



SAFEGUARDING
ANNUAL REPORT 2023

CONTENTS

1. Foreword	4	10.1. Supervision ethos	30
2. Introduction	5	10.2. Supervision structure	31
3. Background	6	10.3. Supervision compliance	32
4. Safeguarding structure	8	11. Governance and accountability	33
4.1. General structure	8	11.1. Supplier quality improvement requirements	33
4.2. Changes to our safeguarding structure	9	11.2. Compliance monitoring programme	33
4.3. Advanced safeguarding practitioners	9	11.3. Raising concerns	34
4.4. Deputy named nurse for safeguarding adults and children	12	11.4. Incident reporting	34
5. Safeguarding activity in 2023	13	12. Digital transformation	36
5.1. Safeguarding risk assessments	13	13. Multi-agency partnerships	37
5.2. Safeguarding pathways	14	13.1. New working partnerships in 2023	37
5.3. Domestic abuse	16	14. Horizon scanning	38
5.4. Mental health	18	15. Conclusion	39
5.5. External referrals	18	16. References	40
5.6. Children and young people	19		
6. Telemedicine	22		
6.1. Safety netting in telemedicine	22		
6.2. Telemedicine data	24		
7. Contraception services	25		
7.1. Long-acting reversible contraception	25		
7.2. Vasectomy	26		
8. Policies and guidance	27		
9. Support from us	28		
9.1. Safeguarding training	28		
10. Safeguarding supervision	30		



01 FOREWORD

As we reflect on the progress made in safeguarding at MSI Reproductive Choices UK (MSIUK) over the past year, it is evident that our commitment to enhancing the safety and well-being of our clients remains unwavering.

This annual report serves as a testament to our dedication to continuously improving our safeguarding practices and adapting to the evolving needs of those we serve.

One of the notable highlights of the past year has been increased activity and expansion of our services, consequently leading to a higher number of disclosures. This demonstrates not only the growing trust our clients place in our services but also the effectiveness of our efforts to create a safe environment where individuals feel empowered to disclose their vulnerabilities and safeguarding issues.

The introduction of safeguarding professionals, including a new deputy named nurse for safeguarding and the further roll-out of advanced safeguarding practitioners across our centres, marks a significant milestone in our safeguarding journey. These additions to our team not only strengthen support and oversight but also improves our capacity and capability to identify and respond to safeguarding concerns promptly and effectively.

We have observed a continued rise in disclosures related to mental health and domestic violence, highlighting the importance of our ongoing efforts in these areas.

The access granted to us to the Child Protection Information System (CP-IS) via NHS Spine represents a major advancement in our safeguarding capabilities, enabling us to better protect and support those in our care.

Looking ahead, our key objectives for 2024 underscore our commitment to further enhancing MSIUK's safeguarding education, well-being, and advocacy efforts. Through the continued development of our digital resources, including awareness campaigns and targeted support pages, we aim to empower individuals with knowledge, resources, and support they need to navigate challenging situations and access the care they deserve.

As we move forward, I am confident that with the dedication and collective effort of our colleagues, we will continue to make strides in safeguarding and uphold our commitment to ensuring the safety and well-being of all our clients.



Nicola Moore
Director of nursing, midwifery
and quality and executive
safeguarding lead

02

INTRODUCTION

Welcome to the 2023 annual safeguarding report

This report demonstrates our commitment to safeguarding all clients accessing our services and assures our internal and external stakeholders. The report satisfies Section 11 Audit requirements and showcases our self-assessment against the Children Act (2004) safeguarding requirements. It presents transparent information about our safeguarding procedures and their positive impact whilst critically analysing our safeguarding management, highlighting successes and exceptions within MSIUK. Throughout the report, we have outlined our quality assurance processes that ensure our practice is safe and effective.

A key focus in 2023 was to make our services trauma-informed by creating safe environments and minimising distress.

Trauma-informed practice aims to improve the accessibility and quality of MSIUK services by creating culturally sensitive, safe spaces that people trust and want to use. Though we may only see our clients for a short time, the impact of our approach to care can be long-lasting. Trauma-informed care encourages colleagues to work in partnership with people and empowers them to make choices about their health and well-being.

Those who have experienced adversity and trauma may experience additional barriers to accessing healthcare services, and we work with clients to provide collaborative care that aligns with their wishes. There is no set way in which we support our clients who have experienced trauma, and we believe it is important to adapt to individual needs and wants. We consider offering extended appointments, engaging with existing support networks, providing continuity of care, and choosing to see a clinician of a particular gender. We work alongside the client, their support network, and other safeguarding agencies involved to allow for desired treatment to be completed in the best way.



Ailish McEntee RM, BSc

UK named midwife for safeguarding adults and children

03 BACKGROUND

In delivering our services, we see many clients experiencing a wide range of safeguarding issues.

Throughout 2023, we have collated and evaluated our data, which demonstrates the following:



10% of clients

disclosed safeguarding concerns



3% increase

in domestic abuse disclosures



5% increase

in mental health disclosures



6% increase

in clients requiring external referrals

During 2023, national safeguarding disclosures continued to grow, with NHS Digital reporting a 9% increase in safeguarding disclosures (NHS Digital, 2023). Section 42 Enquiries increased by 7%, with the most common concerns for vulnerable adults related to neglect and acts of omission. The UK saw a slight decrease of 0.3% in children in need and those on child protection plans, with a 3.4% increase in Section 47 Enquiries being completed (UK Government, 2023).

We have also witnessed the anticipated repercussions from the overturning of *Roe v. Wade* by the U.S. Supreme Court, such as an increase in hostile activity outside our clinics as a result of an intensified anti-choice movement. In England and Wales, we have seen a rise in police investigations of individuals suspected of ending their own pregnancies outside law. MSIUK is concerned these disproportionate responses will harm those who may be especially vulnerable, especially as those investigated include suspected trafficking survivors, under 18 year old, women with abusive partners, and, in some cases, women who have experienced a miscarriage.

As a reproductive healthcare provider, we do not believe there is a public interest justification for investigating, prosecuting, criminalising, or imprisoning anyone for ending their own pregnancy. The narrow parameters of the Abortion Act of 1967 limit choice, add bureaucratic barriers, and undermine best clinical practice as defined by the National Institute for Clinical Excellence (NICE) and the Royal College of Obstetricians and Gynaecologists (RCOG). One in three women has had an abortion in the UK – it is a safe and common procedure. MSIUK believe that abortion does not belong within the criminal code. Abortion is healthcare. It should be regulated in the same way as any other comparable form of healthcare, which means legal and regulatory frameworks should support access, be evidence-based, and be rooted in compassion.

The impact of such cases being brought to court is extensive, undermining reproductive rights and emboldening the small but aggressively vocal anti-choice minority in this country. The small minority of individuals who do end pregnancies outside the parameters of the law are nearly always acting under complex, even coercive circumstances. The obstruction and denial of abortion care are entrenched in discrimination and gender-based violence that aims to prevent women and girls from full and equal participation in society. MSIUK will continue to support all clients accessing our services to receive safe, timely treatment whilst safeguarding their well-being.

This year, we have established new working relationships while strengthening existing ones with our stakeholders and external partners. We want to take this time to thank the incredible agencies we have worked alongside and been supported by in 2023. 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

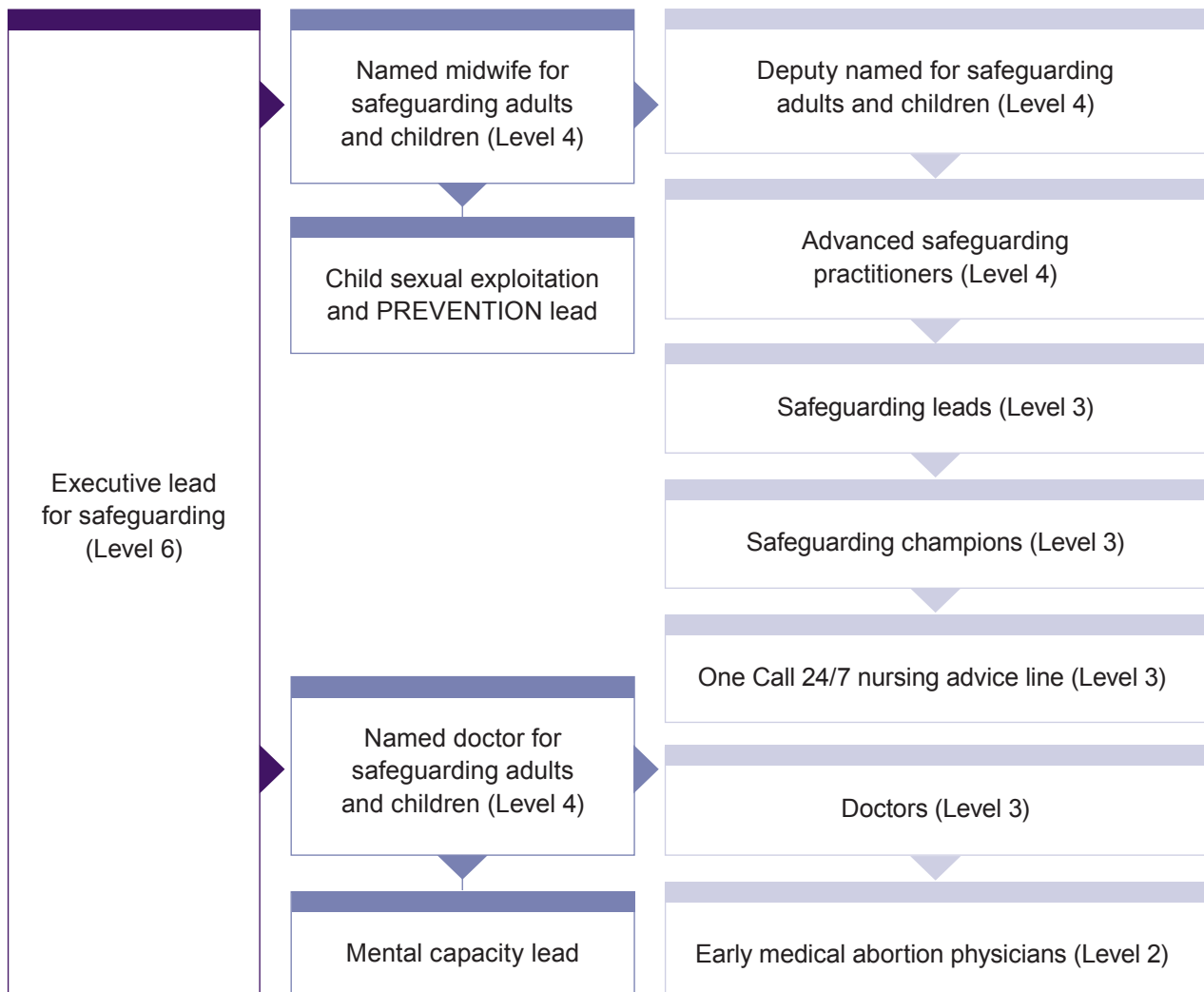
SAFEGUARDING STRUCTURE

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 the teams working across our clinics and call centre.

This structure helps us fulfil our statutory and regulatory duties as per NHS England's Safeguarding and accountability framework (2022) by identifying named professionals for safeguarding children, young people and adults. This includes child sexual exploitation, mental capacity, 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. Changes to our safeguarding structure

At MSIUK, safeguarding management is not only a contractual obligation but also a regulatory requirement crucial for ensuring the safety and well-being of our clients. As we continue to witness a growing demand for our services and secure new contracts, we have taken proactive steps to strengthen our safeguarding framework.

