



HM Inspectorate of Prisons

Safeguarding and Protection of Children and Young People

Recognising and Responding to Concerns or Allegations Protocol

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1. Introduction

This Protocol should be read in conjunction with the Safeguarding and Protection of Children and Young People Policy.

Hearing or knowing about abuse or neglect of children is often very difficult, and it is common to feel worry, disbelief, that you are 'stuck' by not knowing what to do or to focus on more optimistic explanations. This Protocol sets out the procedures for recognising safeguarding concerns, abuse and neglect of children and young people under the age of 18 years in any of the custodial settings that HM Inspectorate of Prisons (HMI Prisons) works, and it clarifies how to respond to and make referrals about such concerns.

Hereafter in this document, the term 'child' or 'children' will be used to refer to children and young people under the age of 18 years.

2. Scope

2.1 Application

This Protocol applies to all staff that are employed by HMI Prisons, both Inspectors and office-based staff, whether they are permanent, temporary or on agency/freelance contracts, or individuals, consultants or agencies contracted by HMI Prisons.

HMI Prisons does not investigate individual child protection cases or referrals; lead responsibility for such investigation lies with local authority children's services departments and the police. However HMI Prisons staff will need to follow this Protocol to ensure that all allegations or suspicions of abuse or neglect to any child are reported to the children's services department of the relevant local authority.

We will share all relevant information with the respective statutory child protection agencies (children's services and/or police) without delay and within agreed protocols. We will work jointly with others to safeguard and promote the welfare of children.

2.2 Encountering concerns

HMI Prisons staff might encounter child protection concerns in several ways such as through direct allegation by a child; allegations by others in the custodial setting; inspection, regulation and research work, including observation; from a member of the community, including, for example a parent. The concern might relate to:

- what may be happening now, or has happened in the past, to a child in an organisation we inspect
- what may be happening now, or has happened in the past, to a child outside that organisation, for example in their own family.

The concerns might be about the behaviour of:

- an adult detainee in the custodial setting
- another child detained in the custodial setting
- someone (a child or an adult) in the community (for example a friend, relative or close family member)
- a member of staff, volunteer, or service provider in the custodial setting where the child is detained
- a member of HMI Prisons staff (using the definition of staff as per the Policy).

Any member of HMI Prisons staff could receive such information and in all cases, this Protocol must be applied.

2.3 Safeguarding

The term 'safeguarding' is defined in the Children Act 2004 and in the statutory guidance document 'Working Together to Safeguard Children' (2015) as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes.

Child protection is part of safeguarding therefore, and refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

2.4 Expectations criteria (HMI Prisons, 2012)

Safeguarding is therefore not just about protecting children from deliberate harm but also relates to aspects of life when children are detained including, (but not limited to) health and safety; the use of force or restraint; meeting the needs of children with medical conditions; safety during contact/visits; internet or e-safety.

These areas, and many more, are discussed extensively in HMI Prisons' *Expectations: Criteria for assessing the treatment of children and young people and conditions in prisons* (2012), which relates to all expectations for different forms of custody and addressed during inspections.

The *Expectations* document also clarifies that each custodial setting where a child is detained will have its own safeguarding and child protection policy and procedure, along with designated lead officers who will lead on individual

safeguarding matters within their custodial setting. Inspections will review the availability and quality of such measures.

As part of HMI Prisons' inspection therefore, there may be a requirement to raise concerns with senior staff in a custodial setting being inspected about a specific safeguarding matter that has come to be known via an inspection, for example, the custodial setting has no safeguarding policy or no designated safeguarding lead; there are inadequate safeguarding arrangements during visits/contact; there is poor response to or recording of bullying. Through this, HMI Prisons will ensure that appropriate measures and practices are in place to safeguard and promote the welfare of children.

This Protocol deals with the first part of the definition for safeguarding, namely 'protecting children from maltreatment'. It is expected that the promotion of safeguarding, including preventive measures and its leadership, will be addressed for HMI Prisons by its own governance structures and for other custodial settings via inspection.

3. Recognising concerns: what is child abuse and neglect?

3.1 The definition of a 'child'

The legal age of a child is someone who has not yet reached their 18th birthday and this Protocol therefore applies to all children under 18 years. *Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children* (2015), (hereafter called 'Working Together') tells us that a child is:

'... anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection'.

3.2 Categories of abuse and neglect

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (for example, via the internet). They may be abused by an adult or adults, or another child or children.

