



MARIE STOPES
UK

Annual Safeguarding Report 2018

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During 2018, Marie Stopes UK underwent significant development and improvement of its governance and operations, led by a new executive team.

Our development followed a period of intense inspection and scrutiny during 2016/17. From a quality and governance perspective, there was a focus on ensuring compliance with the Care Quality Commission’s (CQC) Regulation 17, after an inspection at the London Support Office in October 2016 resulted in an Improvement Notice.

In November 2018, the Support Office was again inspected by the CQC, where they acknowledged the significant progress made in strengthening our governance and quality systems. These systems are now well embedded and lay the foundation for driving further improvements across our ‘Well Led’ organisation. Marie Stopes UK is fast becoming a learning environment where all quality improvements are informed by reflection, enquiry, analysis, triangulation, responsiveness and training.

So how does this shape what we do in the management of safeguarding? Given the vulnerability of many service users accessing our services, safeguarding must be central to what we do. Our systems and processes enable us to consistently identify and manage safeguarding concerns across our organisation. As we identify and manage concerns, we must examine the effectiveness of our practice and evolve the quality of our policies, guidance and training to continually improve upon our ability to better identify those at risk and provide them with the best support possible.

Nationally, we must keep an eye on developments in legislation, for example The Children and Social Work Act (2017), the recent Homelessness Reduction Act (2018) and the Domestic Abuse Bill (2018), ensuring our policies and practice reflect their requirements. At centre level, we must continue to be engaged with the work of Local Safeguarding Children and Adults Boards. We identify the relevance of their initiatives and learnings to our services, from Safeguarding Children Reviews and Safeguarding Adults Reviews to Domestic Homicide Reviews, and ensure they influence improvements in our own practice. We must continue to engage in partnership working, particularly with other agencies and third sector organisations that can enhance our own service offering to better meet the needs of our clients.

Throughout the last year, Marie Stopes International (MSI) has been working to strengthen its policy suite and implementation of Safeguarding Practice globally. When the Capacity Assurance Assessment was completed by Keeping Children Safe on behalf of Department for International Development, in November 2018, it was commented that: “Marie Stopes International was rated satisfactory across all the standards, with some excellent examples of good practice across many areas within each of the six standards. It was clear from the assessment and focus group that there is a strong organisational culture of safeguarding grounded in the values of the organisation, and clear commitment from senior leadership. It was also clear that the organisation as a whole is inclusive, that its safeguarding materials are accessible including in languages relevant for country offices, and that staff have confidence in safeguarding processes. Also, many of the policies and processes have been in place for some time, and that they are integrated throughout the organisation.” MSI continues to reflect on its practice and improve both its policy framework and practice based on learning from experience. We will ensure these developments are also integrated into Marie Stopes UK policy and procedures.

At Marie Stopes UK, our HR policies have been developed to meet fit and proper persons recruitment. We also have policies on Speaking Up and managing Safeguarding Allegations Against Team Members. Our current organisational training compliance for safeguarding at the time of writing is above 95%.

2018 also saw a continuum of the #MeToo campaign following allegations of abuses of power at the hands of many high-profile individuals. Allegations included inappropriate behaviour, sexual assault, and rape, with survivors of abuse raising their voices from across many sectors, including the entertainment industry and the political sphere. Rape statistics (2016 – 2017) from Rape Crisis Centres across England and Wales indicate that every year, around 85,000 women and 12,000 men become victims of rape. It is likely some of these women will need to use our services. It is imperative that we have systems and processes to identify and support these victims.

The Marie Stopes International partnership practises results-based advocacy across many country programmes world-wide, and Marie Stopes UK is no exception. Our advocacy approach focuses on the needs of our clients. We aim to change the laws, policies and practices that restrict access to safe abortion care in the UK and find solutions to constructively and creatively remove those restrictions.

In 2018, we saw the success of a collaborative advocacy campaign which led to the implementation of a “Buffer Zone” outside our West London Centre to prevent our clients being met with harassing behaviours of anti-abortion groups waiting at the gates. Though the emotional safety, and sometimes physical safety of our clients was at risk due to the unwanted interventions of these groups, the activity fell through the gaps of current harassment law. Ealing Council recognised that additional protection was needed, and a Public Spaces Protection Order was enacted to safeguard all those who attend our West London Centre. We continue to work with other local councils to advocate for similar solutions where our centres and clinics are being targeted.

Another key area of our advocacy work is to be a voice for our Northern Irish clients, who are still currently affected by one of the most restrictive abortion laws in Europe. The discrepancy between abortion law in Northern Ireland and the law in the rest of the UK not only makes Northern Irish residents second class citizens in terms of their reproductive rights but means that overseas travel is necessary if they wish to access safe and legal abortion care. Those who cannot travel are often the most vulnerable, including those in abusive relationships, those being subject to physical or financial control and those who risk having to lie about their whereabouts when travelling for care. It is for these people that we have advocated for the decriminalisation of abortion across Northern Ireland and the rest of the UK, for all UK citizens to be able to access local care when they need it.

Our reflections on 2018 demonstrate that addressing the issues surrounding safeguarding can be multifactorial and ensuring the appropriate response can be challenging and complex. As a healthcare provider, we have a regulatory duty to identify and safeguard our clients and their families through ensuring we have effective systems and processes. Marie Stopes UK commits to going further to find every opportunity to improve the way we identify and manage safeguarding concerns, both strategically and operationally, to better safeguard our unique client cohort during a particularly vulnerable time of their lives, making this the business of our all team members.



