



HM Inspectorate of Prisons

Safeguarding and Protection of Children

Recognising and Responding to Concerns or Allegations Protocol

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1. Introduction

This Protocol should be read in conjunction with HMI Prisons' *Safeguarding and Protection of Children Policy*.

Hearing or knowing about abuse or neglect of children is often very difficult, and it is common to feel worry, disbelief, '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 under the age of 18 years in any of the settings that HMI Prisons works. It also clarifies how to respond to and make referrals about such concerns.

Hereafter, 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. This includes Inspectors and office-based staff (whether they are permanent, temporary or on agency/freelance contracts) and individuals, consultants or agencies contracted by HMI Prisons.

HMI Prisons does not investigate individual child protection cases or referrals – that lead responsibility 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 establishment, via inspection, regulation and research work (including observation); or from a member of the community including, for example, a parent. Allegations may include, but are not limited to, the following:

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

The concerns might be about the behaviour of:

- an adult detainee in the establishment
- another child detained in the establishment
- 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 setting where the child is detained
- a member of HMI Prisons staff (using the definition of staff as per the Policy).

When HMI Prisons staff receive such information, this Protocol must be applied.

2.3. Safeguarding

HMI Prisons uses the definition of the term 'safeguarding' from statutory guidance. Safeguarding children is defined in the guidance document *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children* (2018) (hereafter called *Working Together*) 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 therefore part of safeguarding and refers to activity undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

2.4. Expectations criteria (HMI Prisons, 2018)

Safeguarding is therefore not just about protecting children from deliberate harm. It 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; and internet or online 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* (2018), which relates to all expectations for different forms of custody and which are addressed during inspections.

The *Expectations* criteria also clarify that each establishment 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. Inspections will look at the availability and quality of such measures.

As part of inspections, inspectors may identify concerns about the establishment's own safeguarding measures. These might include: the establishment has no safeguarding policy or no designated safeguarding lead; there are inadequate safeguarding arrangements during visits/contact; or there is poor response to or recording of bullying. HMI Prisons may raise these concerns with senior staff, report on them in its inspection reports and make recommendations related to them. Through this, HMI Prisons' inspections aim to ensure that appropriate measures and practices are in place to safeguard and promote the welfare of children in all establishments we inspect.

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

3.1. The definition of a 'child'

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 their status or entitlements to services or protection'.

This Protocol applies to all children.

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 by another child or children.

Working Together defines the four main types of abuse as detailed 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

A form of abuse which 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 men. Women can also commit acts of sexual abuse, as can other children.

Emotional abuse

A form of abuse which involves 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, 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, overprotecting and limiting 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 to frequently 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)
- 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 arising from 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 demeanour 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. Whilst 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 are 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 a child's self-presentation, others, including adults in the child's life, may give some indication that the child may be at risk. This may include parents/carers who are known to pose a risk to children, who have had previous children removed from their care, or parents/carers 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, for example 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 (such as 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 several 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, which are possible indicators of child sexual exploitation.

Emotional abuse signs can include a wide variety, including anxiety or depression, fear of mistakes, withdrawn behaviour, developmental delay, difficulties sleeping and bed-wetting. 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 ill treatment of others. One such criteria for emotional abuse would be witnessing domestic abuse.

Physical signs of neglect can include hunger, weight loss or inappropriate clothing for the weather/size of the child. It can also be seen 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 if it relates to information which suggests any safeguarding concern. Any written request for information to settings must state this clearly.

Further, surveys distributed to children must make clear that confidentiality will not be maintained if information given in a survey has child safeguarding implications. This should also be verbally stated when surveys are given 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 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 \(2018\)](#) 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 practitioners providing safeguarding services to children, young people, parents and carers' (July 2018)

The seven golden rules for information sharing

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

- i. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 1998 and human rights laws are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
- ii. 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.
- iii. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the person where possible.
- iv. Where possible, share information with consent and, where possible, respect the wishes of those who do not consent to having their information shared. Under GDPR and Data Protection Act 2018, you may share information without consent if, in your judgement, there is a lawful basis 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 upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
- v. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
- vi. Necessary, proportionate, relevant, adequate, 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.

