

SAFEGUARDING

ANNUAL REPORT 2022





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01

FOREWORD

It is my privilege to present the MSIUK Reproductive Choices Annual Safeguarding Report 2022, which highlights our significant progress in ensuring the safety of our clients. The past year has seen increased activity in safeguarding, resulting in greater identification of issues that require attention and intervention.

One notable finding is many safeguarding issues reported at MSIUK relate to domestic abuse. This figure has remained proportionately steady throughout previous years and continues to be the top disclosure alongside mental health. Safeguarding clients who experience domestic abuse is critical because it involves protecting some of the most vulnerable members of our society. Domestic abuse is a serious and pervasive problem that can have devastating consequences for victims, including physical harm, emotional trauma, and long-term psychological effects.

Victims of domestic abuse may feel isolated and unable to seek help, so organisations like MSIUK must take steps to identify and address these cases. Safeguarding measures can help victims receive the support they need to escape abusive situations, access medical care and find safe and secure housing.

In addition to the immediate benefits of safeguarding individual victims, there are broader societal implications. By preventing domestic abuse, we help promote a safer and more stable society, reduce the burden on other public services such as other areas of healthcare and law enforcement and promote individuals' human rights and dignity. Overall, safeguarding our clients who experience domestic abuse is crucial for protecting the safety of individuals and promoting the values of justice and human rights in our society.

We have introduced a new role of Advanced Safeguarding Practitioner to improve the continuity of care for our most vulnerable clients. I am particularly proud of implementing this role in our larger centres Manchester, Maidstone, West London, Bristol and Essex.

This ensures we have not only improved support for our colleagues in those centres, but we can provide a more personalised, supportive and protective pathway ensuring continuity of care for those at risk of harm.

This model was reviewed as part of our recent Care Quality Commission (CQC) inspection of our Manchester Centre and commended in their report, for which the overall rating was 'outstanding', making MSIUK the first abortion service to achieve this.

Looking ahead, one of our objectives for 2023 includes a focus on trauma-informed care. This approach recognises many individuals seeking our services have experienced trauma, and it aims to create a safe and supportive environment to promote healing and recovery. We are working to enhance the quality of care in this respect and ensure our clients receive the support they need to move forward.

I want to take this opportunity to thank our colleagues for their outstanding dedication and commitment to safeguarding. Their hard work and professionalism have been instrumental in achieving the positive outcomes reported in this document, demonstrating MSI Reproductive Choices UK is a leader in safeguarding and fortunate to have developed such a talented and dedicated team of professionals.

I firmly believe the MSIUK Annual Safeguarding Report 2022 demonstrates our ongoing commitment to promoting the safety and wellbeing of our clients. We will continue to strive towards excellence in safeguarding ensuring the safety and wellbeing of our clients.



Nicola Moore

Director of Nursing, Midwifery and Quality and Executive Safeguarding Lead

02 INTRODUCTION

We will continue to strive towards excellence in safeguarding to face up to the challenges and opportunities that lie ahead.

Welcome to the 2022 Annual Safeguarding Report

This report demonstrates our unwavering commitment to safeguarding all clients accessing our services and assures our internal and external stakeholders.

The report supports Section 11 Audit requirements and showcases our self-assessment against the Children Act (2004) safeguarding requirements. It also evaluates our effectiveness in this regard, highlighting areas of excellence and identifying areas for development. Throughout the report, we have outlined our quality assurance processes ensuring our practice is safe and effective.

This year, we have established new working relationships, while strengthening existing ones with our stakeholders and external partners. The report presents transparent information about our safeguarding processes and their positive impact, and it also critically analyses all safeguarding management, highlighting successes and exceptions within MSIUK.

Despite the past year's challenges, we remain steadfast in our mission to safeguard our clients. 2022 saw MSIUK experience its highest number of clients in recent years. We have responded extremely well to people seeking an abortion across the wider sector, who otherwise face long waits and poor access to services due to a postcode lottery in service provision. These issues are often due to variable commissioning practices and service capacity, particularly for later stage abortions. Consequently, people are being forced to travel across the country to access services or face continuing with an unplanned pregnancy.

The COVID-19 pandemic exacerbated these challenges, but we have responded well, strengthening our safeguarding processes and service provision accordingly. Additionally, the cost-of-living crisis in the UK has created new challenges, with rising poverty rates and poor mental health likely to persist for some time. Our clients remain at the core of everything we do, and we will continue to fight for their right to access timely and high quality abortion care.



Ailish McEntee RM, BSc

UK Named Midwife for
Safeguarding Adults
and Children

03 BACKGROUND

In delivering our services, we encounter many clients experiencing a wide range of safeguarding issues, with our main disclosures relating to domestic abuse and mental health.

Throughout 2022, we have collated and evaluated our data which demonstrates the following:



5% increase

in safeguarding disclosures in centres



5% increase

in mental health disclosures in centres



7% decrease

in domestic abuse disclosures identified at One Call, our contact centre



5% of clients

required external referrals from centre appointments

During 2022, national safeguarding disclosures continued to grow, with NHS Digital reporting an increase of 9% in concerns of abuse from 2020/2021 data (NHS Digital, 2023). Section 42 Enquiries increased by 6%, with the most common concerns for vulnerable adults related to neglect and acts of omission. The UK also saw an increase of 4.1% of children in need and a 1.8% increase in those on child protection plans, with an 8.4% increase of Section 47 enquiries being completed (GOV.UK, 2022).

We continue to respond to violence against women and girls (VAWG). Based in gender inequality, VAWG disproportionately impacts across ethnicities, socioeconomic status, sexuality, age, and immigration status (EVAW, 2022). Recent findings show that one woman is killed by a man every three days in the UK, with 51% perpetrated by current or former partners. This research also indicates that the separation period is significantly linked with intimate partner femicides (Femicide Census, 2022).

The escalation of domestic abuse in the post-separation period includes physical violence against women and children, intimidation, coercion and economic abuse. We understand the barriers to leaving abusive relationships and work closely with our clients to safety plan and access support agencies and legal advice.

In addition, 2022 saw reproductive rights at the forefront of our attention with the overturning of Roe vs Wade in the U.S. Supreme Court. Under this movement, access to abortion is no longer protected as a constitutional right in the United States of America, and individual states can introduce legislation to restrict or completely ban abortion (The Guardian, 2022). This impact is extensive, undermining reproductive rights and emboldening anti-choice rhetoric worldwide. As a reproductive healthcare provider, we know such bans will not prevent abortions; they will only make them less safe, with vulnerable and marginalised groups particularly at risk.

Our safeguarding and advocacy teams have been proactive in supporting our reproductive healthcare colleagues across the globe and assuring our clients they can continue accessing safe abortion in the UK.

We would like to take this time to thank the incredible partner agencies we have worked alongside and been supported by in 2022. These include:



Travellers Network



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 daily to safeguard our clients.

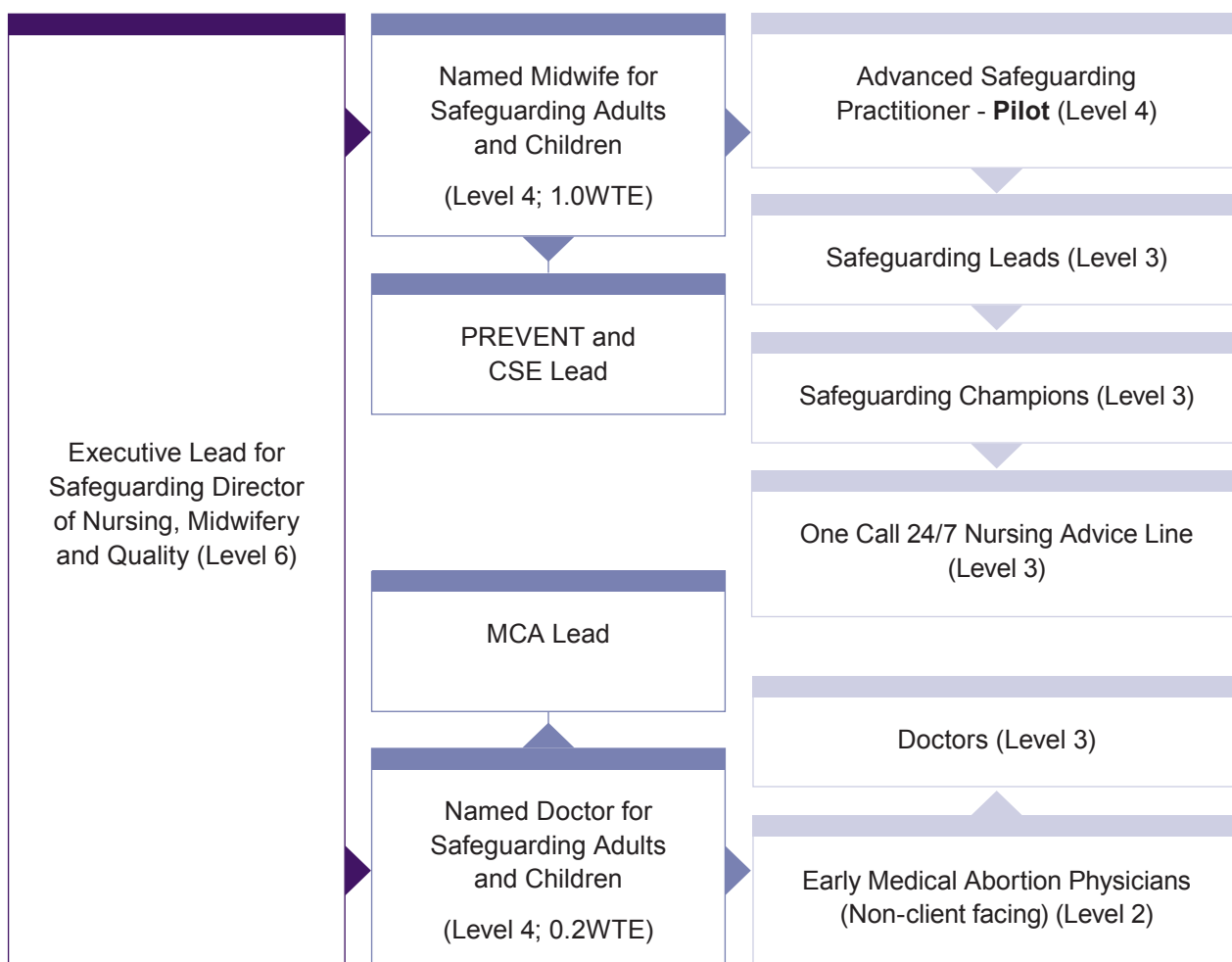
04 SAFEGUARDING STRUCTURE

4.1. General structure

Safeguarding at MSIUK is underpinned by a clear, robust governance structure, and is embedded at every level of our organisation, from our Executive Management Team to all our services.

This structure helps us fulfil our statutory and regulatory duties as per NHS England's Safeguarding and Accountability Framework (2019), by having identified a Named Professional for safeguarding children, young people and adults. This includes Child Sexual Exploitation, Mental Capacity Act, and PREVENT Leads. It also ensures no single point of failure, with on-call safeguarding support and clear management and escalation pathways.