In 2023, we fully integrated the role of advanced safeguarding practitioner and introduced the position of deputy named nurse. These additions are essential to bolstering our capacity and ensuring improved governance, performance and management support as we anticipate expanding service provision. With our projected growth, safeguarding activities will significantly increase.

We are actively recruiting and training additional safeguarding leads and advanced safeguarding practitioners to address this. Recognising that many of these recruits will be new to the organisation, we are committed to providing them with intensive support to ensure the effective implementation of quality safeguarding practices and governance.

4.3. Advanced safeguarding practitioners

The advanced safeguarding practitioner pilot launched in 2022 in five of our centres with the highest levels of safeguarding activity. This role is focused on supporting all actions necessary to ensure our service meets its statutory responsibilities to safeguard and protect children, young people and adults. Following a successful pilot period, the role is now embedded in six centres, with plans to implement it in more centres in the coming year.

All safeguarding leads and advanced safeguarding practitioners receive professional oversight and support from the named midwife and deputy named nurse. Centres with advanced safeguarding practitioners cater to expansive geographical regions and serve clients from diverse demographics, often dealing with multiple and intricate disclosures. The advantages of this role are outlined on the following pages.





4.3.1. Continuity of care

NICE (2019) states, “having continuity of care and support has a considerable impact on a person’s wellbeing and quality of life”. Continuity of care is proven to help individuals achieve the best-desired outcomes, and our safeguarding ethos at MSIUK puts this at the heart of the support we provide to vulnerable people. The advanced safeguarding practitioner 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 advanced safeguarding practitioner will caseload clients assessed as high-risk or particularly vulnerable, reducing the need to repeat disclosures and ensuring our practice is trauma informed.

4.3.2. Improved partnership working

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

Establishing positive working relationships with frequently contacted services such as social care, GPs, and NHS providers has ensured a more comprehensive understanding of safeguarding within abortion services. These mutual partnerships promote a culture of learning and trust, which further supports our clients with safeguarding concerns. Providing a main point of contact also enhances the referral process for our clients. The advanced safeguarding practitioner collaborates with local support services such as independent domestic violence advisors, sexual assault referral centres, and refuges. Each advanced safeguarding practitioner holds a catalogue of local providers that we can signpost out to.

4.3.3. Advanced support in centres

The advanced safeguarding practitioner is a highly skilled role with increased autonomy and visibility within our centres. All advanced safeguarding practitioners are registered professionals trained in level 4 safeguarding, enabling them to provide expert advice and support the implementation of change and practice improvement within their centre. They are also trained in safeguarding supervision, strengthening our compliance and accountability.



The level of expertise as an advanced safeguarding practitioner ensures succession planning and representation for our named midwife and deputy named nurse. It is an excellent opportunity for colleagues wishing to focus on progression in their safeguarding careers.

4.3.4. Increased governance oversight

The advanced safeguarding practitioner oversees assurance within their centres, including internal audits and compliance monitoring of safeguarding training and supervision. This allows for targeted oversight of potential gaps in knowledge and ensures immediate escalation of areas of concern. All advanced safeguarding practitioners report to MSIUK's quarterly safeguarding group, noting audit findings, action plans, and outcomes – all of which support a transparent and adaptive learning culture fostering cross-fertilisation of practice.

The advanced safeguarding practitioners are supported by the named midwife and deputy named nurse to complete and present Integrated Care Board (ICB) assurance reports for their regions, which increases understanding of our contractual and legal obligations and builds on local partnerships with our commissioners across the UK.



4.4. Deputy named nurse for safeguarding adults and children

The UK named midwife for safeguarding adults and children is a system strategic profile, supporting the organisation's safeguarding approach by working closely with stakeholders, external partners, and the MSIUK Divisional Board. This role focuses on developing and delivering safeguarding initiatives, supports the commissioning and mobilisation of services and provides national governance oversight and expert leadership to colleagues. The named midwife directly line managers the deputy named nurse to ensure safeguarding objectives are aligned with our organisational strategy, as outlined below.

4.4.1. Expert leadership

Providing expert advice and support to our wide-ranging workforce across the UK on all safeguarding matters, the deputy named nurse is a key point of escalation in complex safeguarding cases. It supports colleagues in coordinating robust, multi-disciplinary responses. The deputy named nurse also works closely with external stakeholders and community partnerships to enhance cross-agency understanding of safeguarding within the abortion sector.

4.4.2. National assurance

The deputy named nurse has a critical role in ensuring MSIUK's safeguarding efforts meet national standards. They conduct audits of safeguarding activities, clinical compliance, training, and supervision to maintain assurance. At our weekly CLIPS meeting (Complaints, Litigation, Incidents, Patient Feedback and Safeguarding) we review emergent themes and safeguarding cases to inform the development of internal resources. They also provide targeted support to safeguarding leads/advanced safeguarding practitioners and monitor national trends to ensure our safeguarding remains responsive and consistent.

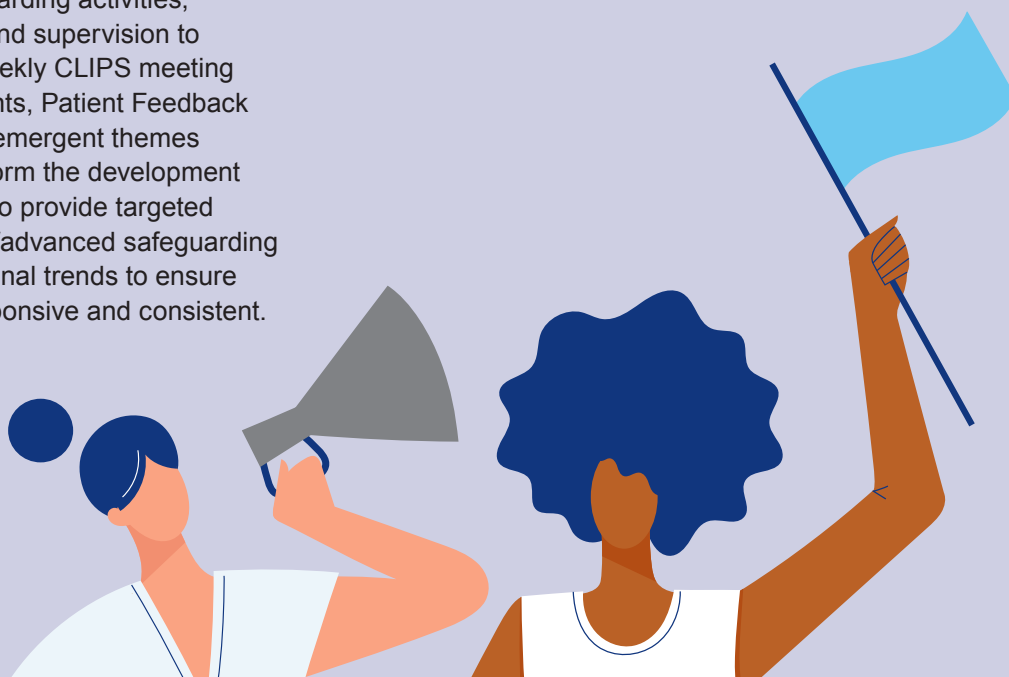
4.4.3. Training and development

The deputy named nurse collaborates closely with the named midwife to advance our safeguarding objectives through various initiatives. This includes developing policies, factsheets, and tailored training sessions. They are tasked with providing Level 3 safeguarding training for colleagues in alignment with the Intercollegiate Document. Additionally, the deputy named nurse conducts restorative safeguarding supervision for all safeguarding leads/advanced safeguarding practitioners bi-annually. They also oversee the professional growth of these colleagues, offering support and guidance to newly appointed advanced safeguarding practitioners to ensure a smooth integration into their roles through structured assistance and consistent communication.

4.4.4. Expansion and sustainability

The deputy named nurse supports developing and delivering our safeguarding strategy by working closely with the named midwife and executive safeguarding lead. They are responsible for ensuring both short and long-term safeguarding agendas are embedded within professional practices across all centres by delivering targeted guidance and training and ensuring feedback from colleagues is considered in objective planning for the organisation.

The deputy named nurse role supports succession planning for safeguarding leadership in the organisation, supporting safe expansion and sustainability within the safeguarding structure.



SAFEGUARDING ACTIVITY IN 2023



5.1. Safeguarding risk assessments

In safeguarding, evidence of clear risk assessment and decision-making is vital. Information is gathered from external agencies, as well as the following internal tools:

- Age-specific safeguarding proformas
- Vasectomy safeguarding proforma
- Domestic abuse, stalking, harassment, and honour-based abuse assessment
- Child sexual exploitation assessment
- Drug and alcohol assessment
- Mental capacity assessment
- Visual assessment
- Professional judgement

At MSIUK, all colleagues are made aware of their responsibilities in relation to safeguarding and supporting documentation, as well as the importance of making all care client-centred.

We aim to provide a holistic response to vulnerable clients accessing our services by preventing harm, empowering individuals, and acting proportionately to disclosures.

5.2 Safeguarding pathways

5.2.1. One Call Safeguarding Team (OCSGT)

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.

The One Call safeguarding team has extensive national links with mental health crisis teams, domestic abuse charities, 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 free counselling and a 24/7 advice line, which clients can access at any stage of their journey with us, including post-treatment.



5.2.2. Safeguarding in 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 regional treatment centres with each centre linked to further clinical treatment centres affording more local access. Increasing the number of our sites and clinical appointments across the UK allows us to support more clients, and it provides flexibility in location and 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 via telemedicine, both of which are available to clients over 13 years old, dependent on clinical history.

A level 3 trained clinician assesses all clients in our centres and completes a safeguarding risk assessment. Our safeguarding assessments are bespoke to MSIUK, and any subsequent actions or decisions are risk-based, with consideration given to protective factors. Partnership subject matter experts such as ManKind and Karma Nirvana have reviewed our proformas, ensuring they are robust and relevant.

5.2.3. Safeguarding data

During 2023, we managed the care of over 137,000 clients seeking an abortion, equating to an average of almost 11,500 contacts per month. This is a 19% increase in activity compared to the previous year.

In-year data demonstrated on average:

10%

of clients disclosed safeguarding concerns

21%

of safeguarding clients required external referrals

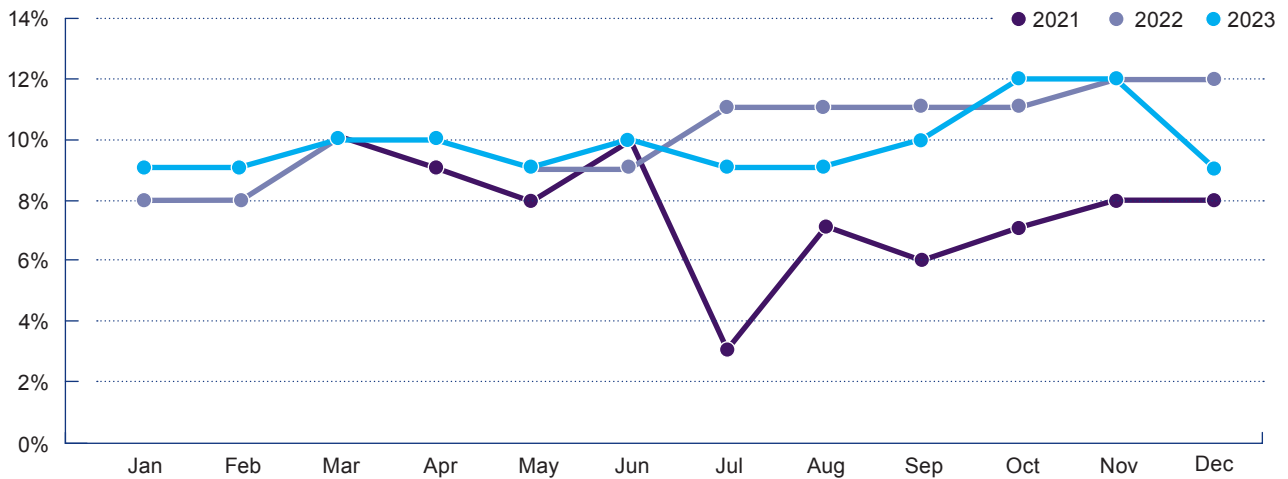
21%

of disclosures related to domestic abuse

25%

of disclosures related to mental health

**Figure 2: Average monthly safeguarding disclosures at MSI
3-year comparison**



Our 2023 data reflects that of previous years. This assures us that our systems and processes consistently safeguard clients effectively, with colleagues able to recognise risk and accurately report via our internal governance systems.