Nicola Moore

Director of Quality and Governance
and Executive Safeguarding Lead



Safeguarding Achievements for the Year

- New Safeguarding Structure with an identified Executive Lead, Named Doctor and Named Nurse for Safeguarding Children and Adults all now in post.
- Change of location of Named Nurse from London Support Office to One Call in Bristol, to aid the transformation of the safeguarding service at point of initial triage, as well as throughout the UK. Our new Named Nurse for Safeguarding came into post in November 2018.
- A rewrite of Level 3 Safeguarding training to make a bespoke package for abortion providers. Awaiting accreditation in 2019.
- Introduction of the NHS Safeguarding mobile phone app in Marie Stopes UK Centres.
- Mental capacity policy developments have successfully supported management of clients where there has been concern about mental capacity. We are proud of these initial changes and are excited for future developments.
- Completion of Section 11 Audit (Children).
- Completion of Safeguarding Assurance framework (Adults).
- Reviewing all current safeguarding policies and developing 7 new policies in line with changes to safeguarding structure (roles and responsibilities) and national guidance.
- Implementation of Safeguarding Dashboard to monitor key performance indicators (KPIs) for safeguarding.
- Implementation of electronic recording of all training through the iLearn (Kallidus) learning management system.
- Prevent Training (Workshop for Raising Awareness for Prevent) e-learning introduced.
- Implementation of action plans following Domestic Homicide Reviews (DHR) including introduction of a Child Sexual Exploitation (CSE) screening tool, a Domestic Abuse (DA) Screening tool, and a Domestic Abuse, Stalking and Harassment (DASH) risk assessment to flag severe DA to Multi-Agency Risk Assessment Conference (MARAC).
- Formalised Safeguarding Leads role (0.4 WTE) with addendum Job Framework.
- Safeguarding Leads began signing off safeguarding competencies for frontline clinical team members in their centres following safeguarding training.
- Training all Safeguarding Leads to be Safeguarding Supervisors at their centres.
- Providing Section 11 Audit returns and safeguarding assurance to numerous Clinical Commissioning Groups (CCGs) on request.
- Completion of the first Annual Safeguarding Report for Marie Stopes UK.

This Annual Safeguarding Report has been created to provide both internal and external stakeholders with an update of the progress and outcomes of the safeguarding work undertaken by Marie Stopes UK in 2018. This report aims to inform the Marie Stopes UK Divisional Board, Local Safeguarding Partnership Board (Children and Adults) - soon to be Multi Agency Safeguarding Arrangement (MASA) - and CCGs of our strategic and operational developments.

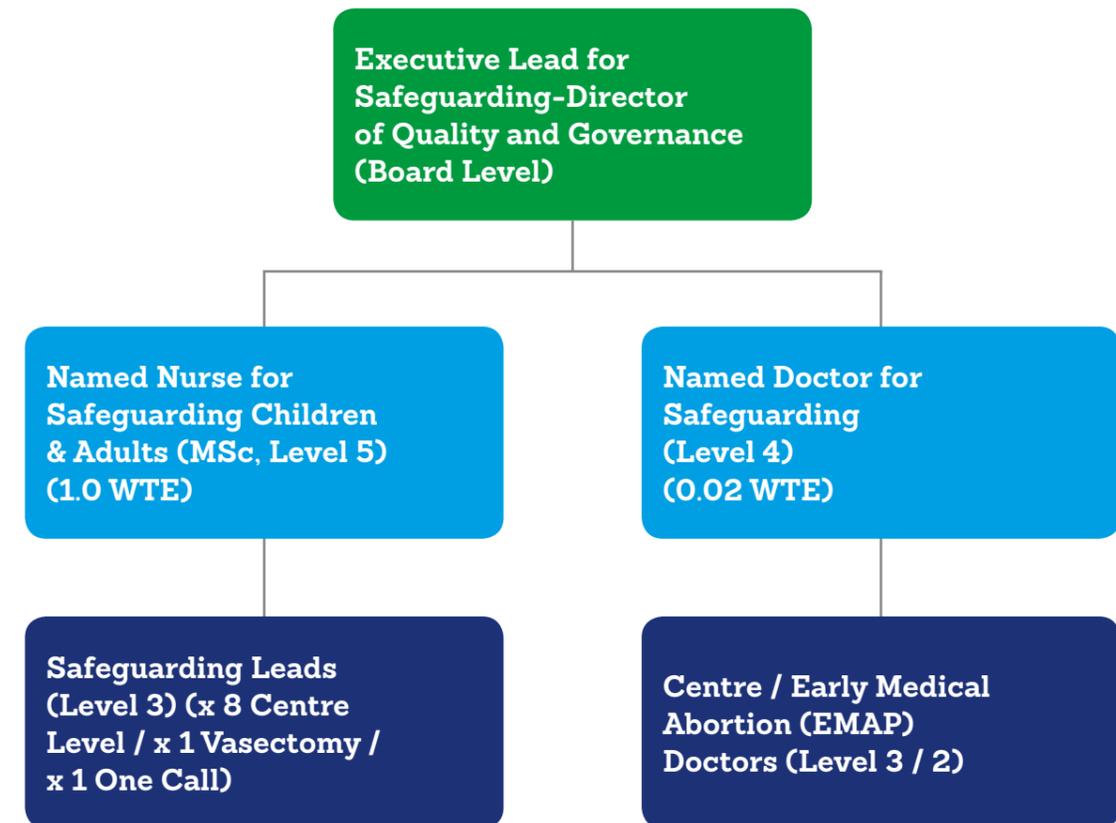
The report aims to provide assurance to Boards and Commissioners that processes and procedures are in place to ensure the safety and welfare of children, young people and adults at risk while they are being cared for by Marie Stopes UK. The report highlights the progress made within the last year and outlines our plans for 2019.

Our Annual Safeguarding Report provides case studies of client journeys as examples of good practice. All case studies are pseudonymised to protect the identities of our clients.

Marie Stopes UK is an independent provider of sexual health services including; abortion, vasectomy and contraception. We deliver care to clients at multiple sites across England. All Marie Stopes UK team members have a statutory responsibility to safeguard and protect the young people and adults who access our care, in accordance with the Care Act (2014) and the Children Act (2004).

Safeguarding is supported at Marie Stopes UK by our robust safeguarding structure (see Diagram 1). The structure comprises operational and clinical leadership, with safeguarding support existing within all layers. This ensures that safeguarding support is embedded within leadership, centres and within our national contact centre, One Call. The report details safeguarding excellence and our plans for improvement at each level in accordance with the CQC and CCG request for 'Well Led' organisations.

Diagram 1: The current safeguarding structure



National Context

The background of this Annual Safeguarding Report is closely linked to the Government's safeguarding agenda. Safeguarding issues such as CSE, extremism, DA, Female Genital Mutilation (FGM) and Looked After Children are priorities for Marie Stopes UK, and 2018 has seen an emphasis on improving these areas of safeguarding policy, guidance, tools, training and partnerships.

The Government's guidance document, Working Together to Safeguard Children, was amended in 2018 in response to serious case reviews, and saw changes in the way that agencies identify and work with children. Changes that are particularly pertinent to Marie Stopes UK include:

- Being aware of particularly vulnerable children and their need for early intervention. These include clients who:
 - have learning needs or learning disabilities
 - are young carers
 - are gang affiliated or involved with gangs
 - have run away from home, or are not in education or employment (NEET)
 - are being trafficked
 - have family discord (mental illness, DA, substance misuse)
- A new section on referral, highlighting that anyone with a concern about a child's welfare should make a referral to local authority children's social care.
- Information sharing and safeguarding considerations, following the new General Data Protection Regulations (GDPR).