Figure 1 – Safeguarding Structure



4.2. Advanced Safeguarding Practitioner Pilot Initiative

Our Advanced Safeguarding Practitioner (ASP) Pilot launched this year in five of our centres with the highest levels of safeguarding activity. These centres deliver services across large geographical areas and see clients from a broad range of demographics, often presenting with multiple and complex disclosures. This dedicated role is focused on supporting all activities necessary to ensure our service meets its statutory responsibilities to safeguard and protect children, young people and adults. The ASP will be directly line-managed by a Clinical Services Matron and receive further specialised support from the Named Midwife. The benefits of the ASP are discussed below.

4.2.1. Continuity of Care

Research proves that continuity of carer results in better outcomes. NICE (2019) states “having continuity of care and support has a considerable impact on a person’s wellbeing.”

The ASP triages clients with known safeguarding concerns and follows them throughout their chosen treatment pathway, ensuring appropriate assessment and planning before attendance. This includes follow-up of clients who Do Not Attend (DNA) or Do Not Proceed (DNP) with treatment, including information sharing and onward referrals as necessary. Where possible, the ASP will caseload clients assessed as high-risk, reducing the need to repeat disclosures which some may find traumatic.

4.2.2. Improved partnership working

The ASP supports the development of Equality Impact Assessments (EIA) for their centre to ensure local policies, practices and decisions meet client needs. As such, they will be familiar with the key safeguarding demographics in their location and can build community-informed partnerships.

Establishing positive working relationships with frequently contacted services such as social care, GPs and midwives will increase understanding of safeguarding within abortion services. Providing a main point of contact will enhance the referral process for our clients. The ASP will also collaborate with local support services such as Independent Domestic Violence Advisors, Sexual Assault Referral Centres, and refuges. This will build up a catalogue of providers we can signpost to.



4.2.3. Advanced support in centres

The ASP is a highly skilled role with increased autonomy and visibility within our centres. This aligns with our strategy to make our services nurse and midwife-led and client-focused. The ASP must be a registered professional and will be trained to level 4 safeguarding, enabling them to provide expert advice and support the implementation of change and practice improvement within their centre. They will be trained in safeguarding supervision, strengthening our compliance, and accountability. The ASP will therefore be trained to a level that provides succession planning and representation for our Named Midwife.

4.2.4. Pilot evaluation

The six-month pilot commenced in late 2022 in each centre. Qualitative assessment of the pilot involved the ASP producing a detailed report at the end of the pilot. We have evaluated how the role has been integrated, its effectiveness on care and client satisfaction. Quantitative data was also analysed to determine if the role has improved incident response timeframes and management of internal safeguarding requests.

4.2.5. Feedback

We have already had positive feedback on the ASP role. The Care Quality Commission (CQC) inspected our Manchester centre in August 2022 and spent time with the ASP to discuss the pilot. The centre received an overall rating of 'outstanding' with the following feedback given:

“Safeguarding provision was advanced, commendable in its scope, and evidence based. The team had established an understanding of regional influencing factors in the safeguarding needs that contributed to people who were vulnerable and at risk. The provider's safeguarding ethos was embedded in all aspects of care, and staff demonstrated this during assessments and treatment. The senior team coordinated additional staff to care for patients with complex safeguarding needs. Colleagues made it clear to patients they would continue to provide safeguarding coordination and support for as long as they needed after clinical treatment.”

Colleagues within centres with an ASP have also provided encouraging feedback:



I wanted to say thank you to the ASP for the care plan and reviewing the client before she came into her appointment. I felt as though the safeguarding questions were almost easier to do as I already had services to refer her to for additional support. I could tell that she was grateful for this. Everything you are doing is such a massive help, especially on busy lists with complex safeguarding clients.”



SAFEGUARDING ACTIVITY IN 2022



5.1. One call

5.1.1. Safeguarding activity at One Call

All clients begin their journey at our One Call contact centre in Bristol. Centre staff take inbound calls, webchat queries and complete bookings for clients seeking abortion and contraception services. One Call has a dedicated safeguarding team led by an experienced Level 3 Safeguarding Lead and overseen by the Named Midwife.

5.1.2. Safeguarding data for One Call

During 2022, we managed the care of over 115,000 clients seeking an abortion, equating to an average of over 9,500 calls per month. This is a 92% increase in activity compared to the previous year.

In year data demonstrated on average:

10%

of clients disclosed safeguarding concerns at One Call

6%

of clients internally safeguarded required external referrals

18%

of disclosures related to domestic abuse

20%

of disclosures related to mental health

5.1.3. Key themes at One Call

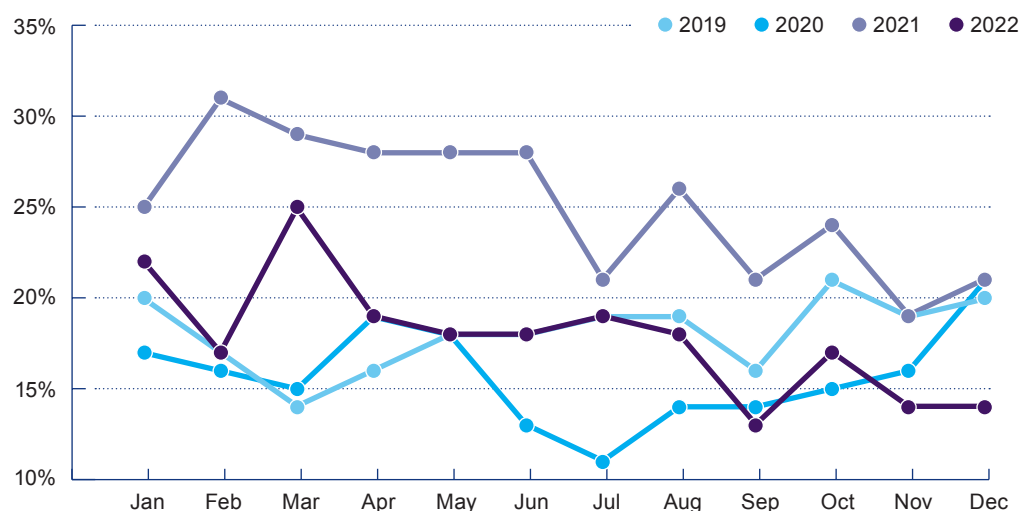
At MSIUK, we theme our safeguarding concerns to the most frequently disclosed issues in abortion care. These include reproductive coercion, modern slavery, human trafficking, child sexual exploitation, rape/sexual assault, substance misuse, homelessness, honour-based abuse, mental capacity, learning disabilities and late-gestation presentation. In 2022, the most prominent disclosures were related to domestic abuse and mental health.

5.1.4. Domestic Abuse at One Call

Figure 2 below compares data from the previous four years. The percentage of domestic abuse disclosures decreased from 25% of all disclosures in 2021 to 18% in 2022. Although this signals a return to the average pre-pandemic rate of domestic abuse disclosures seen at One Call, our overall activity has significantly increased since 2019 (see Figure 3).

The Crime Survey for England and Wales noted no significant change in the prevalence of domestic abuse in 2022. However, police registered a 7% increase in domestic abuse incidents, which may reflect increased reporting by survivors (ONS, 2022). The National Domestic Abuse Helpline reported the number of support sessions delivered in 2022 was similar to the previous year.

**Figure 2: Domestic abuse disclosures at One Call
4-year comparison**



2019 average:

18%

2020 average:

16%

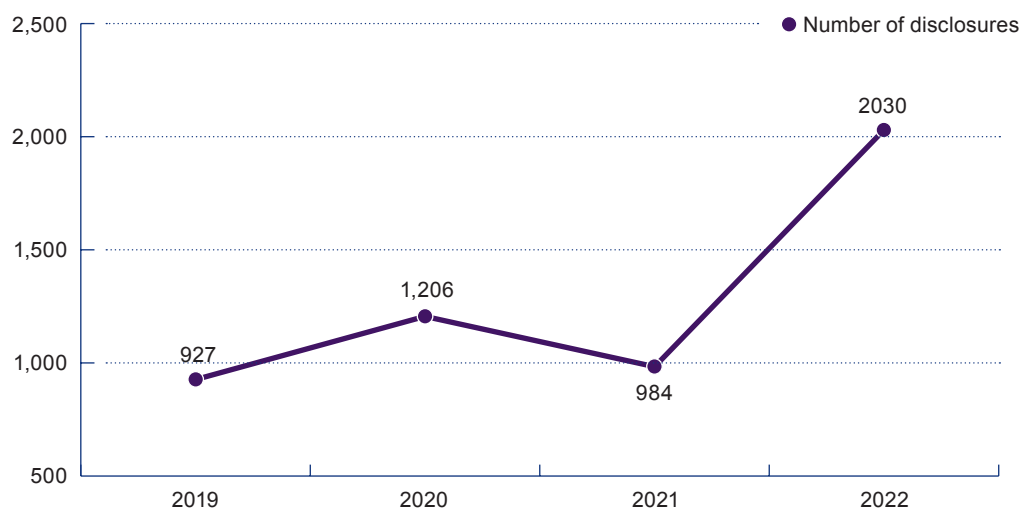
2021 average:

25%

2022 average:

18%

**Figure 3: Domestic abuse disclosures at One Call
4-year comparison**



5.1.5. Mental health at One Call

The pandemic exacerbated mental health issues, with women, young adults, those with pre-existing mental health concerns and from minority communities at particular risk. Studies have suggested the cumulative effect of national lockdowns may have compounded and prolonged poor mental health in these groups (Gao et al, 2021). We are also now learning of the implications of COVID-19 infection on long-term mental health, with significant rates of depression, anxiety, and insomnia noted (Badinlou et al, 2022).

The cost-of-living crisis has been rising across the UK since early 2021. Many are struggling with rising energy, accommodation and food costs, with 92% reporting increased cost of living (ONS, 2023). These **issues disproportionately affect individuals with existing vulnerabilities**, including low-income households, those with dependents and ethnic minority backgrounds.

Fuel poverty and unheated homes drive health inequalities, with an increased risk of depression and suicide (NHS Confederation, 2022). We work closely with external agencies who can provide clients with practical support with food, finances and accommodation, alongside signposting to mental health services.

Our dedicated One Call Safeguarding Team has extensive national links with mental health crisis teams, helplines, GPs and social services.

The team has established positive partnerships with colleagues in these agencies to support referrals for our most vulnerable clients. We also provide a free counselling service which clients can access at any stage of their journey with us, including post-treatment.

Our dedicated One Call Safeguarding Team has extensive national links with mental health crisis teams, helplines, GPs and social services.