- vii. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then 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, responding in the following ways is important.

- Stay calm.
- Listen to what is being said carefully and without interrupting. Do not rush the child; go at their pace.
- Do not offer opinions, make judgments or criticise others, including the alleged perpetrator.
- Encourage any additional comments by asking general or open questions such as 'is there is anything else you would like to tell me?' or 'what else happened?' Limit questioning to what you need to know to make a judgment about whether a referral needs to be made, and to factual details sufficient to make a referral. Do not press for information if the child appears to have finished speaking with you.
- Do not ask leading questions that suggest a particular answer. Doing so can potentially jeopardise subsequent investigations, including legal proceedings.
- Thank the child for telling you. Acknowledge that the child has been able to approach you to speak with you, rather than praise 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 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 enquiries have been made.

- Ensure the child is comfortable when you leave them.

It is not for HMI Prisons staff to investigate child protection concerns about individual children who are or may be being abused or who are at risk. However, this does not mean HMI Prisons staff should do nothing when they learn of a concern. Staff have a responsibility to make sure that concerns about children are passed to the relevant authorities.

5.2. Responding to allegations or concerns about child abuse or neglect when children are in an establishment

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

In all such circumstances, the Safeguarding Policy and Protocol of the establishment must be utilised by its designated safeguarding leads. It is the responsibility of HMI Prisons' staff to ensure that the designated safeguarding lead of the establishment 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 by the establishment's designated safeguarding lead, the matter must be immediately forwarded to the HMI Prisons designated safeguarding lead (see 5.2.4). Referrals of child protection concerns must be made on the same day as the child protection concern is raised.

5.2.1. Allegations made in surveys

A member of the Research Team must read all survey responses on each day of the survey, before leaving the establishment.

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 child's name and location and copy down the comment. If the child 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.

Pass the information to the coordinating inspector. It is the coordinating inspector's responsibility to pass the information to a member of the establishment staff. The coordinating inspector should not leave the establishment until this has been done.

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

All concerns and responses received from the establishment should be recorded in the Safeguarding Referrals tab on the Evidence Gathering Template for that inspection.

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

5.2.2. Immediate concerns in a setting

If, while working in an establishment, a HMI Prisons staff member observes abuse taking place (for example, an adult hitting a child, sexual contact between an adult prisoner and a visiting child or a staff member using extreme restraint on a child) the following steps must be taken to attempt to stop the harm and separate the child from the perpetrator. These are important immediate steps:

- 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 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 establishment.

Stay with the child until you can 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 5.2.3.

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

As soon as a child protection concern comes to light, immediately 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 whom 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 establishment verbally (face-to-face or by telephone). This must be done on the same day as the HMI Prisons staff member becomes aware of the incident: 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 an establishment, always consult with the HMI Prisons designated safeguarding lead to confirm:

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

Clarify with the designated safeguarding lead in the establishment that they are now responsible for managing the identified safeguarding concerns in accordance with their own Safeguarding Protocol. This includes the immediate and future safety of the child/children and any medical needs arising from the incident, as well as the management of the alleged perpetrator.

In addition, all child protection matters must be referred to the local authority Children's Services Department. The establishment should make these referrals in accordance with its own Safeguarding Protocol.

The HMI Prisons member of staff must be satisfied that the establishment is managing the safeguarding concern effectively using its Protocol and within appropriate timescales.

If, after discussions, it remains the view of the HMI Prisons member of staff that the identified safeguarding concern is not being properly managed by the establishment's designated safeguarding lead, the matter must be forwarded immediately to the HMI Prisons designated safeguarding lead (see 5.2.4).

