

**Policy name: HMPPS Child Safeguarding Policy Framework**

**Reference:** N/A

**Re-Issue Date:** 23 September 2022

**Implementation Date:** 10 March 2022

**Replaces the following documents (e.g. PSIs, PSOs, Custodial Service Specs) which are hereby cancelled:**

**Introduces amendments to the following documents:** None

**Action required by:**

<input type="checkbox"/>	HMPPS HQ	<input checked="" type="checkbox"/>	Governors
<input checked="" type="checkbox"/>	Public Sector Prisons	<input checked="" type="checkbox"/>	Heads of Group
<input checked="" type="checkbox"/>	Contracted Prisons	<input type="checkbox"/>	Contract Managers in Probation Trusts
<input checked="" type="checkbox"/>	Probation Service	<input type="checkbox"/>	Under 18 Young Offender Institutions
<input type="checkbox"/>	HMPPS Rehabilitation Contract Services Team	<input type="checkbox"/>	HMPPS-run Immigration Removal Centres (IRCs)
<input checked="" type="checkbox"/>	Other providers of Probation and Community Services		

**Mandatory Actions: All groups referenced above must adhere to the Requirements section of this Policy Framework, which contains all mandatory actions.**

**For Information:** By the implementation date Governors<sup>1</sup> of Public Sector Prisons and Contracted Prisons must ensure that any new local policies that they develop because of this Policy Framework are compliant with relevant legislation, including the Public-Sector Equality Duty Equality Act 2010.

Section 7 of the Policy Framework contains guidance to implement the mandatory requirements set out in section 6 of this Policy Framework. Whilst it will not be mandatory to follow what is set out in this guidance, clear reasons to depart from the guidance should be documented locally. Any questions concerning departure from the guidance can be sent to the contact details below.

In this document the term Governor also applies to Directors of Contracted Prisons

**How will this Policy Framework be audited or monitored:** Public Sector Prisons - Prison Group Directors (PGDs) will monitor their prisons' compliance with the Framework's requirements.

Contracted Prisons - monitoring of compliance will be through the standard contract management processes.

Probation Service - compliance is monitored regionally by Regional Probation Directors (RPDs) and by senior contract managers.

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<sup>1</sup> In this document the term 'governor' also applies to directors of contracted prisons.

Quality assurance is provided by the HMPPS Operational & System Assurance Group.

**Associated Documents:**

- Domestic Abuse Policy Framework
- HMPPS MAPPA Guidance
- Case Transfers Policy Framework
- Probation Service Management of MAPPA Level 1 Cases Policy Framework
- Pregnancy, Mother and Baby Units, and Maternal Separation from Children up to the Age of Two in Women's Prisons Policy Framework
- Information Security Policy Framework
- Women's Policy Framework
- Home Visits Policy Framework
- Licence Conditions Policy Framework
- PSI 18/2016 Public Protection Manual
- PI 03/2017 Probation Victim Contact Service – Non Statutory Cases
- PSI 16/2011 NOMS Providing Visits and Services to Visitors
- PSI 49/2011 Prisoner Communications Service
- PSI 04/2016 The Interception of Communications in Prisons and Security Measures
- Social Video Calling (interim) Policy Framework
- National Security Framework (NSF) 15.1 (Vetting function/security vetting)
- PSI 05/2014 Safeguarding of Children and Vulnerable Adults
- PI 04/2016 Determining Pre-Sentence Reports
- Home Detention Curfew (HDC) Policy Framework
- Strengthening Prisoners' Family Ties Policy Framework
- Women's Estate Case Advice and Support Panel (WECASP) Policy Framework
- HMPPS National Partnership Framework with Faith Based Communities
- HMPPS National Partnerships Strategy Policy Framework
- Joint National Protocol for Transitions (England)
- HMPPS Youth to Adult Transition Principles and Guidance (Wales)
- The Children Act (2004)
- The Social Services and Wellbeing (Wales) Act 2014
- HM Government Working Together to Safeguard Children 2018

**Resource Impact:** Effective child safeguarding casework will be achieved through proper risk assessment, supervision, the use of effective monitoring and controls to support risk management plans, prompt sharing of information and timely referrals into multi-agency processes and arrangements.

No additional resources are required to implement this framework. Managing child safeguarding risk is already an expected element of all HMPPS casework and the responsibilities for Prison Offender Managers (POMs) are in line with Offender Management in Custody (OMiC) expectations. The 'initial child safeguarding enquiries at court requirements' that are set out in this framework does not require court staff to do any more than is already set out in PI 04/2016 Determining Pre-Sentence Reports. The HMPPS unified tiering model has built in uplifts for cases that are flagged as having 'child concerns', 'child protection' or 'risk to children' registers. Additional uplifts are also built into cases of supervised women who have 'parenting/caring responsibilities'. No additional training for prison or seconded probation staff is necessary to implement the requirements in the framework. There are no changes to the existing public protection measures used by HMPPS staff to assess, monitor and manage the risks posed by prisoners and supervised individuals; this framework pulls together HMPPS child safeguarding requirements in to one place.

**Contact:** [ppps@justice.gov.uk](mailto:ppps@justice.gov.uk)

**Deputy/Group Director sign-off:** Gordon Davison, Deputy Director, Public Protection and Victims.

**Approved by OPS for publication:** Sarah Coccia (Executive Director Prisons) and Ian Barrow (Executive Director Probation), Joint OPS Chairs, December 2021.

Revision

23 September 2022	Hyperlink added in para 21.1
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## **CONTENTS**

<b>Section</b>	<b>Title</b>	<b>Page</b>
1	Purpose	7
2	Evidence	7
3	Context	8
	Complex child safeguarding cases	10
	Coronavirus (COVID-19)	11
	Staff wellbeing	11
	Access to child safeguarding resources via EQuIP	11
4	Outcomes	11
	Child centred approach	11
	Professional curiosity	11
5	Equality statement	12
6	Mandatory Requirements	12
	Prison and Probation Service senior managers	12
	Heads of Probation Delivery Units (PDUs) <u>are required to:</u>	13
	Prison Governors <u>are required to:</u>	15
	Requirements for governors of women's prisons)	17
	Child safeguarding training for staff who work in women's prisons	17
	Family overnight suites (overnight visit units)	18
	Prison middle managers/prison and community Senior Probation Officers (SPOs) <u>are required to:</u>	18
	Court officers	19
	Child safeguarding enquiries (checks) and referrals <u>at court</u>	21
	The role of prison/community offender managers (POMs/COMs)	22
	Programmes staff	28
	Information sharing and data protection	29
	Child safeguarding training for HMPPS staff	30
Whistleblowing and reporting wrongdoing	30	

7	Guidance	30
	Working with children's services to improve outcomes for children	30
	Child safeguarding enquiries and referrals	31
	Child safeguarding referrals and local authority thresholds	33
	Referral timeliness	34
	Informing the child's parent/carer about the referral	35
	Recording child safeguarding contacts, enquiries and referrals	35
	Early Help	36
8	Children's services meetings	37
	Initial Child Protection Conference (ICPC)	37
	Child Protection Plans and Core Group meetings	37
	Review Child Protection Conference (RCPC)	37
	Child in Need (CIN) planning meetings	38
	Signs of Safety approach	38
	Systematic management oversight of cases where a child is <u>subject to a child protection plan</u>	38
	Working with child <u>safeguarding cases and demonstrating cultural competency</u>	39
9	Intersectionality and how to apply it to child safeguarding work	39
	Safeguarding LGBTQ+ children and understanding the risk factors	40
9	Prison Mother & Baby Units (MBUs)	41
10	Home visits	41
	Family overnight suite visits	42
	Doorstep visits	42
	Using genograms	42
11	Capturing the voice of the child	42
12	Children attending probation offices	43
	Reception staff	44
13	Multi-agency working and collaborating under different safeguarding arrangements	44
	Sharing risk assessments with partner agencies	44
	Multi-Agency Safeguarding Hub (MASH)	44
	Sharing risk assessments with partner agencies	44

	<p>13.1 Sharing risk assessments and RMPs with partner agencies where appropriate is good practice but managers should make local decisions about which parts of their risk assessments they will share. For example, practitioners may decide that the risk summary page and RMP are the only parts of an OASys risk assessment document that are necessary and proportionate for sharing.</p> <p>13.2 <u>Multi-Agency Safeguarding Hub (MASH)</u></p> <p>13.3 A MASH co-ordinates and co-locates services to improve information sharing and respond more effectively to child safeguarding concerns. Not all areas have a MASH, but where they do, HMPPS staff should be familiar with their purpose and how they can contribute to information sharing and the risk management of individuals they manage.</p> <p><u>Multi-Agency Public Protection Arrangements (MAPPA)</u></p>	
	Multi-Agency Risk Assessment Conference (MARAC)	45
	Multi-Agency child safeguarding work within prisons	46
	Working with faith-groups to safeguard children	46
	Working together at a strategic level to improve safeguarding outcomes for	46
14	Victim safety	46
	Victim Liaison Officers (VLOs)	47
	Licence conditions	47
	Prison child contact restrictions and family court orders	48
	Changes in circumstances and new contact with children	48
	Making a disclosure	49
	Individuals who pose a high ROSH to children when their supervision comes to an end	50
15	Parental and family child safeguarding risk factors	51
16	Understanding and responding to neglect	52
	Pre-birth child safeguarding	53
17	Child Exploitation	54
	Child Sexual Exploitation (CSE)	54
	Child Criminal Exploitation (CCE)	54
	County Lines	54
	17.8	55

	Trafficking and exploitation: National Referral Mechanism (NRM)	55
18	Female Genital Mutilation (FGM)	57
19	Case learning reviews	57
	Child Safeguarding Practice Reviews (England)	58
	Child Practice Reviews (Wales)	58
	Child Death Reviews (CDRs)	59
20	HMPPS contribution to reviews, local Safeguarding Partners and strategic <u>leads</u>	59
	Section 11 Audits/self-assessments – national and local returns	60
21	Youth to adult transitions	60
22	Child safeguarding training	61
Annex A	Annex A - Social Services and Well-being ( <b>Wales</b> ) Act 2014	63

## **1. Purpose**

- 1.1 This Policy Framework (PF) sets out how Her Majesty's Prison and Probation Service (HMPPS) will deliver on our statutory responsibility to safeguard and promote the welfare of children, as set out in section 11 of the Children Act 2004, as amended by the Children and Social Work Act 2017, and, the Social Services and Wellbeing (Wales) Act 2014. This PF provides operational staff and strategic leads with a summary of what they are required to do as part of their safeguarding responsibilities and includes a guidance section which provides general information and advice on child safeguarding expected practice. This document applies to all permanent and temporary employees and contractors.
- 1.2 HMPPS staff who work directly with children within the Youth Custody Service (YCS) should follow policies and procedures relevant for the youth custody estate.
- 1.3 This PF defines a child as anybody who has not yet reached their 18<sup>th</sup> birthday. Our duty to safeguard and promote the welfare of children also applies to our pre-birth child safeguarding work.

## **2. Evidence**

- 2.1 The Office of National Statistics (ONS) 2019 data<sup>2</sup> shows that in England and Wales:
- there were approximately 230,000 child abuse offences recorded by the police, 32% of which were recorded as sexual offences against a child;
  - child sexual abuse was most likely to have been perpetrated by a friend or acquaintance; around one third of children were sexually abused by a stranger;
  - witnessing domestic abuse and emotional abuse were the most commonly experienced types of child abuse
  - over 52,000 children in England were the subject of a child protection plan and nearly 3,000 children in Wales were on the child protection register because of abuse or neglect; neglect was the most common category of abuse in England and emotional abuse was the most common in Wales;
  - the majority of child physical abuse offences recorded by the police were violence without injury offences;
  - Black, Asian, Minority, and Ethnic children are disproportionately represented in the justice system; over 50% of children in youth custody come from Black, Asian, Minority, and Ethnic backgrounds<sup>3</sup>;

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<sup>2</sup> Source ONS 2020 available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/childabuseextentandnatureenglandandwales/yearendingmarch2019>

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/childabuseinenglandandwales/march2020>

<sup>3</sup> Source Official statistics. Youth custody data 2021 available at:

<https://www.gov.uk/government/statistics/youth-custody-data#history>



- In 2020 for UK based exploitation, 57% of the National Referral Mechanism (NRM) referrals were made for children; an 8% increase from 2019:
  - according to the National Crime Agency (NCA) a growth in [17.6](#) cases involving children being victims of 'criminal exploitation' has contributed to the rise.
- approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone female genital mutilation (FGM)<sup>4</sup>;
- many cases of child abuse remain hidden; around 1 in 7 adults who called the National Association for People Abused in Childhood's (NAPAC's) helpline had not told anyone about their abuse before.

2.2 Overall, the evidence shows that there are significant numbers of children in England and Wales who are at risk of harm and need to be protected.

### **3. Context**

3.1 [Section 11 of the Children Act 2004](#)<sup>5</sup> sets out the statutory responsibility for probation services and prison Governors to safeguard and promote the welfare of children. The duty applies to the Secretary of State providing probation services and to prison governors and it covers the key statutory duties HMPPS have in relation to child safeguarding work.

3.2 The [United Nations Convention on the Rights of the Child](#) sets out that all children have a right to life and a right to feel safe and protected from harm. This includes the right to live free from mental and physical abuse, sexual abuse, exploitation and neglect. The Convention has 54 articles that cover all aspects of a child's life. Whilst it is not directly incorporated into the law of England and Wales, it explains how organisations must work together to make sure all children can enjoy their rights.

3.3 [Working Together to Safeguard Children 2018](#) is the statutory guide to inter agency working for the safeguarding of children. In regard to Section 11 of the Children Act 2004, this guide covers the legislative requirements placed on individual organisations, including prisons and probation, to safeguard and promote the welfare of children. HMPPS staff should read and follow the Working Together 2018 guidance document, alongside this PF, so that they can respond to child safeguarding risks appropriately and in partnership with other agencies.

3.4 Safeguarding and child protection should be a golden thread that runs throughout everything we do in HMPPS. Our staff have the skills, knowledge and responsibility to contribute to child safeguarding, child protection and to improve outcomes for vulnerable and at risk children. Being primarily an adult service does not prevent us from contributing to keeping children safe; staff have contact with the parents and carers of vulnerable children through prison, courts and those serving sentences in the community, and we are directly positioned to identify those who present a risk of harm to children.

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<sup>4</sup> Source Multi-agency statutory guidance on FGM July 2020 available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/912996/6-1914-HO-Multi\\_Agency\\_Statutory\\_Guidance\\_on\\_FGM\\_-\\_MASTER\\_V7\\_-\\_FINAL\\_July\\_2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/912996/6-1914-HO-Multi_Agency_Statutory_Guidance_on_FGM_-_MASTER_V7_-_FINAL_July_2020.pdf)

<sup>5</sup> as amended by the Children and Social Work Act 2017, and, the Social Services and Wellbeing (Wales) Act 2014

- 3.5 Harm towards children is often categorised under physical, sexual, emotional abuse and neglect, but it is important for HMPPS staff to recognise the wider forms of child abuse that exist. Child sexual exploitation (CSE) and child criminal exploitation (CCE), along with trafficking and abduction are all growing concerns; and the number of children being referred into the national referral mechanism (NRM) continues to rise<sup>6</sup>. Harm towards children cannot be managed in isolation, therefore HMPPS staff should work in partnership in all cases of abuse; effective information sharing is essential to the improved welfare, protection of children and preventing offending.
- 3.6 Within the [Tackling Child Sexual Abuse \(CSA\) Strategy](#) the Government have set out an ambition to work in partnership with key stakeholders to prevent, tackle and respond to all forms of child sexual abuse. Bringing offenders to justice, preventing offending and supporting victims are key objectives of the strategy. The strategy makes clear the role of HMPPS within these objectives, and how improving sentence management in prisons and probation will contribute to keeping children safe from CSA.
- 3.7 There is also growing concern about female genital mutilation<sup>7</sup> (FGM) as a form of child abuse. FGM is a criminal offence in England and Wales under the FGM Act 2003 but is widespread practice in some countries. Children need to be protected from this extremely harmful procedure irrespective of cultural practices, norms or beliefs.
- 3.8 HMPPS staff should also have an understanding of [Contextual Safeguarding](#). Contextual Safeguarding is an approach that expands the objectives of child protection systems recognising that children can also be vulnerable to abuse beyond their families and households. Online abuse, [17.6](#) exploitation, abuse between peers, and abuse that occurs within different 'places and spaces' outside the home all form part of the Contextual Safeguarding thinking.
- 3.9 Child safeguarding is also relevant within the context of children who are transitioning from youth to adult justice services. As highlighted within the Lammy review, children and young adults often lack the maturity to make effective, balanced decisions, and therefore need additional support within criminal justice systems. Imprisoned children and children who are supervised in the community are vulnerable and often have extensive support needs. Many have suffered child abuse, neglect, and have other Adverse Childhood Experiences<sup>8</sup> (ACEs). Many children transitioning into adult justice will be from Black, Asian, Minority, Ethnic backgrounds, as well as children who have experienced care; therefore, staff should recognise the need to safeguard these vulnerable groups.
- 3.10 It is also important that HMPPS staff consider the safeguarding needs of children who are affected by the imprisonment of a parent. Parental imprisonment is a recognised adverse childhood experience and children who have parents in prison are a particularly vulnerable

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<sup>6</sup> Source Modern Slavery: National Referral Mechanism and Duty to Notify statistics 2020 available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/970995/modern-slavery-national-referral-mechanism-statistics-end-year-summary-2020-hosb0821.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/970995/modern-slavery-national-referral-mechanism-statistics-end-year-summary-2020-hosb0821.pdf)

<sup>7</sup> FGM is when a female's genitals are deliberately altered or removed for non-medical reasons. It's also known as 'female circumcision' or 'cutting'.