We offer face-to-face and telemedicine appointments, providing flexible client-centred services and safety netting at all contact points.

5.2.4. Key themes

MSIUK safeguarding concerns are themed into 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, and learning disabilities.

In 2023, the most prominent disclosures were related to domestic abuse and mental health.



5.3. Domestic abuse

5.3.1. UK context

MSIUK recognises that anyone can be a victim of domestic abuse. It is complex and harmful to those who experience it and is often subtle, secret, and sustained. Domestic abuse has a damaging impact on children and young people and is an identified Adverse Childhood Experience (ACE). Growing up in a household of fear and intimidation can impact young people's health, well-being, and development, with lasting effects into adulthood.

Domestic abuse is a significant issue in the UK. The Crime Survey for England and Wales estimated that **2.1 million people aged 16 years and over (1.4 million women and 751,000 men) experienced domestic abuse in the year ending March 2023**. Domestic abuse is a high-harm, high-volume crime that remains largely hidden. Therefore, data held by the police can only provide a partial picture of the actual level of domestic abuse experienced.

Only an estimated 24% of domestic abuse crimes are reported to the police.

Domestic abuse continues to be a gendered crime, with males making up 95% of all perpetrators (Women's Aid, 2023). MSIUK recognise that pregnancy is a specific risk factor for triggering and exacerbating domestic abuse, making victims more vulnerable. Research suggests **around 30% of domestic abuse begins during pregnancy, while 40-60% of women experiencing domestic abuse are abused during pregnancy**. Some evidence indicates that intimate partner violence is linked with early termination of pregnancy and repeat abortion. This shows that there is sometimes a repetitive cycle of abuse and pregnancy. The importance of offering post-abortion counselling is noted, particularly where domestic abuse is evident (Home Office, 2022).

Our overall domestic abuse data in Figure 3 includes disclosures relating to coercive control, reproductive coercion, and honour-based abuse. General domestic abuse disclosures relate to issues such as physical violence, economic abuse, sexual violence, neglect, emotional abuse, and technology-facilitated abuse.

Figure 4 below further breaks down our data to evidence the multiple types of domestic abuse our clients have disclosed in 2023.

5.3.2. MSIUK context

Many individuals who experience domestic abuse report feeling stigmatised and ignored by those agencies in place to support them. MSIUK is committed to ensuring that all clients accessing our services are validated, supported and safeguarded in a trauma-informed way.

All disclosures of domestic abuse that involve clients, their children or any other vulnerable person in their family or community are safeguarded via a consistent and effective multi-professional response, including partnership working with ICBs and their aligned local authorities.

All colleagues are aware of their responsibilities concerning internal reporting and external information sharing as indicated by safeguarding risk assessments and in line with statutory guidance.

Domestic abuse disclosures at MSIUK increased to an average of 21% in 2023 compared to 18% in 2022

This increase was anticipated with consideration given to the ongoing cost-of-living crisis and women in poverty, particularly at risk of domestic abuse.

Figure 3: Domestic abuse disclosures at MSI 3-year comparison – raw data

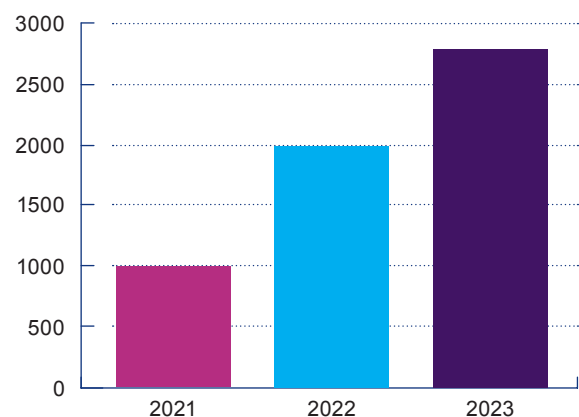
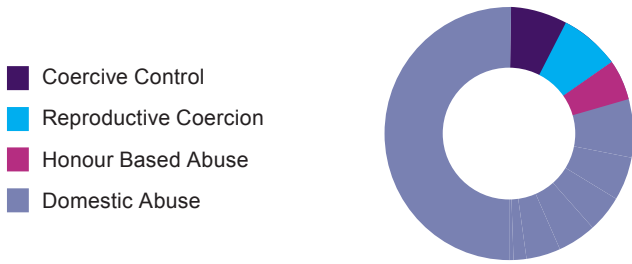


Figure 4: Categories of domestic abuse disclosures 2023



We work closely with specialist domestic abuse support services such as Standing Together Against Domestic Abuse, 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.

5.3.3. Anonymised case study – Anna

- 1** Anna is 36 years old and contacted MSIUK seeking an abortion. A phone consultation was booked to assess eligibility and safety for treatment.
- 2** During consultation, Anna disclosed escalating domestic abuse from her partner. She stated he is in a position of trust and has access to firearms.
- 3** Anna shared that her partner is physically abusive and owns a gun. She stated she was recently hospitalised due to injuries caused by her partner and that she is very scared of him.
- 4** A face-to-face appointment was made at Anna’s convenience. From her consultation, Anna was assessed as high risk of harm. Concerns were flagged to the treating centre prior to attendance.
- 5** Anna disclosed ongoing police involvement due to the domestic abuse and consented to MSIUK contacting the police to share our concerns and ensure her safety.
- 6** MSIUK were put in contact with the predatory offender unit dealing with Anna’s case. They agreed to attend the centre on the day of Anna’s appointment in case her partner attended.
- 7** Anna attended her appointment and an additional safeguarding risk assessment was completed. No additional disclosures were made.
- 8** The police were present at the centre during Anna’s appointment to ensure her safety and that of MSIUK staff. Her partner did not attend.
- 9** An Early Medical Abortion (EMA) was prescribed and administered. Contraception was given. Onward referrals were discussed and consented to.

These situations – where there is extremely high-risk behaviour and the abuser has links with establishments such as the government and the police – can cause the survivor to have a lack of trust in these agencies.

It was important to understand the imbalance of power and fear that Anna was experiencing and how this could be a barrier to leaving the abusive situation she was in. A post-treatment welfare call was made, and Anna disclosed she had safely passed the pregnancy at home. MSIUK completed referrals to the National

Centre for Domestic Violence, and Anna confirmed they had been in contact, and she had a non-molestation order in place. She shared that the police supported her, as did her GP. Anna disclosed she had managed to leave her abusive partner and was currently safe.

As a result of the above, Anna was able to access EMA treatment and was supported in her decision for an abortion. Anna was safeguarded proportionately, and her choices in safety planning and next steps were at the centre of all onward information sharing.

5.4. Mental health

A 2023 report from NHS England found that 20-23% of individuals between the ages of eight and 25 have a probable mental health disorder, highlighting the unprecedented pressures being faced by young people today. Themes of concern identified as contributing factors to poor mental health include the cost-of-living crisis, climate change, education, and substance misuse.

Research into the long-term and cumulative effect of the COVID-19 pandemic on mental health is ongoing, but it is evident that women, young adults, disabled people, and those with pre-existing mental health concerns and from minority communities are disproportionately affected.

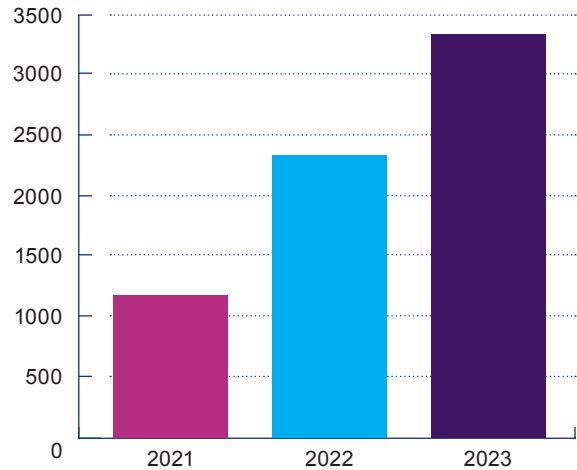
The cost-of-living crisis continues to negatively impact individuals across the UK, with 1 in 4 adults experiencing moderate to severe depressive symptoms related to difficulties in paying rising energy, accommodation, and food costs (ONS, 2023). Fuel poverty was estimated to increase to 14% in 2023, with this known to drive health inequalities such as cardiovascular disease, poor mental health, and problems with childhood development (Lee et al., 2022). We work closely with external agencies that can provide clients with practical support with food, finances, and accommodation, alongside signposting to mental health services.

Mental health disclosures accounted for 25% of all reported safeguarding concerns, an increase of 5% compared to 2022.

We continue to focus on building strong local and national links with support services such as Helix, Mosaic Clubhouse, Maternity Trauma and Loss Care Service, Samaritans, and Early Break. 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.



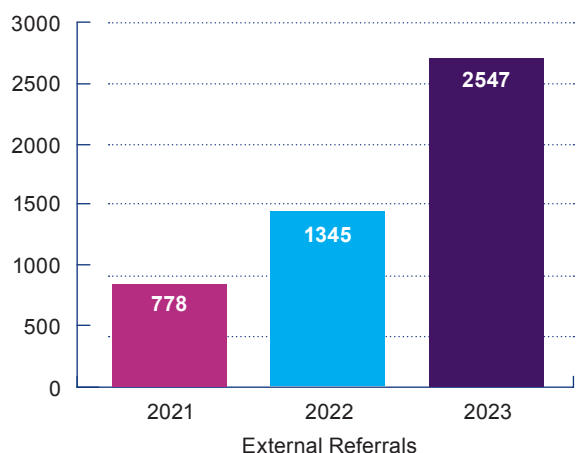
Figure 5: Mental health disclosures at MSI 3-year comparison – raw data



5.5. External referrals

This year, 21% of our clients with identified safeguarding concerns were referred externally after accessing our services, an increase of 6% from 2022. This includes referrals to agencies such as GPs, NHS trusts, social services and the police. We believe this increase in external information sharing reflects the increasing complexity of safeguarding concerns and improvements in data collection and reporting tools. The figures provide assurance 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 6: External safeguarding referrals 3-year comparison – raw data



5.6. Children and young people

Under-18-year-olds account for 2% of clients accessing MSIUK services. Younger clients can face multiple barriers to receiving information and quality healthcare, often leading to uncoordinated responses. Our policies incorporate the UK Government's 'You're Welcome' standards (2023) to ensure our service is youth-friendly and responsive.