Working Together (2015) defines the four main types of abuse as those below. It should be noted that children can and do experience one, two, three or all of these types of harm simultaneously and it is important to keep an open mind and assess each child's situation.

Physical abuse

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Sexual abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Emotional abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

3.3 Recognising abuse and neglect through signs and indicators

Children can experience both short- and long-term cognitive, behavioural and emotional effects as a result of experiencing abuse and neglect. Each child will respond differently to harm and some may be – or appear to be – resilient and not exhibit any negative effects.

Children's presentation (their behaviour, development, emotional demeanor or the comments they make) may give some indication about harm or trauma they have experienced. Equally, some children may show few indicators of abuse because they have found ways to accommodate or disassociate themselves from their experiences of harm or are more resilient. While a child's worrying presentation may not always be a sign that they have experienced abuse, it is important that any significant changes in a child's personality is observed and discussed with them. Certainly, any allegation of harm or allegation of abuse needs to be taken seriously and the provisions under this Protocol used.

Beside the presentation of children themselves, others, including adults in the child's life, may give some indication that the child may be at risk, for example, parents who have had previous children removed from their care, or whose presentation causes concern about the quality of care they give to their child.

Most children will acquire some physical injuries in the course of their life, e.g. cuts or bruises which are a part of day-to-day living. Indicators of abuse may relate to the location of injuries (for example on the face), the marks (for example finger marks or belt buckle marks) or frequency and severity of injuries. Other indicators include where there is no explanation for injuries, or where the explanation does not make sense or there are contradictory explanations.

Sexual abuse can have a number of indicators, including nightmares, sexual knowledge or behaviour beyond the child's age/development, self-harm, use of substances, difficulties in eating, sexually transmitted infections and many

more. Children may have unexplained access to money or to items such as expensive clothing or gadgets, or have sexual images of them circulating, possible indicators of child sexual exploitation.

There can be a wide variety of emotional abuse signs, including anxiety or depression, fear of mistakes, withdrawn behaviour, developmental delay, difficulties sleeping and bedwetting. It should be noted that the Adoption and Children Act 2002 extended the legal definition of harm to children to include harm suffered by seeing or hearing the ill-treatment of others, and this includes witnessing domestic abuse – which can be a criteria for emotional abuse.

Neglect can be indicated in physical signs, such as hunger, weight loss, inappropriate clothing for the weather/size of the child, or through poor physical, emotional, social and cognitive development of a child who has received little stimulation. Neglect can also involve emotional neglect and relate to signs of emotional abuse.

4. Confidentiality and information sharing

4.1 Confidentiality

HMI Prisons staff should not undertake to maintain any confidentiality or anonymity during the inspection process or research work especially if it concerns information which suggests any safeguarding concern. Any written request for information to custodial settings must state this clearly.

In addition, surveys distributed to children must make clear that confidentiality will not be maintained if information given in a survey has child safeguarding implications, and this can also be verbally stated when surveys are handed out.

4.2 Information sharing

Sharing of information between professionals and local agencies is essential for effective safeguarding identification, assessment and service provision. It is important to share information at an early stage so that early help can be provided where there are emerging problems. For child protection concerns, sharing information is critical, so that children can receive child protection services.

Serious Case Reviews (SCRs) have repeatedly shown how poor information sharing has contributed to the deaths or serious injuries of children. It should never be assumed that another professional or another agency has passed on information that might be critical to keeping a child safe. If a member of HMI Prisons has concerns about a child's welfare and believes they are suffering or likely to suffer harm they should be thoroughly satisfied that information has been shared with the local authority children's services department.

Concerns about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children. The guidance document *Information Sharing: advice for providing safeguarding services to children, young people, parents and carers* (March 2015) offers clear advice about information sharing on a case-by-case basis and also offers seven 'golden rules' for information sharing, as below.

4.3 *Information Sharing: advice for providing safeguarding services to children, young people, parents and carers* (March 2015)

This guidance supports good practice in information sharing by offering clarity on when and how information can be shared legally and professionally in order to achieve improved outcomes for children. It offers seven golden rules for information sharing.

1. Remember that the Data Protection Act 1998 and human rights law are not barriers to sharing information but provide a framework to ensure that personal information about living people is shared appropriately.
2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice if you are in any doubt about sharing information, without disclosing the identity of the person where possible.
4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis on which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well being: base your information-sharing decisions on considerations of the safety and well being of the person and others who may be affected by their actions.
6. Necessary, proportionate, relevant, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.