Marie Stopes UK has responded to these recommendations by revising policy and training, which this report details in further sections.

We are also engaged with the new structure of local safeguarding, where Multi Agency Safeguarding Arrangement (MASA) will replace Local Safeguarding Children Boards (LSCB) in 2019. The MASA will include three safeguarding partners: the police, CCGs and local authorities, who all have a statutory duty to safeguard children. These partners will work alongside 'relevant agencies', including Marie Stopes UK to further safeguard children. The parameters of these new safeguarding arrangements include the expectation that 'organisations and agencies will work in a collaborative way to provide targeted support to children and families as appropriate.'

The end of 2018 saw the Marie Stopes UK Named Nurse attend a local MASA meeting in Birmingham, with planned attendance at further meetings. We look forward to the improvements that the MASA arrangement will bring, and plan to implement changes throughout 2019 to meet the MASA requirements by their deadline of September 2019.

This report will also demonstrate how other contemporary issues that are pertinent to healthcare provision have been tackled by Marie Stopes UK in 2018 and our plans for 2019. These include gangs and county lines (the trafficking of drugs from urban to suburban areas and market and coastal towns (Home Office, 2017)), modern slavery and trafficking, and the increased focus on coercive control in domestic abuse.

Local Context

In 2018, Marie Stopes UK has seen a rapid increase in safeguarding referrals both at One Call and in Marie Stopes UK centres. See Sections 3 and 5.

The most prevalent topics that we have seen this year are:

- Domestic Abuse: 455 cases of DA, both historic and current, were reported to us and logged on our internal incident reporting system, DATIX.
- Female Genital Mutilation (FGM): 231 cases were disclosed to or identified by Marie Stopes UK in 2018. Of these, 80 clients were referred to social care as part of Mandatory Reporting Duty. The areas with the highest prevalence of FGM nationally are Lambeth and Southwark which are covered by our South London Centre.
- Under 18s: We cared for 2,738 clients under the age of 18, 435 of whom were under 16. We saw 13 clients aged 13 and under for consultation or counselling only. Due to this, these age groups have become a focus within Marie Stopes UK in 2018 and work will continue into 2019. This report details the work that has taken place.

Our clients' journey begins at One Call, our contact centre in Bristol which takes inbound calls. We predominantly receive calls from clients living in the UK, but are also contacted by clients from further afield, such as the Republic of Ireland, Saudi Arabia, and Malta, who access our services due to various restrictions on abortion services where they live. Following a positive pregnancy test, our One Call teams support clients to book their initial consultation, and counselling appointments if the client would like to speak to a trained counsellor.

May 2018 saw an executive team meeting brought together to discuss safeguarding at One Call. From this discussion, a Safeguarding Coordinator (non-clinical, administrative post) was created to triage all the safeguarding referrals. The coordinator is trained in Level 3 Safeguarding and sits beside the Named Nurse for Safeguarding Children and Adults since November 2018.

One Call in Action: Joanne is 15 years old and is pregnant. She is scared and reports that her family are not supportive, are harmful to her, and that she already has a Protection Plan. One Call safeguarding arrange an appointment for Joanne to attend a Marie Stopes UK centre with her social worker and for her school nurse to obtain antibiotics prior to appointment, as Joanne has a urine infection. Joanne is successfully treated and is protected from the potentially harmful impacts of informing her family.

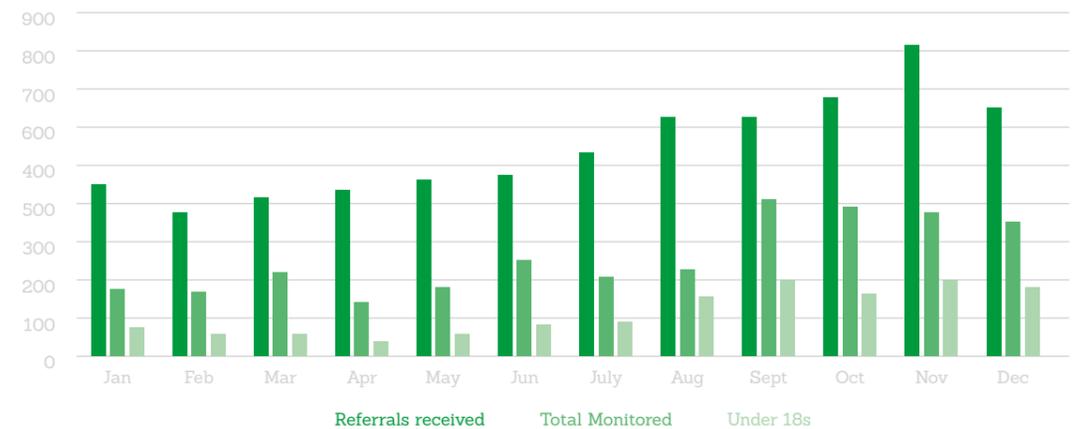
At One Call, Client Service Advisors refer safeguarding concerns to the Safeguarding Coordinator, who completes risk assessments of clients. A safeguarding care plan is developed to ensure that all clients are appropriately safeguarded prior to and whilst attending Marie Stopes UK centres. In December 2018, from 649 referrals to the Safeguarding Coordinator, 345 clients had a care plan initiated and were closely monitored. As part of the care planning process, One Call safeguarding team members work closely with Marie Stopes UK centres and external agencies to ensure that clients are supported to attend their chosen appointment and to make informed choices. Examples of agencies we frequently work with include UK wide social services, police, school nurses, health visitors, family nurse partnerships, independent mental health advocates and domestic abuse charities, to name but a few.

2018 has seen a sharp increase in safeguarding identification at One Call (see Diagram 2), from 447 referrals in January 2018 to 806 and 649 in November and December 2018 respectively. The Management team at One Call identified that the standardisation of safeguarding referral in One Call policy has encouraged Client Service Advisors to report any safeguarding concern to the safeguarding team for triage, which may account for this increase.

Clinical leadership within One Call has also pushed for the monitoring of all clients under the age of 18, who are seen to be more likely to have vulnerabilities. This process was formalised in June 2018 and all under 18s are now referred to the Safeguarding Coordinator for triage and monitoring. Safeguarding competency sessions were also delivered in July 2018 to all One Call Client Service Advisors to increase their knowledge of what disclosures equate to a need for safeguarding monitoring.

Diagram 2 demonstrates the number of safeguarding referrals by the One Call Client Services Advisors, which are then triaged as safeguarding cases that require multi-agency working, care plans, intervention or onward referral and monitoring. This may demonstrate agents' increased ability to identify concerns compared with early 2018. However, there may be confounding variables that we are unable to account for, such as external funding cuts in health and social services and/ or increases in vulnerabilities resulting in higher levels of safeguarding disclosures.