5.6.1. Safeguarding risk assessments

Our age-specific safeguarding risk assessment for clients under 18 asks targeted questions on issues such as child sexual/criminal exploitation, domestic abuse, and consent. We have specialised pathways for under-13, under-16, and under-18-year-olds accessing our services. Our Young Persons Standard Operating Procedure (SOP) provides additional guidance in capacity, consent, parental involvement, and accompanying adults.

5.6.2. Adverse childhood experiences

As part of our objective to make our service trauma-informed, in 2023, we focused on education for colleagues around Adverse Childhood Experiences (ACEs) in relation to all clients, but particularly those under the age of 18. ACEs are “highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event or prolonged threats to, and breaches of, the young person’s safety, security, trust or bodily integrity.” (Jay et al., 2022).

Research states that 57% of adults in the UK have experienced ACEs (Jay et al., 2022). These adverse experiences often require the young person to adapt to survive in their immediate environment. Regaining a sense of control and attempting to understand what is happening to them is important to that individual's safety. However, these coping strategies may continue throughout their adult life, which can impact how someone interacts with us as a reproductive healthcare provider. Our adult clients will also experience many of the above, and our approach to support them is the same.

5.6.3. Children-looked-after and care-experienced clients

In 2023, 0.6% of our clients disclosed being currently looked after or having experienced care. MSIUK is aware that a child/young person may be under the local authority's care for multi-faceted and complex reasons. We have created and adapted policies and factsheets to support our colleagues in

understanding the UK context of care-experienced people and considering vulnerabilities and barriers this cohort may experience. Understanding the prevalence of care-experienced clients helps to inform local and national community partnerships and enables an evidence-based approach to our practice at client, organisational and population levels. Such data is also shared with external stakeholders, which can help inform provision across regions in relation to targeted community support.

Care-experienced individuals are more likely to be the target of sexual exploitation, have an increased risk of substance abuse, are more likely to struggle with poor mental health, and have a higher prevalence of special educational needs and disabilities (NICE, 2021). Lack of access to appropriate support services, reluctance in some cultures to report concerns about a child's safety, and greater uncertainty among child welfare professionals about how to respond appropriately to the needs of families from marginalised groups can all contribute to this (NSPCC 2022).



A history of abuse, combined with a lack of consistency and inexperience in 'healthy' relationships, may put them at increased risk of being abused, groomed, or exploited by people offering them the attention, affection or support they have struggled to find elsewhere.

Consideration of this potential for increased risk is highlighted when completing our safeguarding risk assessments and those young people considered particularly vulnerable can be caseloaded by an advanced safeguarding practitioner to provide continuity and stability.



Care homes are often targeted by people seeking to exploit these vulnerabilities

Children's commissioner, 2023



5.6.4. Anonymised case study – Carrie

- 1** Carrie is 16-years-old and presented to an MSIUK centre without an appointment, requesting an urgent EMA. 
- 2** The front of house team notified centre management within the clinic and due to Carrie's age and obvious upset a last minute same-day EMA appointment was added.
- 3** An age-appropriate safeguarding proforma was completed with Carrie. She disclosed that she lived at home with her mother and older brother. 
- 4** Carrie's appointment was completed by a Registered Professional trained in all aspects of consultation and treatment, ensuring continuity of care and prompt action.
- 5** Carrie shared that both her mother and brother had been emotionally abusive towards her and threatened physical violence if she proceeded with an abortion.
- 6** Carrie shared that things at her home were not good and there was never any food in the cupboards. 
- 7** Carrie also disclosed that she had not been in education, employment or training (NEET) for six-months due to bullying from her peers. 
- 8** Carrie was assessed as requiring urgent safeguarding intervention in relation to domestic abuse, neglect, reproductive coercion, and NEET status.
- 9** EMA was completed and contraception was given. Onward safeguarding referrals were discussed and consented to. 



With a full picture of Carrie's situation, treatment options were discussed to ensure the safest method of treatment and discharge.

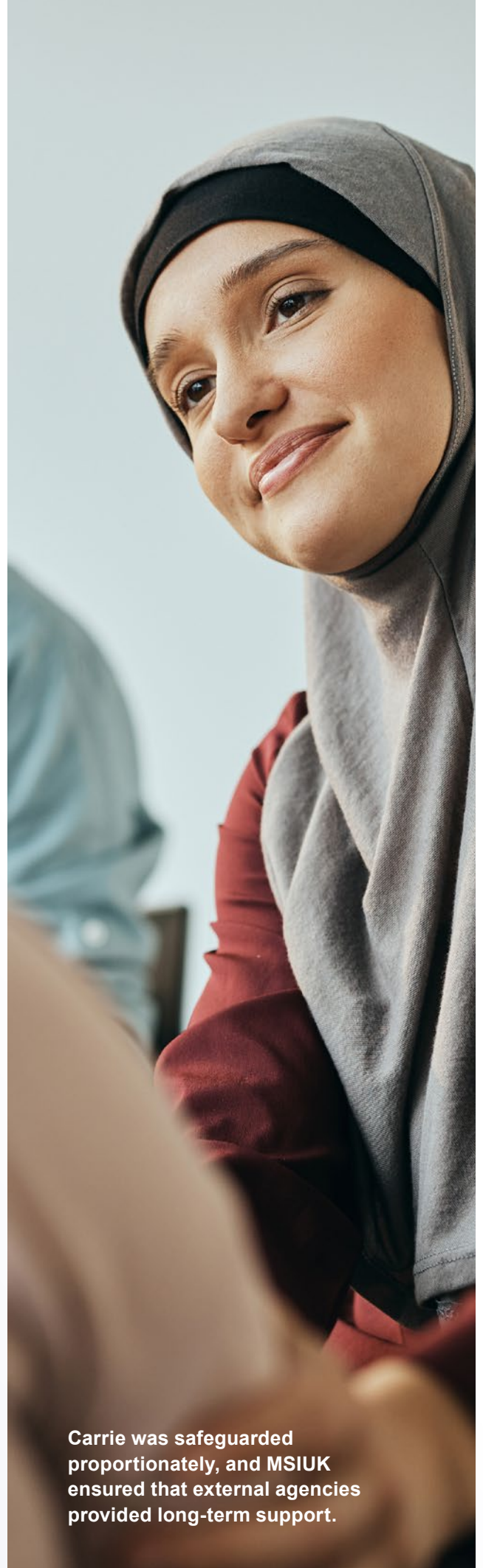
Carrie opted for same-day EMA, stating it would be difficult for her to attend further appointments. She stated that she had support from a trusted adult and would be able to pass the pregnancy in a safe place. Post-treatment telephone counselling was booked at a time best suited to Carrie, and a follow-up welfare call was arranged.

Urgent calls were made to the duty social worker at children's social services and the police (via 101) with Carrie present to ensure all appropriate information was shared, proportionate to the situation disclosed, and taking Carrie's choices into account.

After assuring Children's Services and the police that Carrie was not at immediate risk of harm and had a place of safety to go to, both services confirmed they would be following up on the case as a priority.

Further information sharing with Carrie's GP was completed via secure NHS email to ensure robust and coordinated onward safeguarding. The clinician also shared proportionate information with the local authority Education Welfare Officer, as Carrie stated she would like support in returning to school.

As a result of the above, Carrie was able to safely access urgent EMA treatment and contraception at her convenience to ensure she felt empowered and supported in her decision.



Carrie was safeguarded proportionately, and MSIUK ensured that external agencies provided long-term support.

06

TELEMEDICINE

“

MSIUK's Telemedicine Pathway enables clients to take abortion medication in their homes while providing individualised support at each stage of the process.

The evidence supporting telemedicine is robust and demonstrates that it is an essential option in abortion care, being safe, accessible and often preferred by clients.

Aiken, 2021

”

A **virtual support package** is available via telephone and our website, as well as through web chat support, aftercare content, and step-by-step explainer videos.

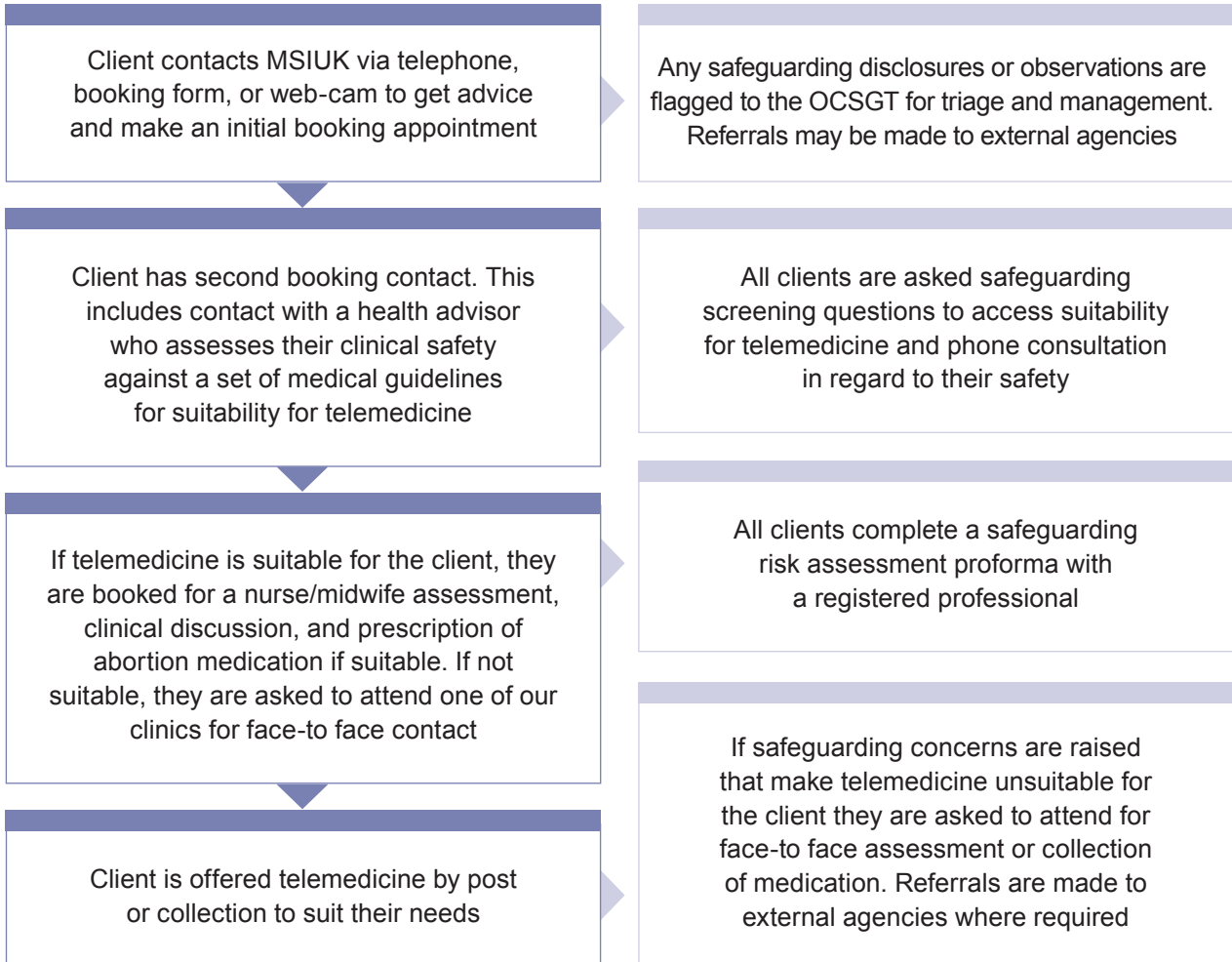
We have a **24/7 clinical helpline** providing post-treatment support over the phone for clients with questions or concerns.



