effective practice

Where we see our standards delivered well, in practice.

HM Inspectorate of Probation

AN HM INSPECTORATE OF PROBATION **EFFECTIVE PRACTICE GUIDE**

Effective practice guide:
Safeguarding adults on probation

Based on: Safeguarding adults at risk of harm supervised by the Probation Service in England: a thematic inspection

November 2025

Acknowledgements

This effective practice guide is based on information sourced while undertaking *Safeguarding adults at risk of harm supervised the Probation Service in England: a thematic inspection* and work arising from key lines of enquiry. The inspection was led by HM inspector David Miners, supported by a team of inspectors and operations, research, communications, and corporate staff. User Voice, a charity led by ex-offenders, interviewed people on probation who had experience of being supervised by the Probation Service. The manager responsible for this inspection programme is Helen Davies.

In collaboration with Helen Amor, effective practice lead, David Miners has drawn out examples of effective practice (where we see our standards delivered well in practice) across organisational delivery and case supervision. These are presented in this guide, to support the continuous development of practitioners, managers, senior leaders and partner agencies.

We would like to thank all those who participated in any way in this inspection, and especially those who have contributed to this guide. Without their help and cooperation, the inspection and effective practice guide would not have been possible.

Please note that, throughout the report, the names in the practice examples have been changed, to protect the individual's identity.

ISBN: 978-1-917531-05-4

This publication is available for download at:

www.justiceinspectorates.gov.uk/hmiprobation

Published by:

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The guide is aimed at a range of audiences; it is intended to support practitioners, middle managers, and strategic leaders to reflect on their own experiences and consider how they may apply the salient learning points in their own contexts. Therefore, please use the contents page to navigate directly to the sections pertinent to you.

Introduction

About this guide

His Majesty's Inspectorate of Probation has a duty to identify and disseminate effective practice.[1]

We assure the quality of youth justice and probation provision and test its effectiveness. Critically, we make recommendations designed to highlight and disseminate best practice, challenge poor performance and encourage providers to improve.

Set against our inspection standards, this guide highlights areas of effective probation practice in relation to the risks faced by people on probation. It is designed to help commissioners, providers, senior leaders, middle managers and practitioners improve this area of their work with people on probation.

I am grateful to all the areas that participated in this review, and for their additional help in producing this guide. We publish these guides to complement our reports and the standards against which we inspect youth justice services and probation.

I hope this guide will be of interest to everyone working in Probation Service and seeking to improve their practice. We welcome feedback on this and our other guides, to ensure that they are as useful as possible to future readers.

Martin Jones

Martin Jones CBE
HM Chief Inspector of Probation

Contact us

We would love to hear what you think of this guide. Please send your comments and feedback on this guide, including its impact and any suggested improvements, to Helen.amor@hmiprobation.gov.uk

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[1] **For adult services** – Section 7 of the *Criminal Justice and Court Services Act 2000*, as amended by the *Offender Management Act 2007*, section 12(3)(a). **For youth services** – inspection and reporting on youth offending teams is established under section 39 of the *Crime and Disorder Act 1998*.

Definitions

- The term **adults at risk of harm** is preferred over *vulnerable adults*, reflecting a shift in focus from personal characteristics to situational factors. The *Care Act 2014* highlights that abuse and neglect are often linked to the circumstances individuals find themselves in, rather than inherent traits. Labelling people as 'vulnerable' can be disempowering and may undermine their autonomy. Instead, safeguarding practice recognises that risk arises from a combination of need, context, and exposure to harm.
- **Adult safeguarding** refers to the process of protecting an adult's right to live safely, free from abuse and neglect. It involves both proactive and responsive measures to prevent harm and promote wellbeing. Safeguarding is particularly relevant for individuals who, due to their care and support needs, may be unable to protect themselves from the risk or experience of abuse or neglect.

Legislation

Care Act 2014

Under the *Care Act 2014*, safeguarding duties apply to an adult who:

- has needs for care and support (regardless of whether those needs are being met by the local authority)
- is experiencing, or is at risk of, abuse or neglect
- is unable to protect themselves from the risk or experience of abuse or neglect due to their care and support needs.

The *Care Act 2014* highlights that safeguarding is a shared responsibility across local authorities and partner agencies. The aims of cooperation include:

- promoting the wellbeing of adults with care and support needs, and their carers
- improving the quality of care and support for adults and support for carers
- supporting the transition from children's services to adult services
- protecting adults at risk of abuse or neglect
- learning from serious cases to improve future safeguarding practice.

The concept of **wellbeing** is central to the *Care Act 2014*. All agencies and practitioners have a duty to promote wellbeing when discharging their responsibilities under the Act.

In the context of safeguarding, promoting wellbeing means supporting individuals to live life to the fullest, not just preventing abuse, neglect, or harm.

