HM Inspectorate of Prisons
Adult Safeguarding Protocol

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CONTENTS

1. Introduction

1.1 HMI Prisons (HMIP) uses the definition of safeguarding from statutory guidance. Safeguarding vulnerable adults is defined in the care and support statutory guidance issued under the Care Act 2014 as:

'… protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.'

1.2 Hearing or knowing about abuse or neglect is often very difficult, and it is common to feel worry, disbelief, 'stuck' by not knowing what to do or to focus on more optimistic explanations. This Protocol sets out the procedures for recognising safeguarding concerns, abuse and neglect concerning adults aged 18 or over in any of the settings HMIP inspects. It clarifies how to respond to and make referrals about such concerns.

1.3 Hereafter in this document, the term 'adult' will be used to refer to people aged 18 or over.

2. Scope

2.1 This Protocol applies to all staff working for HM Inspectorate of Prisons (HMIP), both Inspectors and office-based staff, whether they are permanent, temporary or on agency/freelance contracts, or individuals, consultants or agencies contracted by HMIP.

2.2 HMIP does not investigate individual safeguarding adult cases or referrals; that responsibility lies with HM Prison and Probation Service (HMPPS), Local Authority Adult Services and the Police. However, HMIP staff must follow this Protocol to ensure that all allegations or suspicions of abuse or neglect are reported and investigated by the appropriate authorities.

3. Encountering concerns

3.1 HMIP staff may encounter safeguarding concerns in several ways, such as through direct allegation by a detainee, allegations by others in the setting, via its inspection, through research work including observation, or from a member of the community, including from a partner or family member who may contact HMIP by telephone or in writing. The concern might relate to:

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

The concerns might be about the behaviour of:

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

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

4. Recognising concerns: what is abuse and neglect?

4.1 Abuse can fall into the following categories:

Physical

- This includes assault, hitting, slapping, pushing, giving the wrong (or no) medication, restraining someone or only letting them do certain things at certain times.

Domestic

- This includes psychological, physical, sexual, financial or emotional abuse. It also covers so-called ‘honour’-based violence.

Sexual

- This includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, taking sexual photographs, making someone look at pornography or watch sexual acts, sexual assault or sexual acts the adult did not consent to or was pressured into consenting to.

Psychological

- This includes emotional abuse, threats of harm or abandonment, depriving someone of contact with someone else, humiliation, blaming, controlling, intimidation, putting pressure on someone to do something, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or support networks.

Financial or material

- This includes theft, fraud, internet scamming, putting pressure on someone about their financial arrangements (including wills, property, inheritance or financial transactions) or the misuse or stealing of property, possessions or benefits.

Modern slavery

- This covers slavery (including domestic slavery), human trafficking and forced labour. Traffickers and slave masters use whatever they can to pressurise, deceive and force individuals into a life of abuse and inhumane treatment.

Discriminatory

- This includes types of harassment or insults because of someone's race, gender or gender identity, age, disability, sexual orientation or religion.

Organisational

- This includes neglect and poor care in an institution or care setting such as a hospital or care home, or if an organisation provides care in someone's home. The abuse can be a one-off incident or repeated, on-going ill treatment. The abuse can be through neglect or poor professional practice, which might be because of structure, policies, processes and practices within an organisation.

Neglect and acts of omission

- This includes ignoring medical, emotional or physical care needs, failure to provide access to educational services, or not giving someone what they need to help them live, such as medication, enough nutrition and heating.

Self-neglect

- This covers a wide range of behaviour which shows that someone is not caring for their own personal hygiene, health or surroundings. It includes behaviour such as hoarding.

4.2 Any of these forms of abuse can be deliberate or the result of ignorance, lack of training, knowledge or understanding. Often if a person is being abused in one way, they are also being abused in other ways.

4.3 The person who is responsible for the abuse is often well known to the person being abused and could be:

- relatives and family members
- professional staff
- paid care workers
- volunteers
- other service users

- neighbours
- friends and associates
- strangers.