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 7 demonstrates our robust safeguarding process at each point of client contact within the telemedicine pathway.

Figure 7 – Safety netting Process in telemedicine



6.2. Telemedicine data

6.2.1. Overall service provision data

52% of all early medical abortions provided by MSIUK were via telemedicine, proving it is a much needed and utilised service.

6.2.2. Telemedicine safeguarding data

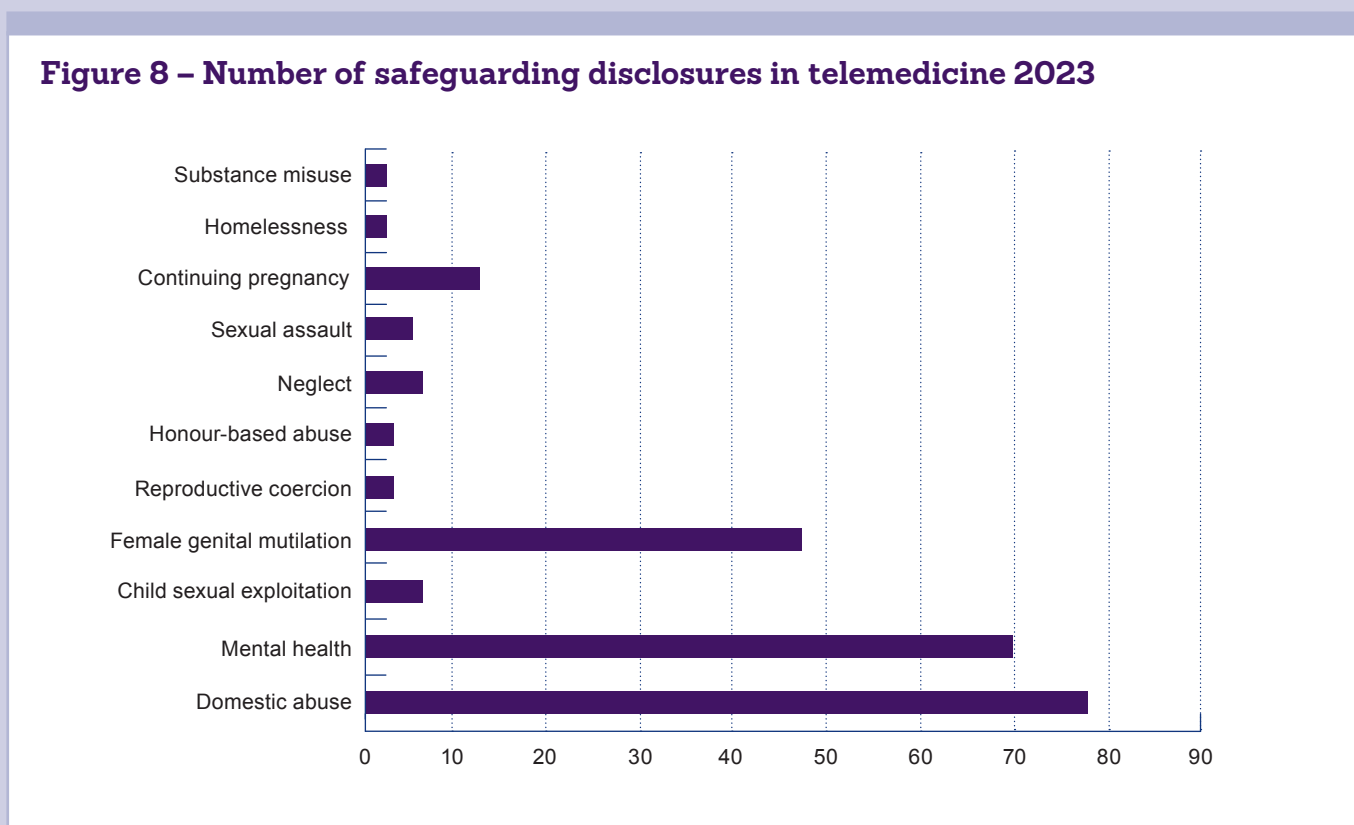
Some clients require additional safeguarding at telemedicine appointments due to more complex safeguarding concerns or new disclosures. Where necessary, some of these disclosures will result in a change of pathway to a face-to-face appointment for medical abortion to allow for additional safeguarding and appropriate care.

In-year telemedicine data demonstrated on average:

34% of disclosures related to domestic abuse

30% of disclosures related to mental health

Figure 8 provides a breakdown of all telemedicine safeguarding disclosures this year.



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.

07 CONTRACEPTION SERVICES

Contraception is a fundamental part of MSIUK's care. We believe everyone should have access to the contraception that works best for them, and we're here to support those who choose it.

It is also vital for vulnerable individuals 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, and we safely net them throughout their journey.

Figure 9 – Safeguarding safety netting process for contraception services

- 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
- 3** Any safeguarding disclosures (including U16) or observations are sent via our internal referral system to the One Call safeguarding team for triage, management and monitoring
- 4** Any client with safeguarding concerns are booked into a specialist contraception consultation appointment to ensure they are seen by a Registered Professional
- 5** During the appointment, a safeguarding assessment is completed and a personalised safeguarding plan is made
- 6** Any safeguarding concerns identified and subsequent action plans deemed necessary will be reported on Datix
- 7** Referrals are made to external agencies as required
- 8** All contraception safeguarding Datix are reviewed by the centre safeguarding lead/advanced safeguarding practitioner

7.2. Vasectomy

Harmful gender roles and stereotypes mean men are less likely to discuss or seek health for their mental health concerns and are at an increased risk of dependence on drugs and alcohol (Mental Health Foundation, 2021).

Men are also more likely to use other harmful coping mechanisms rather than attend Talking Therapies or discuss with families/friends. Our bespoke vasectomy safeguarding proforma has been reviewed by subject matter experts such as Mankind and Respect to ensure alignment with current statutory guidance.

A new post-treatment survey for vasectomy clients is now in place and is completed 16 weeks post-op. This survey includes questions related to safeguarding and the support the client received (if applicable). It will allow us to recognise our vasectomy team's positive work and highlight areas that may need an improved response with current statutory guidance and best practice.



Figure 10: Vasectomy safeguarding disclosures – 3-year comparison

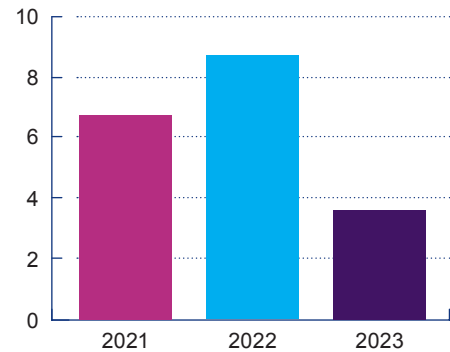
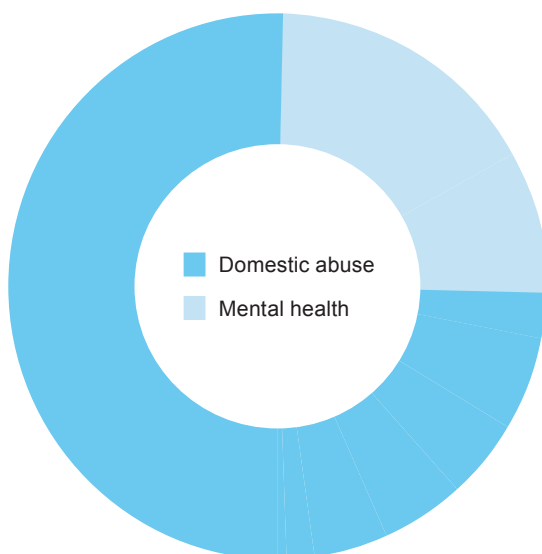


Figure 10 illustrates the main safeguarding disclosures identified during vasectomy consultations.

Although we are unable to say with certainty, we suggest that the increased disclosures in previous years were driven by the pandemic, with many individuals unable to access support via regular routes due to lock-down restrictions.

Figure 11: Vasectomy safeguarding disclosures by theme 2023

Vasectomy disclosures by theme:



We will continue to focus on the main areas of concern and adapt our safeguarding within vasectomy

throughout 2024

to ensure we meet the needs of this cohort and make every contact count.

08 POLICIES AND GUIDANCE

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

They are readily available to all colleagues via our Intranet, and staff follow these to ensure we provide safe, consistent, high-quality care for all clients.



In 2024, 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 2023:

Policies:

- Continuing pregnancy policy
- Did not attend policy
- Domestic abuse policy
- Managing safeguarding allegations against staff policy
- Safeguarding adults, children and young people policy

Standard operating procedures:

- Care and referral of children under-13-years-old SOP
- Digital safeguarding and malicious content SOP
- Internal requests and safeguarding referrals SOP
- NHS referrals for clients with known safeguarding and/or under-16-years-old SOP
- Young persons SOP

Factsheets:

- Children looked after and care leavers factsheet
- Continuing pregnancy factsheet
- Non-fatal strangulation/suffocation Factsheet
- Trauma-informed factsheet
- Young carers factsheet

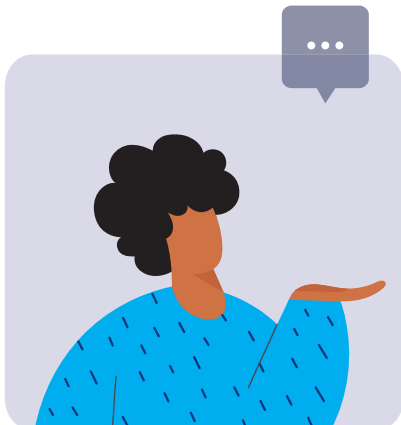
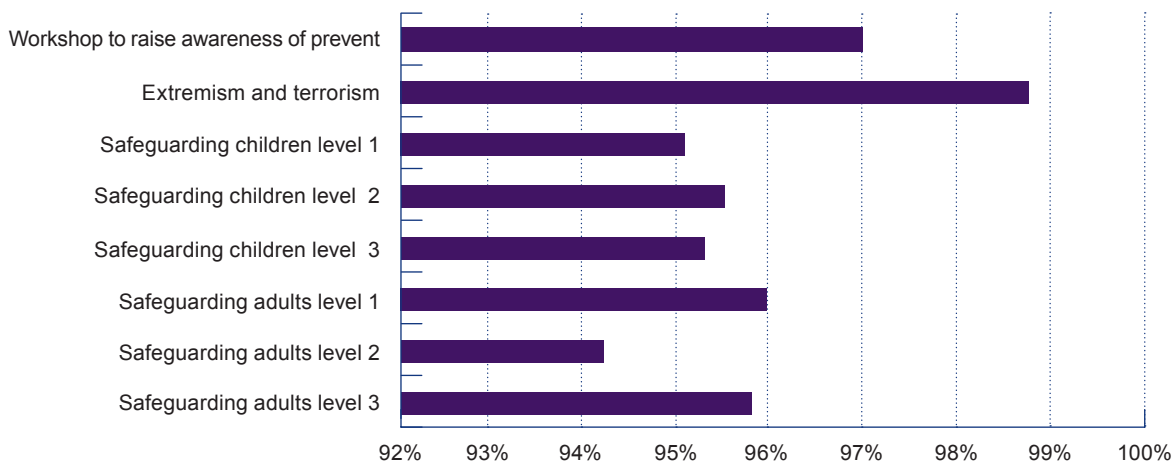
9.1. Safeguarding training

9.1.1. Training compliance

MSIUK's safeguarding training consists of safeguarding levels 1–3, in line with the Intercollegiate Document (RCN, 2019). **Level 4 training** is sourced externally. 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. **Our overall compliance for 2023 was 96%**, which exceeds our organisational **target of 85%**. Figure 12 offers a breakdown of compliance.