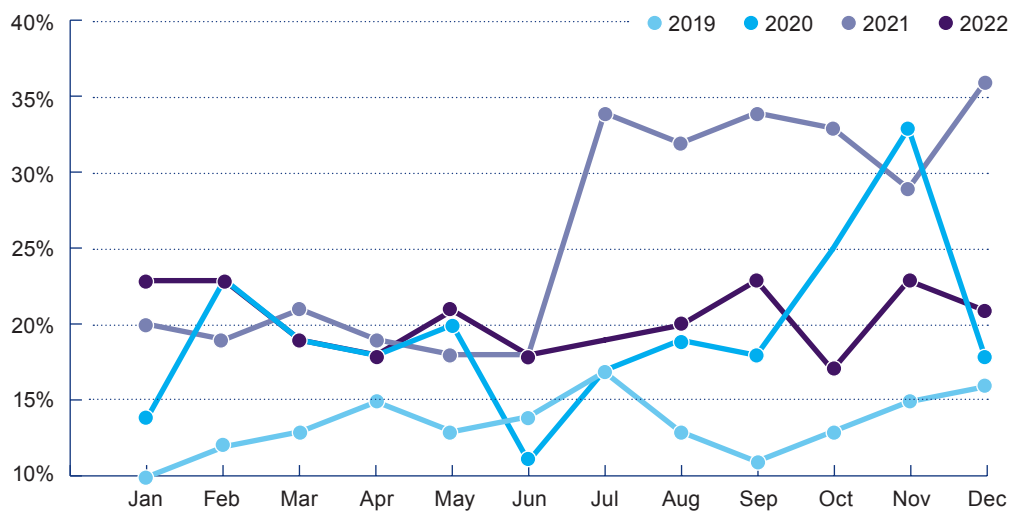


5.1.5. Mental health at One Call

Figure 4 below compares data from the previous four years. Mental health disclosures this year decreased by 6% compared to 2021; however, they continue to be higher on average than pre-pandemic levels.

Despite this reduced average, we have seen significantly more clients accessing our services, and our overall mental health disclosures increased in 2022 (see Figure 5).

Figure 4: Mental health disclosures at One Call – 4-year comparison



2019 average:

14%

2020 average:

20%

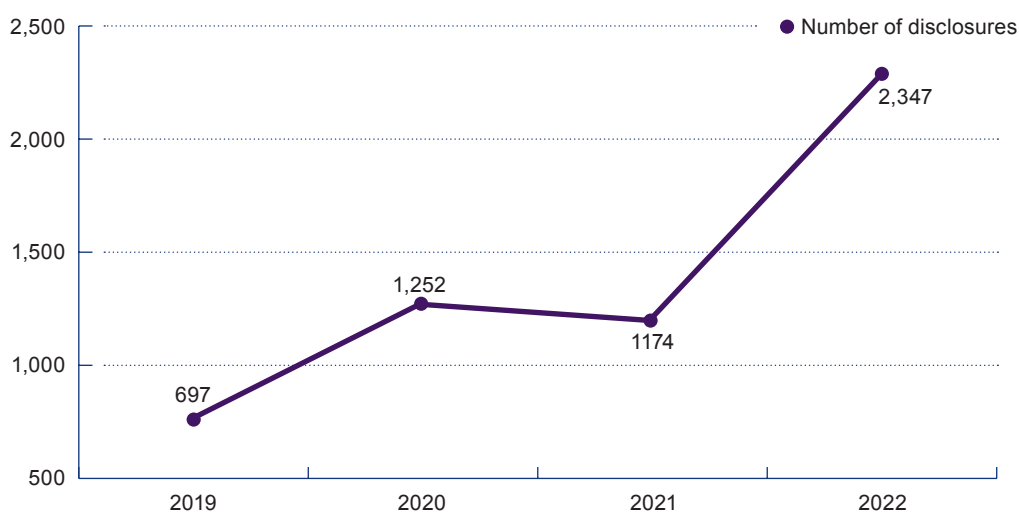
2021 average:

26%

2022 average:

20%

Figure 5: Mental health disclosures at One Call – 4-year comparison – raw data



5.2. Safeguarding activities at MSIUK centres

Once our clients have accessed our services via One Call and completed initial safeguarding, they will be booked into an appointment with the most appropriate centre to meet their overall needs. We can offer treatment at nine different main locations, each linked to its own Community Treatment Centres (CTCs), which provide further choice and accessibility. Increasing the number of our sites and number of clinical appointments across the UK allows us to support more clients, and it provides flexibility in location where needed for safeguarding reasons within their local communities, such as honour-based abuse and county lines.

Appointments at MSIUK are either face-to-face or by telemedicine, both of which are available to all clients over 13 years old, dependent upon their clinical and safeguarding history. All clients in our centres are assessed by a level 3 trained clinician and complete a safeguarding risk assessment. **Our safeguarding assessments are bespoke to MSIUK**, and any subsequent actions or decisions are risk-based.

Partnership subject matter experts such as ManKind and Karma Nirvana have reviewed our proformas ensuring they are as robust and relevant.

Additional resources such as the 'Spotting the Signs' Child Sexual Exploitation proforma and the Domestic Abuse, Stalking and Harassment (DASH) tool are utilised where indicated.



5.2.1. Safeguarding data for MSIUK centres

MSIUK managed the care of over 115,000 clients seeking abortion in 2022 (an increase of approximately 55,000). The figures below relate to clients who required additional safeguarding at their face-to-face or telemedicine appointments due to more complex safeguarding concerns or new disclosures.

Figure 6 demonstrates that our safeguarding disclosures within centres in 2022 have increased to an average of 8% compared to 3% in the previous three years.

This data assures us that our systems and processes identify and safeguard clients effectively. The increase likely reflects the higher volume of clients with increased disclosures, improved recognition of concerns. We have maintained face-to-face and telemedicine appointments, providing flexible client-centred services and safety netting at all contact points.

5.2.2. Key themes in MSIUK centres

MSIUK centre safeguarding disclosures are themed into the most frequently disclosed issues in abortion care, as with One Call disclosures. In 2022, the highest levels of disclosures in centres were also related to domestic abuse and mental health.

Available in-year data demonstrated on average:

8%

of clients disclosed additional safeguarding concerns in centre

15%

of these clients required external referrals

21%

of disclosures related to domestic abuse

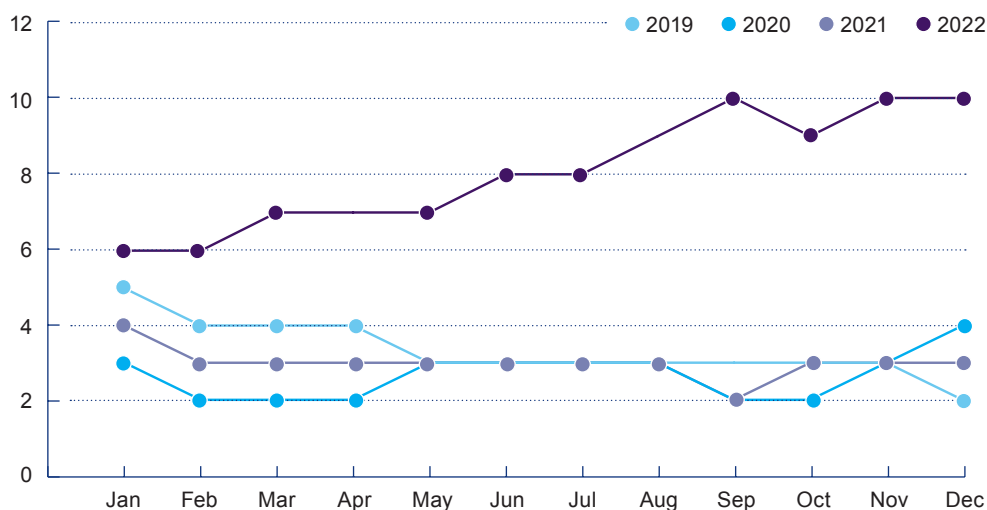
15%

of disclosures related to mental health

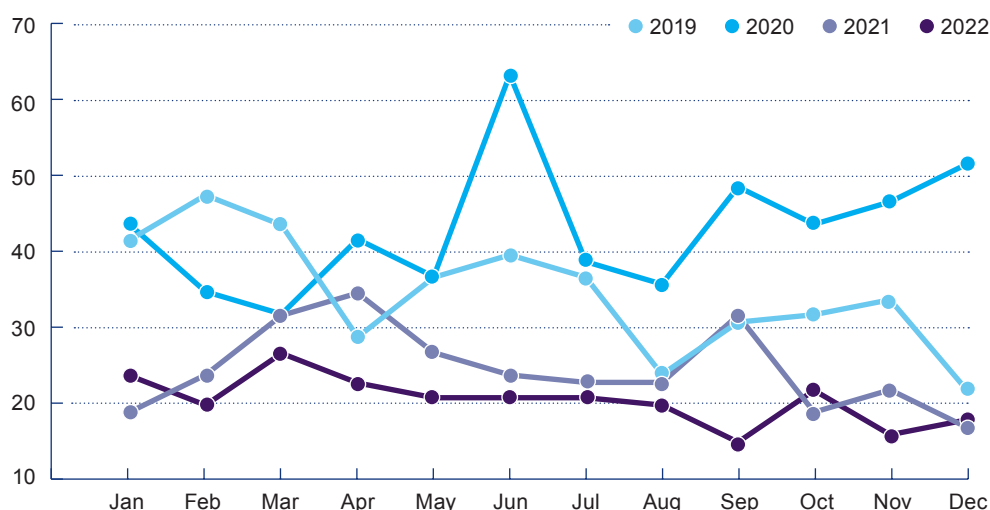
301

continuing pregnancies were safeguarded (due to ambivalence, scanning over the legal limit or non-attendance)

**Figure 6: Average monthly safeguarding disclosures in centres
4-year comparison**



**Figure 7: Domestic abuse disclosures in MSIUK centres
4-year comparison**



2019 average:

35%

2020 average:

43%

2021 average:

25%

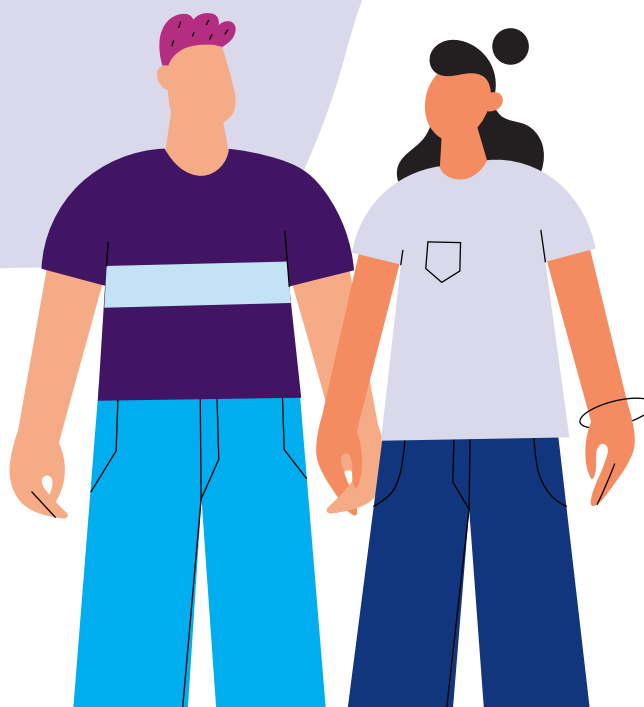
2022 average:

21%

5.2.3. Domestic abuse in MSIUK centres

Domestic abuse disclosures in MSIUK centres decreased to an average of 21% in 2022, compared to 25% in 2021. This reduction was anticipated as we emerged from the previous two years of COVID-19 restrictions which intensified and concealed domestic abuse (UKRI, 2022). However, with the cost-of-living crisis we may see these figures rise, with women in poverty particularly at risk of domestic abuse compared to those without this inequality (14% vs 6%) (McManus et al., 2016).