<sup>8</sup> ACEs are stressful or traumatic experiences that happen in childhood which can have a profound negative effect on individuals in adulthood, including on their learning, behaviour and health if left unresolved.

group. Crest Advisory research<sup>9</sup> estimates that 312,000 children are affected by parental imprisonment each year.

- 3.11 Lord Farmer's 2017 Review of the male prison estate<sup>10</sup> highlighted a landmark study which found that 63% of the sons of men in custody went on to offend. Lord Farmer's 2019 Review on female offenders<sup>11</sup> highlighted the impact of maternal imprisonment on children and the increased risk that these children will also go on to offend. It is estimated that as many as 17,000 children per year are affected by maternal imprisonment, and over half of women in prison have dependent children.
- 3.12 Pre-birth child safeguarding is also an important part of HMPPS child safeguarding work, both in the community and within prisons, particularly within the women's estate. In 2018 the Female Offender Strategy set out the Government's aims and commitments to improve outcomes for women at all points of the justice system and makes clear the Government's ambition to see fewer women serving short sentences in custody and more being managed in the community. However, the Strategy recognises that there will always be some women whose offences merit a custodial sentence, including some pregnant women and mothers with babies and young children. It is important that HMPPS functions provide appropriate care and support to these women.
- 3.13 To this end, HMPPS should ensure that prisoners and those under our supervision, are supported to become better parents and to strengthen their family ties, where it is appropriate to do so. Equally, staff should be aware that for some children, the imprisonment of an abusive parent or restricting that parent's contact with their child may provide important respite, therefore supporting child contact will not always be safe or in the child's best interest.
- 3.14 The National Information Centre on Children of Offenders (NICCO) provides an information service to inform the practice of all professionals who come into contact with the children and families of prisoners and supervised individuals; they also provide a directory of national support services for children and families affected by imprisonment ([see the NICCO website](#)).
- 3.15 Complex child safeguarding cases
- 3.16 This PF often uses the term 'complex child safeguarding cases'. Complex child safeguarding cases are those that involve a range of significant child safeguarding risk factors that require regular discussions between a manager and practitioner to ensure there is effective management of the case.
- 3.17 Coronavirus (COVID-19)
- 3.18 Many organisations that work with children have had to adapt the way they operate on a day-to-day basis. Research undertaken by the National Society for the Prevention of Cruelty to Children ([NSPCC](#)) found that lockdowns have had a detrimental impact on children, and have placed children at higher risk of experiencing poverty, neglect, abuse at home, and, witnessing domestic abuse. Not having regular face-to-face contact with

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<sup>9</sup> Children of Prisoners: Fixing a broken system. Sarah Kincaid, Manon Roberts and Prof. Eddie Kane (February 2019).

<sup>10</sup> The Importance of Strengthening Prisoners' Family Ties to Prevent Reoffending and Reduce Intergenerational Crime. Lord Farmer (August 2019).

<sup>11</sup> The Importance of Strengthening Female Offenders' Family and other Relationships to Prevent Reoffending and Reduce Intergenerational Crime. Lord Farmer (June 2019).

supervised individuals, their homes and their families means that HMPPS staff have fewer opportunities to intervene and are less able to recognise instances where children are at risk. Therefore, staff should work closely with partner agencies, and pay attention to how the pandemic has impacted the children and families they work with.

### 3.19 Staff wellbeing

3.20 HMPPS recognises that we will work with victims as well as perpetrators and that some members of staff who have children or who have experienced childhood abuse or other adverse childhood experiences may need support as a result. The wellbeing of staff is of utmost priority and we operate an employee assistance programme (EAP), which is a free and confidential service available to all HMPPS staff who need advice and support. The EAP is available 24 hours and throughout the year and the number to call is 0800 019 8988.

### 3.21 Access to child safeguarding resources via EQuIP

3.22 Guidance associated with the mandatory requirements set out in this PF, and an outline of processes can be found on [EQuIP](#). EQuIP is an online portal that is available to all HMPPS staff and contains all Probation Service and Offender Management in Custody (OMiC) operational and corporate processes and procedures. If staff do not already have access, they can go to the [MOJ technology portal](#) to request an account, or, they can e-mail the EQuIP functional Mailbox [equip.admin@justice.gov.uk](mailto:equip.admin@justice.gov.uk) with their name, employee, quantum number and request an account.

## **4. Outcomes**

4.1 HMPPS will contribute towards the outcomes of safeguarding and promoting the welfare of children. Working Together (2018) defines this as:

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

### 4.2 Child centred approach

4.3 HMPPS staff should take a child centred approach to safeguarding; this means keeping children in focus when making decisions about their lives, listening to children where the opportunity presents itself and working in partnership with them and their families. HMPPS staff must always consider **what is in the child's best interests** whenever they make child safeguarding casework decisions, and explore the best ways of capturing the [11](#).

### 4.4 Professional curiosity

4.5 Using professional curiosity to safeguard children is a process of adopting a healthy scepticism and taking an investigative approach to casework. It involves looking, listening and questioning. It also involves verifying information that is obtained, rather than making assumptions or accepting the presentation of circumstances at face value. Professional curiosity can mitigate against parental disguised compliance and deliberate efforts to

manipulate staff and is a vital aspect of safeguarding which will support complex professional judgements on risk and individual need.

- 4.6 Staff should read the ['HMPPS 7 minute briefing on 'Professional Curiosity'](#) for further guidance which can be found on EQuIP. Document number 2757. Additional guidance is available in ['HMPPS 'Professional Curiosity' with a serious organised crime lens'](#) which can be found on EQuIP. Document number 3101.
- 4.7 Adopting the above approaches to child safeguarding casework will enable HMPPS staff to achieve our child safeguarding outcomes effectively and in accordance with the law.

## **5. Equality statement**

- 5.1 The Equality Act 2010 provides protection from unlawful discrimination in relation to the following characteristics: age, disability, gender reassignment, pregnancy & maternity (which includes breastfeeding), race, religion or belief, sex, marriage and civil partnership, and sexual orientation.
- 5.2 HMPPS is committed to eliminating all forms of discrimination, to promoting equality and diversity, and to ensuring equal access to services. No child or group of children should be disadvantaged in being able to access services which meet their needs. HMPPS recognises that all children have a right to equal protection from harm and abuse. This includes protecting children irrespective of cultural sensitivities: different practices are no excuse for child abuse and neglect.

## **6. Mandatory Requirements**

- 6.1 This PF recognises that safeguarding is everyone's responsibility and that children are best protected when staff in different roles and grades are all clear about what is required of them.
- 6.2 Prison and Probation Service senior managers
- 6.3 A Prison Group Director (PGD) and a Probation Service Regional Probation Director (RPD) should be designated to act as the national strategic leads for prison and probation child safeguarding work. They are required to:
- promote this PF to all staff across prison groups and probation regions;
  - ensure that there is a clear line of accountability for child safeguarding work within their prisons and probation regions;
  - ensure that prison and probation regions undertake quality assurance activity over their child safeguarding casework. And ensure that quality assurance activity includes an assessment of child safeguarding practice;
  - ensure that learning from local and national case reviews is cascaded to relevant staff groups;

- ensure that prisons and probation regions fulfil their statutory duties as a relevant agency amongst local Safeguarding Partners<sup>12</sup> and in line with the most up to date version of the [HMPPS National Partnerships Strategy Policy Framework](#), which sets out HMPPS' strategic partnership working, attendance, and engagement with local Safeguarding Partners;
- ensure that they are signed up to child safeguarding information sharing agreements (ISAs) with partner agencies where appropriate, to support legal and efficient exchange of information;
- ensure that all staff are recruited in line with the minimum vetting baseline requirements as set out in the [National Security Framework \(Vetting function/security vetting\)](#).
- ensure that all relevant staff<sup>13</sup> complete mandatory [child protection and safeguarding eLearning](#) at least once every three years as a minimum, and have access to adequate child safeguarding classroom training<sup>14</sup> that is at a more advanced level than the eLearning. See section [22.6](#) for guidance on training levels;

6.4 The PGD national strategic lead for child safeguarding work has additional duties, and is required to ensure that:

- **staff who have regular contact with families and children as part of their role<sup>15</sup>** have access to advanced child safeguarding training which is at a level that provides the knowledge and skills appropriate for their role. See section [22.6](#) for further details;
- staff who work in women's prisons have access to advanced child safeguarding training that is trauma-informed and includes an awareness of pre-birth child safeguarding and working in partnership with healthcare<sup>16</sup> and children's services;
- MBU staff complete the training that is set out by the [HMPPS Pregnancy, Mother and Baby Units \(MBUs\), and Maternal Separation from Children up to the Age of Two in Women's Prisons Policy Framework](#).

6.5 Heads of Probation Delivery Units (PDUs) are required to:

- promote this PF to all staff across the PDU;

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<sup>12</sup> The Children and Social Work Act (2017) replaced Local Safeguarding Children Boards (LSCBs) with local Safeguarding Partners. This may also be referred to as 'Safeguarding Partners'.

<sup>13</sup> This relates to staff who will have contact with children and families, and includes practitioners with case management responsibilities, programmes facilitators, prison officers, prison visits staff, Mother and Baby Unit staff, staff who work in family overnight suites, family liaison officers and staff who work on reception in prisons, probation offices and approved premises.

<sup>14</sup> 'Classroom training' may include training that is delivered virtually.

<sup>15</sup> This will include prison MBU staff, staff who work in family overnight suites, family liaison officers and HMPPS managers and senior managers.

<sup>16</sup> Healthcare Services include: prison healthcare providers, maternity services provided by NHS Trusts, and specialist perinatal mental health services.

- read this PF and follow the guidance which relates to their role;
- designate a child safeguarding lead within the PDU to promote good practice and strengthen partnership working;
- attend local Safeguarding Partners meetings where required. If the PDU Head is unable to attend, they should delegate attendance to an appropriate senior/middle manager;
- create a culture of support for staff to refer cases to children's services<sup>17</sup> where required and challenge the safeguarding decisions of partner agencies where appropriate;
- work with local authorities to facilitate a clear, detailed and quick response to child safeguarding enquiries and referrals;
- be aware of all cases within their PDU where a child is on a child protection plan due to risk posed by a supervised individual. The PDU Head should be satisfied that these cases are managed appropriately and in line with this PF. See section [8.18](#) for guidance on management oversight for cases that are subject to child protection plans;
- pay attention to and have oversight of any serious and complex child safeguarding concerns that are escalated to them, particularly where the safeguarding concerns are not being addressed by other agencies. If PDU Heads are unable to address the concern, they should escalate the issue to the senior managers within the other relevant agencies or to the appropriate local authority children's services;
- adhere to the OASys Countersigning Framework and the guidelines set out for countersigning assessments which identify risks to identifiable children.

6.6 They are also required to ensure that:

- all staff complete [child protection and safeguarding eLearning](#) once every three years as a minimum and complete advanced child safeguarding training (classroom training<sup>18</sup> where appropriate) once every three years. PDU Heads should also ensure that staff training records are kept up to date;
- staff are aware of their local child safeguarding and child in need referral process and understand how to use them effectively to raise concerns about a child;
- staff attend and prepare reports for child protection conferences and other multi agency child safeguarding meetings where required;
- their PDU has a process in place for managers to have systematic oversight of all cases that involve children subject to child protection plans. See section [8.18](#) for

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<sup>17</sup> Local authorities have overarching responsibility for safeguarding and promoting the welfare of all children and young people in their area. The relevant part of the local authority may be known as Children's Services, Social Services, Children and Families Services, or another variation of these titles

<sup>18</sup> 'Classroom training' may include training that is delivered virtually.

guidance on management oversight for cases that are subject to child protection plans;

- suitable arrangements are in place to respond to information sharing requests relating to prospective foster parent and adoption enquiries;
- youth to adult case transfers are managed in line with the [Joint National Protocol for Transitions \(England\)](#) and with the [Youth to Adult Transition Principles and Guidance \(Wales\)](#);
- all staff receive appropriate supervision and have an opportunity to discuss child safeguarding cases with their line manager, in line the [touch points model \(TPM\)](#) and [reflective practice supervision standards \(RPSS\)](#);
- child safeguarding information in case management systems are accurate and kept up to date;
- their PDU undertakes a [20.5](#) at least every two years<sup>19</sup>.

#### 6.7 Prison Governors are required to:

- promote this PF to all staff across their establishment;
- read this PF and adhere to the guidance which relates to their role;
- read the child safeguarding components of the [Public Protection Manual \(PPM\)](#) and adhere to the guidance which relates to their role;
- designate a child safeguarding lead within their establishments to promote good practice and strengthen partnership working;
- attend local Safeguarding Partners meetings where required. If the governing governor is unable to attend, they should delegate attendance to an appropriate governor grade;
- in line with the Public Protection Manual, make decisions on whether to prevent, restrict or allow a prisoner, who is assessed as being a person posing a risk to children (PPRC), to have contact with a child:
  - prison governors have a statutory duty (under section 11 of the Children Act 2004) to ensure that prisoners who are persons posing a risk to children (PPRC) do not have contact with children before prison staff complete a multi-agency risk assessment; prisoners who are PPRC can apply to have contact with a child but they may be subject to varying levels of child contact restrictions as a result of the risk assessment.

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<sup>19</sup> Local Safeguarding Partners have a statutory duty under Section 11 of the Children Act 2004 to assess whether agencies in their area are fulfilling their duty to safeguard and promote the welfare of children. Therefore, local Safeguarding Partners may undertake Section 11 audits to monitor and evaluate the compliance of the relevant agencies, including HMPPS, with their statutory obligations. However, HMPPS do not have a statutory duty to undertake a Section 11 self-assessment but are required to do so under this PF.



- prisons must inform the prisoner of the outcome of their child contact application. Decisions should be recorded, supported by the evidence and include a clear rationale. Where restrictions have been applied, the prisoner may seek legal advice and pursue the matter further, for example through the family court who may support contact. **The Family Court cannot compel a prison governor to comply with an Order that it makes but if the prison does not implement a child arrangements Order made by the Family Court, the prisoner can present a legal challenge in the form of a judicial review in the Administrative Court.** A clear record of the decision and the reasons behind it will enable the prison governor to defend their decision and means it is more likely to withstand legal scrutiny.
- put systems in place to monitor and restrict the communication of a prisoner (including visits, letters, telephone calls, and social video calls) to protect children at risk, where appropriate, in accordance with Prison Rules 34 and 35A and PSIs [49/2011](#) , PSI [16/2011](#) , [04/2016](#) and the [Social Video Calling Policy Framework](#)
- create a culture of support for staff to refer cases to children’s services where required and to challenge the safeguarding decisions of partner agencies where appropriate;
- pay attention to and have oversight of any serious and complex child safeguarding concerns that are escalated to them, particularly where the safeguarding concerns are not being addressed by other agencies. If Governors are unable to address the concern, they should escalate the issue to the senior managers within the other relevant agencies or to the appropriate local authority children’s services.

6.8 They are also required to ensure that:

- all prison officers working in the POM role complete [child protection and safeguarding eLearning](#) once every three years as a minimum and complete advanced child safeguarding training (classroom training<sup>20</sup> where appropriate) once every three years. Governors should also ensure that staff training records are kept up to date;
- all prison staff have read and are aware of their child safeguarding duties set out in the [Public Protection Manual \(PPM\)](#);
- prison staff attend and prepare reports for child protection conferences and other multi agency child safeguarding meetings where required;
- their establishments identify prisoners who are PPRC at the earliest opportunity, and whenever risk to a child becomes apparent throughout their time in custody, in accordance with the [Public Protection Manual \(PPM\)](#);
- prison staff share sentence information with the police, probation and relevant children’s services teams, on prisoners who present a risk to identified children;
- child safeguarding information in case management systems are accurate and kept up to date;
- that their establishment undertakes a [20.5](#) at least every two years.

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<sup>20</sup> ‘Classroom training’ may include training that is delivered virtually.

6.9 Requirements for governors of women's prisons and prisons that have mother & baby units (MBUs)

6.10 As stated in Working Together 2018, governors of women's prisons that have MBUs should ensure that:

- there is at all times a member of staff allocated to the MBU, who as a minimum, is trained in first aid, whilst within the prison there is always a member of staff on duty who is trained in paediatric first aid (including child/adult resuscitation) who can be called to the MBU if required;
- there is a contingency plan in place for child protection, first aid including paediatric first aid and resuscitation, which should include advice for managing such events, and which provides mothers with detailed guidance as to what to do in an emergency;
- each baby has a childcare plan setting out how the best interests of the child will be maintained and promoted during the child's residence in the unit.