4.4 Some of the signs to look for are:

- multiple bruising or finger marks
- injuries the person cannot give a good reason for
- deterioration of health for no apparent reason
- loss of weight
- inappropriate or inadequate clothing
- withdrawal or mood changes
- a carer who is unwilling to allow access to the person
- an individual who is unwilling to be alone with a particular carer
- unexplained shortage of money.

4.5 HMIP has several expectations regarding adult safeguarding, documented in our Expectations:

https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/

5. Confidentiality and information sharing

Confidentiality

5.1 HMIP staff should not undertake to maintain confidentiality or anonymity during the inspection process with regards to information which suggests any safeguarding concern. Any written request for information to establishments must state this clearly.

5.2 Further, questionnaires distributed to adults must make clear that confidentiality will not be maintained if information returned in a questionnaire has safeguarding implications. This should also be verbally stated when surveys are given out. While other information contained in the survey will remain confidential, HMI Prisons staff have a responsibility to pass on any information which has safeguarding implications.

Information sharing

5.3 Sharing of information between professionals and local agencies is essential for effective safeguarding identification, assessment and service provision. It is important to share information promptly so that help can be provided where there are emerging problems.

5.4 Serious Case Reviews (SCRs) have repeatedly shown how poor information sharing has contributed to deaths or serious injuries. It should never be assumed that another professional or another agency

has passed on information that might be critical to keeping a someone safe. If a member of HMIP has concerns about abuse or neglect, they should be thoroughly satisfied that the information has been shared with the inspection team leader, establishment and local authority Adult Social Care Department if required.

6. Responding to concerns about abuse and neglect

6.1 Concerns about abuse and neglect can emerge in numerous ways. If a person is making an allegation of abuse or neglect to you, you should:

- Stay calm: listen to what is being said carefully and without interruption. Do not rush the person and go at their pace.
- Do not offer opinions, or make judgments or criticise others, including the alleged perpetrator.
- Encourage any additional comments by asking general or open questions such as 'is there anything else you would like to tell me?' or 'what else happened?' Limit questioning to what you need to know to make a judgment about whether a referral needs to be made, and to the factual details you need to make a referral. Do not press for information if the person making the allegation appears to have finished speaking to you.
- Do not ask leading questions, or questions that suggest a particular answer. Doing so can potentially jeopardise subsequent investigations, including legal proceedings.
- Explain what you will now do and when they can expect to hear about the next steps.
- Clarify that you will not be able to keep the matter confidential and tell them who you will be sharing the information with.
- Ensure the person making the allegation is comfortable when you leave them.

6.2 It is not for HMIP to investigate safeguarding matters but staff must forward information to the relevant authorities.

7. Making a safeguarding referral and subsequent action

7.1 If an HMIP staff member finds a safeguarding concern, they should immediately record the basic information and contact the inspection team leader or coordinator. It is important that the number of times adults at risk are interviewed is kept to a minimum; the HMIP staff member should only ascertain the basic information required at this

stage. The inspection team member, leader or coordinator should ensure the immediate safety of the adult at risk and explain that a safeguarding referral will be made. If the situation is critical staff should follow standard emergency procedures.

7.2 The inspection team member, leader and coordinator will agree who will contact the relevant senior manager, Adult Safeguarding Team or governor of the establishment to explain that there is a safeguarding concern, and to ask them immediately to follow their own Safeguarding Policy and Protocol.

7.3 The HMIP staff member will give the Adult Safeguarding Team or the governor as much detail as possible so that immediate protection can be assured. If the allegation is against a member of staff, the governor must be given this information to allow them to take appropriate action. If a full investigation is likely, an in-depth interview should not be carried out with the adult at risk at this stage.

7.4 The establishment's Adult Safeguarding Team or governor will agree what action should be taken. HMIP should ask to be informed of the outcome of any actions or investigations.

7.5 As soon as possible afterwards, the HMIP team member, leader or coordinator should record the referral and response received from the establishment in the Safeguarding Referrals tab of the inspection's evidence gathering template (EGT). The inspection team leader or coordinator must ensure that all information, referrals, discussions and outcomes are recorded as quickly as possible.