Figure 12: Safeguarding training compliance 2023



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.

9.1.2. Level 3 safeguarding training

Following colleague feedback, we have significantly updated our level 3 training to better reflect the disclosures seen within the organisation. The course content now includes increased resources related to trauma-informed practice, care-experienced young people, child criminal exploitation, and reproductive coercion.

In 2024, we will be further updating this training to include emergent safeguarding themes, including technology-facilitated abuse, faith-related abuse, and economic abuse.



9.1.3. Mandatory safeguarding updates

In 2023, 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. Mandatory modules available include:

- Child sexual exploitation
- Documentation in safeguarding
- Female genital mutilation
- Modern slavery and human trafficking intelligence
- Safeguarding in gypsy Romany travelling communities
- Safeguarding in vasectomy
- Trauma-informed practice

9.1.4. e-learning

All colleagues must complete further mandatory assigned e-learning relevant to their role. Our online learning platform, Kallidus, provides e-learning modules in the following safeguarding subjects:

- Capacity for consent
- Child sexual exploitation
- Female genital mutilation
- Modern slavery and human trafficking
- PREVENT



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.

The updated Working Together to Safeguard Children guidance (HM Government, 2023) emphasises the need for colleagues to access high quality safeguarding supervision and critically reflect on the impact of their decisions on clients and their families.

MSIUK acknowledge the importance of regular peer training, knowledge exchange, and safeguarding supervision.

It also provides an essential function in helping practitioners cope with the emotional demands of working with vulnerable adults and children.

Horwath, 2006

At the core of the Nursing and midwifery council code (2018) is the expectation that nurses and midwives will practise effectively and safely and will promote professionalism and trust.



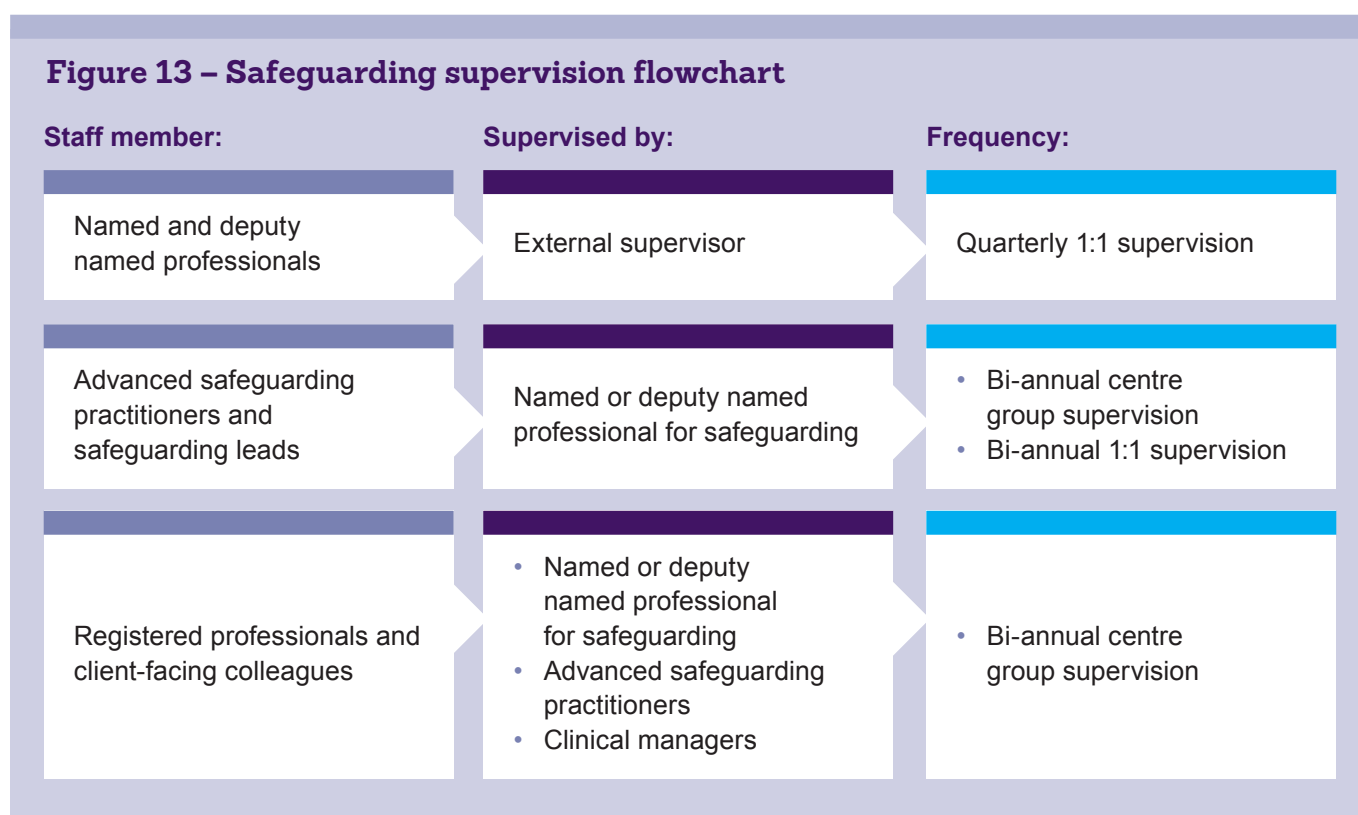
At MSIUK, we deliver an innovative safeguarding supervision model that provides robust supervision for colleagues in support services, regional treatment centres, and community treatment centres across the UK.

Safeguarding supervision supports all nurses and midwives in meeting and maintaining professional standards and registration and promotes safety in our services.

10.2. Supervision structure

10.2.1. Frequency and designation of supervision provision

Figure 13 details supervision requirements throughout the organisation and the frequency at which it is 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.



10.2.2. One-to-one safeguarding supervision

A senior or specialist member of staff leads individual supervision sessions. 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.

10.2.3. 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:

1 A formalised session with a trained supervisor

2 Mandatory safeguarding training updates

3 External safeguarding agencies are providing formalised training and discussion.



10.3. Supervision compliance

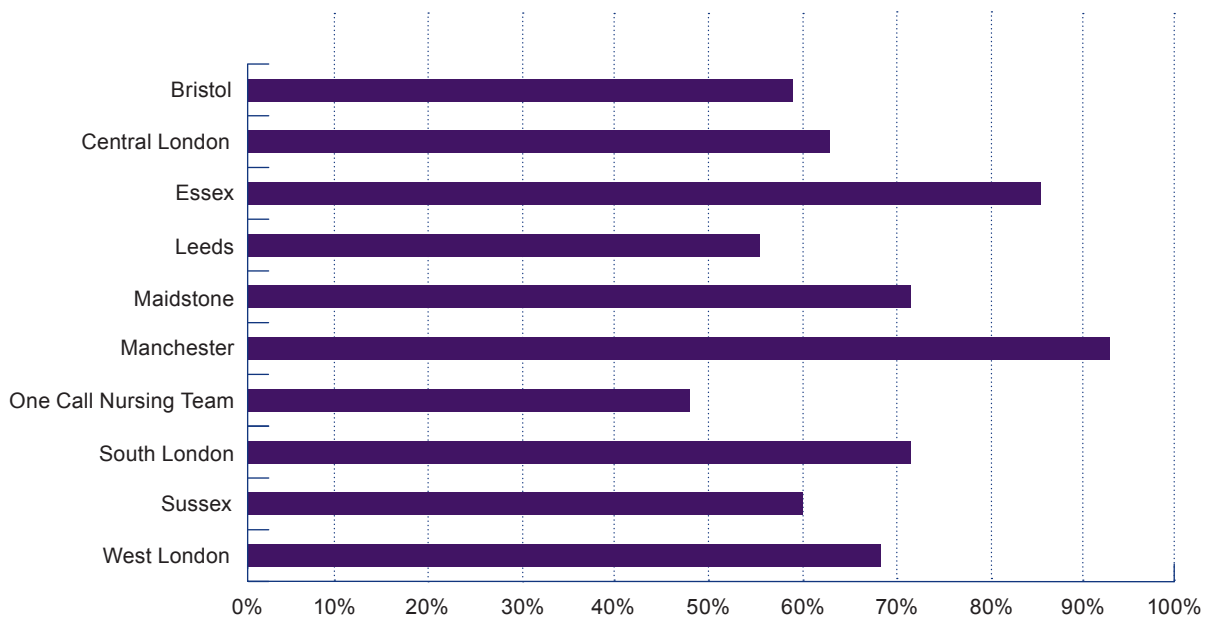
10.3.1. Safeguarding supervision compliance

Safeguarding supervision compliance met our organisational target of 85% in two centres. Every effort has been made to increase supervision compliance in 2023 via monthly drop-in sessions and mandatory updates. All Safeguarding leads and advanced safeguarding practitioners received bi-annual supervision with the named midwife. The named midwife also provided bi-annual group supervision for all centres and multiple targeted ad hoc sessions.

Despite this, two key barriers were identified in centres with reduced compliance – the sessional structure of specific teams and colleague turnover.

In 2024, five more colleagues will be trained to deliver safeguarding supervision, increasing overall compliance and ensuring all colleagues have timely access to supervision.

Figure 14: Average safeguarding supervision compliance 2024



11 GOVERNANCE AND ACCOUNTABILITY



We actively promote a culture of learning, accountability, and improvement amongst all colleagues.

As a healthcare provider, we comply with national safeguarding legislation and Care Quality Commission (CQC) standards of care. Our robust quality and governance framework provides MSIUK and our external stakeholders with the assurance we are consistently meeting expected requirements.

Our safeguarding group and Integrated Governance Committee meet quarterly and receive reports on national and regional safeguarding activity, themes, audits, and change programmes. The named safeguarding midwife also presents a client story at our quarterly UK Divisional Board meeting to ensure safeguarding practice is represented at the highest level of the organisation.

Each advanced safeguarding practitioner/safeguarding lead is responsible for completing bi-monthly CMPs for their centre and escalating areas of non compliance to ensure effective controls and mitigations are implemented where required.

11.1. Supplier quality improvement requirements

Safeguarding practice across all centres is assessed annually as part of our Supportive Quality Assessment Review (SQAR). The SQAR review aims to assess compliance with CQC standards, identify areas for improvement, and support the achievement and maintenance of high-quality care.

As subject matter experts, the named midwife and deputy named nurse complete the SQAR for safeguarding via observation, interviews, document review, and data analysis. Any identified actions are added to the centre's Local Service Improvement Plan (LSIP), and progress is reported at Local Integrated Governance Meetings (LIGM). Exceptions are also noted at the safeguarding group.

11.2. Compliance monitoring programme

Our Compliance Monitoring Programme (CMP) audits colleagues' understanding of key safeguarding processes across the organisation. The CMP enables centres to review and monitor safeguarding performance and risk indicators in record keeping, information sharing, supervision and training.

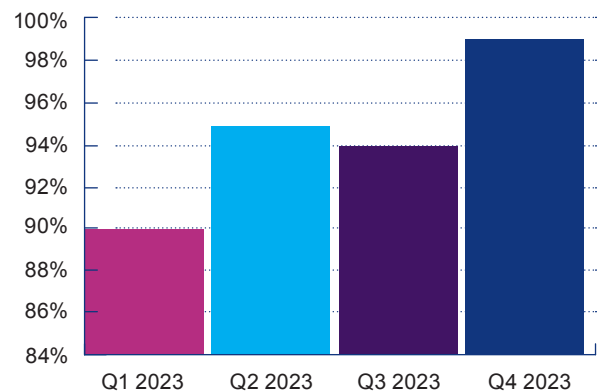
MSIUK has an organisational compliance target of

85%

11.2.1. Compliance monitoring results 2023

Our 'General Safeguarding' CMP audits compliance in areas including understanding key pathways and resources for clients and involves observing safeguarding risk assessments. The average compliance across the organisation was 95%.