6.11 Child safeguarding training for staff who work in women's prisons

6.12 Governors of all women's prisons are required to ensure that:

- Staff complete mandatory [child protection and safeguarding eLearning](#) as part of their induction and complete refresher eLearning at least once every three years;
- they secure an appropriate level of advanced child safeguarding training (classroom training<sup>21</sup>) for staff who work in women's prisons. The advanced child safeguarding training should be trauma-informed and cover pre-birth child safeguarding and working in partnership with healthcare<sup>22</sup> and children's services. The following staff are required to undertake advanced child safeguarding training at least every three years in order to fulfil the safeguarding responsibilities within their role:
  - Prison Officers;
  - Prison Offender Managers (POMs);
  - Pregnancy and Mother and Baby Liaison Officers (PMBLOs);
  - Prison Governors, MBU Operational Managers and other senior managers.
- staff training records are kept up to date.

6.13 Governors of all women's prisons and prisons that have MBUs should ensure that staff also read and follow the arrangements set out in the [HMPPS Pregnancy, Mother and Baby Units \(MBUs\), and Maternal Separation from Children up to the Age of Two in Women's Prisons Policy Framework](#).

6.14 Family overnight suites (overnight visit units)

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<sup>21</sup> 'Classroom training' may include training that is delivered virtually.

<sup>22</sup> Healthcare Services include: prison healthcare providers, maternity services provided by NHS Trusts, and specialist perinatal mental health services.

- 6.15 Governors of all women's prisons that have family overnight suites are required to ensure that:
- they have agreed the arrangements for ensuring children staying in overnight family suites with their local Safeguarding Partners;
  - their establishment undertakes a risk assessment on all mothers who apply to have overnight visits from their children;
  - their establishment obtains the consent of the child's carer/guardian before an overnight visit takes place;
  - there is a plan in place to manage any identified risks. If in exceptional circumstances an application for a family overnight suite is approved for a mother who is assessed as presenting a **high or very high risk of serious harm to children**, their establishment notifies the relevant local authority children's services department in time for the arrangements to be reviewed in light of their feedback;
  - prison staff are available to visit family overnight suites in the event of an emergency or when it is necessary to safeguard a mother or visiting child.

6.16 Prison middle managers<sup>23</sup>/prison and community Senior Probation Officers (SPOs) are required to:

- complete [child protection and safeguarding eLearning](#) once every three years as a minimum and complete advanced child safeguarding training (classroom training<sup>24</sup> where appropriate) once every three years;
- read this PF and adhere to the guidance which relates to their role;
- be aware of all cases under their line management where a child is on a child protection plan due to risk posed by a supervised individual. SPOs should be satisfied that these cases are managed appropriately and in line with this PF. See section [8.18](#) for guidance on management oversight for cases that are subject to child protection plans;
- discuss child safeguarding cases during supervision with their staff in line with [reflective practice supervision standards \(RPSS\)](#). Middle managers/SPO's should provide staff with support, guidance, and make management oversight entries on case management systems to record their case discussions and decisions, and should record and follow up on any set actions; SPO's in community probation teams should do this in line with the touch points model (TPM)<sup>25</sup> The [TPM guidance document](#) is available on Equip. Document number 3199;
- support staff in following up outstanding responses from partner agencies to child safeguarding enquiries and referrals and escalate concerns to safeguarding leads or senior managers where necessary;

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<sup>23</sup> In public sector prisons Offender Management Units (OMUs) will be managed and led by a prison middle manager in the role of Head of Offender Management Services, and a Senior Probation Officer (SPO) in the role of Head of Offender Management Delivery.

<sup>24</sup> 'Classroom training' may include training that is delivered virtually.

<sup>25</sup> The management oversight touch points model provides a mechanism to ensure that there is consistency and fairness in decision-making around risks and that staff are supported in making effective decisions

- pay attention to and have oversight of any child safeguarding concerns that are escalated to them, particularly in complex cases and cases where child safeguarding concerns are not being addressed by other agencies. If managers are unable to address the concern, they should escalate the issue to the PDU Head or prison governor where necessary;
- adhere to the OASys Countersigning Framework and the guidelines set out for countersigning assessments which identify risks to identifiable children.

6.17 They are also required to ensure that:

- staff are aware of the difference between a child safeguarding enquiry and a referral and understand when each is required. See section [7.4](#) for guidance on safeguarding enquiries and referrals;
- staff are aware of their child safeguarding responsibilities and are familiar with local procedures, including how to make referrals to children's services, and the local authority's thresholds criteria;
- office systems are in place to monitor child safeguarding enquiries and referrals to children's services;
- all new members of staff have an induction plan that covers completion of child safeguarding eLearning;
- staff working with child safeguarding cases are competent to do so;
- child safeguarding cases are correctly identified through the appropriate use of registrations and flags in case management systems;
- staff are aware of the case recording instructions for safeguarding entries that are set out for NDelius in [CRI023](#) (which is available on Equip. Document number 749) and for Digital Prison Services (DPS) in [OMiC case notes guidance](#) (which is available on Equip. Document number 2571).

6.18 Court officers<sup>26</sup>, POMs/COMs and programmes staff

6.19 At every stage of a sentence, it is important that all HMPPS staff are aware of their child safeguarding responsibilities and are clear about what is required of them.

6.20 Court officers

6.21 The pre-sentence stage may be the initial point at which safeguarding concerns become apparent. As part of their duty to offer support and advice to courts, court officers play an important role in safeguarding and promoting the welfare of children, which enables safe sentencing and improves outcomes for children at risk.

6.22 Knowledge, understanding and approach

Court officers are required to:

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<sup>26</sup> Court officers include Probation Officers (POs) and Probation Services Officers (PSOs).

- complete [child protection and safeguarding eLearning](#) once every three years as a minimum and complete advanced child safeguarding training (classroom training<sup>27</sup> where appropriate) once every three years;
- be aware of the difference between a child safeguarding enquiry and a referral and understand when each is required. See section [7.4](#) for guidance on safeguarding enquiries and referrals;
- read this PF and adhere to the guidance which relates to their role;
- recognise that a child is a victim of domestic abuse if they see, hear, or experience the effects of the abuse, and is related to either the victim or perpetrator;
- take an investigative approach and use professional curiosity when assessing potential risk to children;

### 6.23 Identification and assessment of risk and need

Court officers are required to:

- ask all individuals subject to a pre-sentence report (PSR) at interview whether they **live with, have caring responsibilities for, are in contact with, or are seeking contact with any children**. Court officers should record the individual's response within the PSR and ensure that they have information about all relevant children before making a sentence proposal. Court officers should record children's details on the case management system and also record if an individual refuses to provide information;
  - staff should record details of any children that are disclosed by an individual, in line with the case recording instructions for safeguarding entries that are set out for NDelius in [CRI023](#) (which is available on Equip. Document number 749);
- refer to the [Women's PSR Aide Memoire](#) (which is available on Equip. Document number 2343) to ensure interviews are gender specific, trauma informed and set out to improve women's contact with their families;
- ask all women and transgender men whether they are pregnant, and whether there is any likelihood that they could be pregnant;
- ask all individuals whether they have a partner who is pregnant;
- consider the impact that imprisonment may have on individuals who have childcare responsibilities, and pregnant women, including the woman's health and any effect the sentence might have on their children. Court officers should request additional time from the court if an application to a mother and baby unit (MBU) is required;
- assess any historic information held on case management systems about the individual which indicates they might present a risk of harm to children;
- consider the impact that any caring responsibilities may have on the individual's ability to comply with the proposed sentence or impact that imprisonment may have on any caring responsibilities;

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<sup>27</sup> 'Classroom training' may include training that is delivered virtually.

- check what arrangements are in place for dependent children when custody is a stated option;
- pay attention to and be aware of parental and family child safeguarding risk factors such as domestic abuse, substance misuse, parental conflict, and poor mental health; provide an analysis of these risks in the PSR where they exist and explain any implications for the sentence. [Parental and family child safeguarding risk factors](#);
- demonstrate cultural competency<sup>28</sup> in their practice and pay attention to and be aware of child safeguarding risks relating to children from Black, Asian, Minority, and Ethnic backgrounds, which includes children from Gypsy, Roma, and Traveller (GRT) communities and the children of foreign nationals. Court officers must identify cases where cultural practices and beliefs, and their 'Intersectionality' with other protected characteristics, may impact on a child's welfare, and make a referral to children's services where there are concerns a child may be at risk. See section [8.27](#) for guidance on Intersectionality and section [8.23](#) for practice guidance on cultural competency;

#### 6.24 Child safeguarding enquiries (checks) and referrals at court

6.25 Court officers should always make initial child safeguarding enquiries after information has been gathered from a PSR interview. If initial safeguarding enquiries cannot be done at the point of the PSR or if the individual is sentenced without a report, the allocated POM/COM must undertake the enquiries at the earliest opportunity<sup>29</sup> and should share the information with other partner agencies where appropriate. Court officers are required to:

- initiate child safeguarding enquiries with children's services for all individuals subject to a PSR who **live with, have caring responsibilities for, are in contact with, are seeking contact with any children or who present a potential risk of harm to children**; the only situation where fresh enquiries are not required at this stage is where there is sufficient, up-to-date information available from other sources, such as records of a current case<sup>30</sup>:
  - where an individual is pregnant or has a partner who is pregnant, court officers **are not automatically required to undertake a pre-birth child safeguarding enquiry**. Instead, court officers need to establish the due date for the child's birth and record the details on the case management system. This will prompt the allocated POM/COM to undertake the child safeguarding enquiry at the earliest opportunity.
- carry out a child safeguarding enquiry with children's services in all cases where an individual has refused to answer the questions, or where there are concerns that the individual being sentenced may have provided inaccurate disclosure about their

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<sup>28</sup> Culturally competent practice places children's wellbeing and protection within their cultural context where it is relevant. By being culturally competent, practitioners can better identify which aspects of the child safeguarding concerns are 'cultural', which are neglectful, and which are a combination of both factors.

<sup>29</sup> The 'earliest opportunity' in this context may depend on the local agreements that are in place with children's services within each local authority. HMPPS court staff should take all reasonable steps to initiate and receive safeguarding enquiries prior to sentencing. However, in some situations the earliest opportunity to initiate an enquiry might be following allocation to the Probation Service or prison (OMU).

<sup>30</sup> This is in line with [HMIP expectations R 2.10](#).

contact with children. Many children's services teams are unable to carry out a search on a child without the child's details, but some children's services teams are able to link individuals, with children on their systems, with other pieces of information. Therefore, court officers should use any information they have gathered on the individual to make the enquiry, for example, the individual's name, DOB and address;

- be satisfied that it is safe to recommend an Electronically Monitored Curfew (EMC). It is mandatory to carry out a child safeguarding enquiry with children's services **in all cases**<sup>31</sup> before recommending an EMC, whether or not children are known to be at the address; this is to ensure that curfew proposals are safe and appropriate. **In every case, court officers must await the outcome of the child safeguarding enquiry before they make the curfew proposal.**
- request additional time from the court if the outcome of a child safeguarding enquiry may make a difference to the sentence proposal but a response from children's services has not been received;
- make a referral to children's services if there is concern for the safety and wellbeing of a child.

6.26 Staff should refer to [PI 04/2016 Determining Pre-Sentence Reports](#), and the [Home Detention Curfew \(HDC\) Policy Framework](#)

6.27 A [HMPPS national template for HMPPS staff to initiate child safeguarding enquiries with children's services](#)<sup>32</sup> is available on EQUIP. Document number 4477.

6.28 The role of prison/community offender managers (POMs/COMs)

6.29 POMs/COMs must promote the welfare and safety of children at all times. They perform slightly different roles as an individual progresses through their sentence, which means although they have similar jobs, there are some differences in their child safeguarding duties. POMs/COMs both play a vital part in managing the risk that prisoners and supervised individuals present to children.

6.30 Knowledge, understanding and approach

Practitioners with case management responsibilities are required to:

- complete [child protection and safeguarding eLearning](#) once every three years as a minimum and complete advanced child safeguarding training (classroom training<sup>33</sup> where appropriate) once every three years. The additional eLearning module

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<sup>31</sup> Cases include community sentences (and proposals within breach proposals), before an individual is released on Home Detention Curfew (HDC), and, to electronically monitored curfews that are available as a licence condition.

<sup>32</sup> It is not a mandatory requirement for prison establishments, probation regions or court teams to use this template to undertake their enquiries.

<sup>33</sup> 'Classroom training' may include training that is delivered virtually.

[‘Impact of parental imprisonment and safeguarding’](#)<sup>34</sup> is not mandatory but is also available to all staff to complete;

- read this PF and adhere to the guidance which relates to their roles;
- be aware of the difference between a child safeguarding enquiry and a referral and understand when each is required. See section [7.4](#) for guidance on safeguarding enquiries and referrals;
- take an investigative approach and use professional curiosity when assessing potential risk to children and when managing child safeguarding cases;
- take a child centred approach to safeguarding and ensure that the voice of the child where appropriate, informs their safeguarding decision-making, risk assessments, sentence planning and risk management plans;
- recognise that a child is a victim of domestic abuse if they see, hear, or experience the effects of the abuse, and is related to either the victim or perpetrator;
- demonstrate cultural competency<sup>35</sup> in their practice and pay attention to and be aware of child safeguarding risks relating to children from Black, Asian, Minority, and Ethnic backgrounds, which includes children from Gypsy, Roma, and Traveller (GRT) communities and the children of foreign nationals. POMs/COMs must identify cases where cultural practices and beliefs, and their intersectionality with other protected characteristics, may impact on a child’s welfare, and must make a referral to children’s services where there are concerns a child may be at risk. See section [8.27](#) for guidance on intersectionality and section [8.23](#) for practice guidance on cultural competency.

### 6.31 Identification and assessment of risk and need

Practitioners with case management responsibilities are required to:

- initiate or follow up a child safeguarding enquiry with children’s services at the earliest opportunity **for all newly sentenced/allocated individuals** in situations where the court officers have not been able to do so. Where court officers have made a child safeguarding enquiry at the PSR stage and they have received a response from children’s services, the allocated POM/COM is not automatically required to undertake a fresh child safeguarding enquiry.
  - the allocated POM/COM should however be aware that circumstances might have changed or new information might be available by the time the sentence begins; they should use their professional curiosity to ask questions and be satisfied that the information they have is accurate and up to date. **If circumstances for the individual have changed then staff must make a fresh child safeguarding enquiry with children’s services;**
- undertake an initial pre-birth child safeguarding enquiry at the earliest opportunity, for individuals that court officers have identified as being pregnant or as having a

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<sup>34</sup> This training module gives an overview of the impact of parental imprisonment on children and provides an understanding of good practice in relation to safeguarding children at risk who are visiting a relative in prison.

<sup>35</sup> Culturally competent practice places children's wellbeing and protection within their cultural context where it is relevant. By being culturally competent, practitioners can better identify which aspects of the child safeguarding concerns are 'cultural', which are neglectful, and which are a combination of both factors.



partner who is pregnant. Where court officers have made a pre-birth child safeguarding enquiry and they have received a response from children's services, the allocated POM/COM is not automatically required to undertake a fresh child safeguarding enquiry;

- follow up on child safeguarding enquiries and referrals if no response or acknowledgement is received within **2 working days of sending them** (Working Together 2018 requires children's services to acknowledge receipt of a referral within 1 working day of receiving it);
  - if staff do not receive the acknowledgement within 2 working days of sending, they should escalate the matter to their line manager (or to another manager if their manager is not available) at the earliest opportunity;
  - if staff receive the acknowledgement but nothing else within 2 further working days, they should immediately bring the case to the attention of their line manager.
- undertake their own assessment of the risks an individual may pose to children whether or not there is contact with a child known to children's services;
- pay attention to and be aware of a combination of family and parental child safeguarding risks factors such as domestic abuse, substance misuse, parental conflict, and poor mental health. [Parental and family child safeguarding risk factors](#);
- identify children at increased risk of exposure to victimisation, including child sexual exploitation, so-called honour-based abuse (HBA), FGM<sup>36</sup>, radicalisation, organised crime and serious group offending. The risk, or potential risk, to a child may be as victim, perpetrator or both;
- pay attention to and be aware of the safeguarding risks and needs of transgender<sup>37</sup> children, and children whose gender identity or sexuality are factors which might impact their safety and wellbeing. See section [8.30](#) for further guidance;
- identify and be alert to parents/guardians who make, or request, overseas travel to countries where FGM practice is known to be most prevalent; see section [18.5](#) for guidance;

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<sup>36</sup> Regulated health and social care professionals, and teachers in England and Wales have a statutory duty to report 'known cases' of FGM in children. HMPPS staff outside of these specified roles do not fall under this legal duty but do still have a responsibility to take appropriate safeguarding action if they become aware of a child who has undergone the procedure or suspect a child is at increased risk.

<sup>37</sup> Transgender (or Trans) is an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, transsexual, gender-queer (GQ), gender-fluid, non-binary, gender-variant, crossdresser, genderless, agender, nongender, third gender, bi-gender, trans man, trans woman, trans masculine, trans feminine and neutrois.

- use the Offender Assessment System (OASys) to assess the risk of harm that individuals (who are in scope<sup>38</sup>) on their caseload present to children. Staff need to do this in line with the [HMPPS Risk of Serious Harm \(ROSH\) Guidance](#).

