



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

**Reference:** N/A

**Re-issue Date:** 04 November 2024

**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 checked="" 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.

## Official

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

### Associated Documents:

- Domestic Abuse Policy Framework
- HMPPS MAPPA Guidance
- HMPPS ViSOR Policy Framework
- Sentence Management in the Community Policy Framework
- Practitioner Guidance on Disclosure
- Case Transfers Policy Framework
- HMPPS Travel and Transfer on Licence and PSS Outside of England and Wales 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
- HMPPS Prison Public Protection Policy Framework
- HMPPS Victim Contact Scheme Policy Framework
- PSI 16/2011 NOMS Providing Visits and Services to Visitors
- PSI 49/2011 Prisoner Communications Service
- Authorised Communications Controls and Interception Policy Framework
- 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
- Probation Service Child Safeguarding Partnerships Framework
- Probation Service Management of Young Adults Policy Framework
- HMPPS Transition of Young People from the Children and Young People Secure Estate to Adult Custody Policy Framework
- HMPPS Strategy for care-experienced people
- Children (Leaving Care) Act 2000 ([legislation.gov.uk](http://legislation.gov.uk))
- Joint National Protocol for Transitions (England)
- HMPPS Youth to Adult Transition Principles and Guidance (Wales)
- The Children parental Act (2004)
- The Social Services and Wellbeing (Wales) Act 2014
- The Childcare Act 2006
- HM Government Working Together to Safeguard Children 2023
- DfE Children's Social Care: National Framework Guidance
- Statutory Safeguarding Guidance: Wales

**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.

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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 . 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

**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.

### Revisions

Date	Changes
20 Sept 2024	<p>A number of amendments including:</p> <ul style="list-style-type: none"><li>• In line with new Working Together to Safeguard Children (2023) statutory guidance, and, highlighting publication of the new Children's Social Care National Framework (2023) statutory guidance;</li><li>• A definition of what it means to take a Think Child approach to safeguarding work;</li><li>• Reference to the statutory definition of child wellbeing and emphasising the need for staff to ensure that the impact on children's overall wellbeing is sufficiently considered in every case;</li><li>• Clarification of which groups of HMPPS staff are expected to complete the mandatory child safeguarding eLearning;</li><li>• A new requirement for PDU Heads to ensure systems are in place which notifies HMPPS safeguarding policy leads of any new learning and recommendations that come out of local case reviews;</li><li>• Clarification of the organisational position that child safeguarding enquiries are expected in every case;</li><li>• New guidance on exchanging child safeguarding information with foreign countries and social services overseas; and</li><li>• New guidance on safeguarding children who are growing up in mixed immigration households or families who have no recourse to public funds.</li></ul>

## Official

4 Nov 2024	Updated to include reference to the Prison Public Protection Policy Framework
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## 1. **Purpose**

- 1.1 This Policy Framework (PF) sets out how HM 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 non-directly employed and contracted staff.
- 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;
  - 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>;
  - In 2020 for UK based exploitation, 57% of the National Referral Mechanism (NRM) referrals were made for children; an 8% increase from 2019:

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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>



- according to the National Crime Agency (NCA) a growth in [county lines](#) 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;
- nearly 51,000 children in England were the subject of a child protection plan and neglect was the most common category of abuse<sup>5</sup>;
- over 3,500 children in Wales were on the child protection register and emotional abuse was the most common category of abuse<sup>6</sup>.

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>7</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 2023](#) 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 individuals and organisations, including prison governors and Probation, to safeguard and promote the welfare of children. HMPPS staff should read

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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> Source ONS 2023 available at:

<https://explore-education-statistics.service.gov.uk/find-statistics/characteristics-of-children-in-need/2023>

<sup>6</sup> Source National Social Care Data for Wales 2022 available at:

<https://www.socialcaredata.wales/dataset?c=228&p=5,44&i=71807>

<sup>7</sup> as amended by the Children and Social Work Act 2017, and, the Social Services and Wellbeing (Wales) Act 2014

and follow the Working Together 2023 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.
- 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>8</sup>. Harm towards children cannot be managed in isolation, therefore HMPPS staff should work in partnership in all cases of abuse; effective collaboration between agencies is essential to the improved welfare and protection of children.
- 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>9</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, [county lines](#) 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.

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<sup>8</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>9</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'.

Many have suffered child abuse, neglect, and have other Adverse Childhood Experiences<sup>10</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 group. Crest Advisory research<sup>11</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>12</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>13</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 Understanding child wellbeing

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<sup>10</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.

<sup>11</sup> Children of Prisoners: Fixing a broken system. Sarah Kincaid, Manon Roberts and Prof. Eddie Kane (February 2019).

<sup>12</sup> The Importance of Strengthening Prisoners' Family Ties to Prevent Reoffending and Reduce Intergenerational Crime. Lord Farmer (August 2019).

<sup>13</sup> The Importance of Strengthening Female Offenders' Family and other Relationships to Prevent Reoffending and Reduce Intergenerational Crime. Lord Farmer (June 2019).