We work closely with specialist domestic abuse support services such as Gaia, Refuge, Women's Aid, National Centre for Domestic Abuse and ManKind to provide collaborative care for our vulnerable clients and families in unsafe situations. Further details on our multi-agency working can be seen in Section 13.



5.2.4. Anonymised Case study – Chanelle

- 1** Chanelle is an adult client who contacts One Call contact centre via telephone seeking an abortion
- 2** Chanelle discloses concerns that she is in a domestic abusive situation and is concerned her daughter has been sexually assaulted by the same perpetrator
- 3** Immediate safety is assessed and Chanelle confirms no one is at current risk of harm as she has separated from the perpetrator
- 4** Chanelle further discloses that her two young children live with a family member due to this domestic abuse
- 5** Chanelle discloses that her ex-partner was physically abusive towards her and she is concerned about possible sexual abuse towards her young daughter
- 6** A safeguarding alert is raised and Chanelle is booked in for a face-to-face consultation where a safeguarding assessment is completed by a registered professional
- 7** Chanelle states that her ex-partner regularly turns up at her house unannounced despite bail conditions preventing him from doing so. A DASH assessment is completed with a high risk score of 15
- 8** Chanelle discloses she is also struggling with her mental health and suicidal thoughts
- 9** Early Medical Abortion (EMA) completed and contraception given. Onward support referrals completed with consent

From our contacts with Chanelle, we could provide onward safeguarding and ensure continuity of care. MSI's telephone post-treatment counselling was offered and arranged at Chanelle's convenience. From our safeguarding assessment, we could also provide onward safeguarding and engage Chanelle with key external support.

Contact was made with the police to share information about the alleged sexual assault against a minor and the perpetrator breaching his bail conditions. Referrals to children's social care were completed in view of this and the ongoing domestic abuse, to ensure continued support and targeted care. Contact was made to a local Independent Domestic Violence Advisor (IDVA) to assist with immediate safety planning for Chanelle. A Multi-Agency Risk Assessment Conference (MARAC) referral was also completed to ensure voluntary and statutory services (including police, housing practitioners and social services) could create a coordinated action plan to safeguard Chanelle and her family in the longer term.



We contacted The National Centre for Domestic Violence (NCDV), and they supported Chanelle to put in place a non-molestation Order (NMO). We also shared information with Chanelle's GP and her local mental health service for ongoing support with her mental health. Finally, a welfare call was completed with Chanelle to provide an update.

As a result of the above, Chanelle safely accessed abortion treatment and contraception was provided to reduce the risk of repeat unplanned pregnancies/abortions. At all points of her journey, robust safeguarding measures were in place to ensure Chanelle was safe, supported and sure of her decision.

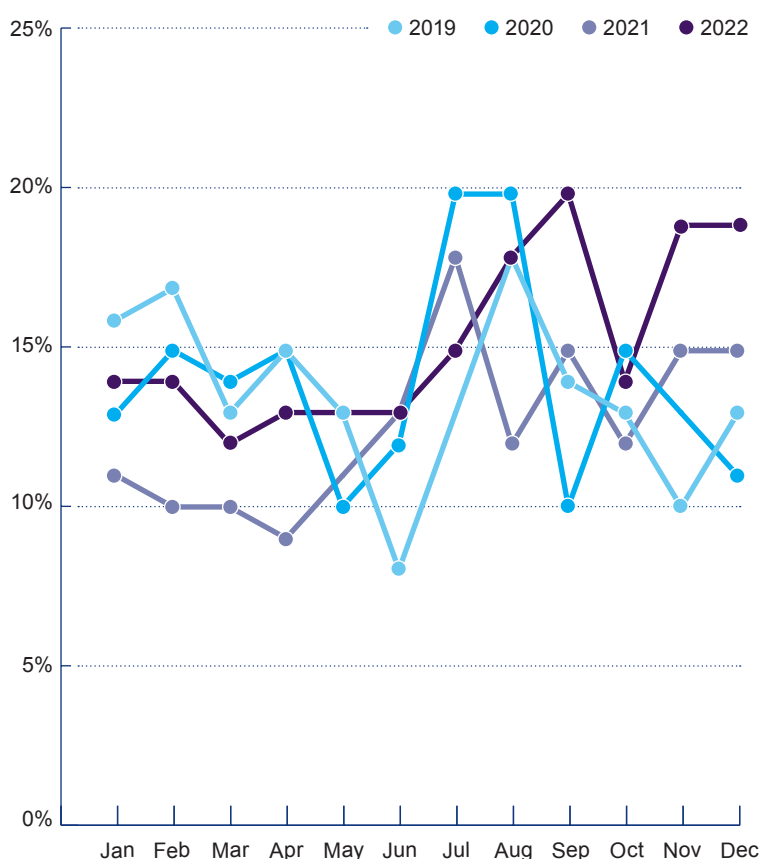
Personalised ongoing safeguarding was facilitated based on targeted risk assessments, with Chanelle consulted and engaged with throughout.

5.2.4. Mental health in MSIUK centres

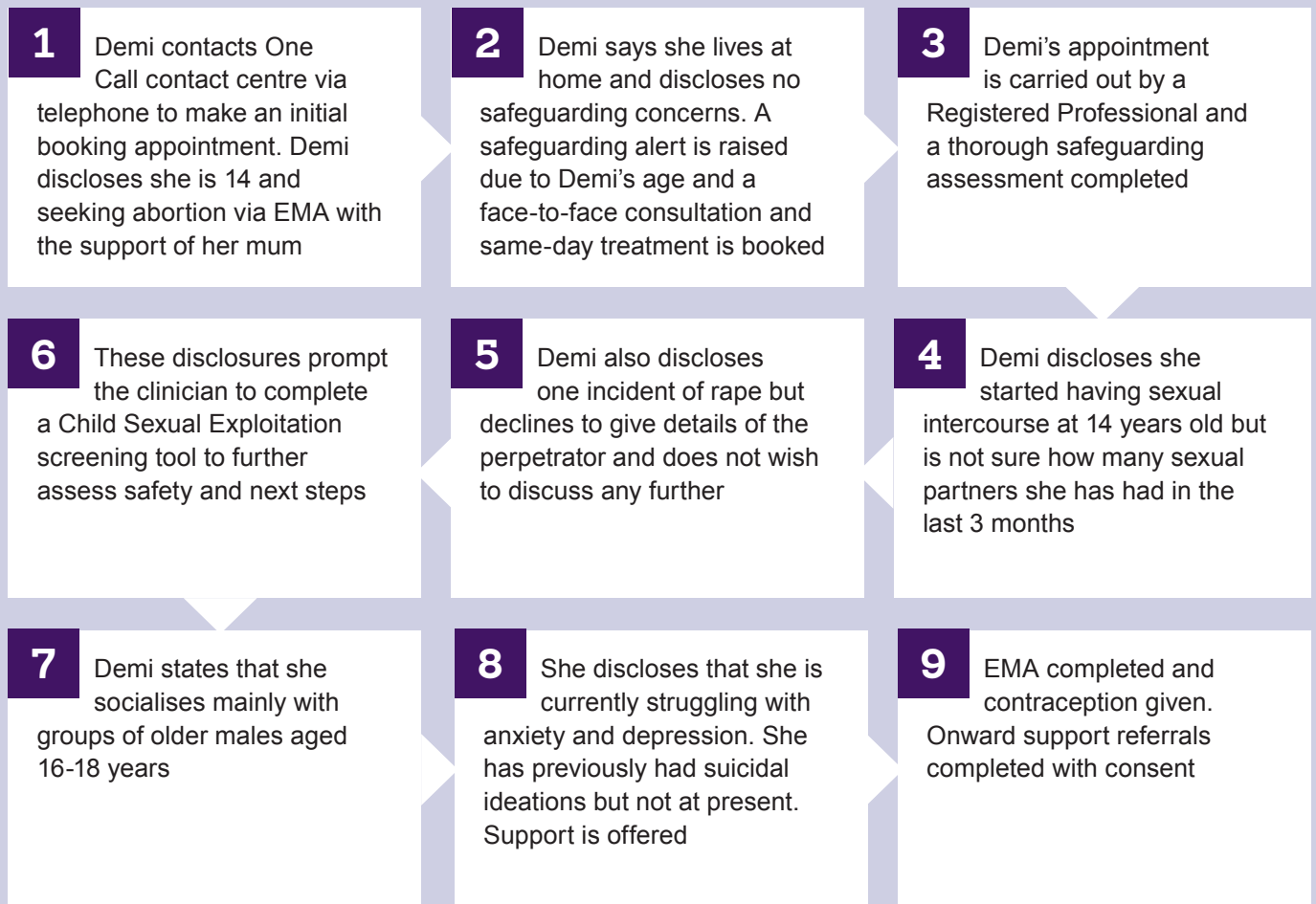
Mental health disclosures within centres over the last four years have been at an average of 15%, with a small increase to 19% in 2022. We have continued to focus on building strong local and national links with support services such as Samaritans, Off the Record, Mankind UK and Nilaari. Our colleagues utilise additional resources such as MSIUK's Mental Health Factsheet and Mental Capacity Assessment to support in safeguarding our clients who are struggling with their mental health.

MSIUK has continued to train colleagues as Mental Health First Aiders (MHFA), with 25 team members now working with colleagues and clients to recognise signs of worsening mental health and provide early intervention help and crisis care. Our MHFA are vital in breaking down stigma, guiding clients to access appropriate professional support where indicated and ensure representation and support throughout the organisation, including our global services.

Figure 8: Mental health disclosures in MSIUK centres – 4-year comparison



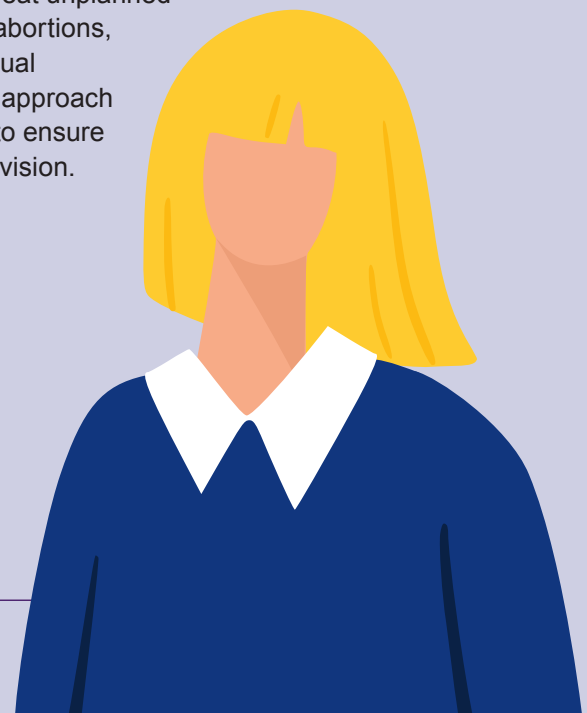
5.2.5. Anonymised Case study – Demi



From our initial contacts with Demi, we invited her into a centre for a face-to-face appointment at her request, where a thorough safeguarding assessment was completed. As a result, we could also provide onward safeguarding and engage Demi with key external support.