### 6.32 Risk management and sentence planning

Practitioners with case management responsibilities are required to:

- where there is an identified risk of harm, develop a risk management plan that is in line with the '4 Pillars of Risk Management' which can be found in the [HMPPS Risk of Serious Harm \(ROSH\) Guidance](#);
- use statutory supervision and other forms of contact to deliver interventions, develop protective factors, monitor the individual's risk factors, and reduce the ROSH to children;
- include appropriate, necessary and proportionate external controls in RMPs to promote the safety and wellbeing of children;
- include specific child safeguarding objectives in sentence plans for prisoners/supervised individuals who pose a ROSH to children and those who are in contact with children where there are safeguarding concerns ( even if they do not pose the risk to the child themselves), including specific objectives in sentence plans is an important part of sentence management work because it ensures that staff are taking a child centred approach to their work and are focussed on improving the outcomes for at risk children;
- keep RMPs under review including whether external controls are sufficient, need reinforcing or can be removed or relaxed;

### 6.33 Working in partnership and taking action

Practitioners with case management responsibilities are required to:

- make a referral to children's services in line with the local authority's processes and thresholds **within 24 hours of identifying the risk to a child**;
  - for OMiC cases, staff should read the [OMiC child safeguarding referrals checklist](#) which is available on EQuIP. Document number 2452 for further guidance.
- share risk assessments and RMPs with partner agencies where appropriate; the value of sharing risk assessments among partner agencies is that it enables agencies to contribute and to get a more informed overall picture of the individual's risk, which will enable a more robust and collective safeguarding response;
- promptly respond to any changes to a prisoner or supervised individual's circumstances. This may include new information or disclosures that could lead to them potentially having contact with children, for example, when they enter into a

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<sup>38</sup> If an individual is not in scope for a Layer 3 OASys and child safeguarding concerns emerge, the POM/COM should review the OASys. If the level of risk increases from low to medium then the case would become 'in scope' and the case should be discussed with the Head of OM Delivery/SPO.

new relationship or when they disclose new contact with a child. Action may include a review of risk assessments, referrals to children's services or MAPPA, or, disclosure to third parties;

- challenge decisions made by partner agencies when it is felt that decisions or plans of action are not likely to support the safety and wellbeing of a child. Different agencies will not always agree on decisions that have been made about keeping a child safe but it is important that staff have the confidence to challenge where necessary;
- provide regular updates of complex child safeguarding cases to their line manager;
  - escalate cases where the child safeguarding responses of other agencies are not likely to adequately safeguard the child at risk.
- share information and maintain contact with victim liaison officers where children are the victims. Staff should be aware that the purpose of the victim contact service is to provide eligible victims with information about the prisoner/supervised individual's sentence, not to manage any risk to the victim;
- undertake joint home visits with partner agencies where appropriate and share home visit outcomes with the relevant partner agencies. The [HMPPS home visits policy framework](#) requires staff to;
  - consider undertaking a home visit in all cases and consider what will be achieved by undertaking a visit. Where a home visit is not undertaken, staff are required to record the reasons for not doing one;
  - conduct a home visit to any supervised individual who is assessed as **high/very high risk of serious harm to children, within 15 working days of the start of supervision** (or when they are assessed at this level of risk during the supervision period).
  - conduct a home visit for all individuals convicted of / or identified as having been involved in child sexual exploitation (CSE), **within 15 days of the start of supervision** (or when CSE risks are identified during the supervision period);
  - conduct a home visit for any other supervised individual with identified child safeguarding concerns, within the first **6 weeks of the start of supervision**.
- in cases where the supervised individual lives with a child, make reasonable efforts to undertake a home visit during a time in which any children or family members are present. This will provide staff with an opportunity to observe children and their interactions with the supervised individual;
- attend child protection conferences and core group meetings and notify the chair within reasonable time if they are unable to attend. **There is no expectation that POMs will attend core group meetings;**
- prepare and submit reports for child protection conferences; within the reports POMs/COMs need to be clear on nature of HMPPS involvement with the individual who presents the risk to the child;
  - POMs should complete and send the [HMPPS multi-agency child protection conference report template for POMs](#) (which is available on EQuIP. Document number 2962) to the conference chair ahead of initial and review

conference meetings, and COMs should complete and send the [HMPPS Child protection conference report template for COMs](#) (which is available on EQuIP. Document number 932). Staff should be aware that some local authorities may have their own conference report templates that HMPPS staff will be required to use.

- ensure that the objectives of child protection plans align with RMPs and sentence plan objectives;
- notify the relevant local authority children's services department of the release date/addresses of prisoners who are PPRC who pose a ROSH to **identified children** and are being released from prison at their licence end date (LED) or sentence end date (SED); as part of the termination process;
  - send notifications to the local authority in which the child lives, no later than 28 days before the LED/SED where possible, or once it is confirmed that the PPRC will be released at LED/SED.

#### 6.34 Safe Electronically Monitored Curfew (EMC) proposals

6.35 POMs/COMs need to be satisfied that it is safe to recommend an Electronically Monitored Curfew (EMC). It is mandatory to carry out a child safeguarding enquiry with children's services **in all cases**<sup>39</sup> before recommending an EMC, whether or not children are known to be at the address; this is to ensure that curfew proposals are safe and appropriate. **In every case, Probation practitioners must await the outcome of the child safeguarding enquiry before they make the curfew proposal.**

#### 6.36 Recording on case management systems

Practitioners with case management responsibilities are required to:

- record on-going child safeguarding contacts, enquiries, referrals and liaison with partner agencies on the relevant case management system;
  - POMs/COMs should refer to the case recording instructions for safeguarding entries that are set out for NDelius in [CRI023](#) (which is available on Equip. Document number 749) and for Digital Prison Services (DPS) in [OMiC case notes guidance](#) (which is available on Equip. Document number 2571).
- record the rationale for child safeguarding professional judgements and decisions that they make;
- record information which relate to prisoners and supervised individuals from third parties against the individual's case record. Where information is deemed sensitive and disclosure to the supervised individual would increase risk, HMPPS staff should record this information using the sensitive contact function on the case management system;

#### 6.37 Transfer of child safeguarding cases between probation practitioners and PDUs

Practitioners with case management responsibilities are required to:

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<sup>39</sup> Cases include community sentences (and proposals within breach proposals), before an individual is released on Home Detention Curfew (HDC), and, to electronically monitored curfews that are available as a licence condition.

- consider the impact of the transfer of supervised individuals on any children prior to any agreement to transfer a case, for example, where the proposed move involves the supervised individual living in a household with children or moving to an area where they are closer to with any children who might be at risk;
- where practicable to do so, undertake a case handover in the event a child safeguarding case is re-allocated or transferred to another area. The outgoing probation practitioner should use the case management system to record that a handover has taken place, and should update partner agencies on the changes;
- be alert to the importance of sharing information when a child moves from one local authority into another, due to the risk that knowledge pertinent to keeping a child safe could be lost;
- adhere to the instructions set out in [HMPPS Policy Framework for Case Transfers](#);
- for changes in responsibility for MAPPA cases, read the 'Responsibility for MAPPA Cases' section of the [MAPPA Guidance](#).

6.38 POMs have additional child safeguarding duties as part of their responsibility under the Offender Management in Custody (OMiC) model. POMs are required to:

- read the child safeguarding components of the [Public Protection Manual \(PPM\)](#) and adhere to the guidance which relates to their role;
- ensure that OASys ROSH assessments assess the ongoing risks that a prisoner poses to children from custody; this assessment should be used to inform PPRC assessments and child contact restrictions in prison;
- be clear whether any restrictions need to be in place on a prisoner under PPRC arrangements; guidance for this process can be found in the PPM;
- ask women and transgender men in custody as part of their induction, whether they are pregnant or whether there is any likelihood that they could be pregnant;
- be clear on who is looking after the dependent children of prisoners;
- keep the visits log, registered contacts and PIN list under review as it might give key information about any child who has previously visited and the adult accompanying them;
- undertake a case handover from the outgoing POM to the new POM when a prisoner transfers through the prison estate; POMs should use the 'POM to POM handover' case note to record that the handover has taken place;
- update the Head of OM Delivery/SPO on any significant or complex child safeguarding cases/concerns.

6.39 [OMiC child safeguarding guidance for POMs](#) is available on EQuIP. Document number 2451.

6.40 Programmes staff

6.41 Programmes aim to change the thinking and behaviours which may lead people to offend. Programmes staff come into contact with prisoners and supervised individuals (learners) who pose a ROSH to children, therefore programmes staff should be prepared to contribute to child safeguarding and promote the welfare of children at all times. To do this, programmes staff are required to :

- be alert to and act on disclosures from learners that may indicate a child is at risk. This might include disclosure of a new relationship with a partner who has a child, or that the learner is having contact with children when they are prohibited from doing so;
- at the earliest opportunity, share new risk information with POMs/COMs **and actively follow up if there is not a written acknowledgement from the POM/COM that they have received and understood the information;**
- use professional curiosity and take an investigative approach when engaging with learners during interventions and programmes;
- raise concerns with a probation out of hours duty manager if they discover that a learner presents an unmanageable risk to a child outside of core business hours. In an emergency, programmes staff should call the police.

#### 6.42 Information sharing and data protection

6.43 information sharing between HMPPS practitioners and partner agencies is essential for early identification of need, and to keep children safe. Good information sharing consists of staff making accurate records, understanding the significance of information, and sharing information with other agencies in a timely manner.

6.44 All agencies must be able to demonstrate that they are compliant with the General Data Protection Regulations (GDPR) and accompanying Data Protection Act (DPA) 2018. This places duties on organisations and individuals to process personal information fairly and lawfully; they do not prevent the sharing of information for the purposes of keeping children safe, and **fears about sharing information must not stand in the way of the need to promote the welfare and protect the safety of children.** GDPR provides a number of bases for sharing personal information; **staff do not need consent to share information if the purpose is to safeguard a child.**

6.45 HMPPS staff should:

- Promptly share information with local authority MASH/children's services and/or the police when they have concerns that a child is in need or is suffering; staff should not assume that someone else will pass on information that they think may be critical to keeping a child safe;
- have due regard to the relevant data protection principles which allow them to share personal information;
- read and follow the guidance on storing victim related documents in case management systems – '[HMPPS community offender manager guidance: recording liaison activity with victim liaison officers](#)' which is available on EQuIP. Document number 1474;

- read and follow the [MAPPA Guidance](#) which sets out the protocols for sharing information;
- ensure that MARAC and child protection conference (CPC) minutes are stored confidentially. Reference can (and should) be made to MARACs/CPCs in case management systems where relevant, however contacts which reference MARACs/CPCs, should be marked as sensitive. MARAC should not be referred to in the main body of an OASys assessment but can be recorded in the information not to be disclosed section (INTBDTTO). Information about a CPC can be recorded in the main body of an OASys assessment;
- read and follow the guidance set out in the [HMPPS Information Security Policy Framework](#).

#### 6.46 Child safeguarding training for HMPPS staff

6.47 Child safeguarding eLearning is mandatory for all staff who will have **any contact** with prisoners, supervised individuals, children and their families. Staff may access the mandatory child safeguarding eLearning via the [HMPPS MyLearning website](#).

6.48 HMPPS staff who have **regular contact** with families or children<sup>40</sup> as part of their role, will require access to advanced levels of child safeguarding training, which is at a standard that ensures they have the knowledge and skills to keep children safe. See section [22](#) for further guidance on child safeguarding training.

#### 6.49 Whistleblowing and reporting wrongdoing

6.50 As stated in Sir Robert Francis' Freedom to Speak Up<sup>41</sup> review, speaking up should be something that everyone does and is encouraged to do. There needs to be a shared belief at all levels of the organisation that raising concerns is a positive, not a troublesome activity.

6.51 If any member of HMPPS staff has concerns about the improper behaviour, abuse or maltreatment of a child from another member of staff, they must follow the guidance set out in the [Ministry of Justice: whistleblowing policy and procedures](#). Anyone who comes forward to raise legitimate concerns or allegations of misconduct must not be victimised, harassed or bullied for doing so.

## **7. Guidance**

### 7.1 Working with children's services to improve outcomes for children

7.2 Local authorities are one of our key safeguarding partners and it is important that we share information with local authority children's services departments. Local authorities have overarching responsibility for safeguarding and promoting the welfare of all children in their area. The relevant part of the local authority may be known as **Children's Services, Social**

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<sup>40</sup> This will include POMs/COMs, PSR writers, programmes staff, victim liaison officers, prison MBU staff, staff who work in family overnight suites, family liaison officers and HMPPS managers and senior managers.

<sup>41</sup> Source Freedom to Speak Up: An Independent Review into Creating an Open and Honest Culture in the NHS guidance on FGM February 2015 available at: [http://freedomtospeakup.org.uk/wp-content/uploads/2014/07/F2SU\\_web.pdf](http://freedomtospeakup.org.uk/wp-content/uploads/2014/07/F2SU_web.pdf)

**Services, Children and Families Services, or another variation of these titles.** There is no national children's services database so it is important that HMPPS staff take steps to ensure they initiate child safeguarding enquiries and make child safeguarding referrals to the local authority that is relevant to the child, family or the person posing a potential risk to the child.

7.3 Information sharing and communication with other agencies need to be at the centre of our safeguarding practice. The reason we tell children's services that someone is in prison or subject to supervision is so that we may bring our resources together and work in partnership to safeguard children. Equally it is important that we find out from children's services what current or previous knowledge they have of the child/family, and when we have concerns about the welfare of a child, we communicate them in a manner which generates action.

#### 7.4 Child safeguarding enquiries and referrals

7.5 Child safeguarding enquiries and referrals perform different functions and all staff must know the difference between the two:

- **A child safeguarding enquiry** (sometimes referred to as a safeguarding check) is an official enquiry that we send to local authority's children's services to request information on an individual, child or family;
  - enquiries should ascertain whether the child or family (including a prisoner or supervised individual) are known to children's services, and if they are known, should ask what is/was the nature of any children's services' involvement;
  - they are also an opportunity for us to alert children's services that we are in contact with an individual at an address;
  - they allow us to find out if there are child safeguarding issues which we need to factor into our work with an individual and to inform children's services' involvement with a child;
  - **the fact a child is not known to children's services or that the case is not current does not mean that the child is not at risk or in need.**
- **A safeguarding referral** is sent to children's services to formally report that a child is suffering significant harm or is likely to do so, and to request action. A child safeguarding referral for Early Help can also be made for those children who are in need but do not meet the threshold for a child protection response. See section [7.30](#) for guidance on Early Help.

7.5 Child safeguarding enquiries and referrals can also be used where there are concerns for children pre-birth. See section [16.3](#) for guidance on pre-birth child safeguarding risks.

#### 7.6 Mandatory points where HMPPS staff must carry out a child safeguarding enquiry

7.7 HMPPS staff must carry out child safeguarding enquiries at the following mandatory points:

- at the point of a PSR interview for an individual who either **has children, is in contact with children, is seeking contact with children, or who presents a potential risk of harm to children**;
  - when an enquiry has **not** been initiated on these individuals, court officers should record the reasons why on the case management system. Court



officers should also record where an enquiry has been made but a response from children's services is outstanding; this should prompt the allocated POM/COM at commencement of the sentence to follow up for a response;

- **the only situation where fresh child safeguarding enquiries are not required for these cases at this point is where there is sufficient, up-to-date information available from other sources, such as records of a current case**<sup>42</sup>.

- at commencement of the sentence;
  - the allocated POM/COM must undertake a child safeguarding enquiry at this point when one has not been initiated at court stage. POMs/COMs must also follow up on any child safeguarding enquiries made at the court stage that children's services have not yet responded to.
- at the point of receiving new information or disclosure that a prisoner or supervised individual has or is planning to have new regular contact with an identifiable child;
  - the risk the individual presents to a child is not limited to the individual having contact with the child;
  - the risk the individual presents may also be towards a child pre-birth;
  - staff should consider children present when new relationships are formed, regular contact with family members, extended family or the children of associates.
- on all occasions where a supervised individual requests or plans to move address;
  - COMs should be satisfied that any children at the proposed or planned address would not be likely to suffer significant harm by living with the supervised individual. Where COMs suspect a child is likely to suffer significant harm by living in the same address as the supervised individual, they should consider whether the address is appropriate in light of the risks identified; if the address is not appropriate the COM must refuse the proposed address move (if they have the power to do so). Where the COM does not have the power to refuse a planned (but unsafe) address move, the COM must make a referral to children's services.

7.8 Outside of the above mandatory points, there may be times where HMPPS staff will need to decide whether or not to carry out a child safeguarding enquiry. In these situations, staff can contribute to keeping children safe by taking an investigative approach to their casework and use their professional judgement to make the best decision. If staff are unsure whether or not to carry out a child safeguarding enquiry, they should discuss the case with their line manager.

7.9 A [HMPPS national template for HMPPS staff to initiate child safeguarding enquiries with children's services](#)<sup>43</sup> is available on EQuIP. Document number 4477.

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<sup>42</sup> This is in line with [HMIP expectations R 2.10](#)

<sup>43</sup> It is not a mandatory requirement for prison establishments, probation regions or court teams to use this template to undertake their enquiries.

#### 7.10 Child safeguarding referrals and local authority thresholds

7.11 All agencies have a responsibility to inform children's services if they are concerned that a child is in need or is at risk of harm. The timely communication of safeguarding and wellbeing concerns from agencies to children's services is an important step in promoting the safety and wellbeing of a child.