- 3.16 [Section 10 \(2\) of the Children Act 2004](#) and [Section 1 \(2\) of the Childcare Act 2006](#) defines child wellbeing as areas related to the quality of a child's:
- physical, mental health and emotional wellbeing;
  - protection from harm and neglect;
  - education, training and recreation;
  - contribution to society; and
  - social and economic wellbeing.
- 3.17 For HMPPS staff, child wellbeing should be understood to mean the range of areas that might impact the quality of a child's life. Child 'wellbeing' and 'welfare' often mean the same thing and embrace everything that relates to a child's development, in their present and future life. Offending behaviour is not the only reason why a child's wellbeing may be negatively impacted and not every situation will mean the child is at risk of serious harm (see section [7.1](#) for further guidance). In every case, when undertaking risk assessments and developing risk management plans, it is important for staff to think about how the wider circumstances of a prisoner or supervised individual's life, might impact the wellbeing of children they may have contact with, and what action is needed to improve outcomes for the child.
- 3.18 Complex child safeguarding cases
- 3.19 This PF uses the term 'complex child safeguarding cases' to describe cases that involve a range of significant child safeguarding risk factors. They require regular discussions between a manager and practitioner to ensure there is effective management of the case.
- 3.20 Child safeguarding preparedness during major public crisis events
- 3.21 During a major public emergency, for example an environmental or public health crisis, in order to keep children safe, organisations that work with children and their families may need to adapt the way they operate. NSPCC research found that Covid-19 lockdowns placed children at higher risk of experiencing poverty, neglect, abuse at home and domestic abuse. Not having regular face-to-face contact with supervised individuals, their homes and their families during a crisis event means that HMPPS staff may have fewer opportunities to intervene and are less able to recognise instances where children are at risk. Therefore, HMPPS staff should work closely with partner agencies, and pay attention to how a public crisis event might impact the children and families they work with.
- 3.22 Staff wellbeing
- 3.23 HMPPS recognises that we work with victims as well as perpetrators and that some staff may have experienced childhood abuse or other adverse childhood experiences, and 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.
- 3.24 Access to child safeguarding resources via EQuIP
- 3.25 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 (2023) defines this as:

- providing help and support to meet the needs of children as soon as problems emerge;
- protecting children from maltreatment, whether that is within or outside the home, including online;
- preventing impairment of children's mental health and physical health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care;
- promoting the upbringing of children with their birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the best interests of the children;
- 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 [voice of the child](#), and ensure that the impact on children's safety and wellbeing is sufficiently considered in every case.

#### 4.4 The HMPPS 'Think Child' approach

4.5 All HMPPS staff should take a 'Think Child' approach to their work. Taking a 'Think Child' approach means to instinctively think about the children who may be in the lives of the people we supervise (within prison or in the community). It involves looking at life from children's perspective and recognising the ways in which their welfare or wellbeing might be impacted, and where required, taking timely action to improve their outcomes and keep them safe. All HMPPS staff should adopt a Think Child approach, particularly when making decisions that impact children and their families.

#### 4.6 Professional curiosity

4.7 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.

4.8 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. The [core skills which underpin professional curiosity](#) from HM Inspectorate of Probation also provides a helpful visual summary.

4.9 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>14</sup>
  - RPDs should ensure this is done in line with the expectations regarding strategic partnership working, financial contributions, attendance, and engagement with local safeguarding partnerships as set out in the [Probation Service Child Safeguarding Partnership Framework](#) which is available on Equip. Document number 5032.
- 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 prison and probation regions undertake child safeguarding enquiries in every case where one is required. See section [7.8](#) for further guidance;
- ensure systems are in place which support effective information exchange between prisons and probation delivery units (PDUs);
- 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>15</sup> complete mandatory [HMPPS Child safeguarding awareness eLearning](#) at least once every three years as a minimum, and have access to adequate child safeguarding classroom training<sup>16</sup> that is at a more advanced level than the eLearning. See section [23.5](#) for guidance on training levels.

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

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<sup>14</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 Partnerships'.

<sup>15</sup> This relates to staff who will have contact with children and families (this includes staff who are not directly employed by HMPPS, for example Commissioned Rehabilitation Services (CRS) staff. It also includes practitioners with case management responsibilities, staff who work in prison or probation public protection roles, programmes facilitators, prison officers, operational support grades (OSGs), 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>16</sup> 'Classroom training' may include training that is delivered virtually.

- **staff who have regular contact with families and children as part of their role**<sup>17</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>18</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;
- 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 partnership 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>19</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 [8.17](#) 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;

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<sup>17</sup> This will include prison MBU staff, staff who work in family overnight suites, family liaison officers and HMPPS managers and senior managers.

<sup>18</sup> Healthcare Services include: prison healthcare providers, maternity services provided by NHS Trusts, and specialist perinatal mental health services.

<sup>19</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



- 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 [HMPPS Child safeguarding awareness 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. 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 [8.17](#) for guidance on management oversight for cases that are subject to child protection plans;
- their PDU undertakes child safeguarding enquiries in every case where one is required. See section [7.8](#) for further guidance;
- 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 with 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 [Section 11 audit/self-assessment](#) at least every two years<sup>21</sup>

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

<sup>21</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.

- their PDU has a system in place which notifies HMPPS national safeguarding policy leads of any new findings, learning or recommendations that come out of relevant local [case learning reviews](#)<sup>22</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 HMPPS Prison Public Protection Policy Framework 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 partnership meetings where required. If the governing governor is unable to attend, they should delegate attendance to an appropriate governor grade;
- in line with the [HMPPS Prison Public Protection Policy Framework](#), 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 different types of child contact restrictions as a result of the risk assessment.
  - 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, HMPPS Prison Public Protection Policy Framework, [PSI 49/2011 - prisoner communications policy](#), [PSI 16/2011 - managing prison visits](#), [HMPPS authorised communications controls and interception policy framework](#), and the [HMPPS social video calling policy framework](#);

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<sup>22</sup> PDUs should consider doing this via their regional heads of public protection.