7.6 HMIP staff members who raise concerns with the establishment must be satisfied that the establishment is managing the safeguarding concern effectively using its own protocols, within appropriate timescales. They should make sure appropriate and timely action has been taken to protect and support the adult at risk, both in the short-term and subsequently. If the adult at risk is moved to another establishment, they should have a transferable care plan which ensures they remain safeguarded. If the alleged perpetrator is themselves an adult at risk, the inspection team should ensure they are also receiving the appropriate support and guidance. If the alleged perpetrator is a member of staff, the HMIP staff member and team leader should satisfy themselves that appropriate action is being taken by the establishment.

7.7 If, after discussions, it remains the view of the inspection team leader or coordinator that the safeguarding concern is not being properly followed up by the establishment and its Adult Safeguarding Team, the matter must be immediately referred to the HMIP Designated Safeguarding Lead. They will discuss the concern with the establishment and, if they remain dissatisfied with the establishment's response, will make a referral to the Local Adult Social Care Department. Local Adult Social

Care Departments are not responsible for adults in custody, but can provide advice to establishments on safeguarding in prisons.

7.8 HMIP must keep a full record of the referral and response from the establishment in the safeguarding referrals tab of the EGT. The inspection team leader will be responsible for ensuring this is complete, and a response has been received from the establishment outlining actions taken before the inspection concludes. They should review the list of referrals recorded on the final day of the inspection and make sure that all necessary responses have been received.

7.9 At the end of the inspection, the inspection coordinator should send a copy of the safeguarding referrals tab to the HMIP safeguarding inbox. The HMIP Designated Safeguarding Lead, assisted by the Policy and Secretariat Officers with responsibility for safeguarding support, will maintain a central log of all safeguarding referrals made to establishments and the responses received.

8. Allegations made in surveys

8.1 A member of the Research team must read all survey responses on the day they are collected, before leaving the establishment.

8.2 If a detainee has made an allegation of abuse or neglect in a survey which relates to a current or an immediate matter, the Research team member must make a note of the person's name, prison number and location, and copy down the comment.

8.3 The Research team will compile a list of all safeguarding concerns received, which will be passed to the coordinating inspector. They will pass on the information to a member of establishment staff that day and follow the process outlined in section 7 above. The coordinating inspector should record concerns and responses received in the safeguarding referrals tab on the EGT.

9. Allegations made via correspondence

9.1 All correspondence received by HMIP is reviewed by the Secretariat team on the day of receipt to establish whether it raises any safeguarding concerns.

9.2 If a safeguarding concern about a detainee is identified in the correspondence, Secretariat staff should contact the establishment's safer custody team via telephone or email in the first instance, and ensure a response is received. This should be recorded and shared with the HMIP safeguarding inbox so that the referral and response received can be logged. The correspondent will also receive a formal response to their letter from the Chief Inspector, which will outline the steps HMIP

has taken and the assurance that HMIP has received from the establishment.

9.3 If the safeguarding concerns involve an allegation against a member of the establishment's staff, the governor must be provided with this information so they can take appropriate action.

10. Safeguarding concerns about an HMIP member of staff

10.1 An allegation or concern might arise regarding the actions or behaviour of a member of HMIP staff and cause concern about the safety and well-being of adults at risk. This could emerge in several ways, for example an allegation from a person who is either detained or in the community; complaints made via an inspection; or whistleblowing or grievance from a colleague.

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

10.3 Any concerns about the behaviour or actions of a member of HMIP staff must be made immediately to HMIP's Designated Safeguarding Lead unless this person is the subject of the concern, in which case Deputy Chief Inspector must be advised. If no senior manager is available, then the Designated Deputy Safeguarding Lead and HMIP's Head of Human Resources must be notified.

10.4 The Designated Safeguarding Lead must consider if there is a person at risk of harm (either in a setting in which HMIP is working or in the community, for example at the home of the staff member). If this is thought to be the case, the Designated Safeguarding Lead must contact the local authority Adult Services Department immediately and make and implement plans to notify the setting if applicable. They must also update HMIP's Head of Human Resources, Head of Secretariat and Deputy Chief Inspector.