7.12 Working Together 2018 sets out that local Safeguarding Partners must publish a threshold document, which provides detail of the local criteria for children's services intervention in a way that is transparent, accessible and easy to understand. This should include the criteria, as well as the level of need, for when a case should be referred for assessment or for statutory services under:

- **section 17** of the Children Act 1989 (children in need)

and

- **section 47** of the Children Act 1989 (reasonable cause to suspect a child is suffering or likely to suffer significant harm and may need a child protection response).

7.13 Staff understanding local thresholds helps to strengthen communication and partnership working and ensures that children are protected and their needs are met. HMPPS staff should read their local Safeguarding Partners' thresholding document to inform their decision making and **staff should make a safeguarding referral when (but not limited to):**

- the behaviour shown by a prisoner or supervised individual, either previously or currently, places a child at risk of harm, for example, sexual offending, child criminal exploitation (CCE), so-called honour based abuse (HBA) or domestic abuse;
  - staff should recognise children who witness as well as those who experience domestic abuse as victims of the abuse. In cases where there is evidence of domestic abuse and there are identified children who are linked to the victim or perpetrator, staff must make a child safeguarding referral, even if the abuse appears to be low level.
- there are concerns about neglect; we know that the risk of neglect is increased where there is evidence of parental risk factors such as parental substance misuse, poverty, parents who have no recourse to public funds, parental mental health issues, or where children are parents themselves or are acting as young carers;
- there is exposure to [Contextual Safeguarding](#) risks, for example, [17.6](#) related abuse, sexual or criminal exploitation, online abuse, radicalisation/extremism, organised crime and serious group offending. The risk or potential risk to a child may be as victim or perpetrator or both;
- the lifestyle of the supervised individual is likely to place any child they have care of, or reside with, at risk, for example the sibling/s of a supervised individual who is involved in gangs or serious group violence;
- a prisoner or supervised individual who presents a risk to children enters into a relationship with an adult who is a parent/carer of a child;
- a prisoner or supervised individual is in a relationship with a child and there are concerns about the age appropriateness of the relationship;

- there is evidence that a supervised individual who is a risk to children is having contact with a child;
- there are adult safeguarding concerns in relation to a parent/carer of a child and this impacts on that adult's ability to care for, or keep the child safe;
- there is evidence that a pre-birth child is likely to be at risk of abuse or neglect when they are born;
- cultural practices and beliefs are putting a child at risk, for example, a practitioner becomes aware of a child who has undergone, or, is at increased risk of FGM.

7.14 Staff must send child safeguarding enquiries and referrals to the local authority in which the child resides. Referral processes and thresholds may vary between different local authorities; staff should refer to their local authority Safeguarding Partners' website to understand the thresholds in their area or the area where the child is living.

7.15 **The postcode search** link below will help staff quickly identify the correct local authority to direct their child safeguarding enquiries/referrals and provides contact details for the relevant children's services department, including details for out of hours contacts:

7.16 [postcode checker - children's services](#)

7.17 Referral timeliness

7.18 HMPPS staff responding to child protection concerns in a prompt and timely manner is important as it enables agencies to put safeguarding measures in place more quickly and it improves outcomes for children at risk. Unnecessary delays in making a referral could prolong harm to a child; HMPPS staff can contribute to keeping children safe by making referrals to children's services **within 24 hours of identifying the risk to the child**.

7.19 Where a risk to a child is identified on the last working day of the week, for example on a Friday, and a referral is required, staff should make arrangements to ensure the referral is made before the end of the following day (Saturday); the referral cannot wait till the next working day (Monday). In this situation, staff should urgently discuss the case with their line manager (or an available manager if their line manager is unavailable), and contact the HMPPS out of hours duty manager, and, the relevant out of hours children's services team. Staff should [click here](#) to locate the out of hours contact details for their local children's services teams.

7.20 Working Together 2018 states that within one working day of a referral being received, a local authority social worker should acknowledge receipt of the referral. If HMPPS staff do not receive the acknowledgement **within 2 working days of sending the referral** they should escalate the matter to their line manager at the earliest opportunity, or another manager if their manager is not available. Staff should also follow up on child safeguarding referrals to ensure that children's services have taken the necessary action to keep the child safe.

7.21 Effective HMPPS referrals will include:

- the reason for the referral and the nature of the concerns. Be clear about what you are worried about and what category your concerns come under, for example, is it neglect, sexual, physical, emotional harm or a combination? The referral should include the individual's assessed level of ROSH towards children which can be taken from OASys;

- any factors that may be undermining their parent/carer's capacity to parent or keep the child safe;
- clarity on what action you would like children's services to take, for example are you requesting an Early Help, Child in Need or child protection response? See section [7.30](#) for guidance on Early Help;
- confirmation of whether you have made the child's parent/carers aware of the referral.

7.22 If staff are in doubt as to whether or not they should make a safeguarding referral, they should discuss the case with a manager or the designated safeguarding lead practitioner. Staff may also contact their local authority children's services for professional advice and guidance.

#### 7.23 Informing the child's parent/carer about the referral

7.24 Child protection intervention is a largely open process that involves professionals working together with parents and carers. Therefore, it is best practice for HMPPS staff to inform the child's parent/carer about the referral; this will promote transparency and provide parents/carers with some confidence that staff are working cooperatively with them and not against them. However, parents/carers should not be told if informing them could put the child at risk of significant harm.

7.25 Working Together 2018 states that within one working day of a referral being received, a local authority social worker should make a decision about the type of response required; this will include determining whether:

- the child requires immediate protection and urgent action is required;
- the child is in need and should be assessed under section 17 of the Children Act 1989;
- there is reasonable cause to suspect that the child is suffering or likely to suffer significant harm, and whether enquiries must be made and the child should be assessed under section 47 of the Children Act 1989;
- any services are required by the child and family and what type of services;
- further specialist assessments are required to help the local authority to decide what further action to take;
- to see the child as soon as possible if the decision is taken that the referral requires further assessment.

7.26 A children's social care worker should inform the child or family of the action they will take, unless informing them may jeopardise a police investigation or place the child at risk of significant harm.

7.27 For children who need immediate protection and removal is required, the social worker, or the police or the NSPCC will take action as soon as possible after the referral has been made (sections 44 and 46 of the Children Act 1989).

#### 7.28 Recording child safeguarding contacts, enquiries and referrals

7.29 HMPPS staff must ensure that child safeguarding entries and information in case management systems are accurate and kept up to date. Staff should seek confirmation of any outcomes or actions children's services take as a result of a child safeguarding enquiry or referral. Staff must record any child safeguarding outcomes on the case management system.

7.30 Early Help

7.31 Not all child safeguarding concerns will meet the threshold for or require section 17 or 47 action. Working Together 2018 guidance sets out that providing Early Help is more effective in promoting the welfare of children than reacting later.

7.32 Early Help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early Help can also prevent further problems arising; for example, if it is provided as part of a support plan where a child has returned home to their family from care, or in families where parental risk factors emerge.

7.33 The value of staff being aware of local Early Help services is that it will enable children and their families to achieve better outcomes at an earlier stage, and access services that meet their needs more quickly. Particularly for children who are:

- disabled and have additional needs;
- young carers;
- showing signs of being drawn into anti-social or offending behaviour;
- frequently going missing from care, education or from home;
- growing up in circumstances where there is evidence of a combination of parental and family risk factors such as domestic abuse, substance misuse, parental conflict and poor mental health. [Parental and family child safeguarding risk factors](#);
- involved in substance misuse themselves;
- transgender or are experiencing discrimination, abuse, neglect, bullying, isolation, homelessness, self-harm or suicide risks as a result of their gender identity or sexuality. See section [8.30](#) for further guidance.
- have a parent in custody;
- parents/or a single parent of a child themselves.

7.34 Once the local authority decides the case meets the threshold for Early Help, children's services will undertake an Early Help assessment with the agreement of the child and their parents or carers.

7.35 Staff should be aware that Early Help interventions may also provide support directly to parents and carers where there is an identified need: this may contribute to developing better outcomes for both the carer and the child. For example, many children will be cared for by older parents or grandparents as their primary carers. While there are no common child safeguarding risk factors associated with older parents or grandparents providing care for children, HMPPS staff should be alert to the needs associated with older age, consider

how this may impact the child and consider whether Early Help intervention could support the family.

- 7.36 Staff can find further advice and guidance in - [Early Help \(or early intervention\) NSPCC Learning](#).

## **8. Children's services meetings**

- 8.1 HMPPS may hold valuable information on the parents of children who are known to children's services, and, is often the only agency that know the men in a child's life - [read the learning from NSPCC briefing: 'Hidden Men'](#). We are qualified and experienced in working with perpetrators and assessing risk, and many of the individuals discussed at formal children's services meetings will be open cases currently in prison or on probation, therefore we are well placed to provide relevant and meaningful contributions to formal child safeguarding and child protection procedures held by children's services.
- 8.2 Initial Child Protection Conference (ICPC)
- 8.3 If a section 47 assessment confirms that a child is suffering or is likely to suffer significant harm, the next step would be to take the case to an initial child protection conference (ICPC). The ICPC will decide whether to make the child subject to child protection plan. Conferences will be chaired by someone who works for the local authority but who is separate from the children's services team dealing with the case, so they are more independent. An ICPC will bring together family members (and the child where appropriate), with the supporters, advocates and professionals most involved with the child and family, to make decisions about the child's future safety, health and development. If concerns are pre-birth related, the chair will consider whether to hold a child protection conference prior to the child's birth. The ICPC will fix timescales for core group meetings, the child protection plan and for child protection review conferences. **POMs/COMs should use the 'child protection' register on NDelius to flag that a case is managed under a child protection plan.**
- 8.4 Child Protection Plans and Core Group meetings
- 8.5 The child protection conference will make clear the exact nature of the concerns which have been established in the referral and section 47 assessment. The child protection plan sets out what work needs to be done, why, when and by whom; actions that are set will be specific, child focussed and intended to promote the safety and wellbeing of the child. The plan will identify the lead professional and which professionals will be a member of the core group. The core group is responsible for implementing the plan and a core group meeting will take place within 10 days of the ICPC. COMs should attend child protection conferences and core group meetings. POMs/COMs should also prepare and submit reports in line with the deadlines set by the Chairs, and they should notify the Chair within reasonable time if they are unable to attend. **There is no expectation that POMs will attend core group meetings.**
- 8.6 If a POM/COM decides not to attend a child protection conference, their decision needs to be defensible and they should discuss the decision with a manager. POM/COMs should record the final decision on the case management system and it should include a clear explanation for why they are not attending.
- 8.7 Review Child Protection Conference (RCPC)

- 8.8 The RCPC procedures should be the same as those for an ICPC but its purpose is to review whether the child is continuing to suffer or is likely to suffer significant harm, and to review progress against the child protection plan outcomes. The RCPC will also consider whether the child protection plan should continue, close or whether to initiate family court proceedings. The chair may step the case down to Child in Need (CIN) planning once it is confirmed that the child is no longer suffering, or likely to suffer significant harm.
- 8.9 The [POM Information Pack - child protection conferences](#) provides further helpful guidance and information for POMs which is available on EQuIP. Document number 2963.
- 8.10 [Working Together to Safeguard Children 2018](#) provides further guidance on children's services referrals, child protection meetings and child protection process maps.
- 8.11 Child in Need (CIN) planning meetings
- 8.12 The CIN plan will make clear the needs of the child which have been established in a section 17 assessment or by a child protection plan. A CIN planning meeting will bring together family members (and the child where appropriate) to meet the development needs of the child and agree a package of support. CIN plan reviews will take place at least every three months, the outcome of the review could be to continue the plan where the same level of services is still required; to discontinue to the plan where the child is no longer in need, or, to step the case up to child protection arrangements where the child is likely to suffer from significant harm. **POMs/COMs should use the 'child concerns' register on NDelius to flag that a case is managed under CIN.**
- 8.13 Signs of Safety approach
- 8.14 Many local authorities areas are now following the 'Signs of Safety' approach in child protection work. Signs of Safety is a strengths based approach that is focused on building a partnership with parents, their network of family and friends, as well as other professionals to build safety around the child and strengthen and stabilise their family life. Improving outcomes for children and ensuring that they grow up in circumstances consistent with the provision of safe and effective care is central to the Signs of Safety approach.
- 8.15 Signs of Safety focusses on the following questions:
- what is working well?
  - what are the parents, the family or friends already doing that is keeping the child safe?
  - what are the strengths in the family that might keep the child safe?
- 8.16 The local authority will develop a safety plan with clear steps in place that address the concerns so that the family can work towards achieving their safety goal.
- 8.17 Staff should prepare for the Signs of Safety approach when going into child protection conferences and should consider the above questions in relation to the child/family. More information can be found on this [video on the Signs of Safety approach](#).
- 8.18 Systematic management oversight of cases where a child is subject to a child protection plan

- 8.19 PDU Heads need to be aware of all cases where a child is subject to a child protection plan within their PDU and SPOs need to be aware of all cases subject to a child protection plan that fall within their line management responsibility. The value of managers being aware of these cases is that it provides senior oversight and an opportunity for prompt escalation where required; it also provides a clear line of accountability, and, additional support for staff who are managing more complex child safeguarding cases and who may benefit from additional case consultation with a manager. It also enables managers to be satisfied that these cases are being managed properly and allows managers to contribute more effectively towards keeping at risk children safe. Therefore, **PDUs must have processes in place for managers to have systematic oversight of all cases subject to a child protection plan.**
- 8.20 One way PDUs can do this is by ensuring that managers have access to NDelius 'Management Information System' (MIS) reports of all the cases in their area that are flagged under the '**child protection**' registration. PDUs may access MIS reports through their regional performance and quality teams, or via a designated person within their PDU who has access. PDU Heads can use this information to discuss all the cases that are subject to a child protection plan with their SPOs and other middle managers during supervision or other case discussion meetings; SPOs can use this information to discuss child protection cases with staff in the same way.
- 8.21 For this system to be effective, PDUs need to ensure that all cases subject to a child protection plan are recorded under the correct NDelius registration. Poor or incorrect flagging will undermine this process and may result in missed opportunities for management oversight of all the child protection plan cases in the PDU.
- 8.22 PDU Heads and other managers should also use the Touch Points Model (TPM) and Reflective Practice Supervision Standards (RPSS) to support their management oversight of cases where a child is subject to a child protection plan. Guidance on the TPM and RPSS can be found on [EQuIP](#).
- 8.23 Working with child safeguarding cases and demonstrating cultural competency
- 8.24 Culturally competent practice places children's wellbeing and protection within their cultural context where it is relevant. By being culturally competent, HMPPS staff can better identify which aspects of the child safeguarding concerns are 'cultural', which are neglectful, and which are a combination of both factors.
- 8.25 HMPPS staff should demonstrate cultural competency when working with cases involving minority ethnic groups and should be aware of any bias that might influence their practice. Exploring whether any behaviour linked to safeguarding concerns may be considered 'acceptable' within the family's own culture is good practice and will contribute to improved outcomes for ethnic minority children. The absence of cultural competency when working with children and families from minority ethnic cultures, faith groups or communities may lead to inaccurate assessments and biased decision making. **Hull Safeguarding Children Partnership provide social work practitioners with detailed guidance on cultural competency and safeguarding, which can be useful for HMPPS staff and can be found [here](#).**
- 8.26 Intersectionality and how to apply it to child safeguarding work
- 8.27 Intersectionality in child safeguarding work relates to how a child's different identities and personal characteristics may overlap, and impact their experience of discrimination, inequality and poorer outcomes in their lives. HMPPS staff should take an 'Intersectional' approach to working with and assessing the risk and needs of children.



8.28 It is important for HMPPS staff to understand Intersectionality and apply it in their child safeguarding work because it supports an approach that is more informed by each child's lived experience, and it creates better opportunities for staff to be aware and respond to the specific needs of a child, which can lead to improved outcomes for children. Staff can apply Intersectionality in their safeguarding work by:

- recognising that no child is the same, and taking time to explore a child's background and respond to their needs; and
- recognising a child's experience of discrimination and inequality; this may include (but is not limited to) their ethnicity, gender, sexuality, class, socio-economic background, religion, disability or care status;

8.29 For further guidance, staff should listen to this [NSPCC learning podcast on understanding Intersectionality in child safeguarding work](#).

8.30 Safeguarding LGBTQ+<sup>44</sup> children and understanding the risk factors

8.31 **A child identifying as LGBTQ+ is not a risk factor in itself** but it is important for HMPPS staff to understand the extent to which gender identity and sexuality may impact the safety and wellbeing of children, and, to be able to identify the risk factors that are life-threatening, related to mental health or are likely to make children who identify as LGBTQ+ vulnerable to abuse, neglect, exploitation or other forms of harm.

8.32 Research indicates that LGBTQ+ children who disclose their sexuality at an early age are at a greater risk of suicide and self-harm than heterosexual children<sup>45</sup>. Children who identify as LGBTQ+ may experience the following risk factors which may contribute to a heightened risk of suicide or self-harm behaviours:

- discrimination in the form of homophobia, transphobia and biphobia (which may be verbal or physical, and is likely to cause long term emotional harm);
- abuse, neglect or abandonment from family members and peers, including bullying, which may lead to social isolation, substance misuse, inability to cope with problems, poor mental health and homelessness;
- rejection from faith based communities whose religious doctrine is not supportive of members who develop LGBTQ+ identities;
- exposure to exploitation; and
- exposure to so-called conversion therapy practices, which may include physical violence and emotional harm;
  - conversion therapy is an attempt to change an individual's sexual orientation or to change an individual from being transgender. It is based on a belief that identifying as LGBTQ+ is a mental illness that can be cured.