- 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 cases 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 relevant staff<sup>23</sup> complete mandatory [HMPPS Child safeguarding awareness eLearning](#) as part of their induction and at least once every three years as a minimum;
- all prison officers working in the POM role complete advanced child safeguarding training (classroom training<sup>24</sup>) 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 [HMPPS Prison Public Protection Policy Framework](#);
- 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 [HMPPS Prison Public Protection Policy Framework](#);
- there is a clear process for social workers to come into the prison to engage with prisoners who are involved in safeguarding or child protection procedures. This may be via face-to-face visits or virtual conferencing;
- their establishments share sentence and risk information with the police, probation and relevant children's services teams, on prisoners who present a risk to identified children;
- their establishment undertakes child safeguarding enquiries in every case where one is required;
- child safeguarding information in case management systems are accurate and kept up to date;

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<sup>23</sup> This relates to staff who will have contact with children and families (this includes staff who are not directly employed by HMPPS, for example Commissioned Rehabilitation Service (CRS) staff. It also includes practitioners with case management responsibilities, staff who work in prison public protection roles, programmes facilitators, prison officers, operational support grades (OSGs), prison visits staff, Mother and Baby Unit staff, staff who work in family overnight suites, family liaison officers and prison reception staff.

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

- their establishment undertakes a [Section 11 audit/self-assessment](#) at least every two years.
- their establishment has a system in place which notifies HMPPS national safeguarding policy leads of any findings, learning or recommendations that come out of relevant local [case learning reviews](#)<sup>25</sup>:

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

6.10 As set out by Working Together 2023, governors of women's prisons that have MBUs should ensure that their establishment:

- actively engages children's services to ensure the relevant input into processes and individual cases;
- consult children's services on all MBU board decisions, including decisions relating to a change in placement, and any other matters relevant to promoting the welfare and safeguarding of a child.

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 [HMPPS Child safeguarding awareness 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>26</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>27</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.

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<sup>25</sup> Establishments should consider doing this via their public protection leads.

<sup>26</sup> 'Classroom training' may include training that is delivered virtually.

<sup>27</sup> Healthcare Services include: prison healthcare providers, maternity services provided by NHS Trusts, and specialist perinatal mental health services.

- 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)
- 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>28</sup>/prison and community Senior Probation Officers (SPOs) are required to:
- complete [HMPPS Child safeguarding awareness eLearning](#) once every three years as a minimum and complete advanced child safeguarding training (classroom training<sup>29</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 [8.17](#) 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

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<sup>28</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>29</sup> 'Classroom training' may include training that is delivered virtually.

teams should do this in line with the touch points model (TPM)<sup>30</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;
- 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>31</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

<sup>30</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

<sup>31</sup> Court officers include Probation Officers (POs) and Probation Services Officers (PSOs).

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:

- complete [HMPPS Child safeguarding awareness eLearning](#) once every three years as a minimum and complete advanced child safeguarding training (classroom training<sup>32</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 [Preparing and writing court reports on women - 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;

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<sup>32</sup> 'Classroom training' may include training that is delivered virtually.

- 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;
- 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. [See section 16 for guidance on parental and family child safeguarding risk factors](#);
- demonstrate cultural competency<sup>33</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 [8.25](#) for guidance on Intersectionality and section [8.21](#) for practice guidance on cultural competency;
- recognise that children who live in families that have no recourse to public funds (NPRF) may be more vulnerable to destitution, abuse and neglect, and are likely to require a child safeguarding response in order to be kept safe. See section [8.27](#) for further guidance.

#### 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. 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 if the individual does not fall into this cohort, or where there is sufficient, up-to-date information available from other sources, such as records of a current case:

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<sup>33</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.



- 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 contact with children;
- sufficiently analyse information they receive from child safeguarding enquiries to inform their risk assessments and court reports;
- 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>34</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 national template for HMPPS staff to initiate child safeguarding enquiries with children's services<sup>35</sup> is available on EQuIP. [Document number 4477](#). The template enables staff to send enquiries to children's services about the individual, even when no children's details are available.

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.

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<sup>34</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>35</sup> It is not a mandatory requirement for prison establishments, probation regions or court teams to use this template to undertake their enquiries.

### 6.30 Knowledge, understanding and approach

Practitioners with case management responsibilities are required to:

- complete [HMPPS Child safeguarding awareness eLearning](#) once every three years as a minimum and complete advanced child safeguarding training (classroom training<sup>36</sup> where appropriate) once every three years. The additional eLearning module '[Impact of parental imprisonment and safeguarding](#)'<sup>37</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>38</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 [8.25](#) for guidance on intersectionality and section [8.21](#) for practice guidance on cultural competency.

#### **Child safeguarding enquiries (checks) and referrals**

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 individuals where court officers have not undertaken one. This includes those individuals where there is no evidence of child contact or risk to a child.**
- 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

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<sup>36</sup> 'Classroom training' may include training that is delivered virtually.

<sup>37</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>38</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.

not automatically required to undertake a fresh child safeguarding enquiry, unless the individual's circumstances have changed or new information has become available.