7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, record what you have shared, with whom and for what purpose.

5. Responding to concerns about abuse and neglect

5.1 Handling an allegation of abuse and neglect

Concerns about children's safety and protection can emerge in numerous ways. If a child is making an allegation of abuse or neglect to you, then responding in the following ways is important:

- Stay calm.
- Listen to what is being said carefully and without interruption. Don't rush the child and go at their pace.
- Do not offer opinions, or make judgements or criticise others, including the alleged perpetrator.
- Encourage any additional comments by asking general or open questions such as 'is there anything else you would like to tell me?' or 'what else happened?' Limit questioning to what you need to know to make a judgement about whether a referral needs to be made and to factual details sufficient to make a referral. Don't press for information if the child appears to have finished speaking with you.
- Don't ask leading questions, or questions that suggest a particular answer. Doing so can potentially jeopardise subsequent investigations, including legal proceedings.
- Thank the child for telling you. This is about acknowledging that the child has been able to approach you to speak with you rather than 'praising' the child for having told about abuse – which could lead to suggestions that the child has been 'encouraged' to make reports of abuse.
- Explain what you will now do and when they can expect to hear of the next steps.
- Clarify that you will not be able to keep the matter confidential, but that any sharing of information will be done on a need-to-know basis.
- It is not uncommon for children to minimise or withdraw their statements after allegations have been made. This Protocol should be followed regardless and the matter can only be closed after proper inquiries have been made.
- Ensure the child is comfortable when you leave them.

- It is not for HMI Prisons to investigate child protection matters but to forward information to the relevant authorities.

5.2 Responding to allegations or concerns about child abuse or neglect where children are in a custodial setting

Allegations and concerns of child abuse or neglect may come directly to a member of HMI Prisons staff from a number of sources (e.g. observations in the custodial setting, surveys, the child themselves, other children, parents/carers, a member of the public, adults who are detained or in the community or staff members in the setting). These concerns may relate to abuse or neglect that is occurring now or has occurred historically. They may relate to the alleged perpetrator being an adult or child detainee, someone in the community or a member of staff/service provider who is working in the setting.

Where the features of paragraph 5.2.1 apply, the following Protocol must be implemented.

In all such circumstances, the safeguarding policy and protocol of the setting must be utilised by the designated safeguarding leads of the custodial setting. It is the responsibility of HMI Prisons staff to ensure that the designated safeguarding lead of the setting is following their own safeguarding protocol.

If, after discussions, it remains the view of the HMI Prisons member of staff that the identified safeguarding concern is not being properly followed through by the setting's designated safeguarding lead, the matter must be immediately forwarded to the HMI Prisons designated safeguarding lead (see 5.2.6). Time is of the essence when making referrals of child protection concerns, so any discussions about the way forward must not be protracted and referrals should be made on the same day as the child protection concern is raised.

5.2.1 Immediate concerns in a setting

If, while working in a setting, an HMI Prisons staff member observes abuse taking place (examples might be: an adult is hitting a child; there is sexual contact between an adult prisoner and a visiting child; a staff member is using extreme restraint on a child) the following steps must be taken. The following are actions to take in order to attempt to stop the harm and separate the child from the perpetrator. These are important immediate steps and every situation will be different.

Either alone, or preferably with assistance, do all you can to stop the abuse immediately without putting the child, or yourself, at additional risk. Call for additional assistance if required. Inform the perpetrator of your concerns and advise them to stop their action immediately. Ask them to move to an area where there is no contact with children. Advise them that you will immediately be informing the designated safeguarding lead in the setting.

Stay with the child until you are able to transfer their care to another responsible adult. Ensure that you or the responsible adult is meeting the child's immediate safety and/or medical needs.

Then follow the Protocol from paragraph 5.2.5.

5.2.2 Allegations made in surveys

A member of HMI Prisons' research team must read all survey responses on each day of the survey and before leaving the setting.

If a child has made an allegation of abuse or neglect in a survey which relates to a current or an immediate matter, make a note of the young person's name and location and copy down the comment. If the young person has not written their name on the survey, identify them using the number on the survey and the P-NOMIS list. Work with the other researchers/inspectors to create a list of all the safeguarding concerns.

If Y team are in the establishment, pass them all the information. They will pass on the information to a member of establishment staff.