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<sup>44</sup> The acronym for Lesbian, Gay, Bi, Trans, Queer, Questioning and Ace (Ace is an umbrella term used specifically to describe a lack of, varying, or occasional experiences of sexual attraction).

<sup>45</sup> Public Health England 2015 available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/412427/LGB\\_Suicide\\_Prevention\\_Toolkit\\_FINAL.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/412427/LGB_Suicide_Prevention_Toolkit_FINAL.pdf) - page 15

8.33 As a mainly adult facing service, HMPPS staff may not always have opportunities to observe or work with LGBTQ+ children, so the risk to these children may be difficult for staff to identify, but it is important that staff take action to improve outcomes for LGBTQ+ children and keep them safe from harm. This will include:

- using professional curiosity to explore and identify risks to LGBTQ+ children;
- accurately assessing the risk within their risk of serious harm assessments;
- capturing the voice of the child where it is possible to do so;
- identifying prisoners and supervised individuals who are parents or family members of at risk LGBTQ+ children;
- sharing information and working with relevant partner agencies;
- making referrals for Early Help, child protection or other support services where necessary.

8.34 Staff may refer at risk LGBTQ+ children, young people or their families to [GALOP](#), who offer support services, which includes a family abuse and a conversion therapy support line. The GALOP website also provides additional guidance and resources for practitioners.

8.35 For further information, staff should read [The LGBTQ+ Youth Homelessness Report](#) which provides detail of how LGBTQ+ children's experiences can lead to homelessness, abuse and exploitation.

## **9. Prison Mother & Baby Units (MBUs)**

9.1 MBUs are an important function in the women's estate and provide a safe and nurturing environment for mothers and their babies. The purpose of MBUs is to allow the mother/baby relationship to develop if it is in the child's best interests.

9.2 Operational requirements for prison staff on the care and management of women experiencing pregnancy and separation from children is contained in the [HMPPS Pregnancy, Mother and Baby Units \(MBUs\), and Maternal Separation from Children up to the Age of Two in Women's Prisons Policy Framework](#) and the [HMPPS Women's Policy Framework](#).

## **10. Home visits**

10.1 The safeguarding of children should be a golden thread which runs through the process of home visits. Home visits enable a probation practitioner to verify the supervised individual's circumstances, become aware of who they are living with, and build rapport with their families and support networks. This can aid a comprehensive assessment of child safeguarding risks.

10.2 The [HMPPS home visits policy framework](#) sets out mandatory requirements for who should receive a home visit and when staff should undertake them. It also sets out home visit expectations for cases that involve child safeguarding risks. Further guidance for offender

managers is available in [Probation Service home visit guidance for offender managers](#) which can be found on EQuIP. Document number 2439.

### 10.3 Family overnight suite visits

10.4 A family overnight suite is a premises that some women's prisons provide for children to visit their mother in prison and stay with them overnight. Some family overnight suites are contained in premises outside of the prison and other family overnight suites may be contained in accommodation within the prison.

10.5 The purpose of the family overnight suite is to help mothers maintain family ties and provides mothers with an opportunity to parent their children in a non-custodial environment. Family overnight suites aim to give children an opportunity to spend time with their mother without carers or prison staff impacting on the quality of the contact and the mother remains responsible for her children at all times. Staff who work in prisons that have family overnight suites may have opportunities to 'home visit' the suite and observe children and their interactions with their mother during their stay but this is not a mandatory requirement, unless it is necessary to safeguard the mother or the child/ren.

10.6 Staff should read and follow the safeguarding children section of the [HMPPS home visits policy framework](#) for guidance on what to observe during a home visit. Further home visit child observation guidance is set out in '[what to observe during home visits](#)', which can be found on EQuIP. Document number 918.

### 10.7 Doorstep visits

10.8 In situations where doorstep visits are required as an alternative to home visits, staff should read and follow the [HMPPS doorstep visits – guidance for offender managers](#), which is available on EQuIP. Document number 3381.

### 10.9 Using genograms

10.10 Genograms (or a family tree) provide a visual picture of a prisoner or supervised individual's family structure. They are important in ensuring that all family members are identified and it is clear which children are biologically linked to them. Genograms can be particularly helpful to navigate families with a large number of children and understand the family's history.

10.11 HMPPS staff should consider:

- using a genogram if it will enhance their knowledge of children and families within a case;
- undertaking a genogram alongside the prisoner or supervised individual and verify the information with relevant partner agencies. For example, with a police offender manager or a social worker;
- reviewing genograms when family circumstances change.

10.12 A [simple genogram example](#) is available on Equip. Document number 923.

## **11. Capturing the voice of the child**

11.1 Working Together 2018 sets out the requirement for HMPPS staff to take into account children's views and their lived experiences in all areas of our work. In a mainly adult facing service, it may not be obvious how to do this but HMPPS staff can do so by:

- listening to children when there is an opportunity to do so, and recognising their specific needs, particularly those who are vulnerable or have protected characteristics, this includes children from Black, Asian, Minority, and Ethnic backgrounds, children who have experienced care, or children with special education needs;
- considering the implications that parental domestic abuse, ill mental health, substance misuse, and other traumatic experiences may have on a child's welfare and development, including at the pre-birth stage;
- identifying which agencies and adults are best able to contribute the voice of the child in risk assessments and RMPs; these might include schools, social workers, YOT staff, parents and wider family members;
- being alert to opportunities that present themselves to engage and observe children directly, for example during home visits, where children attend probation offices, prison visits, or within MBUs;
- engaging children with professional curiosity and being alert to parents and carers who attempt to prevent professionals from seeing and listening to the child.

11.2 Listening to children is important but so too is capturing the voice of the immediate and wider members of the family. By listening to families, staff may be able to get a more holistic picture of the family's circumstances and risk to the child; staff are more able to recognise protective factors; more able to understand the needs of families and are more likely to build rapport and trust with families. Equally, staff should pay attention to parental disguised compliance and deliberate efforts from families, parents and carers to manipulate staff.

## **12. Children attending probation offices**

12.1 A probation office is not a suitable place for a child. Children who attend a probation office might witness inappropriate behaviours, particularly in waiting rooms. Therefore, supervised individuals or others who attend probation offices (including members of staff) should not be accompanied by children, other than in offices where special reporting provisions are in place to support the wider family agenda, in which case, the probation office should make provisions to accommodate children safely.

12.2 In general, to avoid the need for supervised individuals to bring their children into probation offices, probation practitioners should:

- have due regard to the supervised individual's childcare responsibilities before scheduling their appointments Staff should refer to [HMPPS women's policy framework](#) for further guidance specific to working with women in custody and in the community;
- use the induction process to discuss any childcare commitments and the need for suitable arrangements to be in place to enable their attendance at appointments.

- to enable attendance at appointments, HMPPS may cover the childcare cost for children up to the age of 16 whose parents/carers who are assessed as eligible. For further guidance, staff should read [PI 10/2016 - Supervised Individual Childcare](#).

12.3 There may be occasions when a supervised individual or a member of staff needs to bring a child into a probation office as an unplanned or emergency measure. In this situation, a manager should decide whether to allow the child into the probation office and should put in place adequate arrangements to protect the child's safety.

12.4 If a child of a supervised individual attends a probation office, staff should:

- do all they can to ensure that the child and the supervised individual are not waiting in the reception area any longer than is absolutely necessary;
- observe the child's appearance, including the appropriateness of how they are dressed;
- observe the interaction between the child and the supervised individual, including the child's behaviour and body language.

12.5 The child observation guidance set out in ['what to observe during home visits'](#), which can be found on EQuIP. Document number 918 can also be relevant for observing children who attend probation offices.

12.6 Reception staff

12.7 Reception staff can provide valuable insights based on their observation of waiting rooms and should be alert to all supervised individuals who attend probation offices with children. If a supervised individual attends with a child, in addition to the above instructions, reception staff should check on the case management system to see if the supervised individual is flagged as being a risk to children; if they are flagged, reception staff should inform the COM immediately or inform the duty officer or a manager on site if the COM is not available.

### **13. Multi-agency working and collaborating under different safeguarding arrangements**

13.4 Sharing risk assessments with partner agencies

13.5 Sharing risk assessments and RMPs with partner agencies where appropriate is good practice but managers should make local decisions about which parts of their risk assessments they will share. For example, practitioners may decide that the risk summary page and RMP are the only parts of an OASys risk assessment document that are necessary and proportionate for sharing.

13.6 Multi-Agency Safeguarding Hub (MASH)

13.7 A MASH co-ordinates and co-locates services to improve information sharing and respond more effectively to child safeguarding concerns. Not all areas have a MASH, but where they do, HMPPS staff should be familiar with their purpose and how they can contribute to information sharing and the risk management of individuals they manage.

13.8 Multi-Agency Public Protection Arrangements (MAPPA)

- 13.9 MAPPA was introduced by the Criminal Justice Act (CJA) 2003 and are the set of arrangements through which the police, probation and prison service work together with other agencies to manage the risks posed by violent, sexual and terrorist convicted individuals living in the community. MAPPA is not a statutory body in itself but is a mechanism through which agencies can better discharge their statutory responsibilities and protect the public in a coordinated manner. Agencies at all times retain their full statutory responsibilities and obligations.
- 13.10 Detailed and up to date information about MAPPA eligibility, categories and management levels can be found in the statutory guidance on the [MAPPA website](#).
- 13.11 In cases where a prisoner or supervised individual has been convicted or cautioned for an offence that indicates they are capable of causing serious harm, and they present a current ROSH to a child but do not meet the criteria for automatic MAPPA management, probation practitioners should consider referring the case to Category 3 management.
- 13.12 MAPPA can add value to the management of a supervised individual in several ways. They can be used to:
- provide a more formal and co-ordinated approach to ensure agencies are clear about their respective roles and responsibilities in managing risk to a child;
  - broker the engagement of other agencies and services in developing a risk management plan;
  - provide middle/senior management oversight outside normal processes; this includes oversight of cases that are likely to attract a high level of local/national media scrutiny and/or public interest;
  - support priority access to limited or specialist resources and improve or expedite referrals for services under other agency's procedures;
  - explore and reach a consensus (or record a formal difference) between agencies about the level of risk or a risk management plan;
  - plan more complex third party disclosure (e.g. where there may be personal or community repercussions).
- 13.13 Probation practitioners should consider all non-MAPPA serial domestic abuse perpetrators for referral to MAPPA level 2 or 3 using Category 3 management where necessary. Formal multi agency meetings can be especially helpful if there are complex child safeguarding concerns.
- 13.14 Practitioners can refer to the [MAPPA Guidance](#) to be clear on the expectations of other agencies including those who have a statutory Duty to Cooperate (DTC agencies) and on how they can work effectively with the Responsible Authority/lead MAPPA agency in each case to contribute towards protecting children from those who present the most imminent ROSH.
- 13.15 Multi-Agency Risk Assessment Conference (MARAC)
- 13.16 MARACs are held to share information about high risk domestic abuse victims between local agencies, where there is a risk of murder or serious harm. The purpose of the MARAC is to ensure that a coordinated safety plan can be drawn up to support the victim and any other vulnerable parties, such as children. Whilst the focus of the MARAC is to safeguard the victim, the MARAC will also make links with other multi-agency meetings and processes to safeguard children and manage the behaviour of the perpetrator.

### 13.17 Multi-Agency child safeguarding work within prisons

13.18 In prisons, inter-departmental risk management meetings (IRMM) and multi-agency lifer risk assessment panels (MALRAP) can provide an opportunity for staff from different areas of the establishment, and agencies in the community, to work together and share information to inform risk assessments, sentence management, and pre-release plans.

### 13.19 Working with faith-groups to safeguard children

13.20 Sharing information and working with different faith groups may become necessary in some cases, particularly in situations where faith related roles or activities provide supervised individuals with access to children. Most faith-based organisations will have policies in place to safeguard and protect children and will have a local safeguarding lead who may provide a point of contact for HMPPS teams. However, some faith organisations have been found not to have any child safeguarding procedures in place, so it is important that staff work together with these organisations to keep children safe, and, carry out faith based child safeguarding work with an investigative approach and a high level of professional curiosity. HMPPS staff should refer to the [National Faith Partnership Framework](#) which sets out HMPPS' commitment to the overarching principles of working with faith-based communities.

13.21 Staff should contact the HMPPS chaplaincy and faith services team: [chaplaincyhqenquiries@justice.gov.uk](mailto:chaplaincyhqenquiries@justice.gov.uk) to obtain contact details for national or local faith group safeguarding leads where required.

13.22 HMPPS staff must not discriminate against any faith-groups or make case related child safeguarding decisions that are disproportionate or are based upon any bias they may hold towards religious individuals, groups or practices.

13.23 Staff can access the '[Faith and Belief Awareness eLearning](#)' to develop their understanding of partnership working with faith groups.

### 13.24 Working together at a strategic level to improve safeguarding outcomes for children

13.25 Effective child safeguarding work requires collaboration between front line practitioners from all agencies, no single agency can do it alone. Working together at a strategic level is also important, it can significantly enhance the way agencies work together at an operational level which can directly improve outcomes for children who are at risk. Conversely, children who live in areas where strategic safeguarding arrangements are not in place, or are not working effectively, may experience poorer outcomes. Senior managers from HMPPS, the police, local authorities and other relevant agencies can contribute to effective partnership working by supporting their local Safeguarding Partners and MAPPA Strategic Management Boards (SMBs) to ensure there is good collaboration at every level; local agencies should develop a shared vision to protect children who are at risk of harm.

## **14. Victim safety**

14.1 Keeping children safe and preventing them from being victimised (and re-victimised) by the individuals we supervise is our priority.

### 14.2 Victim Contact Service (VCS)

- 14.3 The purpose of the VCS is to keep victims of the most serious offences, where the perpetrator has been made subject to a long prison sentence, informed of key stages of the sentence, and to give victims the opportunity to request licence conditions on release. There are cases where a discretionary service may be offered to victims who do not fall into the eligible criteria, this is set out in [PI 03/2017 - Probation Victim Contact Service - Non Statutory Cases](#).
- 14.4 If the victim is a child, the VCS must contact the adult responsible for their care, who may assist in making contact sensitively and can take responsibility for determining what information should be passed to the child. The exception is if the adult is being investigated or has been prosecuted in connection with the offence, or if contact with the adult is otherwise not considered to be in the best interests of the child. The victim's age and maturity are relevant to how contact is made with a child, as it will assist in determining whether direct contact with the victim is appropriate and how re-victimisation can be avoided.
- 14.5 Victim Liaison Officers (VLOs)
- 14.6 If eligible victims have opted into the VCS and are in contact with a VLO, the VLO should:
- be alert to child safeguarding concerns when they are undertaking victim contact work;
  - ensure that they share information with POMs/COMs and other necessary agencies when they become aware of a potential risk of harm to a child, **and actively follow up if there is not a written acknowledgement from the POM/COM that they have received and understood the information**; this may include making a referral to children's services.
- 14.7 POMs/COMs should:
- invite VLOs to any relevant multi-agency risk management meetings. Where the victim is a child, POMs/COMs should capture the voice of the child and take it into consideration when developing RMPs;
  - notify the VLO as soon as possible when significant changes occur in the management of a prisoner or supervised individual's case, for example, in the event of any breach of victim related licence conditions, death, a move to open conditions, recall or being unlawfully at large.
- 14.8 HMPPS managers should ensure that there is a clear process in place to allow VLOs and POMs/COMs to discuss and/or report any child safeguarding concerns.
- 14.9 Staff should access EQuIP for up to date guidance, process map and other [VCU resources](#).
- 14.10 Licence conditions
- 14.11 Victims have a statutory right to make representations about the licence conditions that a prisoner will be made subject to on release. This includes release on temporary licence (ROTL), home detention curfew (HDC) and release on compassionate grounds. Licence conditions must be necessary, proportionate and in line with the [HMPPS Licence Conditions Policy Framework](#).
- 14.12 COMs should:



- work in partnership with relevant agencies to develop an appropriate set of licence conditions that are designed to keep children safe from harm;
- seek to vary a licence as soon as possible in instances where new child safeguarding concerns emerge, and when a new licence condition will contribute towards keeping children safe;
- act in the child's best interest when applying licence conditions that restrict a supervised individual's contact with their child;
- inform the VLO in good time when a prisoner is being considered for any release and seek the VLO's input on licence conditions;
- consider what measures are available to keep victims and children safe when licence conditions come to an end. This should be made clear within RMPs/contingency plans.

14.13 VLOs should:

- inform the victim that they have the right to make representations regarding licence conditions;
- notify the COM at the earliest opportunity, if the victim reports that the supervised individual has breached their licence conditions, for example when in relation to breaches of child contact conditions, **and actively follow up if there is not a written acknowledgement from the COM that they have received and understood the information**

14.14 Prison child contact restrictions and family court orders

14.15 Prison staff should follow the [Public Protection Manual \(PPM\)](#) which sets out the requirements and assessment process for making decisions about child contact restrictions for prisoners who are PPRC. Prison governors should follow the mandatory requirements regarding child contact restrictions that are set out in [6.7](#).