As soon as possible afterwards, the HMI Prisons team member, team leader or coordinator should record the referral and response received from the establishment in the Safeguarding Referrals tab of the inspection's Evidence Gathering Template. The inspection team leader or coordinator must ensure that all information, referrals, discussions and outcomes are recorded as

promptly as possible. The inspection team leader is responsible for ensuring this is complete and that the inspection is not concluded before a response has been received from the establishment outlining actions taken. On the final day of the inspection, they should review the list of referrals recorded and ensure that all necessary responses have been received.

At the end of the inspection, the coordinator should send a copy of the Safeguarding Referrals tab to the HMI Prisons safeguarding inbox. The HMI Prisons designated safeguarding lead, assisted by the Policy and Secretariat Officer with responsibility for safeguarding support, will maintain a central log of all safeguarding referrals made to establishments and the responses received.

5.2.4. If an HMI Prisons staff member believes the establishment will not follow its own Safeguarding Protocol

Any safeguarding concerns should be addressed by the establishment's own designated safeguarding lead using the setting's own Safeguarding Protocol. As part of this, the establishment should refer all child protection concerns to the local authority Children's Services Department.

If the HMI Prisons member of staff has cause to believe that the establishment is not following its own Safeguarding Protocol and will not make a report to the local authority Children's Services Department, the HMI Prisons staff member must consult immediately with the HMI Prisons designated safeguarding lead. This must be undertaken on the same day as the child protection concern comes to light.

The HMI Prisons designated safeguarding lead must liaise with their peer or a more senior member of staff in the establishment to request that the establishment makes the referral to the local authority. If this second approach is not successful, the HMI Prisons designated safeguarding lead should ensure that HMI Prisons makes a referral directly to the local authority Children's Services Department and should advise the establishment of this course of action. If making a second approach to ask the establishment to make the referral to the local authority delays matters, this step can be removed and HMI Prisons can make a referral immediately. Thereafter the steps in paragraph 5.2.5 must be taken.

5.2.5. Making a referral to a local authority where children are not detained in a specific establishment

HMI Prisons staff may discover or hear about an allegation or concern of child abuse and neglect about a child who is not currently detained in an establishment. These concerns may relate to abuse or neglect that is occurring now or has occurred historically.

In this case, the following must be implemented:

- Within 24 hours of the concern coming to light, the HMI Prisons member of staff should make a telephone referral to the local authority Children's Services Department and follow this up in writing. Children's Services Departments will have a locally-agreed referral form or referral process. This must be used as applicable.
- The HMI Prisons member of staff should ensure that the local authority Children's Services Department is made aware of all professionals involved with the child and all background information that is known relating to the child.
- 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 decide 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 part of the Local Safeguarding Children Board (LSCB) procedures, which are available on the relevant authority's website.
- Where there is disagreement between the local authority Children's Services and HMI Prisons about the outcome of the referral made further dialogue between HMI Prisons and the local authority Children's Services should take place. If the matter cannot be resolved, HMI Prisons must access and use the local authority procedures for resolving professional differences. 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 and all responses received from other authorities. This should be done by sending all relevant information and updates to the HMI Prisons safeguarding inbox so that they can be recorded in the HMI Prisons safeguarding tracker (see the section on 'Recording' in this Protocol).

5.2.6. Safeguarding concerns about a member of HMI Prisons staff

An allegation or concern might arise about the actions or behaviour of a member of HMI Prisons staff which cause 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 the 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, HMI Prisons' Head of Finance, HR and Inspection Support must be notified.

Working Together sets out that all allegations about people who work with children must be referred to the local authority designated officer/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 lead must ensure that the Head of Finance, HR and Inspection is kept informed. A referral to the local authority designated officer/team of officers must be made if there is information about a person indicating they have:

- behaved in a way that has, 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 they are unsuitable to work with children.

If there is an allegation about a staff member (who works with children) in regard to children they care for in another capacity (for example as a parent), this must also be referred to the local authority particular officer/team of officers.