- undertake pre-release child safeguarding enquiries for all prisoners prior to their release from prison as part of pre-release risk management planning;
- undertake child safeguarding enquiries as part of address suitability checks. Read the HMPPS address checks policy framework for further guidance.
- 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 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;
- sufficiently analyse information they receive from child safeguarding enquiries to inform their risk assessments, planning and management of prisoners and people on probation;
- follow up on child safeguarding enquiries and referrals if no response or acknowledgement is received within **2 working days of sending them** (Working Together 2023 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.

6.31 The only situation where fresh child safeguarding enquiries are not required is where there is sufficient, up-to-date information available from other sources, such as records of a current case, or if an up-to-date response from an existing enquiry is available and the individual's circumstances have not changed. Using the case recoding system, staff must always record their reasons for not undertaking mandatory enquiries.

6.32 Identification and assessment of risk and need practitioners are required to

- 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 risk factors such as domestic abuse, substance misuse, parental conflict, and poor mental health. [See section 16 for guidance on 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>39</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>40</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;
- pay attention to and be aware of the safeguarding risks and needs of ‘looked after children<sup>41</sup>’ and children who are leaving care. Where appropriate, collaborate with social care professionals and other services who are working with any looked after children involved in their cases and any care leavers they are working with;
  - there are a variety of reasons why a child may end up in care but most enter care because they have, or are at continuing risk of experiencing abuse and neglect. Leaving the care system can be a challenging time for many children and they may develop complex needs and experience poorer outcomes such as homelessness, exploitation, poor education and poor mental health. Read [NSPCC Learning on looked after children](#) for further guidance.
- recognise that children who live in families that have no recourse to public funds (NPRF) may be more vulnerable to destitution, abuse and neglect, and are likely to require a child safeguarding response in order to be kept safe. See section [8.27](#) 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 [19.5](#) for guidance;

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<sup>39</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>40</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.

<sup>41</sup> A child who is being cared for by their local authority (for more than 24 hours) is known as a looked after child. They may be living in a variety of settings such as with foster parents, at home with their parents under the supervision of the local authority, in a residential children’s home or other residential settings such as a youth offender institution, secure training centres or secure units.

- use the Offender Assessment System (OASys) to assess the risk of harm that individuals (who are in scope<sup>42</sup>) on their caseload present to children. Staff need to do this in line with the [HMPPS Risk of Serious Harm \(ROSH\) Guidance](#).

### 6.33 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](#);
- develop child safeguarding contingency plans that manage the risks which relate specifically to any children who need to be kept safe should any part of the RMP break down. Staff should read the [contingency planning chapter](#) of the HMPPS Risk of Serious Harm (ROSH) Guidance for further information on how to develop a contingency plan;
- 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;

### 6.34 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

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<sup>42</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.

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 new relationship or when they disclose new contact with a child. Action may include reviewing risk assessments, making referrals to children's services or MAPPA, or, requesting [disclosure](#) support from other agencies;
  - read [HMPPS practitioner guidance on disclosure](#) for further guidance on how to work with partners to facilitate disclosure to keep children safe, which is available on EQuIP. Document number 2189. A [frequently asked questions \(FAQ\)](#) document on disclosure is also available on EQuIP. Document number 5969.
- 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<sup>43</sup> 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 the 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 assessed as a 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.

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

6.36 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>44</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, staff must await the outcome of the child safeguarding enquiry before they make the curfew proposal.**

#### 6.37 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;

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<sup>43</sup> This includes conferences for remand prisoners who may not have been allocated a POM. OMU should appoint a suitable representative to attend.

<sup>44</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.

- 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;

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

Practitioners with case management responsibilities are required to:

- 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 any children they might pose a risk to;
- 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](#).

### 6.39 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 [HMPPS Prison Public Protection Policy Framework](#) 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 [HMPPS Prison Public Protection Policy Framework](#);
- 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.

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

#### 6.41 Programmes staff

6.42 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.

#### 6.43 Information sharing and data protection

6.44 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.

6.45 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. Sharing of information for the purposes of law enforcement and keeping children and young people safe meets one of the requirements for lawful processing under the DPA as the data sharing is authorised by law (under section 325(3) and (4) of the Criminal Justice Act 2003) (or section 14 of the Offender Management Act 2007). This means **HMPPS staff do not need consent to share information if the purpose is to safeguard a child**; Working Together 2023 statutory child safeguarding guidance clarifies this point.

6.46 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 Probation practitioner guidance: recording liaison activity with victim liaison officers on NDelius’](#) 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](#).

6.47 Staff should read [Information sharing advice for safeguarding practitioners \(DFE guidance\)](#) for best practice advice on how to share safeguarding information.

6.48 Child safeguarding training for HMPPS staff

6.49 [HMPPS Child safeguarding awareness eLearning](#) is mandatory for all staff who will have **any contact** with prisoners, supervised individuals, children and their families (this includes staff who are not directly employed by HMPPS, for example Commissioned Rehabilitation Services (CRS) staff). Staff may access the mandatory child safeguarding eLearning via the [HMPPS MyLearning website](#).

6.50 HMPPS staff who have **regular contact** with families or children<sup>45</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.

6.51 Whistleblowing and reporting wrongdoing

6.52 As stated in Sir Robert Francis' Freedom to Speak Up<sup>46</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.

6.53 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 Understanding and assessing child wellbeing in every case

7.2 In addition to assessing the risk of, and protecting children from serious harm, HMPPS staff should also ensure that they sufficiently consider the overall wellbeing of children in every case. Staff need to think about how the wider circumstances of an individual's life, might impact the wellbeing of children they may have contact with, and what action is needed to improve outcomes for the child.