14.16 Changes in circumstances and new contact with children

14.17 Changes in circumstances for prisoners and supervised individuals may occur at any time. HMPPS staff have an important role in monitoring and responding to any changes appropriately. There will be instances where staff receive information such as a supervised individual has new contact with a child, which may require an immediate safeguarding response. Not all changes in circumstances will be unsafe but it is important that staff use their professional curiosity when changes occur and take prompt action to manage any new potential risks.

14.18 In situations where prisoners or supervised individuals have new contact with a child, HMPPS staff should:

- consider whether the prisoner or supervised individual's contact with the child puts the child at an increased risk of harm;
- gather information related to the child, including their name, address, details of any parents or carers, and record the information on the relevant case management system;

- establish the detail of the child contact, for example, is it due to a new relationship with the child's parent? If so, consider when, where and how the relationship started. Staff should also establish what contact the prisoner/supervised individual has already had with the child;
- be alert to any licence breaches or other breach offences that may become apparent as a result of the new information, for example, breach of sexual harm prevention order (SHPO) conditions;
- consider the need for enforcement action where necessary and proportionate. Staff should record all decision making on the case management system, and should consider the need to bring the case to the attention of their line manager;
- promptly share the new information with the relevant partner agencies; this may include sharing information with children's services, the police or other professionals involved in the case and consider the need to put safeguarding measures in place to protect the child;
- make a referral to children's services if any children have suffered or are likely to suffer significant harm as a result of the new child contact. Staff should be clear what the concerns are and what action they would like children's services to take. Staff must also use case management systems to record details of any referrals they make;
- consider whether the child's parents/carer should receive disclosure; if HMPPS staff think it is not necessary and proportionate to make a disclosure they should discuss this with their line manager and if disclosure is not undertaken they should record the reasons for not disclosing. See [14.20](#) for further guidance on disclosure;
- update case notes and review the risk assessment and RMP at the earliest opportunity.

14.19 POMs must follow the child contact procedures for prisoners who pose a potential risk to children, as set out in the [Public Protection Manual \(PPM\)](#).

14.20 Making a disclosure about an individual's history and or current risk assessment.

14.21 POMs/COMs should decide whether disclosure is needed on a case by case basis. Disclosure will be required when the need to protect potential victims outweighs the prisoner or supervised individual's right to privacy.

14.22 Circumstances where staff should consider disclosure include (but are not limited to) where:

- there is a need to protect a child from an individual who poses a risk to children and is having contact, or is planning to have contact with a child;
- when an individual who poses a risk to children enters into a new relationship with a partner who has a child, lives with a child (or has regular contact with children) and it is clear the partner is not aware of the individual's offending history;
- when an individual who poses a risk to children enters into employment or any activity which provides them with access to children; this might be a paid position, a voluntary role or a position or activities within a faith based community.

- 14.23 If a POM/COM decides that a disclosure should take place, or they are unsure whether or not to make a disclosure, they should:
- discuss the case with their line manager;
  - consider whether a MAPPA level 2 or 3 referral is required to facilitate the disclosure. A referral to category 3 MAPPA management should be considered for complex disclosures in non-MAPPA cases or cases where there is a history of serial domestic abuse. Further guidance on the process for disclosure can be found in the [Probation Service Management of MAPPA Level 1 Cases Policy Framework](#).
  - consider the timeliness of disclosure, and whether emergency disclosure should be carried out;
  - consider whether the disclosure is likely to put the child or the prisoner/supervised individual at risk.
- 14.24 There may be occasions where a prisoner or supervised individual states they have already disclosed their offending behaviour, for example, to the child's parents/carer, or they consent to the POM/COM doing so.
- 14.25 POMs/COMs should talk to the child's parents/carer to determine their knowledge of the supervised individual's offending history and should ask the child's parents/carer pertinent questions about where they live and any other children. This may lead to the child's parents/carer disclosing their knowledge of the offending history and will enable POMs/COMs to discuss what measures they need to take to keep any children safe. Alternatively, it may indicate that further intervention is needed via children's services, MAPPA, the [Child Sex Offender \(CSO\) Disclosure Scheme](#) (often referred to as 'Sarah's Law') where sexual offending against a child is a risk factor, or the [Domestic Violence Disclosure Scheme \(DVDS\)](#) (often referred to as 'Clare's Law') where domestic abuse is also a risk factor.
- 14.26 Where a POM/COM decides to undertake disclosure, they should ensure that a contingency plan is in place to support the person who is receiving the disclosure, and the prisoner/supervised individual from any identified negative repercussions; for example it may be that the supervised individual loses an employment position, their partner ends the relationship or their status as a convicted person is made public as a result of the disclosure.
- 14.27 Staff should also ensure that they record all disclosure decisions and rationales on the relevant case management systems. Maintaining a record of disclosure activity is important because it provides evidence for any disclosure work we undertake. It also means our disclosure actions are more likely to withstand legal scrutiny.
- 14.28 Individuals who pose a high ROSH to children when their supervision comes to an end
- 14.29 When the supervision of an individual who poses a **high or very high ROSH to children** is coming to an end, it is good practice for probation practitioners to advise the individual that **in the event they begin to have regular contact with a child, or they become a parent themselves, they should be open and honest with the child's parents or their partner, and also disclose their offending history to the relevant local authority children's services**. Not all post-supervised individuals will follow this advice, and in many cases it will be difficult or impossible for staff to monitor or ensure the individual follows this advice. However, some post-supervised individuals may choose to follow this advice, which will

allow local authorities to be aware of relevant historical information, properly assess the risk the individual poses to children and take action to keep children safe.

- 14.30 Probation practitioners should also ensure that before the supervision of an individual who poses a ROSH to a **known child** comes to an end, they bring together the relevant agencies to formulate a plan to support the welfare and safety of that child beyond the supervision period; this may involve organising or attending a multi-agency meeting to explore all options. Practitioners should record any work undertaken or planned action on the OASys termination risk management plan.

## **15. Parental and family child safeguarding risk factors**

- 15.1 HMPPS staff should be alert to the possibility of child safeguarding concerns when working with all prisoners and supervised individuals who have regular contact with children, and should pay attention to families where risk factors such as domestic abuse, substance misuse, parental conflict, and mental health are evident; these risk factors towards children may present themselves individually or in combination over periods of time<sup>46</sup>, and their cumulative existence within families can make harm to children more likely.
- 15.2 Children witnessing or experiencing domestic abuse is a form of child abuse and is also recognised as an Adverse Childhood Experience (ACE). **The Domestic Abuse Act (2021) recognises children as victims of domestic abuse if the child sees, hears, or experiences the effects of the abuse, and is related to either the victim or perpetrator.** Many children experience trauma from domestic abuse they have heard but may have not seen; the impact of witnessing or hearing domestic abuse can also result in significant emotional harm for children so HMPPS staff should acknowledge this when they work with families and undertake risk assessments. Domestic abuse can also have a serious impact on parenting capacity and it creates an unpredictable and inconsistent environment for children.
- 15.3 Parental substance misuse is often a significant factor in child deaths and serious injuries. Children whose parents misuse drugs are more likely to experience physical and emotional neglect. A significant risk posed to children is that parents when under the influence of drugs or excessive alcohol are less able to keep their children safe (this may include accidents caused through lack of supervision). There are also risks associated with a child ingesting harmful substances by accident or having been given them by a parent or carer; staff should include this in their risk assessments.

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<sup>46</sup> Pathways to Harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014. May 2016 available at:  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/533826/Triennial\\_Analysis\\_of\\_SCRs\\_2011-2014\\_-\\_Pathways\\_to\\_harm\\_and\\_protection.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/533826/Triennial_Analysis_of_SCRs_2011-2014_-_Pathways_to_harm_and_protection.pdf)

And

<https://seriouscasereviews.rip.org.uk/wp-content/uploads/A-biennial-analysis-of-SCRs-2009-2011-1.pdf>

- 15.4 Parental conflict combined with parental substance misuse are also risk factors that are known to negatively impact outcomes for children<sup>47</sup>. Parental conflict is defined as behaviours that fall below the threshold of domestic abuse and therefore can be assessed separately. HMPPS practitioners should be mindful of parental conflict combined with substance misuse in their risk assessments and when they work with families that demonstrate these risk factors.
- 15.5 Serious Case Reviews (SCRs) have noted an association between parental mental health problems and a ROSH to children. Factors linked to mental health problems such as poverty and social exclusion can also adversely affect outcomes for children. Parental mental health problems can also affect day-to-day parenting capacity and can lead to child neglect; staff should acknowledge this when they undertake risk assessments.
- 15.6 Staff should also pay attention to the care of children whose parents have learning disabilities and should consider whether the needs of these children are adequately being met. **Parental learning disability in itself does not mean a child is at increased risk of abuse or neglect** however, when it exists in combination with other parental and family risk factors, for example domestic abuse, mental health or substance abuse, staff need to understand the risk on a case-by-case basis, use careful professional judgement and be mindful not to raise false alarms. In these cases, outcomes for children and families can be significantly improved when families have the right access to a good range of community support services.
- 15.7 Staff should also be aware that there are many families where children suffer abuse without any of the above parental risk factors being present. Equally, there will be families that demonstrate a combination of these factors but the children are still cared for and live free from abuse or neglect.
- 15.8 In conclusion, **HMPPS staff should not limit their assessment of parental or family risk factors to the ‘toxic trio’<sup>48</sup>** as parental and family child safeguarding risks factors can be connected with a wider range of circumstances such as exposure to criminality, poverty, inadequate housing, parental beliefs and practices, acrimonious separation, patterns of multiple and consecutive partners, and poor access to community services.
- 15.9 This highlights the need for staff to use professional curiosity and adopt an investigative approach in all cases, particularly where children are involved. Where parental and family child safeguarding risk factors exist, staff should consider whether the family will benefit from Early Help in the first instance, or child protection intervention where circumstances meet the threshold.

## **16. Understanding and responding to neglect**

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<sup>47</sup> Source DWP 2021 available at:

<https://www.gov.uk/government/publications/examination-of-the-links-between-parental-conflict-and-substance-misuse-and-the-impacts-on-childrens-outcomes/examination-of-the-links-between-parental-conflict-and-substance-misuse-and-the-impacts-on-childrens-outcomes#understanding-the-impact-of-parental-conflict-and-substance-misuse-on-children-1>

<sup>48</sup> The ‘toxic trio’ is the existence of domestic violence, substance misuse and parental mental health issues as risk factors for child abuse and neglect cases. This PF moves away from using this term and focusses instead on the importance of practitioners paying greater attention to a more wider range of parental and family risk factors.

16.1 Child neglect is 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; this may include neglect during pregnancy. 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;
- meet a child's basic emotional needs;
- keep the child safe and away from other individuals who present a clear risk to the child.

16.2 HMPPS staff should pay attention to signs of child neglect and use the [Probation Service neglect toolkit](#) in relevant cases to support their child safeguarding casework. The toolkit can be found on EQuIP. Document number 1333.

### 16.3 Pre-birth child safeguarding

16.4 Pre-birth child safeguarding is an important part of HMPPS work. HMPPS staff may come into contact with supervised individuals or prisoners who are pregnant, and their families, and it is important that staff pay attention to the needs of the child and mother, and any risk factors that might impact their safety or wellbeing. To do this, HMPPS staff should:

- recognise and respond to any concerns they have about the parenting capacity of the child's parents;
- be aware if either parent has had a child who has previously been removed from their care temporarily or permanently;
- recognise and respond to any parental and family child safeguarding risk factors that could impact the child during pregnancy and after birth. Staff should [Parental and family child safeguarding risk factors](#);
- **make active enquiries about the father (or step-father) of the child** and assess whether the father poses any risks to the mother or the child. If the mother is separated from the child's father, staff should acknowledge any protective factors about the father and recognise that estranged fathers may be able to provide safe care for the child. Staff should [read the learning from NSPCC briefing: 'Hidden Men'](#) for further guidance.
- recognise and respond to maternal risk factors that emerge, for example where the mother refuses or avoids antenatal care and fails to attend appointments;
- make a referral to children's services if the child is likely to be at risk of abuse or neglect when they are born. Staff should consider whether the child, parents/carers or family will benefit from [Early Help](#) intervention in the first instance or whether there is a need for a child protection response;

- where an individual is pregnant or has a partner who is pregnant, and staff have pre-birth child safeguarding concerns, they should **not assume that midwifery or other health services are aware of the pregnancy, the concerns, or that the individual is known to HMPPS**. Staff should establish the due date for the child's birth and contact the relevant children's services team to confirm whether or not they will accept a referral at the identified number of weeks of the pregnancy. Staff should be aware that some children's services teams may only take action once the pregnancy has passed a specific number of weeks.

- prepare reports for, and attend pre-birth child protection conferences when invited;
- share information with partner agencies to promote the safety and wellbeing of the child. This may include children's services and prison or community healthcare services.

16.5 For further guidance, staff should refer to the relevant sections of the [HMPPS Pregnancy, Mother and Baby Units \(MBUs\), and Maternal Separation from Children up to the Age of Two in Women's Prisons Policy Framework](#).

## **17. Child Exploitation**

17.1 Child exploitation describes the use of children for someone else's advantage, gratification or profit which may result in harmful treatment of a child. There are similarities between different forms of exploitation and the criminal and sexual exploitation of children may overlap. Victims of child exploitation may, at any one time, be subject to both, and the perpetrators can be adults or children, including children who are being used by other adults.

### **17.2 Child Sexual Exploitation (CSE)**

17.3 CSE is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through the use of technology (Working Together 2018).

### **17.4 Child Criminal Exploitation (CCE)**

17.5 CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology (Working Together 2018).

### **17.6 County Lines**

17.7 County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and

vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons (Working Together 2018).

- 17.8 **Disproportionality, assumptions and recognising bias.** Children in care, and children who come from disadvantaged or Black, Asian, Minority, and Ethnic backgrounds tend to be more vulnerable to county lines<sup>49</sup>, and may also experience '8.26' of discrimination and disproportionate criminal justice outcomes such as youth imprisonment or stop and search, particularly young black males<sup>50</sup>. There are also widespread assumptions made about gender and exploitation, for example that only girls are vulnerable to CSE and only boys are vulnerable to CCE; research suggest that both girls and boys experience sexual violence within county lines and are both drawn into exporting drugs for gangs. HMPPS staff can contribute to safeguarding children more effectively by being alert to any conscious/unconscious bias they hold when working with or seeking to identify cases that involve children who may be at risk of sexual, criminal or county lines exploitation.
- 17.9 County lines and the impact on non-offending children
- 17.10 HMPPS staff should be aware of the impact that county lines, gangs and serious organised crime can have on children who may not be involved in the criminal lifestyle but are linked to the prisoner or live with the supervised individual, for example peers, siblings or other family members. Being involved in serious organised crime increases the risk of violence coming to the home, for example, where rival gang members target a supervised individual at home. Also, in situations where drugs, firearms or other weapons are hidden within the home and a child lives at that address; in both of these situations, children in the home are exposed to an unacceptable risk of serious harm. HMPPS staff should consider these circumstances and children in their risk assessments and should take action to keep them safe.
- 17.11 Having an understanding of how county lines operate means that HMPPS staff are better placed to identify those children and young people who are at risk of exploitation.
- 17.12 HMPPS staff can access further guidance on practitioner bias in [What works to 'de-bias' decision making?](#) which can be found on EQuIP. Document number 2941 and in [Bias and decision making - what can we do?](#) which can be found on EQuIP. Document number 2940.
- 17.13 Trafficking and exploitation: National Referral Mechanism (NRM)
- 17.14 The NRM is the process that is used in the UK to identify, assess and support potential victims of trafficking, exploitation and modern slavery. NRM referrals can only be completed by a registered **First Responder** organisation<sup>51</sup> such as the police and local authorities. **HMPPS is not a registered 'First Responder'**, however, where HMPPS staff have grounds for concern that a child may be a potential victim of trafficking or exploitation, they have a responsibility to identify that child as a possible victim and inform the police and the relevant local authority.

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<sup>49</sup> Source Crest County Lines and Looked after children 2020, available at: [https://b9cf6cd4-6aad-4419-a368-724e7d1352b9.usfiles.com/ugd/b9cf6c\\_83c53411e21d4d40a79a6e0966ad7ea5.pdf](https://b9cf6cd4-6aad-4419-a368-724e7d1352b9.usfiles.com/ugd/b9cf6c_83c53411e21d4d40a79a6e0966ad7ea5.pdf)

<sup>50</sup> Source Gov.uk stop and search 2020, available at: <https://www.ethnicity-facts-figures.service.gov.uk/crime-justice-and-the-law/policing/stop-and-search/latest#by-ethnicity>

<sup>51</sup> police forces; Home Office; UK Visas and Immigration; Border Force; Immigration Enforcement; National Crime Agency; local authorities; Gangmasters and Labour Abuse Authority (GLAA); health and social care trusts (Northern Ireland); Salvation Army; Migrant Help; Medaille Trust; Kalayaan; Bernardo's; Unseen; Tara Project (Scotland); NSPCC; BAWSO; New Pathways; Refugee Council.