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

- a police investigation
- a local authority safeguarding enquiry
- an HMIP disciplinary enquiry.

10.6 If referred to the local authority, the local authority particular officer/team of officers will be involved from the initial phase of the allegation through to the conclusion of the case. They will provide advice and guidance to

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

11. Safeguarding concerns about a partner inspectorate's staff

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

11.2 Any concerns about the behaviour or actions of a member of staff from a partner inspectorate must be made immediately to HMIP's Designated Safeguarding Lead. If the Designated Safeguarding Lead is not available, HMIP's Head of Human Resources must be notified.

11.3 The HMIP Designated Safeguarding Lead must refer to the Designated Safeguarding Lead or other senior manager of the relevant inspectorate. This discussion must share all relevant information that is known regarding the concern. The Designated Safeguarding Lead or senior manager of the partner inspectorate will be responsible for addressing the matter within their own setting.

11.4 If the HMIP Designated Safeguarding Lead is concerned that the safeguarding response from the partner inspectorate is insufficient, ineffective or inappropriate, every effort must be made to continue further dialogue with the partner inspectorate to clarify and implement alternative measures. Ultimately, if HMIP remains dissatisfied with the partner's response, it can refer the matter to the local authority, either for advice or for their further assessment/action.

12. Safeguarding concerns not related to a specific establishment or setting

12.1 HMIP staff may become aware of or identify safeguarding concerns which may not be occurring in – or relate to – an establishment it inspects (for example allegations relating to a family member). In this instance, the HMIP member of staff should alert the HMIP Designated Safeguarding Lead, who will make a referral to the local authority.

13. Recording concerns

13.1 HMIP staff making a safeguarding referral to an establishment or to the local authority must ensure their referral and the response received is properly recorded. The HMIP Designated Safeguarding Lead, assisted by the Policy and Secretariat Officers with responsibility for safeguarding, will maintain a central HMIP safeguarding tracker for this purpose.

13.2 The Policy and Secretariat Officers will monitor and manage the HMIP safeguarding inbox and safeguarding tracker on a day-to-day basis.

13.3 While on inspection, HMIP staff should immediately record any safeguarding referrals and responses received from the establishment in the safeguarding referrals tab of the EGT (as outlined in section 7 above). The coordinating inspector should send a copy of the information to the HMIP safeguarding inbox at the end of the inspection so that it can be logged on the central HMIP safeguarding tracker.

13.4 When responding to concerns raised in correspondence or via telephone, HMIP staff should send an email to the safeguarding inbox recording the concern and the action taken. This will be logged in the HMIP safeguarding tracker.

13.5 Records should be clear, concise and accurate and should avoid jargon (any acronyms must be explained). Records must be up to date and written as soon after the event as possible.

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

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

- State the details of the alert/concern, including the nature of any injury/abuse, and information about who, how, when and where. As far as possible, they should record verbatim what people have said.

- Give the times and dates of the event being described and of the recording of the information. Safeguarding reports must be written within 24 hours of the concern coming to the attention of the HMIP member of staff.

- Provide detainee views (if known). The record must state whether the HMIP staff member has sought consent to make the referral, and share any responses given by the detainee or carers.

- Be dated and signed. If additional information is recalled at a later stage, do not change the original records but make additional notes.

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

13.8 The Policy and Secretariat Officers with responsibility for safeguarding will monitor the HMIP safeguarding tracker and will identify if HMIP is still waiting for a further response or information from establishments (for example, the outcome of any investigation). If so, they will liaise with the Designated Safeguarding Lead and relevant HMIP staff to follow up with the establishment.

14. Who to contact

HMIP Designated Safeguarding Lead:

Angus Jones
Angus.Jones@HMIPrisons.gov.uk
07813122038

Email address:

All safeguarding correspondence should be copied to the HMIP Safeguarding inbox:

HMIP_Safeguarding@hmiprisons.gov.uk

ANNEX A: Summary Flowchart