If Y team are not in the establishment, you should pass on all relevant information to the liaison officer, the safeguarding manager or the duty governor in addition to informing the coordinating inspector.

If a child has made an allegation of abuse or neglect in a survey which relates to an historic matter, these concerns need to be forwarded to the establishment's designated safeguarding lead within 24 hours and safeguarding of that child plus any other children, including siblings, must be considered.

Additional guidance is available in the document 'C&YP Survey Comments'.

5.2.3 Allegations made by children or adults about possible abuse or neglect to a child/children

However a child protection concern comes to light, ensure that listening to and responding to the matter takes precedence. Do not promise confidentiality. Do not agree to delay matters or to impose limits on your duties, for example who to tell or not tell. Explain the need to follow this Protocol. Offer reassurance and follow the steps in paragraph 5.1.

Report the incident immediately to the designated safeguarding lead and/or senior manager in the setting verbally (face-to-face or by telephone). This must be done on the same day as the HMI Prisons staff member becomes aware and it is important to not delay any onward reporting. Share all known information required to safeguard the child and make further inquiries.

In the case of a concern about the behaviour of a member of staff/provider in a setting, always consult with the HMI Prisons designated safeguarding lead to confirm:

- who the referral will be made to in the setting (it should always be made to a more senior staff member than the person the allegation is about)
- who will make the referral to the senior staff member in the setting (i.e. if it is the HMI Prisons staff member who is currently in the setting or if it is the designated safeguarding lead in HMI Prisons or another senior HMI Prisons staff member).

Clarify with the designated safeguarding lead in the setting that they are now responsible for managing the identified safeguarding concerns as per the setting's own safeguarding Protocol. This includes the immediate and future safety of the child/children and any medical needs arising from the incident and the management of the alleged perpetrator. The HMI Prisons member of staff must be satisfied that the setting is managing the safeguarding concern effectively using their Protocol and within appropriate timescales. This includes that they are ensuring the safety of the child, any other children who are potentially affected and/or management of the staff/provider in the setting i.e. if allegations are made against them.

If, after discussions, it remains the view of the HMI Prisons member of staff that the identified safeguarding concern is not being properly followed through by the setting's designated safeguarding lead, the matter must be immediately forwarded to the HMI Prisons designated safeguarding lead (see 5.2.6). Time is of the essence when making referrals of child protection concerns, so any discussions about the way forward must not be protracted and referrals should be made on the same day as the child protection concern is raised.

As soon as possible afterwards, follow up the referral to the designated safeguarding lead in the setting in writing, using HMI Prisons' recording form (see section 6, 'Recording' in this Protocol).

5.2.4 If an HMI Prisons staff member believes the setting will not follow its own safeguarding Protocol

Any safeguarding concerns should be addressed by the custodial setting's own safeguarding designated lead using the setting's own safeguarding protocol.

Identifying, assessing and intervening in child protection cases is not an exact science and people are highly likely to have different views on what constitutes abuse and neglect and how it should be managed.

If there is a discrepancy of views and perspectives between an HMI Prisons member of staff and the setting's designated safeguarding lead, it is most helpful if there is a discussion held between the parties with a view to coming

to an agreement. In most child protection matters, it is safest practice that a referral is made to the local authority children's services department, even if there is subsequently no further action taken after inquiries are made. Protecting staff within the setting must always be a secondary consideration and the welfare of children is paramount.

If it is not possible for the custodial setting and HMI Prisons staff member to reach an agreement about the way forward and if the setting does not make a report to the local authority children's services (when the HMI Prisons staff member believes that this is the correct approach), then the HMI Prisons staff member must consult first with the HMI Prisons safeguarding designated lead.

This must be undertaken on the same day as the child protection concern has come to light.

After discussion, if the HMI Prisons designated safeguarding lead agrees with the HMI Prisons staff member about the need to make a referral to the local authority children's services, the following action must be taken. The HMI Prisons designated safeguarding lead will liaise with their peer or a more senior member of staff in the custodial setting to request that the setting makes the referral to the local authority children's services.

If this second approach is not successful, the HMI Prisons designated safeguarding lead will ensure that the referral is made directly to the local authority children's services and the custodial setting will be advised of this course of action. If making this second approach delays matters, this step can be removed and a referral made regardless. Thereafter the steps in paragraph 5.2.5 must be taken.