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

- a police investigation
- a child protection enquiry
- an HMI Prisons disciplinary enquiry

The local authority particular officer/team of officers will be involved from the initial phase of the allegation through to the conclusion of the case. They 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/team of officers will monitor the progress of cases and, on its conclusion, will advise on whether there is a need for a referral to the Disclosure and Baring Service.

5.2.7. Safeguarding concerns about the staff of partner inspectorates

HMI Prisons often undertakes inspections alongside other partner inspectorates and an allegation or concern may arise about 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 observing or hearing 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 they are not available, 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 officer of the partner inspectorate will be responsible for addressing the matter within their own organisation. If the HMI Prisons designated safeguarding lead is concerned that the safeguarding response from the partner inspectorate is insufficient, ineffective or inappropriate, every effort will be made to continue 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/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

HMI Prisons staff making a safeguarding referral to an establishment or to the local authority must ensure their referral and the response received is properly recorded. The HMI Prisons designated safeguarding lead, assisted by the Policy and Secretariat Officer with responsibility for safeguarding, will maintain a central HMI Prisons safeguarding tracker for this purpose.

The Policy and Secretariat Officer will monitor and manage the HMI Prisons safeguarding inbox and safeguarding tracker on a day-to-day basis.

While on inspection, HMI Prisons staff should immediately record any safeguarding referrals and responses received in the Safeguarding Referrals tab of the Evidence Gathering Template (as outlined in section 5.2.3 above). The coordinating inspector should send a copy of this to the

HMI Prisons safeguarding inbox at the end of the inspection so that they can be logged on the central HMI Prisons safeguarding tracker.

When responding to concerns raised in correspondence or via telephone, HMI Prisons staff should email the safeguarding inbox with a record of the concern and action taken. These will be logged in the HMI Prisons safeguarding tracker.

Records should be clear, 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:

- provide details of the alert/concern. Note the nature of any injury/abuse, including who, how, when and where. As far as possible, write down verbatim notes/comments/words of what person says.
- give 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.
- report the child's views and parents' views (if known). You must state whether you have sought consent to refer, and share any responses given by the child or carers.
- be dated and signed. If additional information is recalled later, do not change the original record but make additional notes.
- be stored and shared appropriately.

Remember that recorded information may (in the future) be viewed and accessed by the individual or their family members, other multi-agency professionals within the child protection process and possibly in court.

The Policy and Secretariat Officer with responsibility for safeguarding will monitor the HMI Prisons safeguarding tracker and will identify if HMI Prisons is still awaiting any further response or information from establishments (for example: the outcome of any investigation). If so, they will liaise with the

Designated Safeguarding Lead and relevant HMI Prisons staff to follow up with the establishment.

7. Who to contact

HMI Prisons Designated Safeguarding Lead

Angus Jones

Angus.Jones@HMIPrisons.gov.uk

HMI Prisons Safeguarding Team

Deputy Designated Safeguarding Lead – Inspector

Nadia Syed

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Deputy Designated Safeguarding Lead – Secretariat/Head of HR

Lesley Young

Lesley.Young@hmiprisons.gov.uk

Email address

All safeguarding correspondence should be copied to the HMI Prisons Safeguarding inbox, to which the people above have access.

HMIP_Safeguarding@hmiprisons.gov.uk

NSPCC Helpline

24 hour, 365 days per week helpline for advice or help to refer a child protection matter. Telephone: 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

ANNEX A: Recording Form – for use when making referrals to the local authority

Complete with as much information as you have and do not delay sending the form if you do not have all information to hand.

This form is to be used when forwarding referrals or confirming the content of verbal referrals to the 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	Date of Birth
First Language	Details of Disability or Additional Needs
Religion	Ethnicity
Child’s Home Address Telephone Number	Child’s Parents/Carer’s Names
Child’s Current Location/Place of Detention Telephone Number	Name of Contact at Current Location

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 and details of specific incidents or injuries. Give any background details, for example history of previous concerns.

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Are there any physical or behavioural signs of harm?

--

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

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**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?**

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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?

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Any other information?

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Signature

Date

ANNEX B: Summary Flowchart