7.3 **Offending behaviour is not the only reason why a child's wellbeing may be negatively impacted and not every situation will mean the child is at risk of serious harm.** The same circumstances may impact on different children differently depending on whether there are factors which may protect them. Examples where a child's wellbeing may be compromised include circumstances where children:

- are growing up in families experiencing financial hardship;
- are experiencing family breakdown, which might include parental relationship breakdown, acrimonious separation, divorce or parental abandonment;
- are experiencing instability due to their parents/carer having multiple or consecutive problematic relationships and have a pattern of introducing new and unknown adults into the family home;
- are living in unstable or insecure accommodation, or living in hoarded homes, or accommodation that is overcrowded, unclean or exposed to unacceptable hazards such as mould or pest infestation;
- are experiencing food poverty (holiday hunger) during school holidays;

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<sup>45</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>46</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)

- are growing up in mixed immigration households or families who have no recourse to public funds (NRPF);
- have caring responsibilities for others within their family;
- have parents/carers who hold poor attitudes towards their education;
- are experiencing bereavement and are finding it difficult to cope;
- are socially isolated from their communities; this might include children who experience prolonged and repeated periods of school exclusion, or children who frequently experience discrimination due to their religion, ethnicity or other protected characteristic;
- experience discrimination by their communities as a result of the public awareness of their parent's offending (this may be more pronounced with the children of people convicted of sexual offending);
- are growing up with parents or carers who suffer from addictions such as drugs, alcohol or gambling;
- are growing up with parents/carers who have mental health problems;
- who identify as LGBTQ+ and experience discrimination in the form of homophobia, transphobia, and are rejected by their families or communities;
- are disabled or have long term health problems.

7.4 This list is not exhaustive, and these issues may emerge over time. Staff should think about the opportunities there may be to gain an insight into the families and children of adults under supervision. The impact of these circumstances will be on a continuum and may not meet the threshold of serious harm, or require a child protection response however, families may benefit from Early Help intervention which may prevent situations from escalating. The child wellbeing section in OASys provides an opportunity to record concerns even if they do not meet the risk of serious harm threshold. See section [7.30](#) for guidance on Early Help.

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

7.6 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 Services, Children's Social Care, 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.

7.7 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.

#### 7.8 Child safeguarding enquiries and referrals

7.9 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;
  - **undertaking the child safeguarding enquiry is only the first part of the task; once staff receive a response they should analyse the information and use it to inform their risk assessments, court reports, sentence planning and ongoing management of the individual. Enquiries that are not followed up with sufficient analysis and implemented into the case where necessary will be considered as incomplete.**
  - **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.

7.10 Child safeguarding enquiries and referrals can also be used where there are concerns for children pre-birth. See section [17.3](#) for guidance on pre-birth child safeguarding risks.

7.11 HMPPS policy position on child safeguarding enquiries for newly sentenced individuals

7.12 The requirements to undertake child safeguarding enquiries for new cases are different for court staff and sentence management staff. Court staff must undertake them for all individuals who either have children, are in contact with children, are seeking contact with children, or who present a potential risk of harm to children. Sentence management staff then have to undertake them at the earliest opportunity for the cases where court staff have not undertaken one; **this includes those cases where there was no evidence of child contact or risk to a child. This means that an initial child safeguarding enquiry should be undertaken in every newly sentenced case.** The only situation where initial enquiries are not required is where there is sufficient, up-to-date information available from other sources, such as records of a current case.

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

7.14 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<sup>47</sup>;**
  - 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;
- **at the start of the sentence;**
  - the allocated POM/COM must undertake a child safeguarding enquiry when one has not been initiated at the court stage, **this includes those cases where there is no evidence of child contact or risk to a child.** 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.
- **in all cases before recommending an electronically monitored curfew, whether or not children are known to be at the address;**
  - 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;
- **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.
- **as part of pre-release risk management planning for all prisoners; and**
- **as part of pre-release address suitability checks and on all occasions where a supervised individual requests or plans to move address;**
  - POMs/COMs should be satisfied that the welfare and wellbeing of any children would not be negatively impacted by living with the supervised individual. Where COMs suspect a child would be negatively impacted, they

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<sup>47</sup> This is in line with [HMIP CARaG 2.1.08](#)

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.

- 7.15 The only situation where fresh enquiries are not required is where there is sufficient, up-to-date information available from other sources, such as records of a current case or if an up-to-date response from an existing enquiry is available. Where an existing enquiry is available POMs/COMs should be aware that circumstances might have changed or new information might be available; 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**
- 7.16 Outside of the above mandatory points, during the life of a sentence, 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, or another manager if their line manager is unavailable.
- 7.17 Staff should read [DA & Child Safeguarding Information Storage Guidance](#) which is available on EQUIP. Document number 4710 and [DA & Child Safeguarding Enquiries practitioner guidance](#) which is available on EQUIP. Document number 5090 for more information.
- 7.18 Children's services responses to child safeguarding enquiries
- 7.19 Working Together 2023 provides statutory guidance for how local authority children's services teams should work with HMPPS to support children who may be at risk from people in prison and people on probation. The guidance also sets out what children's services should do in response to receiving child safeguarding enquiries from HMPPS.
- 7.20 Children's services teams will operate differently when responding to enquiries; some will require details of an identifiable child before providing information and others may not. If staff do not have details of an identifiable child, they should still use any information they have gathered on the individual to make an enquiry, for example, the individual's name, DOB and address.
- 7.21 When children's services will only respond to enquiries that contain details of an identifiable child but HMPPS staff do not have details of an identifiable child, the prison or PDU will not be expected to undertake the enquiry. In this situation staff must note it in the case recording system as the reason for not undertaking the enquiry. To resolve information sharing challenges such as this, the relevant prison and probation strategic safeguarding leads should raise this as a concern to safeguarding partnerships and work with them to establish effective long term solutions.