5.2.5 Making a referral to a local authority children's services regarding allegations or concerns about child abuse or neglect where children are not subject to the scope of any other Safeguarding Protocol

There may be some, albeit fewer, occasions when an allegation or concern about child abuse and neglect comes to the attention of an HMI Prisons member of staff where the child concerned is not detained or under the responsibility of any other setting who might otherwise use their own Safeguarding Protocol. These concerns may relate to abuse or neglect that is occurring now or has occurred historically.

Where these features apply, the following must be implemented.

- Within 24 hours of the concern coming to light, make a telephone referral to the local authority children's services and follow this up in writing (see section 6, 'Recording' in this Protocol). Many children's services departments will have a locally agreed referral form or referral process and this must be ascertained and used as applicable.

- Ensure that the local authority children's services is made aware of all professionals involved with the child and all known background information relating to the child. If applicable, ensure that the local authority children's services are also aware of the names and contact details of the designated safeguarding lead in the setting where the child is detained (for example, if HMI Prisons is making a referral instead of the setting).
- In general, parents (and children if they are of sufficient age and understanding) should be told in advance of a referral being made about them, but only if this does not place the child or other children at increased risk of harm. If any member of staff at HMI Prisons is unsure about alerting parents of a referral, always seek advice from the local authority children's services first.
- Clarify what action the local authority children's services will take in response to the referral that has been made. The local authority children's services are required to assess and decide on how the referral is to be dealt with within 24 hours.
- Depending on how the referral is being dealt with, HMI Prisons staff may have ongoing involvement with the multi-agency network. This will be as per the Local Safeguarding Children Board (LSCB) procedures which are available on the relevant authority's website.
- If the local authority children's services think that the matter should be dealt with in a particular way (for example that there should be no further action) and HMI Prisons staff believe that a different level or type of intervention is required, further dialogue should take place with the local authority children's services. If the matter cannot be resolved, HMI Prisons must access and use the local authority (LSCB) procedures for 'resolving professional differences' (or similar terminology). HMI Prisons staff must never be complacent about assuring the safety and well being of children.
- Ensure that records are kept of all contacts and decisions made (see section 6, 'Recording' in this Protocol).

5.2.6 Safeguarding concerns about an HMI Prisons member of staff

An allegation or concern might arise regarding the actions or behaviour of a member of HMI Prisons staff which gives rise to concerns about the safety and well being of children. This could emerge in a several ways, for example, an allegation from a child or adult who is either detained or in the community; complaints made via an inspection; whistleblowing or grievance from a colleague.

However difficult it might be to consider that a colleague may be capable of harming a child, it is important to remember that allegations of abuse against staff must never go unreported. This Protocol serves primarily to safeguard children, but it is also a safeguard for all HMI Prisons staff and the organisation itself.

Any concerns about the behaviour or actions of a member of HMI Prisons staff must be made immediately to HMI Prisons' designated safeguarding lead unless this person is the subject of the concern, in which case their manager must be advised. If no senior manager is available then HMI Prisons' Head of Finance, HR and Inspection Support must be notified.

The designated safeguarding lead must consider if there is a child or children at risk of harm (either in a setting that HMI Prisons is working in or in the community, for example at the home of the staff member). If this is thought to be the case, then the local authority children's services must be contacted immediately (see paragraph 5.2.5 of this Protocol) and plans made and implemented about notifying the setting if applicable.

Working Together 2015 sets out that all allegations about people who work with children must be referred to the local authority designated officer, or team of officers, who will have oversight of allegations against people that work with children. The referral must be made by HMI Prisons' designated safeguarding lead on the day that the concern comes to light, and the safeguarding designated lead must also make contact with the Head of Human Resources. A referral to the local authority designated officer, or team of officers, must be made if there is information about a person indicating they have:

- behaved in a way that has harmed a child or may have harmed a child
- possibly committed an offence against or related to a child
- behaved towards a child or children in a way that indicates she/he is unsuitable to work with children.

If there is an allegation about a staff member (who works with children) about children they care for in another capacity (for example as a parent) this potentially has implications for their professional role and must also be referred to the local authority particular officer or team of officers.

Concerns regarding the behaviour or actions of staff potentially have three lines of inquiry:

- a police investigation
- a child protection inquiry
- an HMI Prisons disciplinary inquiry.

The local authority particular officer/team of officers is involved from the initial phase of the allegation through to the conclusion of the case. He/she will provide advice and guidance to help determine that the allegation sits within

the scope of the procedures and will help to coordinate information sharing and the management of the inquiry, the member of staff and the safeguarding concern. The local authority particular officer or team of officers will monitor the progress of cases and on conclusion will advise on whether there is a need for a referral to the Disclosure and Baring Service.