Diagram 2: One Call Safeguarding 2018



At present, safeguarding referrals are monitored through a dedicated safeguarding referrals inbox. The development of a new Marie Stopes UK Central Records System will see the management of safeguarding referrals moved to this new system in 2020.

In 2018, Marie Stopes UK centre teams have seen an increase of identified safeguarding referrals prior to attendance at the centre. This impacts on the amount of safeguarding issues they manage. There has also been an increase in disclosure of safeguarding issues once at the centre, and an increase in more complex safeguarding issues such as gang involvement, county lines drug dealing and trafficking, which mirror the issues that are of national concern.

All identified safeguarding issues and concerns are logged on to our internal incident reporting system, DATIX. This provides us with a platform to manage onward referrals and gives us with the ability to analyse data to understand the specific safeguarding issues that our client cohort face.

However, at present we are unable to extrapolate safeguarding disclosures that were only made to centre teams, and not to One Call teams prior to the client's appointments. This would be useful in the future to understand the safeguarding workload our centres face.

Table 1 demonstrates the number of DATIX entries showing safeguarding concerns, recorded from centres from 1st January to 31st December 2018. The entries are grouped into themes and the number of onward social care referrals are highlighted.

Table 1

Themes of Safeguarding concern(DATIX Category)	No of cases identified	No of cases meeting criteria for Social Care referral	Key themes identified
Child Sexual Exploitation (CSE)	5	0	<ul style="list-style-type: none"> All CSE disclosures were historic cases and included disclosures of underage sex, distribution of sexual videos / images involving client, grooming. One current case, but the client attended with her CSE worker.
Female Genital Mutilation (FGM)	104	35	<ul style="list-style-type: none"> Clients disclosing FGM. Most did not know the type of FGM they had suffered, however of those that did were type 1, where part or all of the clitoris, or part or all of the hood of the clitoris is removed.
Scanned over the Legal Limit	126	23	<ul style="list-style-type: none"> Most clients between 24+0 and 28+0 weeks' gestation. 15 clients scanned over 30 weeks' gestation. Around 20% had onward social services referrals due to having other children in care, substance abuse or homelessness.

Themes of Safeguarding concern(DATIX Category)	No of cases identified	No of cases meeting criteria for Social Care referral	Key themes identified
Domestic Abuse (DA)	687	40	<ul style="list-style-type: none"> 313 undisclosed domestic abuse 51 physical abuse 99 psychological abuse 5 bullying 3 threatening abuse 216 emotional abuse
Adult Safeguarding	92	26	<ul style="list-style-type: none"> 2 trafficking cases. 56 rape / sexual assault including pregnancy as result of rape 23 neglect 2 discrimination 1 institutional abuse 3 financial abuse <p>Key themes:</p> <p>Majority of cases involved children previously removed; mental health issues (including self-harm / attempted suicide); substance abuse; homelessness; criminality or domestic abuse</p>
Child Safeguarding	837	167	<ul style="list-style-type: none"> 223 cases in which safeguarding intervention would be required if the client continued with pregnancy to protect the child 36 sexual abuse 44 physical abuse 64 neglect 14 child sexual exploitation 3 attempted coercion to have termination of pregnancy 1 online abuse 2 grooming <p>Key themes:</p> <p>Mental health concerns; bullying; not in education, employment or training (NEET); social services involvement; honour-based violence; and capacity to consent were all common issues.</p>
Total	1851	391	

Child safeguarding and domestic abuse are Marie Stopes UK's most common themes for centre disclosures. It is important that we prioritise this in our service delivery plans and team member training to maintain effective safeguarding practices.

It must be considered that the DATIX review for 2018 identified that data may be skewed due to incorrect reporting or categorisation, particularly in adult and child safeguarding where categories did not reflect the incident. However, Table 1 demonstrates the general quantities and prevalence of safeguarding issues identified by Marie Stopes UK. Work is planned in 2019 to target team member training on DATIX to strengthen our future data reporting.

One Call in Action: May comes into the Marie Stopes UK centre in Manchester. On her initial call she shares no information that raises safeguarding concerns. At the centre she discloses she has 8 children and that her husband is showing signs of radicalisation. She is very worried. The centre support her to obtain domestic abuse support. They also liaise with police and social services to ensure that the public and the children in the home are safeguarded.

At the time of writing, safeguarding leads in Bristol and Birmingham are not yet in post and the role is covered by the Matrons and supporting nurses. The One Call Clinical Triage and Safeguarding Lead role remains in the early process of recruitment. Centres and One Call are managing safeguarding well, and clients are safeguarded effectively. However, it is acknowledged that a recruitment drive in 2019 will enable further improvements and allow resource for additional tasks such as multi-disciplinary team (MDT) networking and attendance at health forum and Multi-Agency Safeguarding Arrangements (MASA) meetings.

The Safeguarding Named Nurse, Doctor and Executive Lead for Safeguarding have planned a Safeguarding Strategy Meeting in the second quarter of 2019 to discuss safeguarding plans and goals, addressing recruitment, retention and safeguarding workloads within the next year.

Marie Stopes UK has safeguarding policies and procedures in place, which are available to all team members via SharePoint (intranet). Team members are expected to follow these policies to enable them to provide safe and consistent, high-quality care for young people and adults. There have been several policies reviewed and / or developed in 2018, which have gone through consultation and ratification in line with national policy and guidance. In the reporting year, the following safeguarding policies were reviewed or developed:

- Safeguarding Children and Young People Policy (2018) v3.3
- Safeguarding Adults Policy (2018) v4.2
- Female Genital Mutilation Policy (2018) v1.2
- Domestic Abuse Policy (2018) v1.1
- Managing Safeguarding Allegations Against Staff Policy and Procedure (2018) v1.1

Factsheets for information:

For easy access, and as a resource for Safeguarding Leads and team members, the Named Nurse has developed evidence-based information sheets to include local figures on emerging safeguarding themes identified during weekly Complaints, Litigation, Incidents and Patient Outcomes (CLIP) meeting as follows:

- Factsheet on Rape and Sexual Abuse
- Factsheet on Sex Selective Abortion
- Factsheet on FGM

More factsheets are under development.