- 7.22 A national template for HMPPS staff to initiate child safeguarding enquiries with children's services<sup>48</sup> is available on EQuIP. [Document number 4477](#). The template enables staff to send enquiries to children's services about the individual, even when no children's details are available.
- 7.23 [Exchanging safeguarding information with foreign countries and social services abroad](#)
- 7.24 There may be situations where a child, individual or family have links abroad and it becomes necessary to obtain information from professionals in a foreign country. In this situation staff should contact the Foreign Embassies, High Commissions or Consulate for the relevant country, who may be able to provide contact with the social services (or relevant authority) in the home country: [Embassy and High Commission contact list - GOV.UK \(www.gov.uk\)](#)
- 7.25 For more information and guidance staff should read [Child protection: working with foreign authorities - GOV.UK \(www.gov.uk\)](#)
- 7.26 [Child safeguarding referrals and local authority thresholds](#)
- 7.27 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.
- 7.28 Working Together 2023 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).
- 7.29 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

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<sup>48</sup> It is not a mandatory requirement for prison establishments, probation regions or court teams to use this template to undertake their enquiries.



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, [county lines](#) 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.

7.30 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.

7.31 **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:

7.32 [children's services - postcode search \(England\)](#)

7.33 Referral timeliness

7.34 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.**

- 7.35 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.
- 7.36 Working Together 2023 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.
- 7.37 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.
- 7.38 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.
- 7.39 Informing the child's parent/carer about the referral
- 7.40 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.
- 7.41 Working Together 2023 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.

7.42 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.

7.43 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).

7.44 Recording child safeguarding contacts, enquiries and referrals

7.45 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.

7.46 Early Help

7.47 Not all child safeguarding concerns will meet the threshold for or require section 17 or 47 action. Working Together 2023 guidance sets out that providing Early Help is more effective in promoting the welfare of children than reacting later.

7.48 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. Early Help is not a single service. It is a network of services, processes and interactions that aim to help children and families at the earliest opportunity.

7.49 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;
- looked after children or care leavers;
- 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. [See section 16 for guidance on 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.

- 7.50 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. Early Help applies a voluntary approach, therefore children's services require parent's or carer's consent before delivering services.
- 7.51 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.
- 7.52 Staff can find further advice and guidance in the [DfE's Early Help toolkit - Early Help \(or early intervention\) NSPCC Learning](#).
- 7.53 Challenging referral outcomes and making fresh referrals
- 7.54 Agencies will not always agree with what children's services decide is the right outcome of a referral. Therefore it is important that HMPPS staff have the confidence to challenge referral outcomes where necessary. If the outcome of a referral is that the child/family do not require intervention, but HMPPS staff remain concerned about the child's safety and wellbeing, they should escalate their concerns to a manager and consider undertaking a fresh referral.

## **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'](#) and [NSPCC briefing: 'Unseen 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 a 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<sup>49</sup>.**

## 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. POMs/COMs should attend child protection conferences<sup>50</sup>, prepare and submit reports in line with the deadlines set by the Chair, and they should notify the Chair within reasonable time if they are unable to attend. **With regard to Core Group meetings, COMs are required to attend and POMs may attend if necessary.**

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.

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<sup>49</sup> For POMS using NOMIS/DSP they should use the 'Children on CP Register' alert.

<sup>50</sup> This includes conferences for remand prisoners who may not have been allocated a POM. OMU should appoint a suitable representative to attend.

- 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 2023](#) 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 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<sup>51</sup>.**
- 8.13 Signs of Safety approach
- 8.14 Many local authorities 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

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<sup>51</sup> For POMS using NOMIS/DSP they should use the 'Risk to Children - Community' or Risk to Children - Custody' alert.

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, **PDU 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 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 ones are neglectful, and which ones 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.
- 8.26 For more information and guidance read [NSPCC's summary of risk factors and learning for improved practice around culture and faith](#).
- 8.27 Safeguarding the children of foreign national offenders (FNOs) and children in families with no recourse to public funds (NRPF).

8.28 Research into deaths and serious abuse of children in families who had no recourse to public funds<sup>52</sup> found that families often faced challenges in accessing essential services such as housing and healthcare. Limited resources led to inadequate living conditions, exploitation, food poverty, social exclusion, and destitution; affecting the wellbeing of children and their overall development. Insecure immigration status and fear of deportation meant families were less likely to seek help; which often made it more difficult for professionals to respond in ways which kept children safe. FNOs make up 12% of the prison population<sup>53</sup> and most will have NRPF when they leave prison. To improve outcomes for children in these families HMPPS staff should:

- recognise that children from mixed immigration families (migrant children) have the same rights to safety as all children in England and Wales;
  - be aware of the statutory responsibilities that local authorities have for mixed immigration households and children who may be in need or at risk of abuse and neglect;
  - be curious and ask questions about the children's journey into the UK and recognise that they may have encountered trauma, abuse and neglect during their journey, and may require an urgent safeguarding or child protection response;
  - ask questions about children's access to universal services such as education, healthcare and housing (including food and clothing). Be prepared to make referrals or signpost to agencies who may be able to provide support;
- adopt a 'Think Child' approach and use professional curiosity to consider how families are coping with poverty and having NRPF. Seek clarity on what support is being offered by the local authority and what support the family are accessing;
- exchange information and work in partnership with children's services and other agencies where appropriate;
- be alert to any conscious/unconscious bias, and demonstrate culturally competent practice. [See 8.23](#) for further guidance;
- show compassion and concern for children and families who are living with the threat of deportation.