5.2.7 Safeguarding concerns about a partner inspectorate's staff

HMI Prisons often undertakes inspections alongside other partner inspectorates and an allegation or concern might arise regarding the actions or behaviour of a staff member from another inspectorate. This could emerge in a several ways, for example, an HMI Prisons staff member observes or hears something of concern; an allegation from a child or adult who is either detained or in the community; complaints made via an inspection; whistleblowing or grievance from a colleague.

Any concerns about the behaviour or actions of a member of staff from a partner inspectorate must be made immediately to HMI Prisons' designated safeguarding lead. If the designated safeguarding lead is not available, the HMI Prisons Head of Finance, HR and Inspection Support must be notified.

The HMI Prisons designated safeguarding lead must refer to the designated safeguarding lead or other senior manager of the relevant inspectorate. This discussion must share all relevant information that is known regarding the concern. The designated safeguarding lead or senior manager of the partner inspectorate will be responsible for addressing the matter within their own setting. If the HMI Prisons designated safeguarding lead is concerned about the safeguarding response from the partner inspectorate being insufficient, ineffective or inappropriate, every effort will be made to continue to have further dialogue with the partner inspectorate to clarify and implement alternative measures. Ultimately, HMI Prisons can refer the matter to the local authority designated officer or team of officers, who will have oversight of allegations against people that work with children, either for advice or for their further assessment/action.

6. Recording

Records should be clear and concise, accurate and without jargon (any acronyms must be explained). Records must be up to date and written as close to the time of the event as possible.

All HMI Prisons records must clearly differentiate between fact, opinion, judgements and hypothesis. It is acceptable to state an opinion, but care must be taken to explain that it is the opinion of the writer and opinions must be grounded in evidence.

All actions, consultations and decisions must be recorded with the relevant names, times and dates alongside those notes. Records must be shared with others as proportionate to the need. Specifically, records must state:

- the details of the alert/concern: nature of any injury/abuse, who, how, when and where. As far as possible, write down verbatim notes/comments/words of what person says
- times and dates (of the event being described and of the recording taking place). Safeguarding reports must be written within 24 hours of the concern coming to the attention of the HMI Prisons member of staff
- the views of the child and parents (if known). Whether you have sought consent to refer must be stated, and any responses given by the child or carers should be shared

Records must be dated and signed. If additional information is recalled later on, do not change the original record but make additional notes.

Store and share the record appropriately. Remember that recorded information may (in the future) be viewed and accessed by the individual or their family members along with other multi-agency professionals within the adult protection process and possibly in court.

7. Recording form

Complete as much information as you have. Don't delay sending the form if you don't have all information to hand.

This form is to be used when forwarding referrals or confirming the content of verbal reports and is to be sent to the settings that the child is in or to local authority children's services. A copy must always be retained by HMI Prisons.

Name of the referrer	Address of referrer
Title of referrer	Contact details

Details of child/young person	
Name of child	Child's date of birth
First language	Details of disability or additional needs
Religion	Ethnicity
Child's home address	Child's parents/carer's names
Tel number	
Child's current location/place of detention	Name of contact at current location
Tel number	

Are you reporting your own concerns or passing on someone else's concerns? Give details.

--

Description of the concerns. Include dates, times, who was present, details of specific incidents or injuries. Give any background details, e.g. history of previous concerns.

--

Are there any physical, behavioural signs of harm?

--

Has the child made any allegations or statements? If so, what has been said and when?

--

Have you or anyone else spoken to the parent or carer? If so, what has been said, by whom and when? Have you gained parent/carer consent to share this information?

--

Is there a named alleged abuser? If so, what are their details? Have you or anyone else spoken to them? If so what has been said, by whom and when?

--

Any other information?

--

Signature

Date

8. Who to contact

HMI Prisons safeguarding lead

Angus Mulready-Jones

Angus.Mulready-Jones@HMIPrisons.gsi.gov.uk

07813 122038

If not available:

Y team leader

Deborah Butler

Deborah.Butler@HMIPrisons.gsi.gov.uk

07814 635829

Head of Finance, HR and Inspection Support

Lesley Young

Lesley.Young@HMIPrisons.gsi.gov.uk

0203 6812770

NSPCC Helpline

24-hour, 365 days a year helpline for advice or help to refer a child protection matter.