Figure 15: Average 'General Safeguarding' CMP results per quarter across all centres





Our 'Safeguarding Documentation' CMP audits compliance in areas related to internal record keeping, risk management, care plans, use of age appropriate proformas, and proportionality of external information sharing.

The average compliance across the organisation was **96%**

11.3. Raising concerns

MSIUK is dedicated to providing safe, high-quality care and creating an environment where everyone feels safe and confident speaking up, knowing their voice counts. Our care is underpinned by strong governance and transparency, and we are committed to acting on concerns from all sources, including colleagues, clients, families, and the wider public.

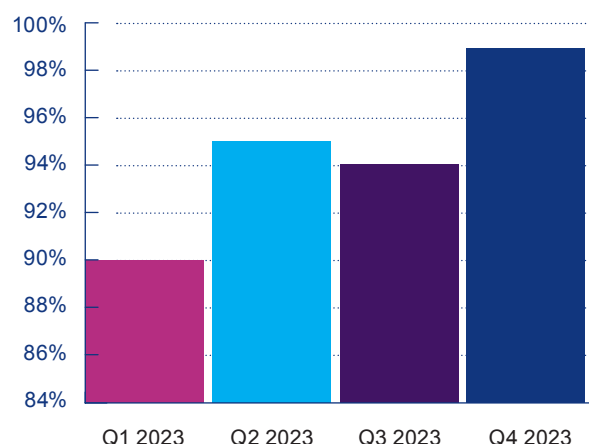
Colleagues are often the first to realise that something may be going wrong, and we encourage all team members to raise concerns about any concerning behaviour in the workplace. Our organisational structure supports strong clinical leadership and effective oversight, and we have five dedicated Freedom to Speak Up Guardians who support colleagues in speaking up when they feel that they are unable to in other ways.

11.4. Incident reporting

11.4.1. Deviation from safeguarding policy

In 2023, we added an additional category to our incident reporting system, Datix. The 'Deviation from safeguarding policy' category provides insight into gaps in practice related to internal policies and procedures. These are raised and discussed at our weekly CLIPS meeting to share lessons learned and consider any mitigations required. Incidents reported under this category can be seen in Figure 16.

Figure 15: Average 'general safeguarding' CMP results per quarter across all centres



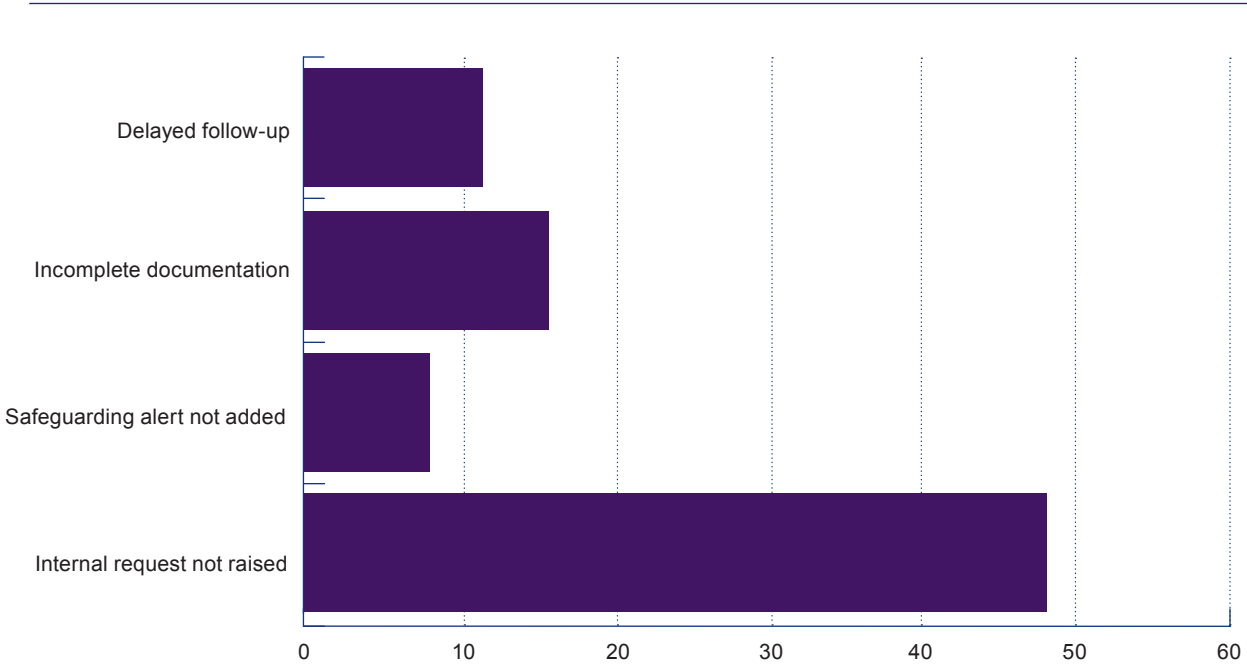
Challenges reported throughout the year that have impacted compliance include multiple policy amendments to reflect changing statutory guidance, changes in our reporting process and new starters.

In 2024, we will continue to evaluate and update our safeguarding processes and focus on practical ways to communicate these changes to colleagues.



Figure 16: Deviation from safeguarding policy incidents 2023

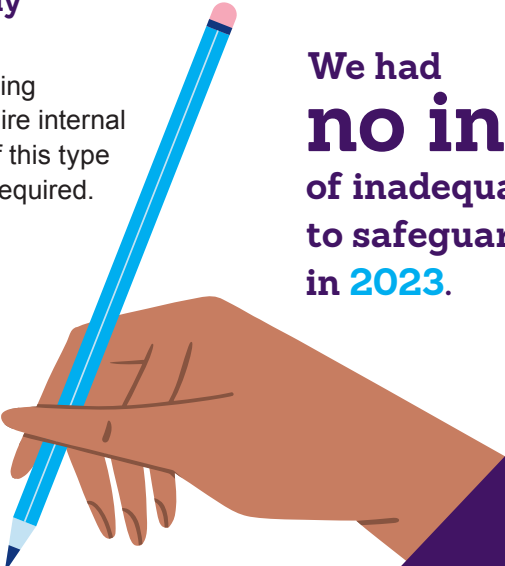
Figure 16 breaks down the type of deviation reported in 2023. Eighty-one incidents of this nature were reported, equating to 0.6% of safeguarding clients.



11.2.2. Failure to respond adequately to a safeguarding concern

Failure to respond adequately to a safeguarding concern is a zero tolerance event which require internal investigation and escalation. Any incidents of this type are internally investigated and escalated as required.

We had **no incidents** of inadequate response to safeguarding concerns in 2023.



12 DIGITAL TRANSFORMATION

12.1.1. Electronic patient record

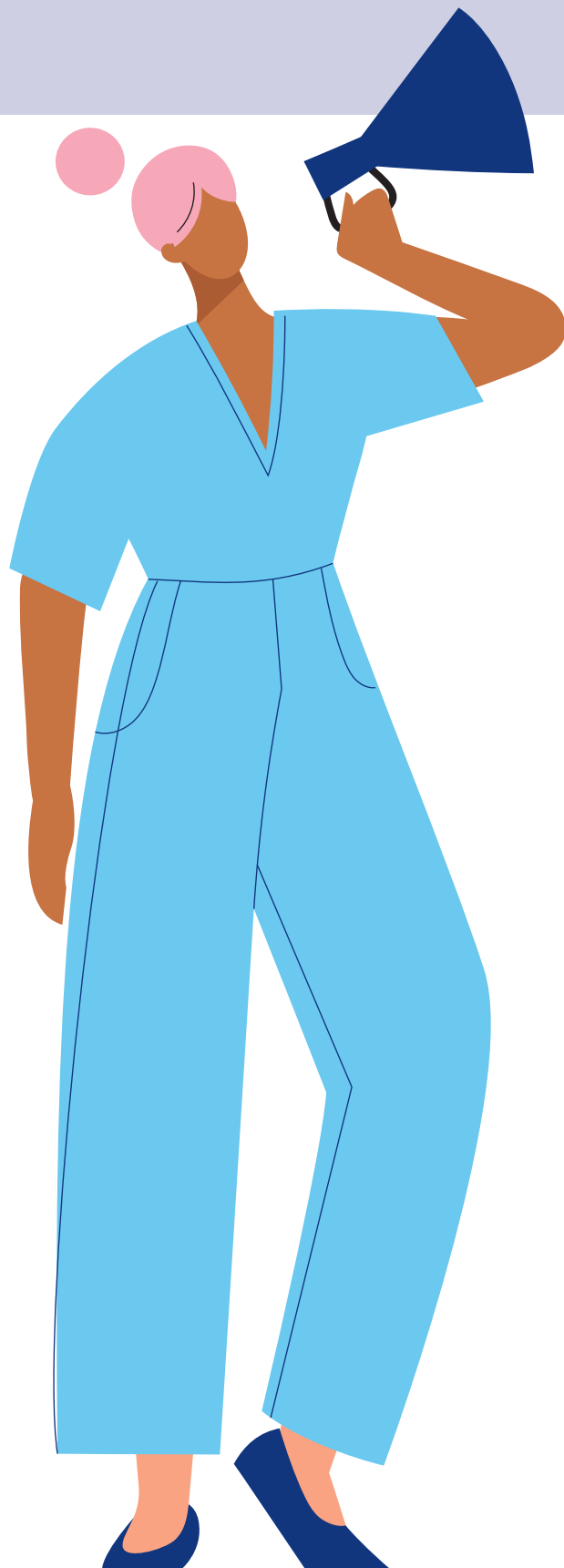
During the year, the safeguarding team worked closely with the Digital and Transformation team to ensure clients experience a seamless, digitally enhanced user journey to inform and support them during their treatment pathway. A thorough mapping process of all safeguarding touch points of the client journey was completed, and we have introduced a new internal process for flagging and requesting support.

This new process provides 37 safeguarding category options (including adult sexual exploitation, child criminal exploitation, and radicalisation) and 18 referral category options (including MARAC and LADO). Colleagues can add multiple categories and referrals per individual client, allowing for highly detailed data collection and analysis in 2024. This data will be showcased on a newly developed Safeguarding Power BI Dashboard later in 2024, which will provide up-to-date oversight of all safeguarding activities across the organisation

12.1.2. Child protection information system

The Child Protection Information Sharing (CP-IS) programme links the IT systems used across health and social care to share basic information to securely support children's well-being. CP-IS is endorsed by CQC and is included in the key lines of enquiry during CQC inspections. CP-IS has been in use across emergency and unplanned care since 2014, supporting the safeguarding of children when they present in these care settings. Access to this service by health colleagues has been proven to save lives.

In 2023, NHS England granted MSIUK access to the CP-IS via NHS Spine, marking a significant advancement in our safeguarding capabilities. This development underscores the effectiveness of our audited utilisation of the Summary Care Record aspect of NHS Spine, demonstrating a balanced approach with robust justification. Looking ahead, we are preparing to provide access to NHS Spine for all advanced safeguarding practitioners by 2024.