Marie Stopes UK is committed to providing safeguarding training to all levels to all team members, irrespective of being contracted or sessional, clinical or non-clinical. The aim is to equip our workforce to attain and maintain their competence and confidence in the recognition, assessment and referral of clients with safeguarding concerns. This is a statutory requirement at Marie Stopes UK and a Key Performance Indicator (KPI) for team members, which are reported on weekly by our Learning and Development Team (LDT). Since the introduction of our iLearn platform in April 2018, there has been a remarkable improvement in the collation of accurate training compliance from local Centre, regional and national perspectives (see Table 2).

The Marie Stopes UK Named Nurse for Safeguarding (Children and Adults) has worked closely with the Learning and Development Team in ensuring there is a robust Training Needs Analysis in place in line with the national guidance, Intercollegiate Document (RCPCH 2014; NHSE 2018). These analyses are reported quarterly to the Safeguarding Group, and exception reports are delivered to our Quality Sub-committee to provide assurance on training compliance. Table 2 demonstrates a steady increase in safeguarding training compliance for this reporting year. This is a real achievement as it now significantly exceeds our target of 85%.

Levels 1 and 2 Safeguarding Children and Adults training are delivered online through iLearn. Level 3 Safeguarding Children and Adults training is now delivered in-house, following feedback that previous externally delivered training required a more customised delivery that better fit the specific nature of our services.

Bespoke one-day level 3 training for Safeguarding (Children and Adults) has been designed by the Named Nurse for Safeguarding and piloted in Birmingham and London. This has received positive feedback from participants who valued interactive, scenario-based case discussion, video clips and role play with time for reflection and feedback in groups. Level 3 Safeguarding training is now delivered by the organisation's Named Doctor and Named Nurse with support from the Clinical Education team. As part of quality improvement for training within Marie Stopes UK, the Clinical Educators, Named Nurse and Named Doctor will attend a 6-day 'training for trainers' programme with the NSPCC, which has been booked for 2019. The Named Nurse and Clinical Educators will be attending a train the trainer session on the DASH checklist tool, for this to be used in centres to assess clients who disclose domestic abuse.

The Clinical Education team has also designed and piloted Capacity and Consent training to support team members assessing clients who may lack capacity.

Level 4, 5 and 6 Safeguarding (Children and Adults) training continues to be delivered by an external provider. Our plans for 2019 recommend that we move to seek training provision from local safeguarding children's boards (LSCBs), following poor evaluation by delegates of the current training provider. This aims to provide higher quality safeguarding training and will support networking with local health and social care providers.

Table 2: Safeguarding Training Figures

Level of Safeguarding Training	QTR1 (Jan-Mar 2018) %	QTR 2 (Apr-Jun 2018) %	QTR 3 (Jul-Sep 2018) %	QTR 4 (Oct-Dec 2018) %
Safeguarding Children Level 1	83	86.2	93.45	95.51
Safeguarding Children Level 2	81	84.5	91.72	96.51
Safeguarding Children Level 3	80	83.3	85.28	91.16
Safeguarding Adult Level 1	84	87.05	93.68	95.98
Safeguarding Adult Level 2	82	86.6	91.76	95.42
Safeguarding Adult Level 3	81	82.49	84.91	89.96
Safeguarding Training (L1-L3) average	81.8	83.9	90.1	94.09
Basic Prevent Awareness Training (BPAT) Level 1	N/A	79	95.2	98.16
Workshop for Raising Awareness in Prevent (WRAP) Level 2	N/A	25	80.93	90.83
Overall Total Average compliance	81.8	80.33	90.85	95.01

To maintain high rates of training compliance, Marie Stopes UK plans to monitor compliance three months prior to their training expiration date to ensure team members are booked onto the next training in advance. Training updates or refreshers are also to be set up on iLearn by our learning and development team to ensure team members book and attend relevant updates within three years.

Supervision is an essential requirement for the professional development of practitioners who work with children, young people and families. Several recommendations following serious case reviews emphasise the need for team members to receive specific supervision on safeguarding children. Supervision is also particularly important when working for an abortion provider, to allow debriefs and reflection on what can be emotive subjects.

Marie Stopes UK acknowledges the Working Together to Safeguard Children document (2018) which states that ‘effective supervision is important to promoting good standards of practice and to supporting individual staff members.’ It also identifies its importance for professionals dealing with safeguarding issues as the supervisor can provide ‘an important source of advice and expertise and may be required to endorse judgements at certain key points in child protection processes.’

Our Safeguarding Supervision Policy has been in place since 2017, which stipulates that clinical team members are expected to have three monthly supervision sessions. Delivering supervision was not without challenges in the second, third and fourth quarters of 2018 due to team member availability. This policy will be reviewed in 2019, where improvements will be made to meet the needs of current safeguarding delivery within Marie Stopes UK.

Table 3: Supervision Compliance

Regions	QTR 2 (Apr-Jun 2018) %	QTR 3 (Jul-Sep 2018) %	QTR 4 (Oct-Dec 2018) %
North	11%	100%	100%
South	80%	85%	100%
South West	N/A	84%	50%
Overall	45.5%	89.6%	83%

A two-day supervision training course was delivered to Clinical Service Managers and Safeguarding Leads in December 2018. However, evaluation identified need for improvement, and again, we received requests for more bespoke safeguarding supervision training. This is now in the process of being developed.

Feedback from teams during centre visits from the Named Nurse for Safeguarding, and from within the Safeguarding Group found that team members’ experience of group safeguarding supervision had been varied. Most of the feedback reported that the supervision sessions could be more restorative and supportive and that the structure would benefit from a case study focus.

As a result, safeguarding provision has been restructured and the Safeguarding Supervision Policy and structure is in the process of being rewritten. This aims to address issues we face providing face-to-face and one-to-one supervision for the Safeguarding Leads, due to the organisational size and locations. Supervision will now be delivered directly by the Named Nurse and Named Doctor in group sessions quarterly. Individual ad hoc supervision will still be delivered where necessary. The North region covers three main centres and 28 associated Early Medical Units. The South and South West region constitutes five main centres (including One Call) and 28 Early Medical Units.

The recently appointed Named Nurse for Safeguarding has previous experience of delivering and receiving regular supervision. Plans for 2019 are to embed one-to-one safeguarding supervision in centres, delivered by Safeguarding Leads, with Safeguarding Leads receiving regular group supervision and one-to-one supervision when required.

Compliance Monitoring Programme

To promote local, professional self-regulation, Marie Stopes UK introduced a Compliance Monitoring Programme (CMP) during October 2018 with the aim of monitoring compliance with Marie Stopes UK safeguarding policies across the organisation. All centres are responsible for conducting surveys in line with the programme, analysing their local findings and implementing any recommended improvement action plans. This approach has been crucial in enabling the recognition and replication of good clinical practice to ensure that lessons are reliably learned from any failures in standards of care.

As part of compliance monitoring, safeguarding surveys are carried out every quarter. The results have been generally positive in terms of identifying safeguarding risks and referring appropriately. The CMP compliance scores have been improving with a significant increase from 65% in the first quarter to 89% in the third quarter. The fourth quarter compliance score was not included due to the timing of the delivery of this report.

One of the key themes identified has been the need to work closely with the Local Safeguarding Boards and partners, which we have begun to address (see Section 11).

Safeguarding Assurance Framework Compliance

In order to ensure we are meeting all regulatory requirements, a Safeguarding Assurance Framework has been developed to map the requirements of the 'Safeguarding Children and Young People: Roles and Competences for Health Care Staff' Intercollegiate Document. This is reviewed and updated regularly. There are no areas of regulatory duty not being met.

Section 11 Reporting

Health related organisations providing services are expected to complete a Section 11 Audit for the various Local Safeguarding Partners (previously the LSCB/LSAB). The Section 11 Audits are a self-assessment undertaken by agencies to quality assure their processes in respect of their statutory duty to safeguarding children as highlighted in Section 11 of the Children Act 2004.

The aim of the audit is to help organisations reflect critically on the appropriateness of their arrangements, to identify any gaps, and to take any remedial action. The audits also provide an overview for CCGs and partners of local safeguarding arrangements.

Marie Stopes UK completed the Section 11 Audit in June 2018, and this is available on request.

Care Quality Commission Feedback

The recent CQC inspections of Marie Stopes Maidstone Centre and Marie Stopes Essex Centre have rated the services as 'Good' overall, which is commendable. The CQC noted that team members could explain the procedures for safeguarding children, young people and vulnerable adults and knew the needs and vulnerabilities of those using their service to enable prompt safeguarding referrals. They also could describe their responsibilities and safeguarding procedures.

The mandatory training dashboard for Marie Stopes UK Maidstone demonstrated that 100% of team members had completed both Safeguarding (Children and Adults) training for levels 1, 2 and 3. There were no recommended actions from the CQC, who were assured of our processes in place to safeguard adults, children and young people.

Clinical Commission Quality Reviews

Marie Stopes UK provides abortion, vasectomy and sexual health services to clients from over 140 CCGs nationally. The Marie Stopes UK Named Nurse works with CCGs as required to provide assurance on safeguarding. CCGs receive regular updates on safeguarding concerns and referrals for their residents. Additionally, assurance is provided through Quality Assurance visits from CCGs to their local Marie Stopes UK centres. Local Marie Stopes UK Safeguarding Leads are encouraged, along with their Operational Team Leaders, to engage with local organisations to ensure local pathways are in place. CCGs have not raised any concerns regarding our 2018 safeguarding processes and management.

Marie Stopes UK is committed to working with partner agencies in accordance with Working Together to Safeguard Children (2018). There are a variety of services that Marie Stopes UK typically liaise with, which include social services, police, domestic abuse charities, Multi Agency Risk Assessment Conference (MARAC) boards, mental health services, GPs and advocates, to name but a few. Marie Stopes UK centres and the Right Care team work closely with Local and National Safeguarding Children Boards, referring to and liaising with them about vulnerable clients who are assessed to require further support.

The newly developed Level 3 Safeguarding training includes a case-based session on how to access local safeguarding thresholds and multi-agency referral forms (MARFs). The session supports team members to find the correct safeguarding board and to complete referrals that are appropriate, meet the threshold for each area, and are likely to be accepted for support. There is a focus on learning a shared language between healthcare and social care to promote multi-agency working.

Partnership Working in Action: Sadie is 27 years old. Her friend calls One Call as she is selectively mute. She is booked in urgently to be seen in a Marie Stopes UK centre. Right Care speak to her GP prior to attendance who says she has capacity.

When she attends the centre, it is not possible to gain consent as she is not able to speak or write to show understanding. She is transferred to the Right Care team who creates a care plan for the client in collaboration with her GP, adult social worker and mental health support worker. An Independent Mental Capacity Advocate (IMCA) is involved in order to assess Sadie's capacity for treatment, which she was adamant she wanted.

Sadie was invited back to a Marie Stopes UK centre within one week and assessed as having capacity to consent to treatment. She was successfully treated and safeguarded due to this multi-disciplinary team work.

There has also been an acknowledgement that the General Data Protection Regulation (GDPR) caused some confusion for our team members around information sharing with partner organisations. Level 3 Safeguarding training now also covers learnings around confidentiality. This includes confidentiality being non-absolute in cases of safeguarding, and when consent to referral to other agencies is denied, or is not able to be obtained, how team members can override this to safeguard vulnerable clients.

Our aim for 2019 is that Safeguarding Leads will focus on engaging with local multi-agency partners, for example independent domestic abuse advocates (IDVAs), homelessness charities, and exploitation specialists, inviting them to team meetings and learning sessions in their local area to build links. Some centres are working in this way at present but is not consistently practised across centres due to capacity. The aim is to share learnings externally and make this a universal practice within Marie Stopes UK. The Safeguarding Leads will be supported by the Named Nurse to plan engagement with their local services and other agencies.

Local inter-agency training is being commissioned to deliver alternative training, such as Level 4, 5 and 6 Safeguarding training, the Domestic Abuse, Stalking and Honour Based Violence (DASH 2009) risk assessment and CSE screening tool training. This aims to build further networks with local services and to support shared learning.

Right Care

Right Care was launched on 3rd September 2018 to triage clients who require further support and ensure they receive the 'Right Care at the Right Time in the Right Place'.

The programme aims to provide a seamless service, particularly where clinical conversations are required for clients who have complex conditions and/or other vulnerabilities. Health conditions are usually identified through consultations and/or health assessments at One Call, using our 'Pre-Existing Conditions' guidelines. Right Care Coordinators then work closely with Marie Stopes UK Early Medical Abortion Practitioners (EMAPs), Doctors and Anaesthetists to make decisions regarding appropriate provision of care. This may be at Marie Stopes UK centres or NHS centres depending on the client's health or social needs. Right Care also liaises closely with external agencies, such as NHS providers, general practitioners and consultants, to ensure that information is gathered for Marie Stopes UK doctors to make decisions around provision of care.

There is an organisational focus on working with clients with capacity issues, ensuring they can receive support prior to their appointments, with robust capacity assessments made in the client's best interests.

Three months after launch, the Right Care programme was assessed and ways to improve the programme were discussed. The programme was restructured with the aim of improving effective multi-disciplinary working, including Nurses, Midwives, Paramedics and EMAP Doctors. This is to ensure robust care plans are in place prior to centre attendance, if it is appropriate to manage the client within Marie Stopes UK. Important changes to Right Care are to be embedded throughout 2019 and the restructure proposals gained momentum following a clinical and executive meeting in January 2019.

The safeguarding team at One Call was moved under the 'Right Care' umbrella. This increases clinical support for administrative team members and improves the pathway for clients who have safeguarding vulnerabilities that are combined or merge with clinical complications. For example, clients with identified substance misuse and mental health problems. The Named Nurse for Safeguarding has also been relocated to One Call to improve the safeguarding triage process and further support centre team members across England.

Child Sexual Exploitation (CSE) Screening Tool Project

Following a 2017 Domestic Homicide Review pertaining to the death of a young woman in Sandwell in 2012, we were requested to respond to local action plans to improve identification of individuals who are at risk or are victims of CSE. The young woman had previously used other abortion services in the area, and while we were not her provider at the time, we immediately agreed to work with the Domestic Homicide Review Panel to ensure that Marie Stopes UK has CSE screening tools in place to identify early signs of CSE to the CCG, who now commission Marie Stopes UK to provide abortion care services.

In response to the Domestic Homicide Review action plan, a pilot project on the CSE screening tool was initiated from April until July 2018 at our Birmingham Centre. There were two identified CSE cases during the four-month pilot in Birmingham, where the CSE screening tool was used and appropriate actions were taken by team members. Following the completion of the pilot project, a further two cases have been identified using the tool. This provided assurance that the CSE screening tool is effective in identifying young people at risk of sexual exploitation and that adequate steps are taken to safeguard them. The CSE tool is now being rolled out to other Marie Stopes UK centres.

We are currently designing bespoke training for the CSE screening tool for all clinical team members to ensure it is thoroughly embedded in practice. The Marie Stopes UK CSE e-learning course will be used alongside the Sandwell and West Birmingham NHS Trust 'CSE Superhero' online course to ensure team members are trained to a high level to support vulnerable clients.

DASH Risk Assessment Tool

In 2018 the Marie Stopes UK Essex centre piloted the Domestic Abuse Stalking Honour Based Violence (DASH) risk assessment, following high rates of domestic abuse disclosures. The use of the tool aimed to aid early identification of significant domestic abuse that may meet the criteria for referral to a Multiagency Risk Assessment Conference (MARAC).

Clinical team members were recommended to complete the DASH tool for all disclosed or identified domestic abuse (DA) cases and to refer to MARAC if appropriate (in cases of high-level domestic abuse). All the Safeguarding Leads had Domestic Abuse Awareness training by an accredited trainer to support identification of DA.

Discussion with safeguarding leads in December 2018 identified that the DASH risk assessment needs to be used more universally across the organisation, and more work is needed to embed this into practice. Consequently, a project is planned for 2019 with the Named Nurse for Safeguarding and Clinical Educators attending a DASH train the trainers course to properly support the use of the DASH assessment. Training specifically for the DASH assessment tool will be delivered to all team members (alongside the CSE screening tool) to upskill the teams and ensure that these tools are being used routinely in practice.

Alongside the implementation of the DASH risk assessment, we are committed to improving team member understanding of coercive control within abusive relationships. Coercive control has been high on the government's agenda since legal change in 2015, which created a new offence of controlling or coercive behaviour in an intimate or family relationship, and we aim to replicate this in our safeguarding of children and adults' policies and procedures. Policies and training packages for team members are being amended to include coercive control.

We also plan to strengthen our ability to identify and manage clients who are experiencing domestic violence and other vulnerabilities through the development of an early intervention service, working with a major charitable provider.

Lampard Recommendations

Following the Savile Inquiry, the subsequent Lampard Review (2015) identified key recommendations for safeguarding. The recommendations are mainly aimed at NHS Trusts, however non-NHS hospital and care organisations are expected to consider and implement any of the recommendations relevant to their services. In light of this, a new Approved Visitors Policy has been in development through the year, and is due to be ratified in early 2019.

Goddard Recommendations

The Independent Inquiry into Child Sexual Abuse (IICSA) was set up to review the ways in which organisations in England and Wales have failed to protect children from sexual abuse, and to make recommendations to ensure children are better protected in the future.

The IICSA was established as a statutory inquiry on 12 March 2015. It will investigate whether public bodies and other non-state institutions in England and Wales are taking their duty to protect children from abuse seriously. Goddard stated clearly that prolonged retention of personal data by an organisation at the request of the IICSA would not breach the Data Protection Act 1998, provided that such information is restricted to what is necessary to fulfil any potential legal duties that organisation may have in relation to the inquiry.

Following this, the Marie Stopes UK Named Nurse has raised the need to extend record retention periods. They are working with the Head of Information Governance to review the policy to reflect this.

New Safeguarding Structures

Changes in safeguarding structures have been made to strengthen our management, with a Named Nurse and Named Doctor now in permanent posts. This should provide improved ability to identify and train future Safeguarding Leads, leading to further stability of safeguarding management across the organisation.

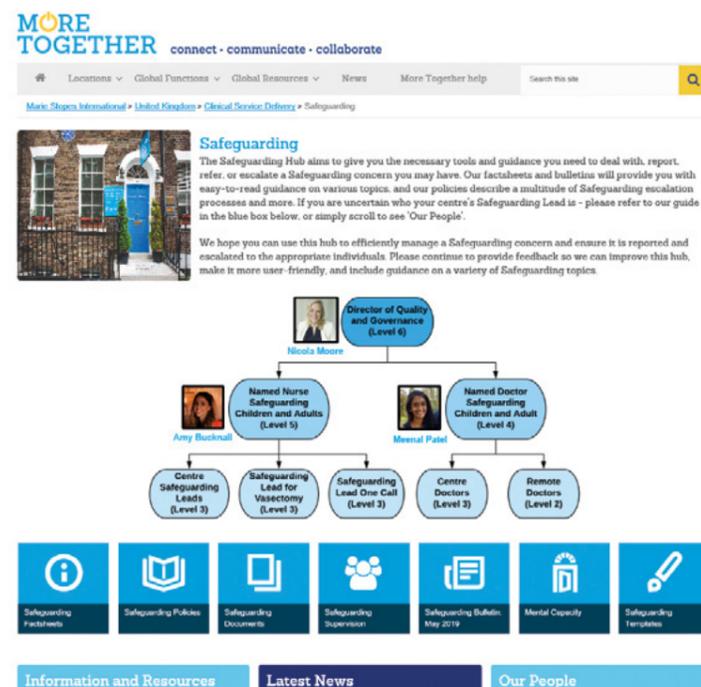
Safeguarding Hub

In July 2018, a new safeguarding resource link on SharePoint, known as the Safeguarding Hub, was developed for all team members to use as a point of reference. It clearly demonstrates key organisational information, including:

- Safeguarding structure
- Safeguarding team members, with pictures and job titles and contact details
- Safeguarding bulletin/update that is constantly visible and updated automatically with new posts
- Relevant links and useful guides
- Safeguarding policies, procedures, and in-clinic forms (proformas)
- Safeguarding documents, such as factsheets

The Safeguarding Hub is continually being improved and updated. Future plans include an 'I have read and understood' compliance button on all safeguarding updates to track team member access and understanding of updated information. The Hub will also be periodically reviewed to make sure it is user-friendly and efficient for team members.

Image 1: Safeguarding Hub home page on Marie Stopes UK intranet.



Domestic Abuse

Following high rates of domestic abuse cases identified by Marie Stopes UK in the last few years, it is expected that similar rates will continue in 2019. It is important that we respond to this, and to government initiatives to criminalise coercive control. Consequently, delivering DASH risk assessment training and incorporating coercive control into Level 3 Safeguarding training is necessary in 2019 to support and upskill team members.

Child Sexual Exploitation (CSE)

As the number of identified cases of CSE are increasing, both at Marie Stopes UK and nationally, we are committed to ensuring all team members are trained in identifying and referring CSE cases, with a full roll-out of the CSE proforma and CSE Superhero initiatives implemented in 2019.

Incident Reporting for Safeguarding

Analysing safeguarding data (namely from reviewing the number of DATIX entries for safeguarding concerns) has highlighted that some team members need further support around understanding incident reporting and what constitutes a safeguarding concern. Consequently, our aim in 2019 is to better support team members how to report on the DATIX, with the aim of reducing unnecessary incident reports.

Safeguarding Group

The Safeguarding Group is responsible for setting out clear objectives for the Joint Safeguarding Strategy for Children and Adults. Complying with the statutory requirements set out, both nationally and locally, will be at the core of our practice. There will be a meeting to set out 2019 - 2020 objectives in the second quarter of 2019. In 2019, we aim to have an independent member in the group to support our knowledge of external initiatives and provide us with objective and constructive feedback.

Did Not Attend / Continuing Pregnancy

We are responding to lessons learnt from recent Department for Health Research (DHR) and serious case reviews, highlighting the need for a robust Did Not Attend (DNA) policy, by developing ours to include Right Care. The Local Safeguarding Partners and Commissioners have asked for evidence to be made available in January 2019.

Mental Capacity

It is fundamental for our clients to be able to make informed decisions regarding their care. It is therefore important that we can identify clients that may lack capacity to consent to treatment as early as possible in their care journey, complete the mental capacity assessment and support them to make their decision. In the past, there has been a tendency to refer clients who we have assessed as lacking capacity to the NHS. However, several cases in 2018 identified that the NHS are often reluctant to see such clients as they have no additional services to better support them. Consequently, we have made it a priority to try and manage such clients within our own organisation where possible, and with external support when required. A flow chart has been developed to support team members with mental capacity assessments and in making decisions in a client's best interests. We aim to roll out the Mental Capacity Assessment policy, flowchart and training in January 2019.

Discharge Policy for Young, Vulnerable Clients

The safe discharge of young and vulnerable clients has been a key agenda for 2018/2019, with cases reported of younger clients unable to bring an appropriate adult to their appointment with them. In some cases, appropriate adults may not exist in the young person's life or informing an adult may place the young person at a higher risk. A recent example involved a young person being coerced into attending an abortion consultation by a care worker, after she felt pressured to inform them. We were able to identify this coercion and support the client to make her own decision.

As a matter of best practice, every effort is made to encourage young women aged under 16 to involve their parents or a family member in their care. This is discussed with the client during the Marie Stopes UK Safeguarding Children and Under 18's Proforma which forms part of the consultation. However, where this is not possible changes are being proposed to support them to bring another Gillick competent assessed minor (e.g. a sibling or friend), or an external agency (e.g. school nurse / social worker / teacher). Right Care will then lead the client's care post-discharge to ensure they are safe and have no post-treatment needs. Work will continue in 2019 to create a clear discharge policy for this group and disseminate to team members through safeguarding supervision.

Right Care

Planned changes to Right Care in 2019 aim to bring an early intervention and multi-agency sharing culture within Marie Stopes UK, particularly for vulnerable clients. This will enable us to pre-empt the needs of our clients and support them with any safeguarding concerns prior to attendance, throughout their treatment pathway and post-treatment. This will improve clients' safety and their care journey at Marie Stopes UK.

Safeguarding issues, such as domestic abuse, mental health, CSE, trafficking and gang violence are increasing in our society and Marie Stopes UK has seen this increase reflected in the number of safeguarding concerns identified within our service. Many of our clients are more vulnerable than ever before and need an increasing level of specialist support.

Given our role on the frontline of supporting women in communities across the country, we care for many who are facing safeguarding issues. In our supportive and non-judgemental environment, people often feel more able to reach out to us about issues of protection and in some cases, we are better able to identify safeguarding issues than social care organisations.

In 2018, Marie Stopes UK successfully triaged 1,851 clients for safeguarding at initial call and supported 66,472 women and their families at our centres. When we identify protection issues, we work collaboratively with women and girls to support them in taking whatever next steps they are comfortable with. Our priority is their safety and security. We are committed to responding to our clients' everchanging needs and have instilled a culture of honesty and transparency to continually improve our safeguarding services. To this end, changes are being made regarding the Right Care team, which is being restructured to provide a safer and more supportive service for clients and Marie Stopes UK team members. Training will be delivered that is written specifically for team members delivering sexual health services and encompasses modern issues. Policies are being developed and revised to adapt to cases that have challenged current practice and to changes in law and national issues.

We are also committed to working with external agencies nationwide to provide the best possible service for our clients, utilising their expertise and capacity in times where health and social care services are increasingly strained with higher than ever thresholds. We look forward to the benefits these changes will bring to our clients, their families, Marie Stopes UK team member and the wider community in 2019 and beyond.

2018 was a year of refining our safeguarding policies, practices, structures and culture to make sure that every stream of our work adapts to new challenges in safeguarding reporting, referral, and ongoing protection. When so many known safeguarding issues are intertwined with women and girls' sexual and reproductive rights, it's essential that our service can care, support, and protect clients, not only for the duration of their appointments, but for their futures too.



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