8.29 Some families will be eligible for support but may be unaware of their rights and entitlements. For FNOs staff should use the [HMPPS checking form template](#) (which can be found on EQuIP. Document number 5985) to verify an individual's entitlements to public funds.

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<sup>52</sup> [Children and families with no recourse to public funds: Learning from case reviews - Jolly - 2024 - Children & Society - Wiley Online Library](#)

<sup>53</sup> <https://www.gov.uk/government/statistics/offender-management-statistics-quarterly-april-to-june-2023/offender-management-statistics-quarterly-april-to-june-2023>



- 8.30 HMPPS staff should seek out confirmation of the family's immigration circumstances from the Home Office or other statutory services already working with the family. If the family would benefit from legal advice or support, staff should signpost them to specialist advice using: [Adviser Finder \(oisc.gov.uk\)](https://www.oisc.gov.uk)<sup>54</sup>
- 8.31 Staff who require casework related support or guidance on working with FNOs should contact the [FNO Coordination Hub](#) Microsoft Teams page. Staff can also access the [NRPF Network](#) website for further support.
- 8.32 Watch the 2023 Think Child Campaign event on [child safeguarding and working with FNOs](#) for more information.
- 8.33 Intersectionality and how to apply it to child safeguarding work
- 8.34 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.
- 8.35 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;
- 8.36 For further guidance, staff should listen to this [NSPCC learning podcast on understanding Intersectionality in child safeguarding work](#).
- 8.37 Safeguarding LGBTQ+<sup>55</sup> children and understanding the risk factors
- 8.38 **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.

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<sup>54</sup> The Adviser Finder lists advisers who are regulated by the Office of the Immigration Services Commissioner (OISC). Other advisers who provide immigration advice and services, such as practicing solicitors, barristers, and legal executives, are not found on this list.

<sup>55</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).

8.39 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>56</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.

8.40 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.

8.41 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.

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<sup>56</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

8.42 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 Using genograms**

10.8 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.

10.9 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.

10.10 A simple [genogram example](#) is available on Equip. Document number 923 and further guidance on undertaking genograms can be found on the [Safeguarding Network website](#).

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

11.1 Wherever possible HMPPS staff should take into account children's views and their lived experiences, particularly when they may be impacted by the decisions we make. 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;
  - be aware that children may find it difficult to speak about what they need, their experiences or what is happening in their lives. Special provision may be required to support dialogue with children who are unable to convey their wishes and feelings as they may want to.
- 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 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**

#### 13.1 Sharing risk assessments with partner agencies

13.2 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.

#### 13.3 Multi-Agency Safeguarding Hub (MASH)

13.4 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.

#### 13.5 Multi-Agency Public Protection Arrangements (MAPPA)

13.6 MAPPA were 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.

13.7 Detailed and up to date information about MAPPA eligibility, categories and management levels can be found in the [MAPPA statutory guidance](#) or on the [MAPPA website](#).

13.8 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.

13.9 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).

13.10 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.

13.11 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.

13.12 Multi-Agency Risk Assessment Conference (MARAC)

13.13 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.

13.14 Multi-Agency child safeguarding work within prisons

13.15 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.

13.16 Working with faith-groups to safeguard children

13.17 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.

- 13.18 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.
- 13.19 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.
- 13.20 Staff should read [NSPCC's guidance on working with children, families and faith communities](#) for more information and can access the 'Faith and Belief Awareness eLearning' to develop their understanding of partnership working with faith groups.
- 13.21 Working together at a strategic level to improve safeguarding outcomes for children
- 13.22 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.
- 13.23 Prisons and PDUs should familiarise themselves with the [DfE Children's Social Care: National Framework Guidance](#) to support their partnerships with Children's Services.
- 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 the [HMPPS Victim Contact Scheme Policy Framework](#).
- 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 and where possible, seek out the child's views;
- 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 [HMPPS Prison Public Protection Policy Framework](#) 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 negatively impacts the child's welfare or wellbeing;
- 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;
- 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 [HMPPS Prison Public Protection Policy Framework](#).

14.20 Individuals who pose a high ROSH to children when their supervision comes to an end

14.21 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.

14.22 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>57</sup>, and their cumulative existence within families can make harm to children more likely.

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<sup>57</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)

- 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.
- 15.4 Parental conflict combined with parental substance misuse are also risk factors that are known to negatively impact outcomes for children<sup>58</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.

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And

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

<sup>58</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>

- 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>59</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**

- 16.1 As stated in [Working Together 2023](#), 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 caregivers);
  - ensure access to appropriate medical care or treatment;
  - provide suitable education.
- 16.2 It may also include neglect of, or unresponsiveness to a child’s basic emotional needs.
- 16.3 HMPPS staff should pay attention to signs of child neglect and use the [NSPCC Learning – protecting children from neglect](#) resource to support their understanding and response to situations where they suspect a child is experiencing or is at risk of neglect.
- 16.4 Pre-birth child safeguarding
- 16.5 Pre-birth child safeguarding is an important part of HMPPS work. Unlike many safeguarding situations, the pre-birth stage provides a window of opportunity before the baby arrives for practitioners and families to work together. HMPPS staff may come into contact with supervised individuals or prisoners who are pregnant, and their families, and it is important

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<sup>59</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.