Contact was made to the police due to concerns raised regarding child sexual exploitation to allow further investigation and implementation of an action plan to safeguard Demi in the longer term. Referrals to children's social care and the school nurse were completed to engage Demi in external services and targeted care. MSI also shared information with Demi's GP for ongoing support with her mental health. Finally, a welfare call was completed with Demi to provide an update.

As a result of the above, Demi safely accessed abortion treatment with the support of her mother. At all points of her journey, robust safeguarding measures were in place to ensure Demi was safe, supported and sure of her decision. Contraception was provided to reduce the risk of repeat unplanned pregnancies/abortions, and a contextual safeguarding approach was initiated to ensure long-term provision.



5.3. External referrals

This year 15% of our clients identified with safeguarding concerns were referred externally after being seen by our centres, **a decrease of 27% from 2021 figures**. This includes referrals to agencies such as GPs, maternity care, social services and the police. This reduction in average referrals signals a return to pre-COVID baseline levels. It is suggested that this is linked to the resumed provision of external services unavailable during the pandemic, with clients already having support when attending our centres.

Figure 9 shows that despite this average decrease in relation to safeguarding activity, the number of referrals completed in 2022 has increased, and we are assured that we continue to support our most vulnerable clients by engaging them with community services which are relevant and proportionate to their level of risk.



Figure 10: External referrals from MSIUK centres – 4-year comparison – raw data

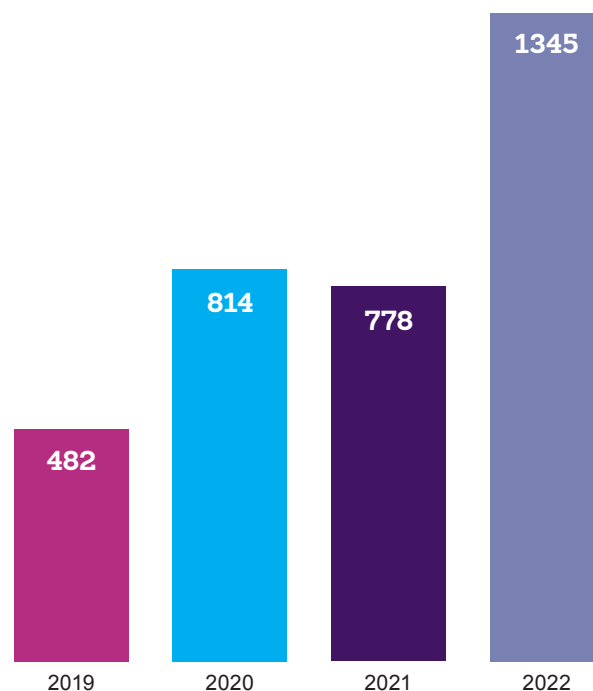
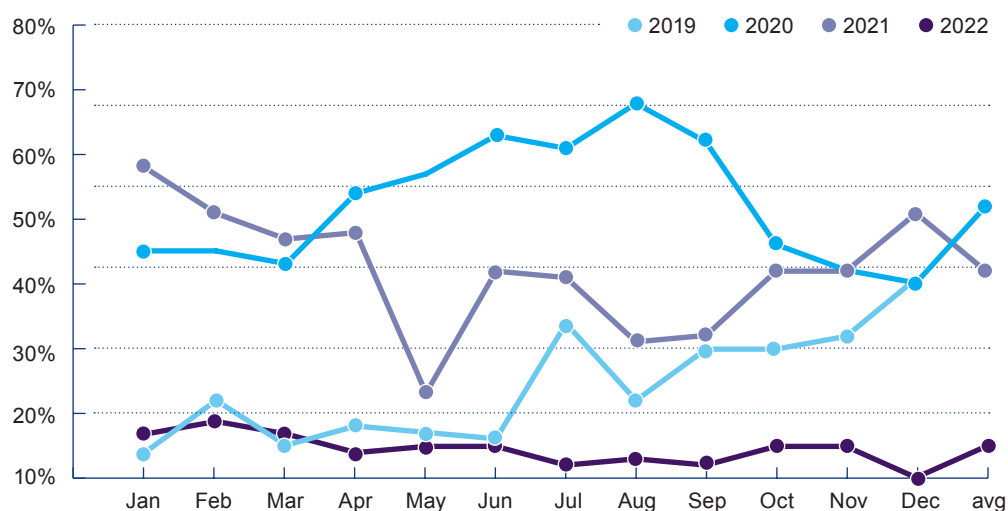


Figure 9: External referrals from MSIUK centres – 4-year comparison



2019 average:

24%

2020 average:

52%

2021 average:

42%

2022 average:

15%

06

TELEMEDICINE

In 2022, the House of Commons voted to keep telemedicine as a permanent abortion treatment option in the UK. MSIUK's Telemedicine Pathway enables clients to take abortion medication in their homes, while providing individualised support at each process stage.

A package of virtual support is available via telephone and website, through webchat support, aftercare content and step-by-step explainer videos. We have a 24/7 clinical helpline providing post-treatment support over the phone for clients with questions or concerns.

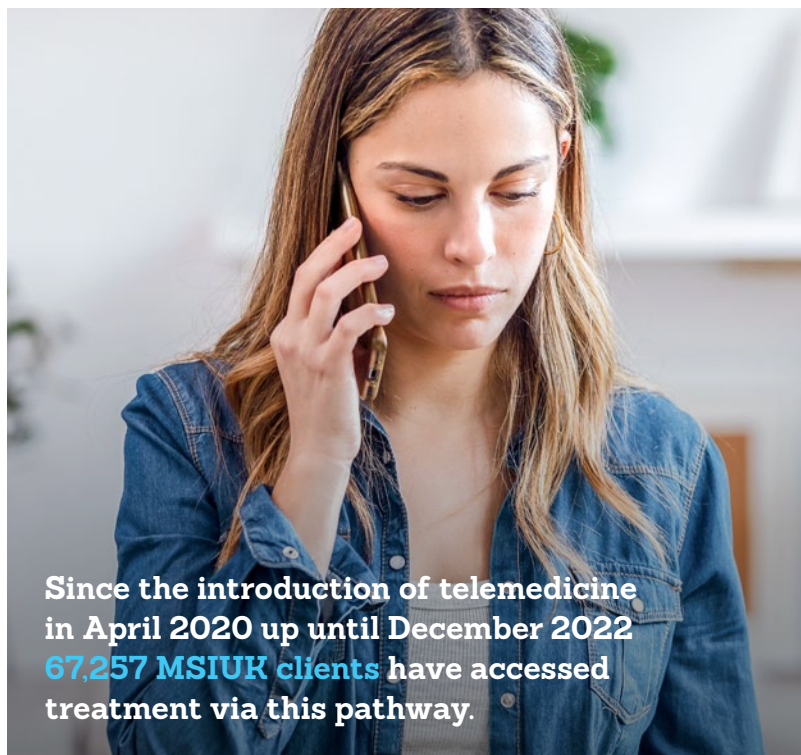


6.1. Safety netting in telemedicine

All clients seeking an abortion are asked initial safeguarding screening questions to ascertain their suitability for telemedicine based on a holistic overview of their circumstances. If clients require an alternative pathway (including face-to-face medical abortion, surgical abortion or NHS referral) this can also be facilitated. Figure 11 demonstrates our robust safeguarding process at each point of client contact within the telemedicine pathway.

6.2. Telemedicine data

6.2.1. Overall service provision data



Since the introduction of telemedicine in April 2020 up until December 2022 **67,257 MSIUK clients** have accessed treatment via this pathway.

6.2.2. Telemedicine safeguarding data

As discussed previously, all clients are initially safeguarded by the One Call team. The figures below relate to clients who required additional safeguarding at their telemedicine appointments due to more complex safeguarding concerns or new disclosures. Where necessary, some of these disclosures will result in a change of pathway for face-to-face medical abortion to allow for additional safeguarding and appropriate care.

Figure 11: Safety netting process in telemedicine

Client contacts One Call contact centre. This includes contact made by telephone and web chat contacts to get advice and make an initial booking appointment.



In 2022

41%

of all abortions provided by MSIUK were telemedicine showing that it is a much needed and utilised service.

Any safeguarding disclosures or observations over the phone are sent via our 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 a 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.



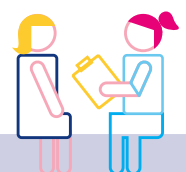
All clients are asked safeguarding screening questions to assess suitability for telemedicine and phone consultation in regards to their safety. All clients complete a **safeguarding risk assessment proforma** by a registered nurse or midwife.



Client is offered telemedicine by **post or collection** to suit their needs.



If safeguarding concerns are raised that make the 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 where indicated.



In year data demonstrated on average:

11% of telemedicine clients disclosed additional safeguarding concerns

51% of disclosures related to domestic abuse

16% of disclosures related to mental health

These figures assure us we are picking up safeguarding concerns during our screening and safety netting processes, before placing clients on the most appropriate treatment pathway. Figure 12 provides a breakdown of all telemedicine safeguarding disclosures this year.

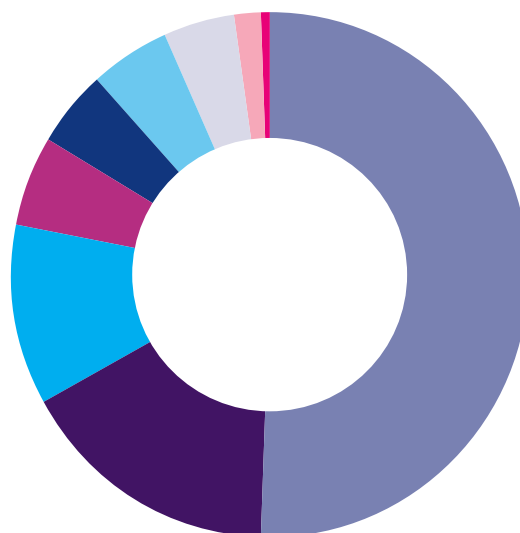
6.2.3. Telemedicine provision for client's under-18

The right to telemedicine abortion care is enacted in the Health and Care Act 2022 following the parliamentary decision to legislate permanent provision for the remote delivery of EMA services in England and Wales. In August 2022, the Royal College of Paediatric and Child Health (RCPCH) released "Safeguarding guidance for children and young people under 18 accessing early medical abortion services".

The Royal College of Obstetrics and Gynaecology (RCOG) and Faculty of Reproductive and Sexual Healthcare (FSRH) issued guidance to providers on implementing this safeguarding guidance which clarified the quality and standards expected of services. This applies to all health organisations providing EMA to children and young people in the UK, and MSIUK has adopted the guidance from RCOG/FSRH in full since its publication.