17.15 First Responder organisations must make a referral for all children that are suspected to be potential victims of trafficking and exploitation, and do not need to obtain the child's consent before making the referral. Potential adult victims must consent before a referral can be made. The NRM is then managed by the **Single Competent Authority (SCA)** within the Home Office. For more NRM guidance staff should read: [NRM guidance: \(England and Wales\)](#).

17.16 No single agency can tackle child exploitation on their own, therefore it is essential that HMPPS staff work in partnership with other agencies to identify and disrupt all forms of child exploitation.

17.17 It is important for HMPPS staff to recognise the multiple types of exploitation where they exist and:

- inform the police and local authority of any child that may be a potential victim of trafficking or exploitation, and share the necessary information to support a NRM referral where required;
- routinely collaborate and share information with police offender managers where one is allocated;
- share information with other agencies and specialist teams who are involved in protecting the public from serious organised crime. For example, HMPPS serious organised crime unit (SOCU);
- are alert to the dangers of assuming that a boy's role in county lines is a more active one and reflects criminal exploitation, and that a girl's role is passive and only involves sexual exploitation;
- are alert to the significance of children frequently going missing from care, education or from home. Staff should also recognise the significance of children being admitted into hospital, particularly when they require treatment for serious violence related injuries;
- are clear about who the CCE/CSE perpetrators are on their caseload and where appropriate, work collaboratively with anyone in their team who may be managing co-defendants or other suspected perpetrators;
- ensure that the appropriate flags are used on case management systems for CSE/CCE cases. For example, risk to children, CSE perpetrator, gangs and organised crime flags;
- liaise with treatment managers and refer CSE perpetrators to the appropriate sexual offending treatment programmes;
- where necessary and proportionate, use external controls to reduce and manage risk to children in CCE/CSE cases, for example non-contact licence conditions, exclusion zones, monitoring or restriction of IT use, and polygraph testing;
- use home visits to look for any indication that the offender is in contact with children;
- read and follow the guidance set out in the [HMPPS CSE toolkit for offender managers](#), which can be found on EQuIP. Document number 1585.

17.18 For further guidance staff should read the [CSE definition and guide for practitioners](#).

## **18. Female Genital Mutilation (FGM)**

- 18.1 FGM is when a female adult or child's genitals are deliberately altered or removed for non-medical reasons. It is also known as 'female circumcision' or 'cutting'.
- 18.2 FGM is often performed by someone with no medical training who uses instruments such as a knife, scalpel, scissors, glass or razor blade to undertake the procedure. Children are rarely given anaesthetic or antiseptic treatment and are often forcibly restrained. FGM is illegal in the UK and is an unacceptable practice for which there is no justification. It is child abuse and a form of violence against women and girls.
- 18.3 The age at which FGM takes place can vary. It may occur when a female baby is new-born or during childhood or adolescence. Sometimes religious, or cultural reasons are given by perpetrators to justify FGM, however it is a dangerous practice and can cause long-lasting health problems that continue throughout a child's life.
- 18.4 Regulated health and social care professionals, and teachers in England and Wales have a statutory duty to report 'known cases' of FGM in children. HMPPS staff outside of these specified roles do not fall under this legal duty but do still have a responsibility to take appropriate safeguarding action if they become aware of a child who has undergone the procedure or suspect a child is at increased risk.
- 18.5 According to UNICEF, FGM is known to be prevalent in [31 countries](#); these are concentrated in countries around the Atlantic coast to Africa, in areas of the Middle East, and in some countries in Asia.
- 18.6 HMPPS staff should:
- identify cases where cultural practices and beliefs may impact on a child's welfare;
  - be alert to parents who make or request overseas travel to countries where FGM practice is known to be most prevalent, and should undertake any enquiries without prejudice, bias or discrimination;
  - promptly inform the police and children's services if they have concerns that a child has suffered or is likely to suffer from FGM;
- 18.7 HMPPS staff should read the [Multi-agency statutory guidance on FGM](#) to inform themselves of which countries FGM is most prevalent and how to safeguard children who are at an increased risk of FGM.

## **19. Case learning reviews**

- 19.1 When a child dies or is seriously harmed as a result of abuse or neglect, an external review may be conducted to identify how professionals and organisations can improve the way they work together to safeguard children and prevent similar incidents from occurring. Learning taken from reviews will help to understand whether there are systemic issues, and how policy and practice need to change. **Positive learning and good practice can also be discovered as a result of reviews.**

- 19.2 HMPPS serious further offences (SFO) investigations and MAPPA serious case reviews (SCRs) and are not specific to child safeguarding incidents but may be undertaken to explore wider case management practice.
- 19.3 The purpose of these reviews is to identify learning. Other processes are in place to hold individuals, organisations or agencies to account, through employment law, disciplinary procedures, professional regulation and, in exceptional cases, criminal proceedings. These processes may be undertaken alongside case learning reviews or at a later stage.
- 19.4 Child Safeguarding Practice Reviews (England)
- 19.5 In England, child safeguarding practice reviews investigate serious child safeguarding incidents and explain the reasons why the events occurred as they did. The National Child Safeguarding Practice Review Panel (the Panel) is appointed by the Secretary of State for Education but is independent of Government; it is responsible for identifying and overseeing any reviews which raise issues that are complex or of national importance.
- 19.6 Safeguarding Partners are responsible for identifying local learning and will make arrangements to identify and review serious child safeguarding cases which raise issues of importance in relation to their local area. When determining whether to carry out a local review or to refer for a national review, Safeguarding Partners will consider whether the case:
- may highlight improvements needed to safeguard and promote the welfare of children, including where those improvements have been previously identified;
  - may highlight reoccurring themes;
  - highlight concerns regarding two or more organisations or agencies working together effectively.
  - provides cause for concern about the actions of a single agency;
  - had no agency involvement and this gives them cause for concern;
  - involves more than one local authority, police area or clinical commissioning group, and whether the case involves families moving around;
  - raises child safeguarding issues within institutional settings.
- 19.7 Learning that is taken from a child safeguarding practice review will be produced in a final report, which will include a summary of recommendations that are focussed on improved outcomes for children.
- 19.8 A HMPPS senior manager must inform Safeguarding Partners of any incidents which they think should be considered for a child safeguarding practice review.
- 19.9 For further guidance, read [child safeguarding practice review panel: practice guidance](#).
- 19.10 Child Practice Reviews (Wales)
- 19.11 The purpose of a child practice review (CPR) is to identify child safeguarding learning within a positive learning culture, and improve partnership working. CPRs focus on current practice, usually within a timescale of up to 12 months before the incident.

19.12 CPRs engage directly with children and family members, and it involves practitioners (including their managers) who have worked with the child and family. A practitioner-focused learning event will be the main part of the review, and it is undertaken by independent reviewers.

19.13 There are two types of CPR:

- a concise review - which is undertaken if the child was not on the child protection register or in care at any point in the six months running up to the incident.

and;

- an extended review – which is undertaken if the child was on the child protection register and/or was in care at any point during the six months running up to the incident.

19.14 The learning that is taken from CPRs will be produced in a final report and will include an action plan, which is finalised within four weeks of the report, and is approved by the Safeguarding Children Board (SCB). Action plans will be reviewed and should lead to improvements in practice.

19.15 Further guidance is available in [Working Together to Safeguard People Volume 2 \(CPRs\) - Wales](#)

19.16 Child Death Reviews (CDRs)

19.17 When a child dies, in any circumstances, it is important for parents, families and professionals to understand what has happened and whether there are any lessons to be learned. CDRs are carried out with the intention of discovering what happened, why, and how to prevent future child deaths.

19.18 CDR partners consist of the local authority and the clinical commissioning groups for the local area; they are responsible for undertaking CDRs. Core representation of any review panel usually includes the police, social services, and other medical and healthcare professionals. CDR partners may request HMPPS to be involved as a panel representative in a relevant child death review case.

19.19 CDR partners may request information from HMPPS to assist the information gathering process.

19.20 For further guidance, see [Child Death Review: statutory and operational guidance \(England\)](#)

## **20. HMPPS contribution to reviews, local Safeguarding Partners and strategic leads**

20.1 **England:**

20.2 HMPPS acts to safeguard children by engaging in partnership working. As relevant agencies within Safeguarding Partners HMPPS should contribute to the formulation of the Safeguarding Partners' priorities and the development of child safeguarding strategy, policy and procedures.

20.3 HMPPS can contribute to Safeguarding Partners by sharing knowledge of, and skills in, the risk assessment and management of supervised individuals. HMPPS should contribute to

the development of appropriate multi-agency training packages, which HMPPS Staff can access.

20.4 As a relevant agency of the Safeguarding Partners, HMPPS strategic leads should:

- contribute to audit and performance monitoring;
- contribute where appropriate, to local and national child safeguarding reviews;
- attend Safeguarding Partners meetings where required;
- ensure lessons learnt from such reviews are disseminated to all staff and embedded into practice;
- where deciding to delegate this role, also delegate decision making powers and the responsibility to commit resources.

20.5 Section 11 Audits/self-assessments – national and local returns

20.6 Local Safeguarding Partners have a statutory duty under Section 11 of the Children Act 2004 to assess whether agencies in their area are fulfilling their duty to safeguard and promote the welfare of children. Therefore, local Safeguarding Partners may undertake Section 11 audits to monitor and evaluate the compliance of the relevant agencies, including HMPPS, with their statutory obligations. **HMPPS do not have a statutory duty to undertake a Section 11 self-assessment but are required to do so under this PF.**

20.7 Section 11 audits can provide good evidence of child safeguarding work at both strategic and operational levels. Local Safeguarding Partners will provide a section 11 audit tool (usually available on their website) which can also be used as a self-assessment process that provides individual agencies with their own assurance that they are meeting statutory duties.

20.8 The HMPPS national strategic leads for prison and probation child safeguarding work should ensure that a national section 11 self-assessment is completed every 2 years. Rather than completing the assessment from scratch every two years they should consider maintaining their return on an ongoing basis to feed into internal self-evaluation and improvement processes.

20.9 **Wales:**

20.10 Section 134 of the Social Services and Well-Being Act specifically sets out the membership of regional Child Safeguarding Boards and that each agency mentioned, including HMPPS, must be represented. Whilst the act does not mention the specific level of representation, this must be of sufficient seniority to make strategic decisions and have the authority to commit resources.

## **21. Youth to adult transitions**

21.1 HMPPS should manage youth to adult transitions in line with the [Joint National Protocol for Transitions \(England\)](#), the [Probation Service National Partnership Framework for England](#) which can be found on EQuiP. Document number 5032, and, the [Youth to Adult Transition Principles and Guidance \(Wales\)](#).

- 21.2 HMPPS will work with Youth Offending Teams (YOTs) and the Youth Custody Service (YCS) to ensure the transition process into adult services is carried out as smoothly as possible. The Probation Service and YOTs will agree locally, to review young people who are approaching 18 and eligible to transfer to adult services, monitor case transfer preparation and manage any issues within the transition process.
- 21.3 There is a gender specific transition process for young girls who are transitioning to the adult women's estate, which can be found in the [Women's Estate Case Advice and Support Panel \(WECASP\) Policy Framework](#).
- 21.4 For care experienced<sup>52</sup> young people, HMPPS should ensure that information regarding a child's time in care or as a looked after child is transferred as part of the transition process.
- 21.5 [Effective Approaches with Young Adults: a Guide for Probation Services](#) provides useful guidance to support staff, and includes a focus on specific issues such as maturity, health needs, the development of life skills, Black, Asian, Minority, and Ethnic children, young female supervised individuals and care leavers. Lower levels of maturity in young adults does not remove their responsibility for offending behaviour but understanding the impact of trauma can support professionals in working with them.
- 21.6 HMPPS staff should consider using the [HMPPS maturity screening tool](#)<sup>53</sup> to assess a young person's maturity as part of their youth to adult transition. The screening tool can be found on EQuIP. Document number 2350. The [Choice and Changes](#) toolkit on EQuIP provides additional resources to support staff in their work.
- 21.7 HMPPS staff should read [taking account of maturity: a guide for probation practitioners](#) for further guidance, and to enhance their practice working with young people transitioning into probation.

## **22. Child safeguarding training for HMPPS staff**

- 22.1 Child safeguarding eLearning is mandatory for all staff who will have any contact with prisoners, supervised individuals, children and their families. As a minimum, the eLearning should cover familiarisation with statutory child safeguarding and child protection responsibilities as set out by the Children Act 2004, child safeguarding best practice and how to recognise and respond to abuse or neglect.
- 22.2 Staff may access the mandatory child safeguarding eLearning via the [HMPPS MyLearning website](#).
- 22.3 After practitioners have completed the mandatory eLearning they should have regular reviews of their own practice to ensure that their knowledge, skills and expertise improve over time. Line managers should ensure that safeguarding knowledge and skills development form part of staff performance and appraisal discussions. Staff should also take responsibility for developing their own knowledge of multi-agency working and if necessary, request additional training through their local authority.

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<sup>52</sup> The HMPPS strategy for care experienced people defines 'care experienced' is a person who has been in the care of the local authority as a child regardless of their current age, the time they spent in care or whether they meet the legal definition of a 'care leaver'.

<sup>53</sup> This toolkit is only for young men and does not apply to young women.

22.4 Senior managers who act as the national child safeguarding leads for prisons and probation should ensure that staff have access to adequate child safeguarding classroom training<sup>54</sup>, this includes ensuring that:

- training pathways and individual training plans are in place for staff who have regular contact with families and children<sup>55</sup>;
- an understanding of local authority thresholds and Early Help is embedded within classroom training;
- an appropriate level of classroom training is provided that covers multi-agency working, working with complex child safeguarding cases, understanding neglect, child criminal and sexual exploitation, so called honour based abuse, female genital mutilation, domestic abuse, parental and family risk factors, county lines and [Contextual Safeguarding](#);
- staff training records are maintained and can be monitored / audited on request;
- training and its impact on safeguarding practice is evaluated.

22.5 HMPPS senior managers may provide staff with access to child safeguarding classroom training by:

- commissioning external providers to design and deliver the training;
- working with local Safeguarding Partners to agree HMPPS staff access to local authority training; and
- working to enable HMPPS staff to access any relevant 'in-house'<sup>56</sup> training that is delivered by other HMPPS staff, for example, safeguarding leads, experienced staff or specially trained staff. This may also include any child safeguarding training products that the HMPPS Learning and Development Design Faculty produce.

22.6 Child safeguarding training levels and HMPPS staff who have regular contact with families and children

22.7 HMPPS staff who have regular contact with families and children<sup>57</sup> as part of their role, will require access to advanced levels of child safeguarding training, which is at a standard that ensures they have the knowledge and skills to keep children safe. Training providers may also offer more advanced levels of training that are targeted at managers and staff who work as local or regional child safeguarding leads.

22.8 In England and Wales, child safeguarding training is delivered by a range of learning providers (local authority, private sector and in-house) at competency levels that are often described as level 1, 2, 3, 4 and 5. Providers of child safeguarding training may also describe their training levels as 'basic' or 'advanced'. Basic level training usually refers to

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<sup>54</sup> 'Classroom training' may include training that is delivered virtually.

<sup>55</sup> This will include POMs/COMs, PSR writers, programmes staff, victim liaison officers, prison MBU staff, staff who work in family overnight suites, family liaison officers and HMPPS managers and senior managers.

<sup>56</sup> 'in-house' training refers to training that is delivered by an organisation's internal staff.

<sup>57</sup> This will include POMs/COMs, PSR writers, programmes staff, victim liaison officers, prison MBU staff, staff who work in family overnight suites, family liaison officers and HMPPS managers and senior managers.

level 1 and provides an introduction to child safeguarding; advanced training usually refers to any level above basic/level 1.

- 22.9 Child safeguarding training competency levels are not set by a national standard, so the definition of what each level should cover may vary across learning providers; this means the standards and requirements of each child safeguarding learning product may differ. HMPPS senior managers should therefore ensure that staff have access to the level of training that is appropriate to each HMPPS role.
- 22.10 For further guidance, see [NSPCC learning - safeguarding and child protection training](#).
- 22.11 **Annex A - Social Services and Well-being (Wales) Act 2014**
- 22.12 HMPPS Wales was established to reflect the differences in the offender management service provision landscape in Wales. While statutory responsibilities for criminal justice and policing in Wales, including probation services, are reserved to the UK Government, much of the work necessary to make communities safer and improve re-offending rates is devolved to the Welsh Government. This includes housing, substance misuse, physical and mental health services, education, skills and training, child and adult safeguarding and local government (community safety).
- 22.13 The Welsh Government implemented new powers to safeguard vulnerable adults and children in Wales as part of the Social Services and Well-being (Wales) Act 2014. The Act, which was implemented in April 2016 formed a new statutory framework for care and support in Wales. The Act introduced a new duty on key partners, including providers of probation services, to ensure that local authorities are made aware of children at risk (see section 130 Social Services and Well-being (Wales) Act 2014).
- 22.14 Six Safeguarding Children Boards were also introduced, based on a regional footprint. A National Independent Safeguarding Board enables Welsh Government Ministers to commission and secure an overview of safeguarding in Wales, underpinned by evidence based recommendations for improvement. The National Board also gives advice and support to Safeguarding Boards with a view to securing improvement and increasing consistency across Wales.