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 read [guidance on parental and family child safeguarding risk factors](#);
- **make active enquiries about the child's father (including step-father or father figure)**; assess the value they bring and understand any risks they might pose 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'](#) and [NSPCC briefing: 'Unseen 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.

16.6 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 2023).
- 17.4 The Home Office have prepared a [list of countries and territories](#) outside the UK in which the [National Crime Agency \(NCA\)](#) considers children are at high risk of sexual abuse or sexual exploitation from UK nationals or UK residents. **If a supervised individual who presents a risk of sexual harm to children, plans or requests to travel to these countries, the Probation practitioner responsible for the management of the individual should use professional curiosity to obtain information about the purpose of travel and inform the police or other appropriate agencies.**
- 17.5 Child Criminal Exploitation (CCE)
- 17.6 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. CCE does not always involve physical contact; it can also occur through the use of technology - [Serious Violence Strategy \(Home Office\)](#).
- 17.7 County Lines
- 17.8 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 - [Serious Violence Strategy \(Home Office\)](#).
- 17.9 **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>60</sup>, and may also experience '[Intersectionality \(8.24\)](#)' of discrimination and disproportionate criminal justice outcomes such as youth imprisonment

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<sup>60</sup> Source Crest County Lines and Looked after children 2020, available at: [https://b9cf6cd4-6aad-4419-a368-724e7d1352b9.usrfiles.com/ugd/b9cf6c\\_83c53411e21d4d40a79a6e0966ad7ea5.pdf](https://b9cf6cd4-6aad-4419-a368-724e7d1352b9.usrfiles.com/ugd/b9cf6c_83c53411e21d4d40a79a6e0966ad7ea5.pdf)

or stop and search, particularly young black males<sup>61</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.

- 17.10 County lines and the impact on non-offending children
- 17.11 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.
- 17.12 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. Staff should read [Home Office guidance on county lines](#) for further guidance.
- 17.13 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.
- 17.14 Trafficking and exploitation: National Referral Mechanism (NRM)
- 17.15 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>62</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.
- 17.16 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: \(England and Wales\)](#).

<sup>61</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>62</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.



- 17.17 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.
- 17.18 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.
- 17.19 For further guidance staff should read the [CSE definition and guide for practitioners](#) and the [Child victims chapter of the modern slavery statutory guidance: England and Wales](#).

## 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.

## 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) 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;
  - highlights 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 Integrated Care Board (ICB), 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 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 Integrated Care Board (ICB) 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 partnerships 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 partnerships 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 by this PF.**

20.7 Section 11 audits can provide good evidence of child safeguarding work at both strategic and operational levels. Safeguarding partnerships 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 they should consider maintaining their return on an ongoing basis to feed into internal self-evaluation and improvement processes.

20.9 The Probation Service [Section 11 self-assessment \(completed 6 October 2022\)](#) can be found on EQuIP. Document number 971.

20.10 **Wales:**

20.11 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 \(England\)](#), 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>63</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>64</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 [HMPPS Child safeguarding awareness eLearning](#) is mandatory for all staff who will have any contact with prisoners, supervised individuals, children and their families (this includes staff who are not directly employed by HMPPS, for example Commissioned Rehabilitation Services (CRS) staff). 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

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<sup>63</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>64</sup> This toolkit is only for young men and does not apply to young women.

take responsibility for developing their own knowledge of multi-agency working and if necessary, request additional training through their local authority.

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>65</sup>, this includes ensuring that:

- all relevant staff<sup>66</sup> complete mandatory [HMPPS Child safeguarding awareness eLearning](#) as part of their induction and at least once every three years as a minimum;
- training pathways and individual training plans are in place for staff who have regular contact with families and children;
- 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 partnerships to agree HMPPS staff access to local authority training;
- working to enable HMPPS staff to access any relevant 'in-house'<sup>67</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; and

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<sup>65</sup> 'Classroom training' may include training that is delivered virtually.

<sup>66</sup> This relates to staff who will have contact with children and families (this includes staff who are not directly employed by HMPPS, for example Commissioned Rehabilitation Services (CRS) staff. It also includes practitioners with case management responsibilities, staff who work in prison or probation public protection roles, programmes facilitators, prison officers, operational support grades (OSGs), 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>67</sup> 'in-house' training refers to training that is delivered by an organisation's internal staff.

- 22.6 Senior managers also need to ensure that safeguarding training is made relevant for Wales and is kept up to date.
- 22.7 Child safeguarding training levels and HMPPS staff who have regular contact with families and children
- 22.8 HMPPS staff who have regular contact with families and children<sup>68</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.
- 22.9 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 level 1 and provides an introduction to child safeguarding; advanced training usually refers to any level above basic or level 1.
- 22.10 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.
- 22.11 For further guidance, see [NSPCC learning - safeguarding and child protection training](#).
- 22.12 **Annex A - Social Services and Well-being (Wales) Act 2014**
- 22.13 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).
- 22.14 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).
- 22.15 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

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<sup>68</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.



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.

22.16 Staff can access statutory safeguarding guidance for Wales [here](#)