Safeguarding Annual Report 2020

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1. Foreword

I am immensely proud to introduce our Safeguarding Annual Report 2020. I want to start with a big “thank you” to our colleagues for all their safeguarding efforts over the past year. We are providing an exceptional service at every step of our client pathway, identifying, and managing safeguarding issues to keep clients safe.

Safeguarding is challenging at the best of times however, delivering it during a global pandemic has tested our ability to identify, manage and refer, particularly whilst introducing new service pathways. It has demanded the utmost resilience and agility of our colleagues to cope not just with an overloaded system, but with managing an exponential increase in the number of those needing safeguarding and support with associated issues. Nevertheless, I am proud to say that the systems and processes we have implemented have coped well with the increasing demand and complexity of issues which is testament to the ability and vigilance of our skilled colleagues.

Our centres’ Safeguarding Leads have maintained their training and skills and, continued to deliver an excellent service. However, we acknowledge that this has frequently impacted their own personal wellbeing. We are ensuring this is a continuing focus for us in the coming year to better support and protect our colleagues. As well as sustaining delivery of key services and ensuring all who access them are safeguarded, we have also achieved the objectives we set in last year’s Annual Report.

Of note:

• The introduction of a new telemedicine service with strengthened safeguarding processes. This has been proven to identify risk in our clients, ensuring they are effectively safeguarded as well as being afforded easier access at a time of increased vulnerability.

• We introduced our Webchat Service in June 2020. This supports improved access to advice for our clients, resulting in over 10,000 people using the service between January and March 2021.

• We have increased our partnerships, with other agencies ensuring mutual enhanced service offerings and creating joined up pathways for our clients. We are also proactively engaging with Designated Safeguarding Professionals in the continued design and review of our safeguarding arrangements including our governance meetings.

We continue to improve our processes and systems through a cycle of quality review. As we grow and develop our business, we will ensure safeguarding management remains a core and effective element of our service proposition.

Nicola Moore
Director of Quality and Governance and Executive Safeguarding Lead
2. Introduction

We have produced this Safeguarding Report, first and foremost, to provide our internal and external stakeholders assurance of the progress and outcomes of safeguarding work undertaken at MSI Reproductive Choices UK in 2020.

Welcome to our 2020 Annual Safeguarding Report. This report demonstrates our ongoing commitment to safeguarding of our clients. It also fulfils the organisation’s Section 11 obligations of self-assessment against the safeguarding requirements of the Children Act (2004) and evaluation of its effectiveness, including areas of excellence and areas for development. We have outlined our quality assurance processes regarding our statutory duty to safeguard children and vulnerable adults throughout the report. This report demonstrates the changes and progress made in the management of safeguarding in a year that has been like no other due to the COVID-19 pandemic.

The introduction of this report is also an appropriate point to introduce our new name ‘MSI Reproductive Choices UK’. Our organisational name has been a topic of discussion for some time, however the events of 2020 and the Black Lives Matter movement reaffirmed that changing the name was the right decision. We wanted to be clear that the eugenics connections which the family planning pioneer Marie Stopes held, are not compatible with our organisation’s values. We also wanted to demonstrate our commitment to providing choice in reproductive health care for all clients from all parts of society.

The emergence of the COVID-19 pandemic has affected the provision of abortion care in many ways. Organisationally, we responded to the pandemic as a challenge to improve access to ensure clients are still able to receive safe effective care by designing and implementing a ‘Telemedicine’ pathway. This means we can now offer a virtual nursing assessment and prescription service, with postal delivery of abortion medication for those clients deemed clinically suitable. We designed and launched our new telemedicine service within just seven days of the government granting temporary measures in England to limit the transmission of COVID-19 and ensure continued access to early medical abortion on 30th March 2020, at the beginning of the first lockdown.

The changes made will revolutionise abortion provision for years to come. It will ensure all clients, especially those with additional vulnerabilities can all access abortion care easily and safely, and have care tailored to their needs. This report provides further information about our new telemedicine pathway and its positive impact on safeguarding. This report will also provide a critical and transparent analysis of our safeguarding arrangements, performance, challenges and opportunities in an abortion setting.

Amy Bucknall RN, BSc, MSc
UK Named Nurse for Safeguarding Children and Adults
3. Background

MSI Reproductive Choices UK is a charity providing sexual health services including abortions, vasectomies and contraception. In delivering these services, we encounter many clients who are experiencing a wide range of safeguarding issues. Issues we frequently see include:

- reproductive coercion
- domestic abuse
- modern slavery
- child sexual exploitation
- rape/sexual assault
- substance misuse
- homelessness
- honour-based abuse
- social care issues

We know that pregnancy can often exacerbate abuse and vulnerability. We acknowledge and commit to support the need to safeguard clients robustly (NICE, 2010).

We take our statutory responsibilities very seriously and ensure that all adults and children who access MSI UK are safeguarded by trained, confident team members in accordance with The Care Act and The Children Act (HM Government, 2004, HM Government, 2014).

It has been extremely challenging during 2020 for safeguard nationally, and for MSI UK especially. The COVID-19 pandemic exacerbated an already complicated and diverse safeguarding landscape. Prior to the pandemic, the UK was already experiencing increases in safeguarding. NHS Digital (2020) reported a 14.6% increase in adult safeguarding referrals between March 2019 to March 2020 when compared with the year before.

Furthermore, in 2019 there were 52,260 children on child protection plans - an increase from 51,080 in the previous year (NSPCC, 2019). Furthermore, 227,530 child abuse offences (encompassing sexual, physical, and psychological) were recorded by the Police in the year ending March 2019 - an increase on previous years (Office for National Statistics, 2020). The NSPCC (2020) also found that between 2018 and 2019, 76,204 sexual offences against children were recorded – a rise of over 60% from 2014/15.

We saw the effects this had on those already experiencing harm and living in fragile environments. Examples included victims of domestic abuse in lockdown living with perpetrators, unable to seek abortion care due to fear of harm should a pregnancy be discovered, and honour-based violence victims in homes where discovery of a pregnancy out of wedlock would be a significant risk.

We also identified safeguarding concerns for those who had otherwise been safe prior to lockdown. This included young people who could no longer access normal support networks such as schools, friends and wider family members. Clients were facing the significant emotional turmoil of not being able to easily seek abortion care. Examples included clients caring for children with learning/disabilities, and terminally ill family members, those with children out of school, those with no childcare support, university students living away from home and healthcare workers with extensive work demands, to name but a few.

As the pandemic continued and England entered lockdown, we were concerned about the impact this would have on accessing abortion treatment. As a result, we started campaigning for remote access to our services.

On the 30th March 2020, the Secretary of State for Health and Social Care granted temporary approval of home use for both stages of early medical abortion to reduce the transmission of COVID-19 and ensure continued access. This has been named ‘Abortion by Telemedicine’ or ‘Pills by Post’.

MSI UK data demonstrated that following the implementation of Abortion by Telemedicine in April 2020, client rates increased after the reduction we saw in March. We saw an increase of 26% when compared with March 2019 and an effective return to normal when compared to January and February 2020 (a 1% increase was noted). Our Did Not Arrive (DNA) rates for all appointments have since reduced to 2% and this has remained consistent throughout the pandemic, with telemedicine continuing throughout. This was significant as 40% of clients are now cared for through our telemedicine pathway.

Table 1 below demonstrates the drop in client phone contacts to our client contact centre One Call at the start of the pandemic, with a significant drop in March and April which then increased following the launch of telemedicine. This demonstrates the need for this new telemedicine based pathway which made it possible for clients to access essential abortion services during the national lockdown.

**Table 1:**
*Client Contact Comparison 2020 vs 2019*
Access data confirms telemedicine offers a lifeline to people seeking abortion, enabling treatment in the comfort of their own home. It also enabled us to sustain the safe running of all our services prioritising those who required face-to-face and surgical care provision.

At our One Call contact centre, we were frequently hearing clients describe their difficulty or outright inability to get to appointments across the abortion sector for a variety of reasons. This included working extra shifts, having no money due to work ceasing, caring for dependants, having no childcare, no support persons available to help and public transport being unavailable. Clients were also scared to travel into healthcare settings for fear of contracting the virus.

We also noted there was increasing contacts made to our social media forums such as Facebook, with clients reaching out for advice and support in ways that were more discreet. This was particularly noted for victims of abuse and young people.

In May 2020, the Prime Minister held a summit on Hidden Harms (HM Government, 2020). This acknowledged that home was not a safe place for many people in the UK and that this had been more apparent during the pandemic. Hidden Harms includes abuse that takes place behind closed doors such as child abuse, child sexual exploitation, domestic abuse, sexual violence and modern slavery.

Throughout the pandemic it was noted that external agencies reported an increase in calls. Domestic abuse agencies saw a 50% increase, and the National Society for the Protection of Children (NSPCC) saw a 67% increase in child abuse disclosures (NSPCC, 2020).
The Summit suggested that ‘victim focused’ intervention could benefit all agencies working with children and vulnerable adults. These included:

• Joined up support cross-agency and cross-sector
• Support tailored to the needs of the victims
• Understanding of victim’s circumstances and characteristics including cultural, racial, and ethnic factors that shape someone’s experience of harm and access to care
• Understanding the impact abuse and violence can have on victims’ mental health and wellbeing and coordination of support into mental health support services
• Raising the profile of Independent Sexual Violence Advisors (ISVAs) and Independent Domestic Violence Advisors (IDVAs) for victims of abuse.

These important suggestions are in the main, already implemented at MSI UK. We will demonstrate commitment to strengthening support for Hidden Harms further throughout this report.

The Summit (HM Government, 2020) report went on to state that they wished for:

‘shared best practice about how charities have continued to provide vital and lifesaving services, and the ways they have dealt with sharp uptakes and fluctuations in demand’.

We have taken a proactive stance on this and are engaged with the Royal College of Obstetricians and Gynaecologists, the government and the media. Our team members continue to audit and report on the impacts of the pandemic on safeguarding in abortion care.

We welcomed the ‘First 1001 Days Movement’ (Parent-Infant Foundation, 2020) that was published in 2020, acknowledging the importance of the first 1001 days of an infant’s life, including pregnancy.

This is important due to the clear and compelling evidence that pregnancy is a significant and influential phase in development, that needs resource and support. It also affirms that pregnancy is an important window for abortion providers to identify, at the earliest point, any issues in the pregnancy that could impact a child’s ‘future health, wellbeing, learning, resilience and adaptability. This is regardless of whether a decision is made to end the pregnancy or continue it. We need to consider also that other children in the family could be affected.

We will continue to work in partnership with the client and their networks in the community, to ensure their choice is managed in a compassionate and individualised way. This includes whether the choice is to end or continue with a pregnancy and use of the First 1001 Days Movement’s safeguarding management approach:

- Relationship based
- Infant focused
- Outcomes orientated
- To ensure the best for our clients and their families.
As we endure the COVID-19 pandemic, with additional lockdowns, ‘circuit breakers’ and tier systems, we continue to monitor and evaluate the wellbeing of our communities. We have evaluated our data which demonstrates the following:

- **3% increase in safeguarding disclosures requiring internal management**
- **6% increase in mental health disclosures at the call centre**
- **8% increase in domestic abuse and Coercive Control disclosures on face-to-face contacts**
- **6% increase in external referrals from the call centres**
- **28% increase in external referrals from face-to-face appointments**

This clearly shows the safeguarding needs of our clients, particularly for mental health and domestic abuse, have escalated and are predicted to continue escalating, impacted by the consequences of the pandemic.

We continue to be committed to working with clients and their local support services through to 2021. We will strive to protect the most vulnerable who seek our support to make their choice.

We would like to take this time to thank the incredible partner agencies we have worked alongside in 2020. These include:

- The Modern Slavery Unit
- The Home Office
- The Police
- Unseen
- Solace
- SafeNet
- Brook
- Red Thread
- Karma Nirvana
- Abortion Support Network
- Women on Web
- The Brandon Centre
- St. Mungo’s
- Doctors of the World
- The Dalgarno Trust

We would also like to thank all the statutory services such as GPs, school nurses, midwives, social services and named and designate professionals that support us every day to safeguard our clients.
4. Safeguarding Structure

Safeguarding at MSI UK continues to be underpinned by a clear, robust structure which has remained in place throughout 2020 (see diagram 1). Safeguarding is embedded at every level of our organisation, from our Executive Management Team to our Centres and One Call contact centre.

The way we structure safeguarding is a vital part of ensuring we are ‘Well Led’. This structure has been designed in line with NHS England’s (2019) Safeguarding Guidance which states that “every NHS Provider will require a Safeguarding Lead and/or a Named Professional for safeguarding children, young people and adults. This structure ensures we have on-call safeguarding support, that we avoid single points of system failure and that the way we manage and escalate cases is simple, safe, and effective.

Diagram 1: Safeguarding structure

Executive Lead for Safeguarding
Director of Quality and Governance (Board Level)

Named Nurse/Midwife for Safeguarding Children and Adults (Level 4) (1.0WTE)

Named Doctor for Safeguarding (Level 4) (0.2WTE)

Safeguarding Leads (Level 3)
- Centre Level x7
- Vasectomy x1
- One Call x 1

Early Medical Abortion Physicians (non-client facing) (Level 2)
Centre/Remote Doctors (Level 3)

One Call 24/7 nursing advice line (level 3)
5. Safeguarding Activity for 2020

5.1 Safeguarding Activity at One Call

Our clients’ journey begins at our busy One Call contact centre in Bristol. The centre takes inbound calls and webchat queries from clients about their reproductive health. The centre has an established safeguarding team of non-clinical safeguarding advisors, overseen by the UK Named Nurse/Midwife for Safeguarding and led by an experienced Level 3 Safeguarding Lead.

5.1.1. Safeguarding Data for One Call

The centre managed the care of over 58,000 clients in 2020, equating to an average of 4,800 calls per month. Due to the high volume of client contacts, safeguarding disclosures made by clients at the centre are also high.

In year data demonstrated:

- 11% of clients disclosed safeguarding issues
- 100% of under 18-year-old clients were internally safeguarded at the contact centre
- 22% of clients internally safeguarded required onward referrals to external partners
- There was an average number of two referrals per client, e.g., to a GP and/or social services
- 33% of our safeguarding referrals were for clients under the age of 18
- 16% of safeguarding disclosures at the contact centre pertained to domestic abuse
- 20% of safeguarding disclosures at the contact centre pertained to mental health issues

Table 2 shows the number of safeguarding disclosures received at the centre for 2020 compared with 2019. Data in 2020 demonstrates a reduction in disclosures from March to July during the national lockdown, followed by a surge when restrictions were eased.

This mirrors the information provided earlier in this report, which details the significant impact many clients felt due to the pandemic. It is conjected that telephone disclosures were challenging for clients living in ‘pressure cooker homes’ - a fact shared by domestic abuse and children’s charities (NSPCC, 2020; Women’s Aid, 2020). At the end of 2020, when lockdown restrictions were imposed in November and then again in December, we again started to see trends of reductions in disclosures. MSI UK will continue to monitor these trends into 2021 as lockdowns continue.

Table 2:
Safeguarding Disclosures at One Call 2020 vs 2019
5.1.2. Key Safeguarding Themes at One Call

At One Call, we theme our safeguarding concerns into commonly seen issues in abortion care. These include domestic abuse, mental health, modern slavery/human trafficking, under 18-year-olds, rape/sexual assault, children removed, homelessness, substance misuse, honour-based abuse, learning disabilities, mental capacity, coercion and late gestation presentation. In 2020, domestic abuse and mental health have been the two most prevalent safeguarding issues disclosed.

Data shown in Table 2 illustrates how the pandemic has resulted in an overall upward trend of safeguarding disclosures received each month. This rise is attributed to the national lockdown, with people unable to leave their homes to escape abuse and increased barriers to usual support services and coping mechanisms.

5.1.3. Domestic Abuse

Table 3 compares domestic abuse disclosures at One Call in 2019 and 2020. Overall, these disclosures have remained consistent with 16% of safeguarding referrals pertaining to this category in 2020 and 18% in 2019.

This is in conflict to data from National Domestic Violence Helpline which reported a rise of 49% in the number of calls to domestic abuse services, as well as an estimated 380 weekly calls to police and 16 homicides related to domestic abuse in the first month after strict social distancing was enforced (Kumar, 2020, Sharma, 2020). We can only speculate that clients were choosing to use specific domestic abuse helplines or police to seek support rather than disclosing initially at booking.
Anecdotally, in 2020 we have seen more clients who have recently fled domestic abuse and have active support in place such as residing in a refuge, having non-molestation orders/injunctions in place and Independent Domestic Violence Advocate (IDVA) support.

With an 8% rise in domestic abuse disclosures during face-to-face appointments (see section 5.2), we believe that clients may have struggled to divulge escalating abuse within the home where abusers may be listening to conversations. Local Government Association (2020) predicated that the figures of domestic abuse were likely to be much higher than current numbers suggested due to mass underreporting in domestic abuse cases generally and additional hurdles created by the lockdown. “Indeed, women on average experience 50 incidents before they decide to report.” (“Red Labour: standing with women”)

5.1.4. Mental Health

As can be seen in Table 4, mental health disclosures have surged in the latter part of 2020. It is easy to hypothesise that people are struggling with the impacts of prolonged lockdowns and social distancing, alongside social issues such as unemployment, isolation, loneliness, bereavement, childcare issues, ‘pressure cooker homes’ and reduced access to usual mental health services (see Section 2).

Table 4: Mental Health Disclosures at One Call 2020 vs 2019

The One Call Safeguarding Team is actively working with national colleagues referring vulnerable clients to Mental Health Crisis Teams, GPs, helplines such as the Samaritans, Health Visitors and Social Workers. Our internal counselling (free for MSI UK clients pre- and post-abortion) has also been extremely beneficial to those who are struggling with mental health issues.
5.2 Safeguarding Activity at MSI UK Centres

Safeguarding in the MSI UK Centres commences at the point clients call our One Call contact centre seeking treatment. The appointments with an MSI UK Centre can include face-to-face appointments or telemedicine appointments. In our centres, clients speak to Level 3 trained clinicians in all instances, where a safeguarding risk assessment proforma is completed for all clients as standard.

The MSI UK safeguarding risk assessment proforma is an evidence-based risk assessment tool that is bespoke to the organisation. There are two separate risk assessments (Adult Proforma and Young Person’s Proforma) which are used depending on the clients age and/or presentation. Our risk assessments have been consulted on by agencies such as the Modern Slavery Unit and Karma Nirvana to ensure our questions are robust. They also complement our other safeguarding risk assessments when indicated, i.e. Domestic Abuse Stalking and Harassment (DASH) and Spotting the Signs for domestic abuse and child sexual exploitation.

5.2.1. Safeguarding Data at MSI UK Centres

The data in this section relates to clients who required additional safeguarding at their face-to-face or telemedicine appointment due to more complex safeguarding concerns.

The data for the year demonstrated:

- 3% of clients disclosed additional safeguarding issues when face-to-face or by telemedicine
- 52% of these clients required external referrals for safeguarding
- We safeguarded the unborn in 171 continuing pregnancies where abortion treatment did not proceed due to ambivalence, scanning over the legal limit or non-attendance at appointments
- 43% of safeguarding disclosures at the centres pertained to domestic abuse
- 14% of safeguarding disclosures at the centres pertained to mental health

In the MSI UK centres, safeguarding disclosures from clients in clinician appointments (face-to-face and telemedicine) remained consistent, with an average of 3% of all clients disclosing a safeguarding concern in both 2020 and 2019 when averaged across the year (table 5).

Table 5: Average MSI UK Centre Safeguarding Disclosures per Month 2020 vs 2019
However, despite this 3% average, Table 5 shows some variations occurred in disclosures from January to April 2019 when compared to the same period in 2020. This further supports the data in Table 2 from the One Call contact centre, which shows clients were not accessing face-to-face appointments at the start of the year in the initial stages of the pandemic and telemedicine was yet to be approved. Following the introduction of telemedicine in April 2020 and clients coming to terms with the new normal of seeking healthcare in a pandemic, safeguarding disclosures at MSI UK Centres returned to usual levels.

The relative consistency of data collected between 2019 and 2020 showed that an average of 3% of clients disclosed safeguarding issues, acts as assurance that our systems are robust and effective. As telemedicine was a new offer of care, we ensured we could effectively safeguard, and not lose contact or reduce disclosures from the most vulnerable clients. Section 9 of this report will explain how we have promoted and maintained face-to-face appointments for the most vulnerable clients with our ‘safeguarding safety netting’ processes.

5.2.2. Key Safeguarding Themes at MSI UK Centres

One Call and MSI UK Centres record disclosures received via our DATIX® risk management system. Centre based safeguarding disclosures are themed into the same categories as our call centre: domestic abuse, mental health, modern slavery/human trafficking, under 18-year-olds, rape/sexual assault, children removed, homelessness, substance misuse, honour-based abuse, learning disabilities, mental capacity, coercion, and late gestations.

There is also a category in centres for continuing pregnancy which relates to clients who do not attend appointments, are ambivalent or scan over the legal limit. The most common disclosures in MSI UK Centres are again domestic abuse and mental health.

5.2.3. Domestic Abuse

In clinician consultations, we saw an increase in safeguarding disclosures related to domestic abuse in 2020 (43% v 35% reported in 2019). In contrast to the One Call data, this was the increase we anticipated would be seen because of the pandemic. Table 6 shows the monthly domestic abuse disclosures at MSI UK Centres.

Table 6: Domestic Abuse Disclosure at MSI UK Centres 2020 vs 2019
Again, we saw trends at the start of the year (prior to telemedicine) with disclosures of domestic abuse falling in comparison to 2019. After the introduction of telemedicine in April and ensuring most vulnerable clients received face-to-face consultations, we saw abuse disclosures begin to rise.

We saw a significant and concerning spike in domestic abuse disclosures in June 2020. This mirrored information from Refuge’s telephone helpline which saw an increase of 77% during June and the first week of July 2020. They also reported a 54% rise in women needing emergency accommodation – the highest number during the entire lockdown period. Their website also received an 800% increase in traffic to the National Domestic Violence Helpline Website (Telegraph, 2020).

Refuge said they could not draw immediate conclusions as to why this surge occurred, but postulated women have remained with their perpetrators during lockdown and may now be seeking a way out from ongoing abuse. They also stated that as restrictions eased in the summer of 2020, women may have found space to make plans to leave their abuser.

5.2.4. Mental Health

Conversely, mental health disclosures remained static in MSI UK Centres, accounting for 14% of safeguarding disclosures in both 2019 and 2020. However, our One Call contact centre reported mental health disclosures increased overall and saw more peaks relating to the pandemic (Table 4).

Mental health disclosures in the MSI UK Centres were significantly higher in 2020 from January to June (Table 8) which again may be related to the initial stages of the pandemic, where people were coming to terms with the ‘new normal’ and adapting to the reality of lockdowns and social distancing. It is argued that as other issues such as domestic abuse were exacerbated, these may also have negatively impacted on clients’ mental health.

5.2.5. Safeguarding Referrals

The largest activity increase seen in MSI UK Centres in 2020 related to external referrals. This includes referrals to agencies such as local authority social services, police, midwives, GPs, health visitors, school nurses etc. From this data, we feel assured we are continuing to support and refer the most vulnerable clients who need additional support in their communities to be safe, however they choose to access treatment. We strengthened our safeguarding management when we introduced our telemedicine service and have seen a significant increase in referral activity accordingly.
Table 8 shows the external referral increase in 2020, with over double the number of referrals being completed to external agencies compared to the previous year. As suggested in Section 2 of this report, the number of people whose safety has been negatively impacted by the pandemic means that this increase in referrals was to be expected.

Table 8: External Referrals made from MSI UK Centres 2020 vs 2019

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<tr>
<th></th>
<th>2020</th>
<th>2019</th>
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<tbody>
<tr>
<td>External</td>
<td>52%</td>
<td>24%</td>
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5.3. Conclusion on MSI UK Safeguarding Activity

The data demonstrates the impact the pandemic has had on safeguarding in the abortion sector. Clients facing unintended pregnancy during a global pandemic were needing more support than ever before.

In our One Call contact centre, we saw a consistent increase in safeguarding disclosures throughout 2020, with clients feeling able to be honest and share issues they were facing using telephone or webchat contacts. Our centres remained static in safeguarding disclosures from 2019 to 2020, with 3% of clients sharing additional safeguarding issues requiring support, but with the level of concern necessitating an increase in referrals to other agencies.

It is concluded that access to our services via telephone or webchat provide additional opportunities to clients to disclose their safeguarding concerns in a safe and confidential way. Talking to a friendly professional who is knowledgeable about abortion care, trained in safeguarding and guided by a safeguarding script to ask appropriate and helpful questions, can reduce barriers to disclosure clients may feel when coming into a clinical setting.

In the One Call contact centre we also saw a significant increase in mental health disclosures, with clients struggling emotionally with unintended pregnancy during the pandemic. Conversely, in MSI UK Centres, we saw mental health disclosures remain static from 2019, but did note increases in domestic abuse. This contrasted with One Call centre data where domestic abuse disclosures remained relatively static. This provided assurance our identification and risk assessment process were working.

It also confirmed our view that our consistent supportive and non-judgemental approach throughout the pathway builds trust, affording clients multiple opportunities to disclose safeguarding issues and for our colleagues to identify concerns.

We consider the data collected demonstrates our safeguarding interventions, including safeguarding risk assessment pro formas, additional risk assessments (DASH and CSE), safeguarding safety netting for telemedicine and webchat enable us to identify the most vulnerable to seek and access treatment at the same time as being safely supported.

Our external referral rates have increased, demonstrating our ability to identify and support clients by safeguarding them in their local communities using statutory and non-statutory agencies.
6. Vasectomy

We saw a decrease in vasectomy clients in 2020 which was related to COVID-19 and vasectomies being classified as elective procedures.

A new Vasectomy Matron and Safeguarding Lead were appointed in 2020, who have reviewed our current safeguarding policies and vasectomy safeguarding risk assessment proforma to be more relevant to, and inclusive of this population cohort.

For clients who were assigned male at birth, it is widely believed that reported figures of mental health issues present a considerable underestimation of true need. The pandemic and subsequent lockdowns have further negatively impacted male mental health, with 42% of men struggling to cope (Samaritans, 2020). Men also account for 75% of all deaths by suicide in England and Wales (ONS, 2020). Research also shows that men from Black, Asian and minority ethnic (BAME) groups are at further risk of experiencing poor mental health.

Men are more likely than women to use unhealthy coping mechanisms when struggling with their mental health, including alcohol/substance misuse and smoking. Dependence on these substances is three times more likely in males in comparison to their female counterparts (Mind, 2020). Research also suggests that men may be less able to recognise symptoms of mental health problems in themselves and less likely to reach out for support.

These statistics, alongside the knowledge that men are considerably less likely than women to seek support, mean we need to make every contact with our vasectomy clients count and enable meaningful conversations and support.

We are also focusing on other areas related to safeguarding in vasectomy such as victim support for domestic abuse, reproductive coercion and support for those clients who disclose they are perpetrators of domestic abuse. Engagement has been made with ManKind (a male support charity) and Respect (a helpline for domestic abuse perpetrators) to ensure subject matter experts are involved in these developments.

We have developed bespoke Level 3 vasectomy safeguarding training which is complemented by the vasectomy safeguarding risk assessment proforma. An audit of the new training and proforma is planned in 2021 to fully evaluate effectiveness and areas for improvement.
7. Safeguarding Training

Safeguarding training at all levels has continued as normal despite the challenges throughout the pandemic. Together, our Learning and Development Team and Safeguarding Named Practitioners developed a new virtual safeguarding training course for our colleagues within one month of the pandemic.

The virtual training offer for safeguarding includes:

- Level 1 and 2 Safeguarding training held on our i-Learn platform for access as required by the learner

- Monthly Level 3 Safeguarding Training sessions being advertised and run across the UK by the Learning and Development team

- Additional Safeguarding Training courses (such as CSE, DASH, FGM, Modern Slavery) created as i-Learn modules that can be accessed as required

Our Level 3 Safeguarding Training uses a virtual classroom format, where delegates have cameras and microphones switched on. Virtual break out rooms are used for group work and software tools are used to complete activities such as quizzes and activity books. The training also includes access to a Microsoft Teams group in which resources, guidance papers and other learning can be shared by the facilitator and learners. Learners have access to these resources for four weeks following training and can download information if they wish. A workbook to use alongside the webinar which facilitates deeper learning has also been developed. Online learning resources such as Flipgrid and Slido are used to check learner progress and an online individual assessment with a pass mark of 80% is used to assess learning.

The new online safeguarding training offer has unblocked multiple barriers to delivering training across the organisation. These included difficulties with attendance, travel, finding suitable venues, cost of training, training sessional team members and staffing issues.

As a result, we have seen increases in safeguarding training performance for all internal courses (levels 1-3). As training figures demonstrate, we saw on average a 9% increase in training compliance compared to the previous year, bringing compliance up to 93%.

The new training has received positive feedback from delegates and will continue to be carefully evaluated.
As with safeguarding training, there was expected disruption to safeguarding supervision and the inability to deliver usual face-to-face and one-to-one supervision. We acted quickly, as we understood the importance of safeguarding supervision. Consequently, within a month of the pandemic occurring, we changed the way we delivered this important function:

- Virtual safeguarding supervision using Microsoft Teams in line with social distancing requirements
- Cessation of one-to-one supervision to each clinical colleague by the Safeguarding Lead, which has been replaced with group supervision each quarter in the centres team meeting. This has been successful in creating a culture of peer and shared learning from incidents and cross-fertilisation of learning from all regional centres. One to one sessions are still available where needed.
- A weekly safeguarding supervision huddle which can be accessed ad hoc by Safeguarding Leads and clinicians

In 2020, safeguarding supervision monitoring provided the following assurance:

- 98% of centres received group safeguarding supervision from the UK Named Nurse
- 98% of Safeguarding Leads received one-to-one safeguarding supervision from the UK Named Nurse
- The MSI UK Named Nurse received quarterly safeguarding supervision from NHS England
Our Compliance Monitoring Programme (CMP) includes a local safeguarding audit to monitor our centres’ overall compliance with important safeguarding management expectations. It asks questions about supervision, training and colleague understanding of organisational and wider safeguarding procedures. It is carried out by all our centres.

The safeguarding audit for 2020 demonstrated centres achieved a 93% average for safeguarding compliance and understanding of MSI UK policy and procedure. This is an improvement against the 2019 average of 89%.
9. In Year Initiatives

9.1. Safeguarding through our Telemedicine Pathway

Our Telemedicine Pathway (see diagram 2) allows clients to take abortion medication in the comfort of their own home. However, this does not mean that they are alone in this process. We have ensured there is a package of virtual support available via telephone, webchat, and social media resources. We have a 24/7 clinical helpline providing post-treatment support over the telephone for clients with questions or concerns.

As part of booking and consultation, our clients will be asked safeguarding questions. These provide a holistic view of the client’s current circumstances and their suitability for telemedicine. If clients require an alternative pathway of abortion, including face-to-face medical abortion, surgical abortion, or NHS referral, this can also be facilitated.

Safeguarding was at the core of the design and development of the telemedicine process. It was crucial that our usual high standard safeguarding processes were followed, but with new innovations to provide virtual safeguarding mechanisms added to further reduce risk. To implement this, we looked at expert guidance on virtual safeguarding from NHS England (2020) and Safe Lives (2020). Using this we were able to create ‘Safeguarding Safety Netting’ procedures that identified and supported vulnerable clients who were not able to have face-to-face contact due to the pandemic.
Diagram 3 demonstrates the ‘Safeguarding Safety Netting’ process. The blue boxes show the contacts that a client has via telemedicine. The fuchsia boxes demonstrate the safeguarding safety netting that has been implemented for each contact. The robust structures run through every contact to ensure that vulnerable clients can share issues and be brought in for face-to-face appointments or emergency contact can be sought if required.

**Diagram 3**
Safeguarding Safety Netting Process

- **Client contacts One Call contact centre.** This includes contact made by telephone and webchat contacts to get advice and make an initial booking appointment. Any safeguarding disclosures or observation over the phone are sent via internal referral system to One Call Safeguarding Team for triage and management. Referrals may be made to external agencies.

- **Client has second booking contact.** This includes contact with a Health Advisor who assesses their clinical safety against a set of medical guidelines for suitability for telemedicine. All clients are asked safeguarding screening questions to assess suitability for telemedicine and phone consultation in regards to their safety.

- **If client is suitable for telemedicine, they are booked for a nurse/midwife assessment, clinical discussion and prescription of abortion medication if suitable. If not suitable they are brought in for face-to-face contact.** All clients are asked safeguarding screening questions to assess suitability for telemedicine and phone consultation in regards to their safety. All clients complete a safeguarding risk assessment proforma by a registered nurse or midwife.

- **Client is offered telemedicine by post or collection to suit their needs.** If safeguarding concerns are raised that make client unsuitable for telemedicine, they are brought in for face-to-face assessment or collection of medication to suit client needs. Referrals are made to external agencies.
9.2. Webchat

Our pioneering webchat service was launched in June 2020. Webchat enables clients to access advice and support regarding abortion, contraception and/or vasectomy using online chat via the MSI Choices website. The service does not allow bookings to be made, but offers another way to obtain general advice, discuss treatment and/or talk with our advisors about their reproductive health needs.

The webchat service addresses the known anxiety clients can experience when reaching out for support over the telephone e.g., the risk of being overheard by family members, children, or partners. This has been particularly important during the pandemic for clients such as young people who are living at home with parents/care givers and for those experiencing domestic abuse and/or pregnancy coercion and control.

Online chat enables clients to seek information confidentially and safely whilst exploring their options with trained support colleagues. We have found we can communicate with clients very easily, which provides a quicker and more effective way to obtain advice.

We believe the webchat service further improves accessibility to our services by supporting a different means of communication. We are mirroring client use of emojis (particularly used by the younger generation) as a new language which helps reflect how they are feeling and allows us to reduce their anxieties. We have also seen clients with accessibility issues such as sensory loss and communication needs using webchat to seek support in ensuring their care meets their individual needs.

9.2.1. Safeguarding Safety Netting in Webchat

Clients accessing MSI UK via webchat are safeguarded using the standard MSI UK ‘Safeguarding Safety Netting’ processes (as discussed in section 5.5 and Diagram 3). There is robust safeguarding in place at every point of contact, whether via telephone or virtual chat, to ensure that vulnerable clients can share issues and be brought in for face-to-face appointments and emergency contact if necessary.

9.2.2. Case Study

Mia* contacted MSI UK via webchat to share that she had fallen pregnant and wanted an abortion. Mia was 15 years old, as was her boyfriend. She shared that she was in a one-bedroom flat and living with her mum and sister. Her mum had a long-term illness and getting out of the home was difficult in the pandemic as they were shielding.

Mia shared that making telephone contact was very difficult due to her home conditions. She stated that she did not want her mum to find out as she was unwell and was scared that it would cause her additional stress. She stated that she would be in trouble should they find out. Mia was trying to manage the situation with her boyfriend and her boyfriend’s sister. Consequently, calling in was not an option for her and the webchat gave Mia an opportunity to share what was happening and to seek support whilst maintaining her confidentiality.

The anonymised parts of her transcript included on the next page demonstrate the challenges and emotions of Mia’s situation, and the lifeline Webchat provided:

*Name changed to protect client confidentiality
‘No, I actually can’t go anywhere my mum would find out. I’m trying to figure this out but right now I have to go. I’m sorry I’ll come back later’

‘Hi um I’m 15 and I tried to have sex and I’ve taken a test and I’m pregnant. I’m unable to call because I’m in a very small house and share a bedroom with a little sister could you please help me’

‘I just need something to get rid of my situation. I’m not old enough for a child, I’m just really scared’

‘If I have to go somewhere, I won’t be able to. Why is this getting so difficult I didn’t even mean to get pregnant. I just want it to go away’

‘They would get so angry if I told them I was expecting. My parents are usually very supportive, so they’d help me with it but lately they’ve been stressed, and my mum isn’t very well so I wanna do this on my own. I don’t wanna get anyone involved’

‘I’m sorry…. My head is all scrambled…. I’m just really nervous’
In accordance with the Webchat ‘Safeguarding Safety Netting’ Process, Mia’s case was escalated to the One Call Safeguarding Team and a strategy meeting was held. In the strategy meeting, a plan was made to ensure the right questions were asked and information given, so that Mia could understand that for telemedicine she would need to make a phone call to a nurse, but at a time best for Mia. We were also able to create a client record for her so she could be followed up by the Safeguarding Team should she not book an appointment and decide to continue with the pregnancy.

Using supportive and friendly language and emojis, a rapport was built. Mia quickly understood we could help her in a bespoke way that suited her needs. Mia sent crying face emojis when she was finding an instruction challenging (when told we would need to do a health check) but sent heart emojis when she realised that this could be done over the telephone. The agent reflected the use of emojis, forming a strong and relatable language online as opposed to the necessity to attend a centre which young people may struggle with.

Mia was able to start and leave the chat when she needed so that she could have time to think about her next steps. This put Mia in control allowing her time to make decisions about her abortion care and to access care when it suited her. Mia came back into the webchat later that day to inform the agent that she had a window of time to call. A call was arranged immediately by a Safeguarding Lead with Mia.

The telephone call with Mia allowed us to discuss safety and support networks. We also discussed future contraception. Mia disclosed she had the support of her partner’s sister who was 21 and knew of the pregnancy. We prompted Mia to use that support during the abortion treatment which she had not thought to do. The telemedicine process was discussed, and Mia confirmed her address was a safe place to post the medication to.

Telemedicine was deemed clinically safe and, following completion of a young person’s safeguarding risk assessment proforma which confirmed Mia was safe in her environment, we arranged for her to receive postal medication. Mia was successfully treated. We were able to arrange safe contacts with Mia through email and calls to check on her welfare, and to communicate with consent with her boyfriend’s sister, her GP, and her school nurse to ensure community support was in place.
9.2.3. MSI UK Fast Track Pathway

The MSI UK Fast-Track Pathway was created in August 2020 following the launch of Webchat. This addresses the needs of those finding appointment bookings challenging due to complex safeguarding issues.

The Fast Track Pathway enables clients who are struggling to speak freely to book appointments via virtual means. Clients can access this pathway through webchat or via partner agencies (Red Thread, Women’s Aid, Karma Nirvana, National Domestic Violence Helpline and Women on Web). These selected partner agencies are aware of the Fast Track Pathway and can discuss this offer with their clients who are experiencing abuse alongside an unintended pregnancy. This can be helpful for clients in a time of crisis.

The pathway is accessed through a Fast-Track pathway booking form, which can be completed with them by our webchat agent or the partner agency. It can also be emailed to them at a safe email address. The booking form asks key details about the client and their pregnancy, their health and wellbeing, the best times/dates to contact them and their contact details to enable us to arrange appointments to suit their needs.

This form can either be completed with the client over webchat, sent securely by the external partner or sent by the client themselves directly to MSI UK’s Safeguarding Team. This bypasses the normal appointment process with our One Call contact centre to obtain a treatment appointment. Once this form is received, the client will receive a call from a registered clinician at a safe time for them to discuss abortion care and ascertain if telemedicine can be offered through a one-step process.

This means that vulnerable clients can access abortion care via their support networks, without having to call in multiple times which could place them at additional risk. It helps clients to maintain control and safeguard confidentiality. This has proved particularly helpful whilst in lockdown and isolating or shielding with a perpetrator.

If clients in this pathway are unsafe or unable to have a telemedicine appointment, external partner agencies and statutory agencies will be involved to ensure the safety of the client and those around them.
9.3. Continuing Pregnancy

In our 2019 Safeguarding Annual Report, we reported the development of our ‘Continuing Pregnancy’ policy. This safeguards clients who continue a pregnancy after seeking an abortion.

The policy has been further developed and processes embedded both within MSI UK and externally. This raises the profiles of continuing pregnancies and associated risks of concealed/denied pregnancies following seeking abortion nationally.

Further developments include:

- Our Continuing Pregnancy Policy was further reviewed, and contingencies added regarding external referrals and escalation for high risk continuing pregnancies where these referrals have been declined by the receiving agency.
- Our Did Not Arrive Policy was also updated to ensure the policies link to one another.
- In a new way of working together, we consulted on these policies with key external stakeholders including Named Midwives/Nurses, Designated Professionals, partner charities, NHS England, and CCG’s. This process allowed us to demonstrate transparency to our partners and to seek their expertise in its development.

Comments received back were positive and included:

‘This is a great piece of work and a huge step forward for concealed and denied pregnancy practice. Thank you very much for sharing. Do you know if this has been shared or is standard practice among other PAS’s (private abortion providers)?’

‘This is a brilliant piece of work. I feel that you have addressed and covered the barriers we have experienced with other unplanned pregnancy services and as lead commissioners for I am keen for them to adopt a similar pathway process to avoid some of the sad cases we continue to see with concealed pregnancies.’
Since partnering on the concealed and denied pregnancy pathway I have developed excellent collaborative working with Amy from Marie Stopes. The teams have been able to provide my team and I with information regarding women who have accessed their service to ensure that any safeguarding concerns are dealt with in a timely manner.

Having read the policy it is clear and makes sense, particularly the section on what to do if the referral to other services is not taken on (and what to do about escalation).

We presented the issue of continuing pregnancy at the NHS England Maternity Forum, where concealed pregnancy following abortion attendance/presentation had not been considered. As such, we were able to raise awareness nationally of this real concern.

We became sector experts on this topic and further increased awareness by writing a blog post for the School and Public Health Nurses Association (SAPHNA) and teen and parent focused abortion advice for a teenage website.

We are pleased to report that in 2020, we have had no cases brought to our attention where continuing pregnancies have not been received and safeguarded in the community. This is monitored on an ongoing basis.
We acknowledge the wonderful agencies we have had the pleasure of working with in 2020. We would like to take the time again to thank them and to demonstrate the impact and benefit they have provided to our service users and colleagues. The value of peer learning and cross-organisational fertilisation cannot be underestimated, and we will strive as a community of safeguarding specialists to continue to network with agencies so we can mutually support those in need.

10.1. New Working Relationships in 2021

10.1.1. Stop Loan Sharks Project

The England illegal money lending team is the government body behind Stop Loan Sharks. The team investigates and prosecutes illegal money lenders while protecting those who have borrowed money from a loan shark.

The Stop Loan Sharks Project team kindly presented at one of our safeguarding team meetings to share the work they do and how they can offer support to our clients who may be forced into sex work due to debts and illegal debt bondage. The service has close links with human trafficking and modern slavery.

10.1.2. St. Mungo’s

St. Mungo’s work to prevent homelessness and support people in their recovery from homelessness.

We had the honour of being asked to deliver a presentation regarding abortion care for homeless clients being supported by the St Mungo’s service. We were able to discuss the requirements for safe discharge, funding for clients without General Practitioners and/or registered addresses and create a direct referral route to St Mungo’s where clients required additional support due to homelessness.

10.1.3. Red Thread

Red Thread is a charity that helps young people to break the cycle of violence in their lives. This can be related to gang violence and/or domestic violence.

The partnership is important as in pregnancy violence and mental health issues can be exacerbated. Working together ensures that we can get vulnerable young people prompt support to discuss their choices in a way that is easy and accessible. Red Thread’s locations mirror MSI UK locations across the UK, which makes the partnership particularly impactful. In 2020, we have continued to develop a close working relationship with Red Thread with cases related to vulnerable clients who have needed additional support to obtain contraception, counselling, and abortion care. Red Thread have joined our Fast-Track Pathway for vulnerable clients.
10.1.4. National Centre for Domestic Violence

The National Centre for Domestic Violence help survivors of domestic violence and abuse obtain protection against an abuser as well as offering services to the Police, the probation service, domestic abuse agency workers, the legal profession and the judiciary.

The Centre has kindly delivered training to our teams across the UK to better equip our colleagues in discussing injunctions and high-risk domestic abuse with our clients. This offer from the National Centre for Domestic Violence, combined with our Domestic Abuse, Stalking and Harassment Risk Assessment Training, has helped our colleagues respond to the increase in domestic abuse in the pandemic and provide the best possible support to our clients.

10.1.5. National Police Modern Slavery & Organised Immigration Crime Unit

The National Police Modern Slavery and Organised Immigration Crime Unit aims to eradicate modern slavery and human trafficking by working with partners in the UK and around the world to pursue offenders, safeguard victims and prevent vulnerable people from becoming victims.

Our work with the National Police Modern Slavery and Organised Immigration Crime Unit has been in progress since late 2019, with 2020 seeing real development in the working relationship and launch of a pilot programme. The pilot has targeted modern slavery and human trafficking support in the West Yorkshire area, with a joint strategy for West Yorkshire Police and MSI UK Leeds (and its associated CTCs) called ‘Operation Mandevilla’.

The pilot has been developed in recognition of the fact that MSI UK Centres are able to identify vulnerability and potential sexual exploitation of clients that use our service. It seeks to improve the quality and accuracy of information provided on referral, using appropriate terminology, and identifying risk to improve the policing response to victims.

There has also been wider work throughout the UK in enhancing education and referral mechanisms between MSI UK and the Police in cases of suspected modern slavery and human trafficking. Funding has recently been approved to continue the pilot into 2021 with further training via the Regional Organised Crime Units for client facing colleagues in the West Yorkshire area. If successful, there is the option for the pilot to be rolled out over multiple sites across the UK in 2021 and we are excited for our future working with the unit.
External Talks

10.1.6. Blue Door Webinar

In November 2020, we delivered a specialist safeguarding webinar session for external partners to attend. The webinar was CPD accredited, with over 100 clinicians and healthcare professionals attending. We covered topics specific to safeguarding in an abortion setting including safety netting in a call centre, using safeguarding risk assessment pro formas, safeguarding virtually in telemedicine, continuing pregnancies, and working with partners.

The webinar was well reviewed, and we intend to deliver more webinars on safeguarding in the future.

10.1.7. NHS England ‘Safeguarding Fabulous Fortnight’ Webinar

In June 2020, our UK Named Nurse delivered a webinar to over 600 NHS professionals across the UK. This was an opportunity to highlight the safeguarding that occurs in an abortion setting and the importance of working together. This was a wonderful opportunity to share the developments made through the pandemic around safeguarding and telemedicine.

It also provided an important platform to share working together opportunities such as continuing pregnancy and concealed/denied pregnancies after seeking abortion care. This webinar was a real success as it helped improve networking opportunities and many Named Nurses and Midwives have since reached out to discuss shared cases and support needs.

Feedback included:

‘So interesting to see the work you do, I wasn’t aware of the needs of women seeking abortion’

‘Very clear and informative presentation’

“Thank you so much — very helpful and informative”
11. Horizon Scanning

11.1. COVID-19 and Safeguarding

We can clearly see the future for safeguarding at MSI UK has been significantly influenced by the COVID-19 pandemic. The effect of the pandemic itself will continue into 2021 with full safeguarding implications yet to be fully seen. As we move from the response phase into recovery over the next 12 months, the direct and wider impacts of the pandemic on our clients and their communities will be seen. We know more vulnerable communities will continue to be affected and this will influence their capacity to recover. We also know ethnic minority communities, so-called ‘low skilled’ workers and those from poorer areas are all at a greater risk of infection, serious illness and of dying from COVID-19, with direct impacts on health and wellbeing seen in our more vulnerable communities (Health & Equity in Recovery Plans Working Group, 2020).

The long-term impacts on safeguarding are likely to include:

- Increase in stressors for individuals and families e.g., poverty, unemployment, and illness
- Increase in young people’s vulnerabilities e.g., online abuse, abuse within the home, criminal exploitation, and child sexual exploitation
- Reduction in normal protective services and their capacity to support vulnerable clients
- Exacerbation of the impacts of hidden harms due to social distancing, shielding and lockdowns (e.g., domestic abuse, mental health, honour-based abuse, child abuse and neglect).

(Health & Equity in Recovery Plans Working Group, 2020, NSPCC, 2020).

We will continue to use our strong and dynamic safeguarding processes to support the most vulnerable and plan to incorporate important safeguarding research into our policies, such as contextual safeguarding and adverse childhood experiences.

11.2. Telemedicine

We have put forward our recommendation to Parliament through the consultation process that temporary telemedicine regulations should remain permanent in order for our clients to benefit from the option of abortion at home.

We hope that 2021 sees this abortion treatment pathway continue, so we can continue and improve our robust safeguarding processes accordingly.
12. Conclusion

In conclusion, 2020 has been unprecedented and the consequences of the pandemic will be felt for many years to come. We know clients have become more vulnerable and they will need additional support at a scale never seen before as the impacts of domestic abuse, mental health, child abuse and online abuse in lockdown come to the fore. The data within this report speaks for itself, with our own client experiences mirroring the rise in safeguarding issues nationally throughout England. Our innovative and dynamic safeguarding controls and management are highly effective in identifying and supporting those most in need.
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