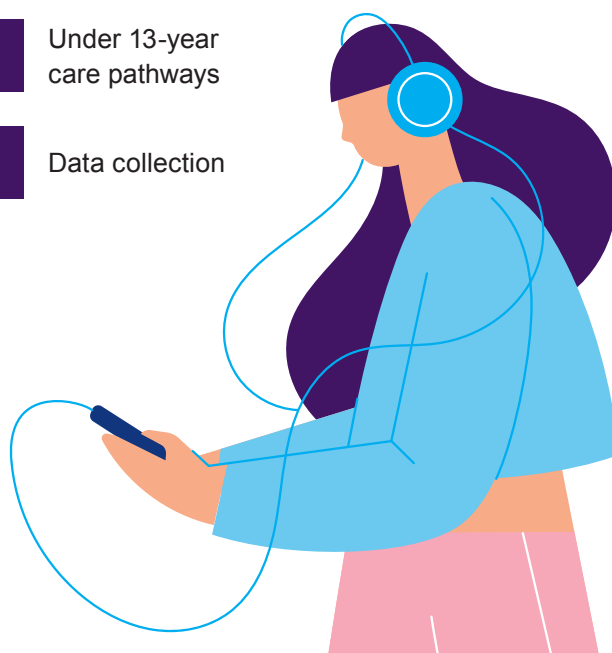
The Named Midwife for MSIUK, alongside counterparts from other independent abortion providers, was invited to be part of the clinical referencing group for this guidance and we welcome their aims, which are to ensure every child and young person has timely access to EMA alongside holistic and thorough safeguarding assessment and management.

Figure 12: Safeguarding disclosures in telemedicine 2022



It addresses four main points:

- 1** The location of assessment
- 2** The clinical assessment of pregnancy gestation
- 3** Under 13-year care pathways
- 4** Data collection



The guidelines from RCOG/FSRH were published in relation to the RCPCH guidance by the bodies responsible for professional standards, quality and provision of reproductive health and abortion care in the UK. This publication references existing guidance from the National Institute for Clinical Excellence (NICE), the General Medical Council (GMC) and the National Society for the Prevention of Cruelty to Children (NSPCC) which support flexible methods for children and young people to access healthcare, including telemedicine.

Under-18 clients account for approximately 2% of our overall activity.

MSIUK has benchmarked our current practices to assure our stakeholders and regulators that the RCPCH guidance is currently being met in line with nationally prescribed best practice and regulatory requirements. We have thoroughly considered the proportionality of what is suggested against the need to deliver **accessible and sustainable services which do not put young people at risk**. The evidence supporting telemedicine at home is robust and demonstrates that it is an essential option in abortion care, being safe, accessible and preferred by clients (Aiken, 2021).

6.2.4. National service specification for abortion care

In 2022 the RCOG, FSRH and the Faculty of Public Health (FPH) published the national service specification for abortion care to help ensure it is commissioned using evidence-based principles. This aims to standardise care, encourage collaboration and reduce stigma. Safeguarding guidance in this specification aligns with our existing principles, explicitly considering the needs of young people and vulnerable adults by **providing flexible methods of abortion treatment** where appropriate, including telemedicine (RCOG, 2022).

We are committed to continuing this service.



Standardise care.

Encourage collaboration.

Reduce stigma.

07

CONTRACEPTION SERVICES

Contraception is a core element of the care provided by MSIUK. Reducing future unplanned pregnancies and abortions by facilitating family planning and providing effective contraception has positive socio-economic and health benefits.

It is also vital for vulnerable clients at risk of reproductive coercion and sexual exploitation. Stand-alone Long-Acting Reversible Contraception (LARC) and vasectomy services are also available.

7.1. Long-acting reversible contraception

Where commissioned, LARC can be accessed as a stand-alone appointment without having previously accessed abortion care. This allows clients to have timely, flexible contraceptive care whilst safety netting then throughout their journey.



Figure 13:
Safeguarding safety
netting process for
stand-alone LARC



1 Client contacts One Call to **book a contraception appointment**



2 All clients are asked safeguarding screening questions to **assess safety and risk of harm**



5 During LARC consultation, a full safeguarding assessment is completed by a registered professional and a personal safeguarding plan is made

4 Any client with safeguarding concerns/ U16 are booked into a specialist LARC consultation list to **ensure they are seen by a registered professional**

3 Any safeguarding disclosures (including U16) or observations are sent via internal referral system to the One Call Safeguarding Team **for triage, management and monitoring**

6 Any safeguarding concerns identified and subsequent action plan deemed necessary will be **reported on Datix**



7 Referrals are made to **external agencies** as required



8 All LARC safeguarding Datix are **reviewed by the Safeguarding Lead for Contraception Services** for assurance



7.2. Vasectomy

Some of our vasectomy clients face specific issues regarding accessing support for mental health, domestic abuse and substance misuse concerns. This cohort is at an increased risk of dependence on drugs and alcohol and more likely to use other harmful coping mechanisms rather than attend Talking Therapies or discuss with families/friends. Research also suggests that men may be less able to recognise symptoms of mental health problems and less **likely to reach out for support** (MentalHealth.Org, 2021). Our bespoke Vasectomy Safeguarding Proforma has been reviewed by subject matter experts such as Mankind and Respect to ensure alignment with current statutory guidance.

Figure 14: Vasectomy safeguarding disclosures – 4-year comparison

This chart shows that safeguarding disclosures in vasectomy continue to rise, reflecting increased awareness, training and support available to the team and clients.

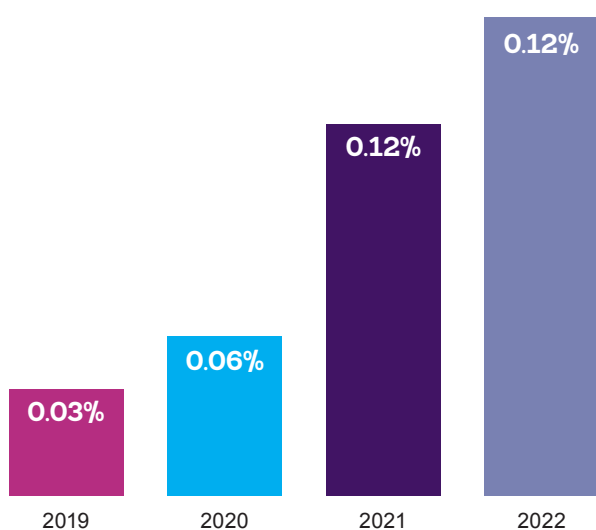
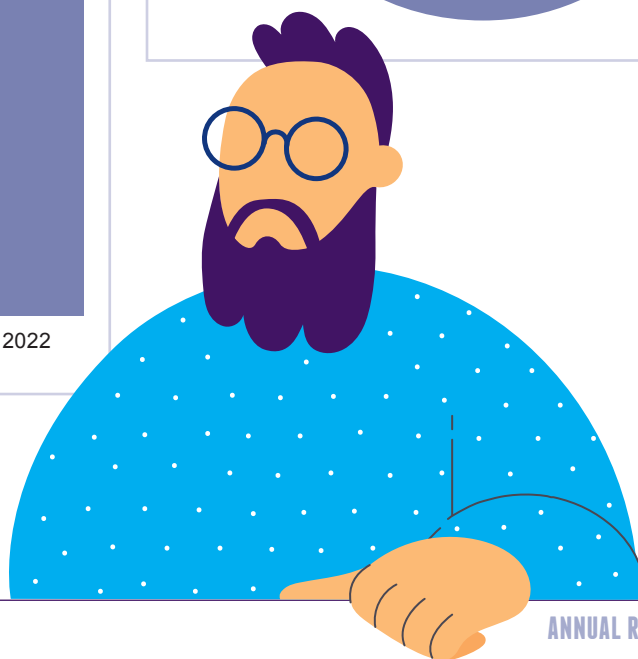


Figure 15: Vasectomy safeguarding disclosures by theme 2022

This chart illustrates the main safeguarding disclosures identified during vasectomy consultations. We will continue to focus on the main areas of concern and adapt our safeguarding within vasectomy throughout 2023 to ensure we meet the needs of this cohort and make every contact count.

■ 67% Mental Health ■ 11% Coercion
■ 11% Substance Misuse ■ 11% Domestic Abuse



POLICIES AND GUIDANCE

All MSIUK safeguarding policies and standard operating procedures (SOP) contain process guidance, escalation flowcharts and assessment proformas as relevant.

They are readily available to all colleagues via our intranet, and we must follow these to ensure we provide safe, consistent, high quality care for all clients. In 2023, MSIUK will continue to evaluate and amend our safeguarding guidance regularly, in line with national and local directives and in response to incidents that may arise within the organisation.

We reviewed and developed the following in 2022:

- Did Not Attend Policy
- Managing Safeguarding Allegations Against Staff Policy
- Mental Capacity Policy
- Mental Health Factsheet
- Non-Booked Enquiry SOP
- PREVENT Policy
- Safeguarding Adults, Children and Young People Policy
- Safeguarding Supervision Policy
- Sex Selection Factsheet

MSIUK will continue to **evaluate and **amend** our safeguarding guidance regularly.**

A woman with long dark hair, wearing a blue button-down shirt, is looking down at a document she is holding. The background is a bright, out-of-focus office space with large windows.

Safe.

Consistent.

High-quality.

09 SUPPORT FROM US

MSIUK's safeguarding training consists of safeguarding levels 1–4, in line with the Intercollegiate Document (RCN, 2019).

Safeguarding is everybody's responsibility, and all colleagues receive training at a level relevant to their role so they have the skills to recognise and act on concerns.

Figure 16 offers a breakdown of compliance across all safeguarding training.

Our training courses are delivered both remotely and in person. Additional resources such as workbooks and factsheets are utilised to improve learning. There are also virtual spaces to encourage peer-on-peer discussion and information sharing from our training facilitators. Our training compliance has remained consistent at 93% over the previous four years.

Alongside this, our online learning platform Kallidus provides e-learning modules in the following subjects:

- Capacity for Consent
- Child Sexual Exploitation
- Female Genital Mutilation
- Modern Slavery and Human Trafficking
- PREVENT

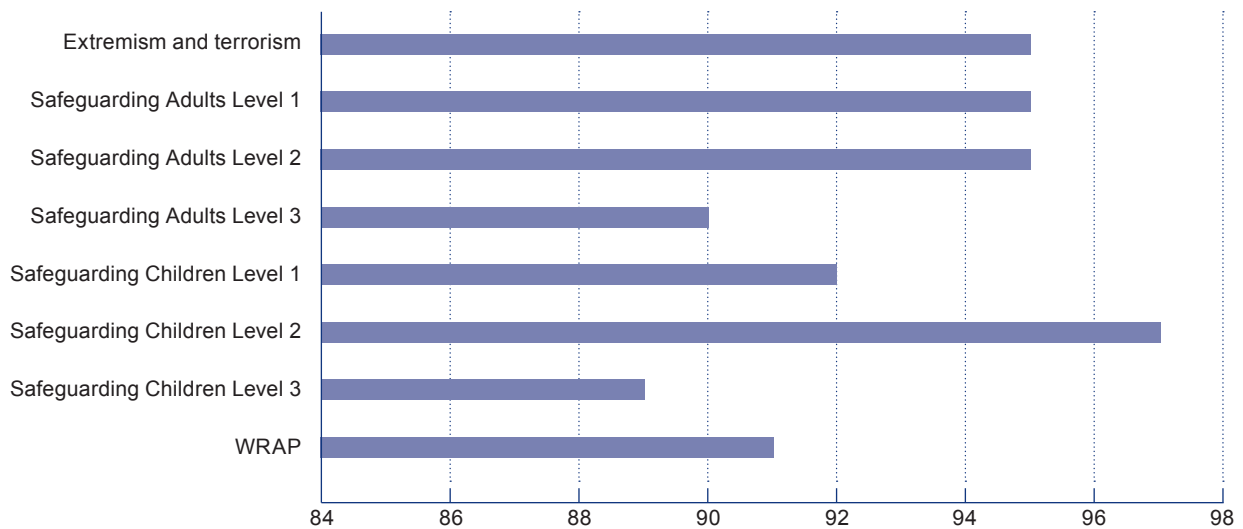


Our overall compliance for 2022 was 93%, which exceeds our organisational target of 85%.