0808 800 5000

Local Safeguarding Children Board

Local Authority Children's Services

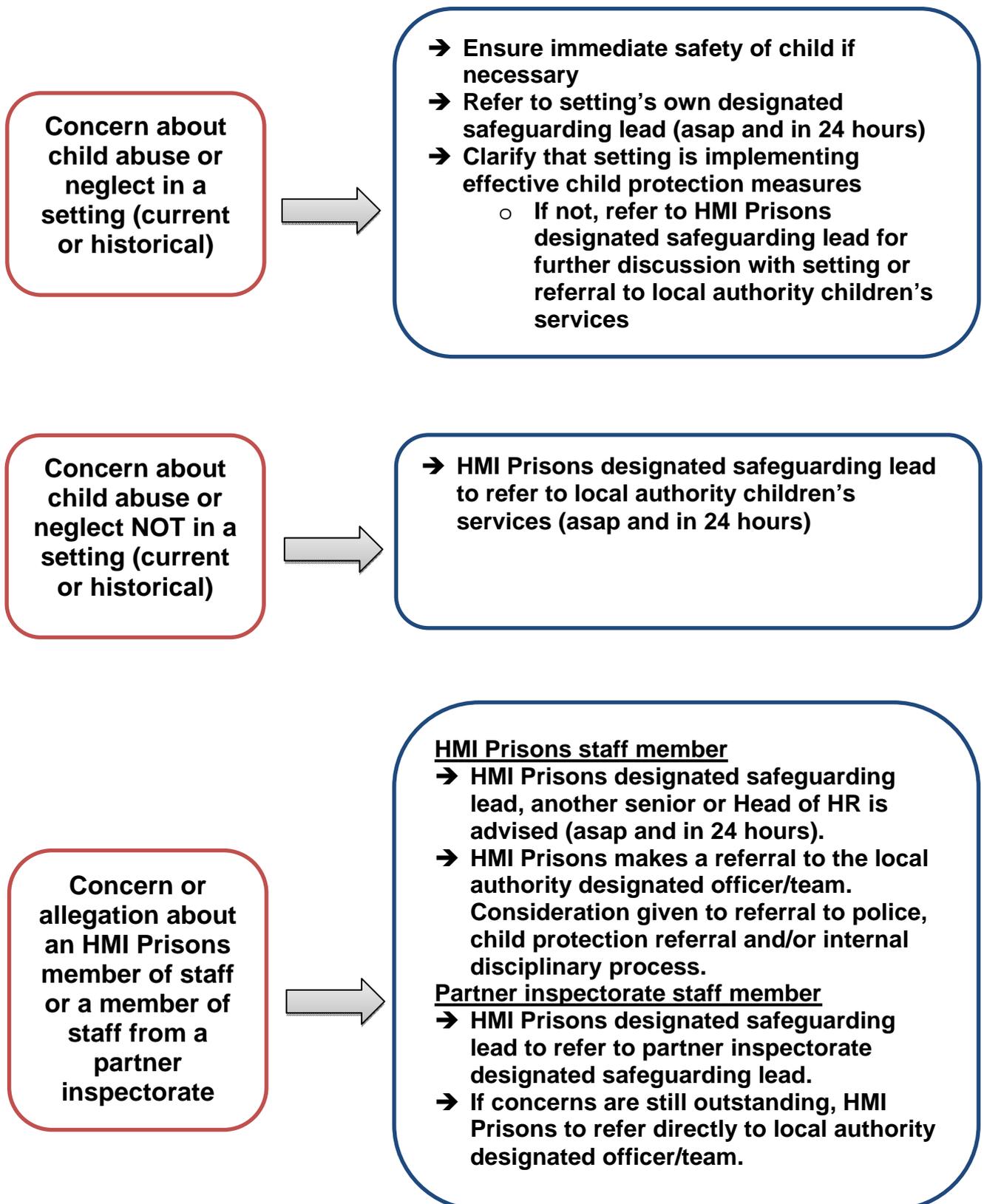
Local Authority Children's Services Out of Hours

Local Authority Designated Particular Officer/Team of Officers

Police

999 in emergencies

9. Summary: Flowchart



10. Resources and references

HM Government (March 2015) *Information Sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers*
Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf

HM Government (March 2015) *Working Together to Safeguard Children A guide to inter-agency working to safeguard and promote the welfare of children*, DfE

Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf