/23	1126	23,453	5%	
2023/24	854	29,425	3%	
2024/25	902	33,206	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%)
2024/25	902	93 (10%)	111 (12%)	272 (30%)		426 (47%)

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%		23%		4%	12%	3%	100%
2021/22	1	2	22	56	105	174	199	180	95	136	77	1074
%	0%	0%	2%	5%		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%		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%
2024/25		2	17	37	76	127	122	128	56	164	173	902
%		0%	2%	4%	8%				6%	18%	19%	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%
2023/24	714	124	16	854
%	84%	15%	2%	100%
2024/25	748	140	14	902
%	83%	16%	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
2023/24	23	2	0	6	0	0	6	0	0
2024/25	15	5	1	4	1	0	4	1	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%
2023/24	26%	0%	100%	0%
2024/25	27%	20%	100%	0%

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%

All SG proforma	Total 2022/23	%	Total 2023/24	%	Total 2024/25	%
Criminal exploitation	8	19%	2	0%	5	1%
Domestic abuse	51	7%	49	6%	54	6%
Emotional abuse	8	7%	11	1%	14	2%
FGM	5	0%	3	0%	2	0%
Mental/emotional health concern - other	146	13%	110	13%	157	17%
Mental/emotional health concern = self harm	93	8%	86	10%	86	10%
Mental/emotional health concern - suicidal thoughts and feelings	146	13%	118	14%	103	11%
Mental/emotional health concern - suicidal thoughts and feelings with plan to end life	28	2%	14	2%	22	2%
Neglect	9	1%	8	1%	6	1%
Online/digital harm	19	2%	8	1%	4	0%
Other concern/risk	109	10%	129	15%	129	14%
Physical abuse	23	2%	9	1%	10	1%
Pregnancy of concern	225	20%	49	6%	32	4%
Sexual abuse familial	83	7%	77	9%	99	11%
Sexual abuse non-familial	84	7%	92	11%	87	10%
Sexual exploitation	42	4%	43	5%	54	6%
Sexually active 12 and under	8	1%	9	1%	6	1%
Substance abuse	39	3%	37	4%	32	4%
Total	1126	100%	854	100%	902	100%


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