Figure 16: Safeguarding training compliance 2022



Skills.

Training.

Responsibility.

10 SAFEGUARDING SUPERVISION

10.1. Supervision ethos

Safeguarding supervision is essential for the professional development of practitioners who work with children, young people and families.

Recommendations from Working Together to Safeguard Children (HM Government, 2018) emphasise the need for staff to receive supervision specifically for safeguarding, stating that 'effective safeguarding supervision is important to promoting good standards of practice and supporting individual staff members.' It also provides an essential function in helping practitioners to cope with the emotional demands of working with vulnerable adults and children (Horwath, 2006). At the core of the Nursing and Midwifery Council Code (2015) is the expectation that nurses and midwives will practise effectively, safely, and will promote professionalism and trust.

At MSIUK, we deliver an innovative safeguarding supervision model which provides robust supervision for colleagues in support services, main centres and community treatment centres across the UK. Safeguarding supervision supports all nurses and midwives to meet professional standards to promote safety in our services.

10.2. Supervision structure

10.2.1. Safeguarding supervision compliance

Safeguarding supervision compliance met our organisational target of 85% in two centres. Key issues identified in centres with reduced compliance related to the sessional structure of specific teams, colleague turnover and lack of drop-in sessions where colleagues could not attend group supervision sessions.

Our Safeguarding Supervision policy was reviewed and updated at the end of 2022, with drop-in sessions made available. These changes will increase overall compliance in 2023 and ensure all colleagues have timely access to supervision.

10.2.2. Frequency and designation of supervision provision

Figure 17 details supervision requirements throughout the organisation and the frequency in which this will be offered. It is structured so all colleagues receive supervision in a way that is tailored to their needs, creates learning opportunities and addresses issues regarding the locational spread and remote working.



Figure 17 – Safeguarding supervision flowchart

Staff member:	Supervised by:	Frequency:
Named Midwife/Named Doctor for Safeguarding	External Supervisor	Quarterly 1:1 supervision
MSIUK Centre Safeguarding Leads	Named Midwife for Safeguarding	<ul style="list-style-type: none"> • Bi-annual centre group supervision • Bi-annual 1:1 supervision
MSIUK Centre Registered Nurses/Midwives	<ul style="list-style-type: none"> • Named Midwife for Safeguarding • Safeguarding Leads • Clinical Managers 	Bi-annual centre group supervision

10.2.3. One-to-one safeguarding supervision

Individual supervision sessions are led by a senior or specialist member of staff. This protected time allows staff to discuss concerns or themes occurring in practice that may need direct support and guidance. The sessions are pre-arranged in advance.

10.2.4. Group safeguarding supervision

Group supervision is a negotiated process whereby colleagues come together to reflect on their practice, promoting a culture of peer support and accountability. It can be in the form of the following and it is good practice to rotate between each method:

- A formalised session with a trained supervisor
- Mandatory safeguarding training updates
- External safeguarding agencies providing formalised training and discussion

10.3. Mandatory safeguarding updated

In 2022, we reviewed the content and delivery of our six-monthly mandatory safeguarding updates. Using real case studies and scenarios, we have created modules that reflect situations colleagues are likely to encounter in their roles. This supports colleagues in applying these safeguarding concepts in real life so that our clients receive the highest standard of care and support during their time with us.

Modules we have created include:

- Child Sexual Exploitation
- Documentation in Safeguarding
- Modern Slavery and Human Trafficking Intelligence
- Safeguarding in Gypsy Romany Travelling Communities
- Safeguarding in Vasectomy

11

SAFEGUARDING COMPLIANCE MONITORING PROGRAMME

Our Compliance Monitoring Programme (CMP) audits colleagues understanding of important safeguarding processes.

It asks questions about supervision, training and colleague understanding of organisational and broader safeguarding procedures. All centres are responsible for ensuring this audit is carried out, and it provides an opportunity to educate colleagues on their understanding and improve their management.

In July 2022, we introduced an additional safeguarding documentation CMP to improve best practice in record keeping. The CMP includes whether safeguarding alerts, internal requests and incident reports have been completed.

11.1. Compliance mentoring results 2022

The Safeguarding CMP for 2022 demonstrated that all centres had a 93% average compliance.

Challenges reported throughout the year that have impacted compliance include: multiple policy amendments to reflect changing statutory guidance, changes in our reporting process and number of new starters. In 2023, we will continue to evaluate and update our safeguarding processes and focus on practical ways to communicate these changes to colleagues.

The Safeguarding CMP for 2022 demonstrated that all centres had a 93% average compliance.





Figure 18– Average safeguarding CMP results per quarter across all centres

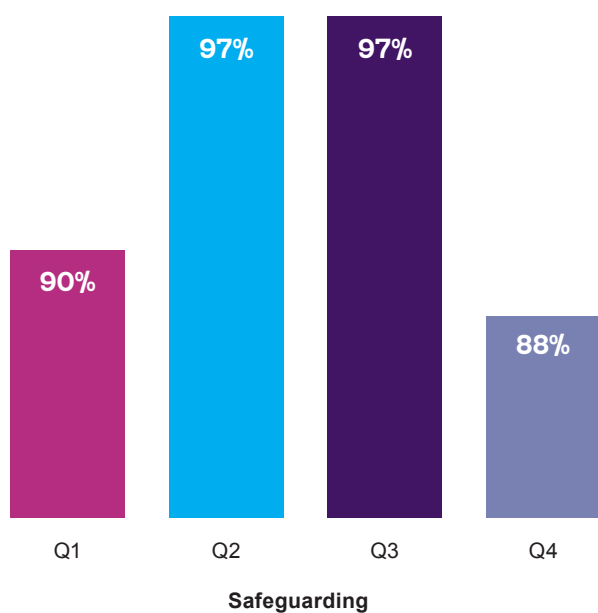
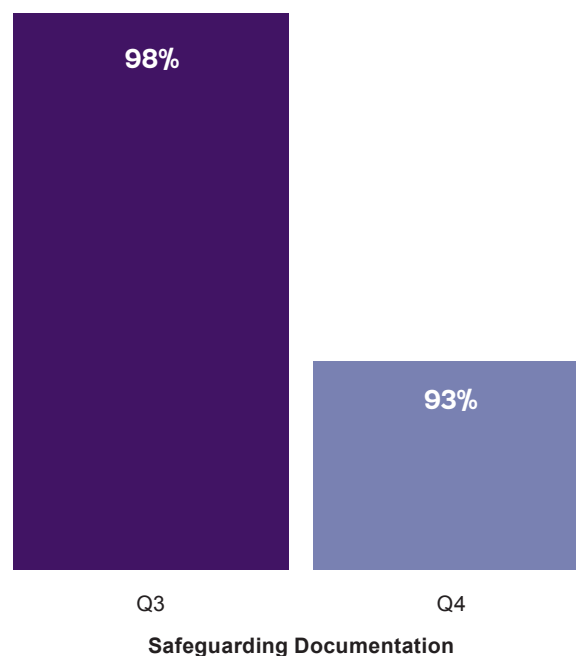


Figure 19 – Average safeguarding documentation CMP results per quarter across all centres



12 DIGITAL TRANSFORMATION

12.1.1. Electronic Patient Record

Safeguarding has worked closely with the Digital Transformation team to ensure clients experience a seamless, digitally enhanced user journey to inform and support them during their treatment pathway. In 2022, we embedded the 'Child Sexual Exploitation' and 'Domestic Abuse, Stalking and Harassment' risk assessments into our client record system. Colleagues are prompted to complete these additional assessments where specific risks are noted in the safeguarding proforma. The vasectomy safeguarding proforma has also been embedded into the system.

12.1.2. Online portal

The safeguarding team was included in a steering group regarding clients registering for our services and booking appointments via an online portal. This channel will empower clients to take control of their journey and care with us; this is currently being developed and will launch later in 2023.

Considerations such as an 'Opt In' option for notifications from the portal regarding upcoming appointments in place of an 'Opt Out' option which may be missed. This will ensure notifications are only seen by our clients and will not be inadvertently viewed by others, which may put the client at risk of harm. In addition, there are other controls in place to reduce the risk of third-party access to the portal by those who are a danger to the client in situations such as domestic abuse, exploitation and honour-based abuse.

Where flags/alerts are triggered in the client portal, such as the client having indicated being at risk, then the client record will be allocated to a digital triage team who will contact the client directly to ensure they are appropriately safeguarded.

12.1.3. Online booking

Our online booking system went live in 2022 and can be accessed via the website; clients can also be supported online or by phone. This has enabled clients to contact us for advice whilst simultaneously booking an appointment, avoiding the need to use other contact methods that may not be appropriate or safe. Safety nets are in place at all client contact points, and we continue to adapt this service as it grows. All online booking forms ask mandatory safeguarding screening questions to ensure effective and timely triage and treatment. We aim to have all forms reviewed on the same day of contact and an appointment provided at the earliest convenience.

12.1.4. Summary Care Records

The Summary Care Record (SCR) is an electronic record of important client information, created from GP medical records. These records can be securely accessed by authorised staff in areas of the health and care system involved in the individual's direct care. MSIUK has access to the SCR via the NHS Spine Portal which allows our OCSGT to access key information in emergent safeguarding situations which informs care planning and onward management.