13 MULTI-AGENCY PARTNERSHIPS

We had the privilege of working with several external agencies in 2023, all of whom have provided unique and invaluable insights on various safeguarding issues we encounter in abortion services. We want 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.

13.1. New working partnerships in 2023

13.1.1. Jewish women's aid

Jewish Women's Aid (JWA) supports women and children affected by domestic abuse and sexual violence via practical and emotional support, counselling, children's therapy and support groups. They also provide education in schools to empower young Jewish people to understand abusive situations and the importance of consent in their relationships. JWA presented a training session to the MSIUK safeguarding team about the work they do and the interplay cultural and religious beliefs can have in exacerbating abusive situations whilst simultaneously recognising the importance of these beliefs in providing individuals comfort and hope. Following on from this training session, JWA has given MSIUK expert advice in several safeguarding cases where Jewish clients were experiencing intimate-partner violence and faith-related abuse.

13.1.2. Hestia

Hestia provides community outreach and refuge to individuals experiencing domestic abuse and modern slavery. In 2023, MSIUK met with Hestia to collaborate on a project to review their domestic abuse app, Bright Sky. Bright Sky is a safe app and website that provides practical support and information on how to respond to domestic abuse. It is for anyone experiencing domestic abuse or who is worried about someone else. It also helps people to spot the signs of abuse, know how to respond, and help someone find a safe route to support. We provided a key insight into the prevalence and nature of domestic abuse disclosures within the abortion sector. We were pleased to be included amongst other healthcare providers and first responders involved in the project.

13.1.3. SignHealth

SignHealth is a Deaf Health Charity that provides support for Deaf individuals who experience domestic abuse and sexual violence. They have a specialised team of IDSVAs, Domestic Abuse Navigators (DANs),

and Community Engagement Workers, most of whom are Deaf and use British Sign Language. SignHealth also has a team of Young People's Violence Advisors who visit Deaf and mainstream schools to provide workshops and 1:1 support for young deaf people. MSIUK presented an overview of our services to SignHealth colleagues to share learning and increase understanding of safeguarding within reproductive and sexual healthcare. SignHealth presented a training session to the MSIUK safeguarding team about the work they do, highlighting the barriers Deaf survivors/victims can experience and helping us to consider how we can tailor our services to reduce these.

13.1.4. Standing together against domestic abuse

Standing Together Against Domestic Abuse (STADA) is a national charity bringing communities together to end domestic abuse. They pioneered the "Whole Health" approach to domestic abuse, recognising the need for a systemic approach to responding across the health economy. Following recommendations made in the Domestic Abuse Act 2021, STADA were awarded a three-year contract by the Home Office to identify and understand domestic abuse interventions across healthcare settings and ensure a consistent and coordinated whole health system approach.

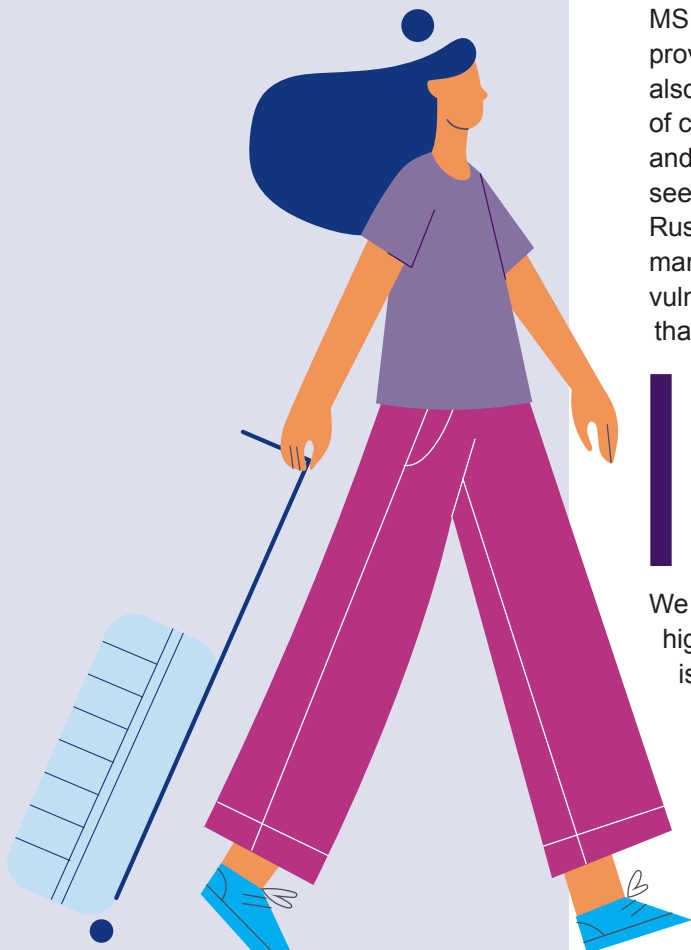
As part of this contract, STADA facilitated focus groups with survivors of domestic abuse through a health lens with multiple organisations. The survivor voice work focused on barriers to healthcare, provision gaps, and what survivors wish professionals knew when providing support. MSIUK supported this initiative by placing posters and information leaflets in client-facing areas and providing a QR code that individuals could scan to learn more about the focus groups. This was an excellent opportunity to give survivors a voice regarding what they want and need from healthcare organisations. We look forward to seeing the outcome of this initiative

14

HORIZON SCANNING

The following objectives for 2024 align with NHS England's 'Safeguarding accountability and assurance framework' (2022).

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



14.1.1. Increased activity and expansion of provision

Our projected expansion and growth in activity will undoubtedly increase the number of safeguarding disclosures we will see in 2024. We will focus on embedding high-quality safeguarding practice and governance across all new centres via targeted training, supervision, and expert oversight from the named and deputy named professionals. A key part of our expansion into new areas will be linking with community partnerships and building positive working relationships with local safeguarding services to support our clients in these new regions.

14.1.2. Education and wellbeing

Issues such as domestic abuse, exploitation, honour-based abuse, and sexual violence are social concerns with devastating impacts on individuals and communities. Increased awareness of safeguarding issues allows individuals to recognise when they are in unsafe situations and enables them to seek support. In 2024, we will focus on enhancing MSIUK's safeguarding education, well-being, and advocacy via our digital resources, including awareness campaigns and targeted support pages.

14.1.3. International safeguarding – external partners and MSI global country programmes

MSIUK is part of a global community of practice committed to providing reproductive and sexual healthcare to individuals whilst also protecting those who are most vulnerable. Emergent situations of conflict and political violence are key drivers for forced migration and present an opportunity for traffickers to exploit those who are seeking safe and legal passage. Notably, the escalation of the Russo-Ukrainian war in 2023 has displaced millions of individuals, many of whom are unaccompanied minors who are more vulnerable to migrant smuggling and exploitation due to challenges that arise from navigating asylum procedures (UNICEF, 2022).

In 2024, we will focus on supporting clients and colleagues where safeguarding concerns and criminal activity occur outside the UK.

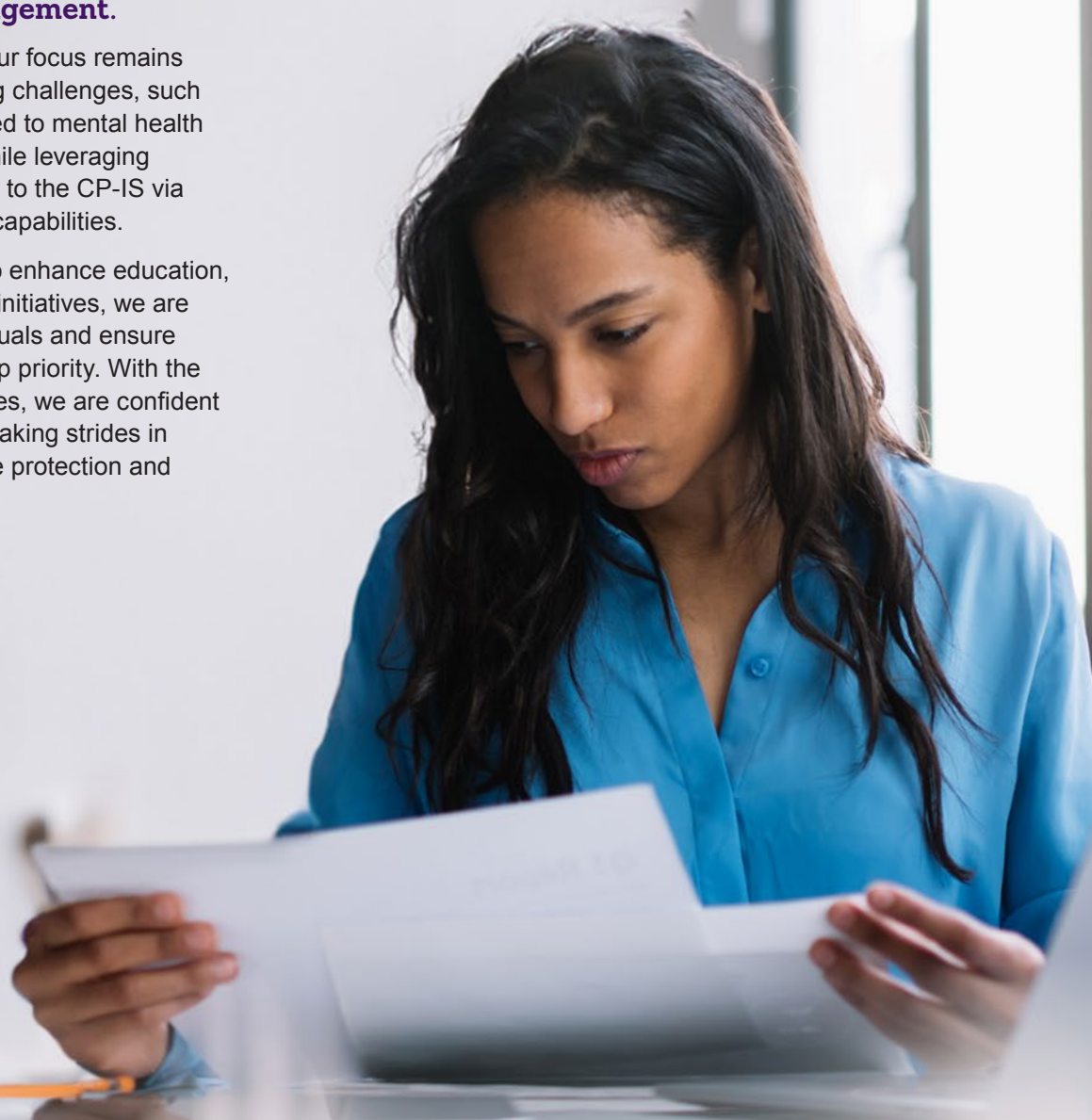
We aim to contextualise the issues we see within the UK and highlight how these are inextricably linked to broader global issues such as conflict and climate change on enhancing MSIUK's safeguarding education for our clients.

15 CONCLUSION

Our safeguarding report underscores MSIUK's ongoing commitment to enhancing client safety and well-being. The progress made over the past year, from increased activity and service expansion to the strengthening of our safeguarding team, reflects our dedication to continuously improving our management.

As we look to the future, our focus remains on responding to emerging challenges, such as rising disclosures related to mental health and domestic violence, while leveraging advancements like access to the CP-IS via NHS Spine to bolster our capabilities.

Through ongoing efforts to enhance education, well-being, and advocacy initiatives, we are poised to empower individuals and ensure their safety remains our top priority. With the dedication of our colleagues, we are confident in our ability to continue making strides in safeguarding, ensuring the protection and support of all our clients.



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