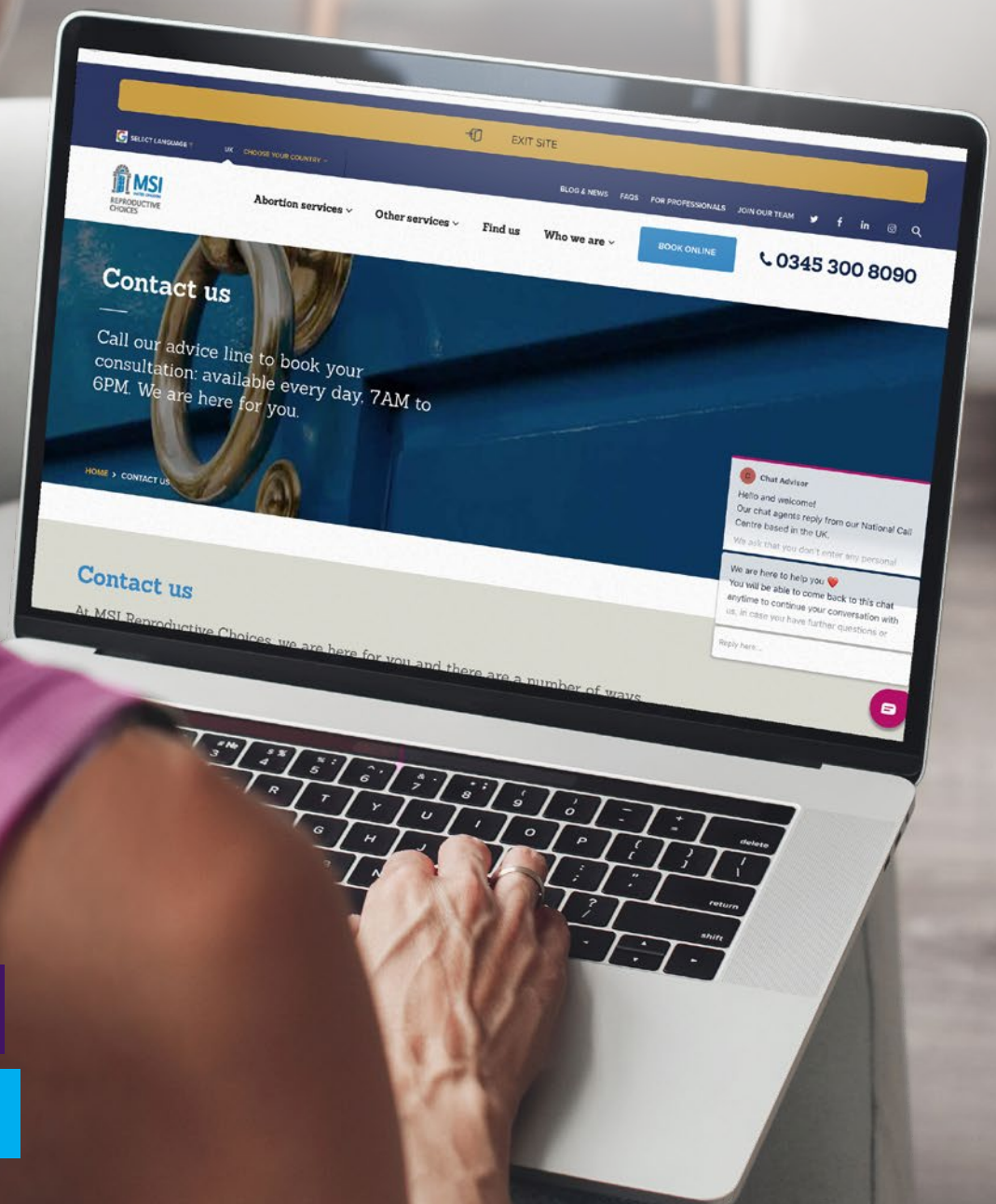
Since online booking
launched in January 2022,
we have received almost

100,000 forms

which accounts
for approximately

40% of all
bookings

showing it is a much needed
and utilised service.



Safe.

Supportive.

Convenient.

13 MULTI-AGENCY PARTNERSHIPS

We had the privilege of working with several external agencies in 2022, all of whom have provided unique and invaluable insights on a range of safeguarding issues that we encounter in abortion services.

We would like to take this opportunity to thank them and demonstrate the positive impact and ongoing benefit they have provided to our clients and colleagues. Peer-learning and multi-agency collaboration are invaluable in safeguarding. We hope to continue to work closely with these and other agencies in the coming year to support the most vulnerable members of our communities.



Support.

Community.

Collaboration.

13.1. New working partnerships in 2022

13.1.1. West Yorkshire Police

We have developed a new information sharing agreement with the West Yorkshire Police to assist in their efforts to prevent child sexual exploitation (CSE) and improve victim support. This partnership will help to identify clients who have accessed our services and are at risk or currently experiencing CSE, enabling informed assessment and onward safeguarding management.

13.1.2. Tactical Regional Groups

Through our work with the Modern Slavery and Organised Immigration Crime Unit (MSOIC), we now attend Tactical Regional Groups which support the work we conduct around tackling exploitation and abuse. These groups take place for police forces across the UK and provide a forum to discuss local themes being seen in each area, such as modern slavery, human trafficking, county lines and child sexual exploitation. This information is invaluable for our organisation's awareness of wider safeguarding issues and informs our local and national processes. We can also use this forum to share what safeguarding themes we are seeing in the abortion sector which may contribute to the identification and disruption of these activities.

13.1.4. Gaia

The Gaia Centre offers a single point of access for women, girls and men experiencing gender-based violence and abuse in the London Borough of Lambeth. They offer confidential, non-judgemental one-to-one, group and peer support including safety planning, financial and legal advice and how to access a refuge. Our South London Centre now has a representative from Gaia based in the centre each week to assist colleagues and clients with queries relating to gender-based abuse.

13.1.5. Mankind

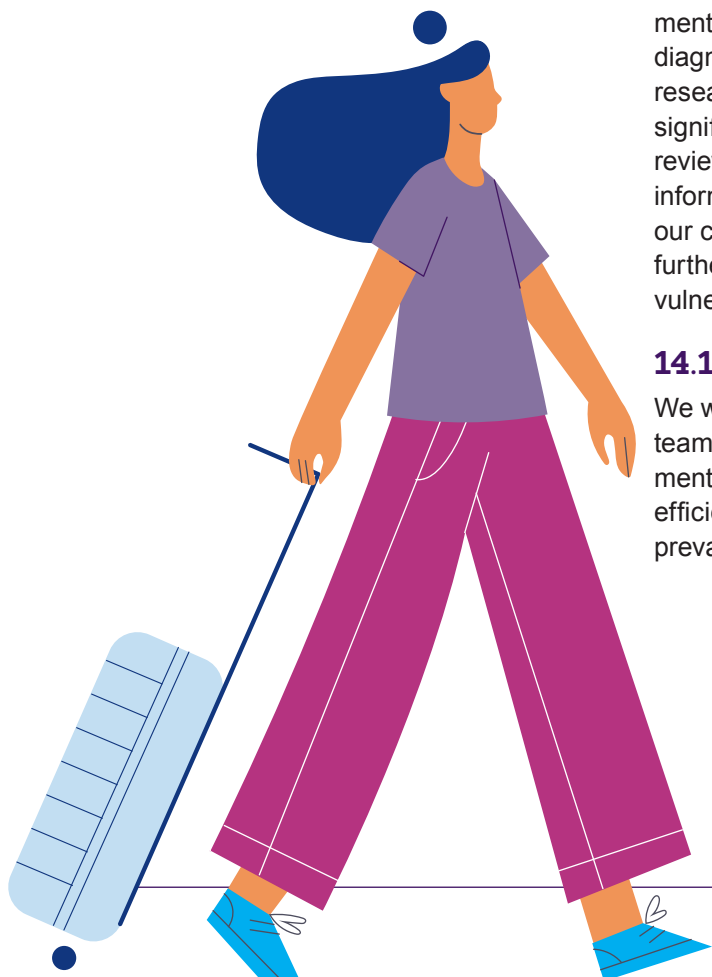
The Named Midwife attended the Vasectomy Surgeons Forum to present on common safeguarding themes seen in vasectomy, focusing on real-life case studies and onward management. This event also included a presentation by Mark Brooks OBE (Chairman of Mankind) on domestic abuse in males, the barriers they may face and how best to support our clients in this situation.

14 HORIZON SCANNING

The following objectives align with NHS England's 'Safeguarding Accountability and Assurance Framework' (2022).

They will strengthen our commitment to promoting the safety, protection and welfare of children, young people and adults. We will adapt to the ever-changing context of safeguarding in line with national and local guidance, legislative developments, and the lived experience of our clients and colleagues.

65% of care leavers are being significantly affected by rising costs of living.



14.1.1. Advanced safeguarding practitioner pilot

As a newly implemented pilot scheme, we will continue assessing how the role integrates and whether it works well. The Named Midwife will continue to work closely with the ASP during this pilot to ensure they are well supported.

14.1.2. Trauma informed care

In 2023, we want to focus on understanding and providing trauma informed practice and aim to address the barriers that those affected by trauma can experience when accessing the care, support and treatment they require. We will review and adapt our current policies and processes to reflect statutory guidance and ensure trauma-experienced clients receive informed care. We will also create bespoke training on this subject for relevant colleagues.

14.1.3. Care and management of Looked After Children/Care Leavers (LAC/CL)

Looked after children and those who are care leavers are at a greater risk of peer-on-peer bullying and abuse, are more likely to be the target of sexual exploitation, have an increased risk of substance abuse and are more likely to struggle with poor mental health. Individuals in this cohort are also more likely to be diagnosed with special education needs and disabilities. Recent research has also found that 65% of care leavers are being significantly affected by rising costs of living. We will continue to review the prevalence of LAC/CL seen in our organisation to better inform our services and support required. We will review and adapt our current policies and processes as required and will develop further resources such as factsheets and bespoke training on the vulnerabilities this cohort may face.

14.1.4. Digital Transformation

We will continue to work closely with our own Digital Transformation team in the coming year, particularly in relation to the previously mentioned online portal. We hope to develop capability to more efficiently analyse our safeguarding data to understand better the prevalence/degree of safeguarding issues across the organisation.



14.1.4. Young and Adult carers

Young, young adult and adult carers are those who care unpaid for a family member/friend with an illness or disability, mental health condition or addiction.

There are approximately 1176,000 carers under the age of 25 in the UK, with 1 in 4 adults providing unpaid care.

This cohort can struggle with poor mental and physical health and financial difficulties. Young carers are more likely to miss school regularly and are one, and a half, times more likely than their peers to be diagnosed with special educational needs or disabilities. We will focus on improving our data collection to assess the prevalence of young and adult carers accessing our services and will adapt our current policies as required. We will develop further resources such as factsheets and bespoke training on the vulnerabilities and barriers this cohort may face.

15 CONCLUSION

In 2022, we witnessed the far-reaching impact of the COVID-19 pandemic on our clients and services and acknowledged the exacerbation of vulnerabilities and safeguarding concerns due to the cost-of-living crisis.

This report highlights the persistent barriers to accessing our services and outlines how MSIUK has implemented innovative processes to offer further support to our clients.

As a response to the changing social and economic climate, we have adapted our safeguarding structure and management, and we will continue to do so in 2023. The data presented in this report reflects the experiences of our clients and colleagues and illustrates our responsiveness to emergent issues. Our findings are aligned with the safeguarding concerns faced nationally, and we have collaborated closely with external partners while adapting our internal processes to ensure that those in need can access their right to reproductive healthcare.

Looking forward, we anticipate that the challenges detailed in this report will persist and evolve throughout 2023. We are committed to aligning our safeguarding strategy to that of NHS England, which can only improve our high quality safeguarding management and care and data collection throughout the coming year.

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