Wellbeing may relate to any of the following aspects:

- **personal dignity**, including respectful treatment
- **physical and mental health**, and emotional wellbeing

- **protection from abuse and neglect**
- **autonomy**, including control over day-to-day life and the care and support received
- **participation** in work, education, training, and recreation
- **domestic, family, and personal relationships**
- **contribution to society**
- **securing rights and entitlements**
- **social and economic wellbeing**
- **suitability of living accommodation**.

Background

Safeguarding vulnerable adults is a statutory responsibility under the *Care Act 2014*. This legislative framework underpins adult social care (ASC) and safeguarding arrangements, including the establishment of Safeguarding Adults Boards (SABs) in England.

Each local authority area has a SAB (or a shared board across smaller authorities), which functions as a multi-agency partnership responsible for leading strategic and operational safeguarding work. While SABs were formally established under the *Care Act 2014*, their origins trace back to the No Secrets guidance issued by the Department of Health and the Home Office in 2000. Statutory duties for cooperation and information-sharing apply to local authorities, the NHS, and the police, with the Probation Service recognised as an invited partner.

Although local authorities lead on adult safeguarding, effective protection depends on collaborative working across health, social care, housing, police, prisons, probation, and other services. The Probation Service has a duty to ensure that individuals under supervision who are identified as at risk receive timely and appropriate safeguarding interventions. Although not a statutory duty, this is a core component of ethical and effective probation practice.

Individuals under probation supervision often face complex and compounding vulnerabilities, including:

- **mental health issues**
- **substance misuse**
- **homelessness**
- **exposure to violence and exploitation**
- **histories of adverse childhood experiences (ACEs).**

These factors significantly heighten the risk of harm, including self-inflicted death, neglect, and abuse. Evidence shows that:

- People on probation are **six times more likely to die by suicide** than the general population.
- **32 per cent** of people on probation have attempted suicide at some point.

- In 2023/2024, there were **1,404 deaths** among offenders in the community, with:
    - **28 per cent confirmed as self-inflicted**
    - **four per cent due to homicide.**
- **Drug-related deaths** remain a significant and growing concern, particularly among individuals with co-occurring mental health and substance misuse issues.

The figures highlight the critical importance of safeguarding awareness, training, and action within probation practice. Practitioners are often in a unique position to identify early warning signs, initiate safeguarding enquiries, and coordinate multi-agency responses. Failure to recognise or act on safeguarding concerns can have devastating consequences, not only for the individuals affected but also for public confidence in the Probation Service.

Safeguarding is not separate from public protection but is integral to it. Risks to and from the individual are closely linked and must be managed together. Issues such as accommodation, mental health and substance misuse are not only connected to the risk of serious harm posed by the individual, but also directly affect the risks they themselves face. Embedding safeguarding into everyday practice is essential to promoting safety, dignity, and wellbeing for some of the most vulnerable individuals in our communities.

Our standards: what we looked for and our expectations

The examples in this guide are drawn from evidence of effective practice identified while undertaking fieldwork for the thematic inspection.

We define effective practice as:

"where we see our standards delivered well in practice, with our standards being based on established models and frameworks, which are grounded in evidence, learning and experience".

During our inspection, we identified effective practice against our standards listed below:

- leadership supported, promoted and enabled effective adult safeguarding practice for people supervised by the Probation Service.
- there were effective adult safeguarding arrangements to keep people safe
- practitioners met the adult safeguarding needs of people on probation
- arrangements with statutory partners and other agencies were established, maintained and were used effectively to respond to adult safeguarding concerns.

You can read our inspection report here.

Reflection questions

Thinking about your practice as a leader and/or practitioner managing the risks to people on probation:

From a strategic perspective:

- How well does your area's work align with safeguarding standards, particularly in managing risks faced by people on probation? What could be improved?
- How well do you understand the safeguarding risks and needs of people on probation in your area?
- What is your area's approach to sharing safeguarding information with other organisations, and how does this support better practice?

From an operational perspective:

- What practice is effective and ineffective in managing the risks to people on probation?
- Do training and development programmes equip staff to assess and identify the risks and needs of people on probation?

Learning from the people on probation:

We commissioned User Voice, a charity run by people who have been in prison and on probation, to gather the views of people on probation. This ensured the research was peer-led at every stage.

User Voice gathered the views of 268 people on probation to understand their experiences. We are grateful for their insights and have used their feedback to inform the findings of the thematic inspection.

The overall objective of the consultation was to better understand the experience of adults at risk of harm on probation and whether their needs are met, especially in relation to safeguarding. To do this, User Voice sought to:

- understand what support adults at risk of harm have or haven't had on probation
- better gauge their understanding of their time on probation
- better understand the quality of their relationship with their probation practitioner
- understand any specific positive or challenging aspects of their probation experience.

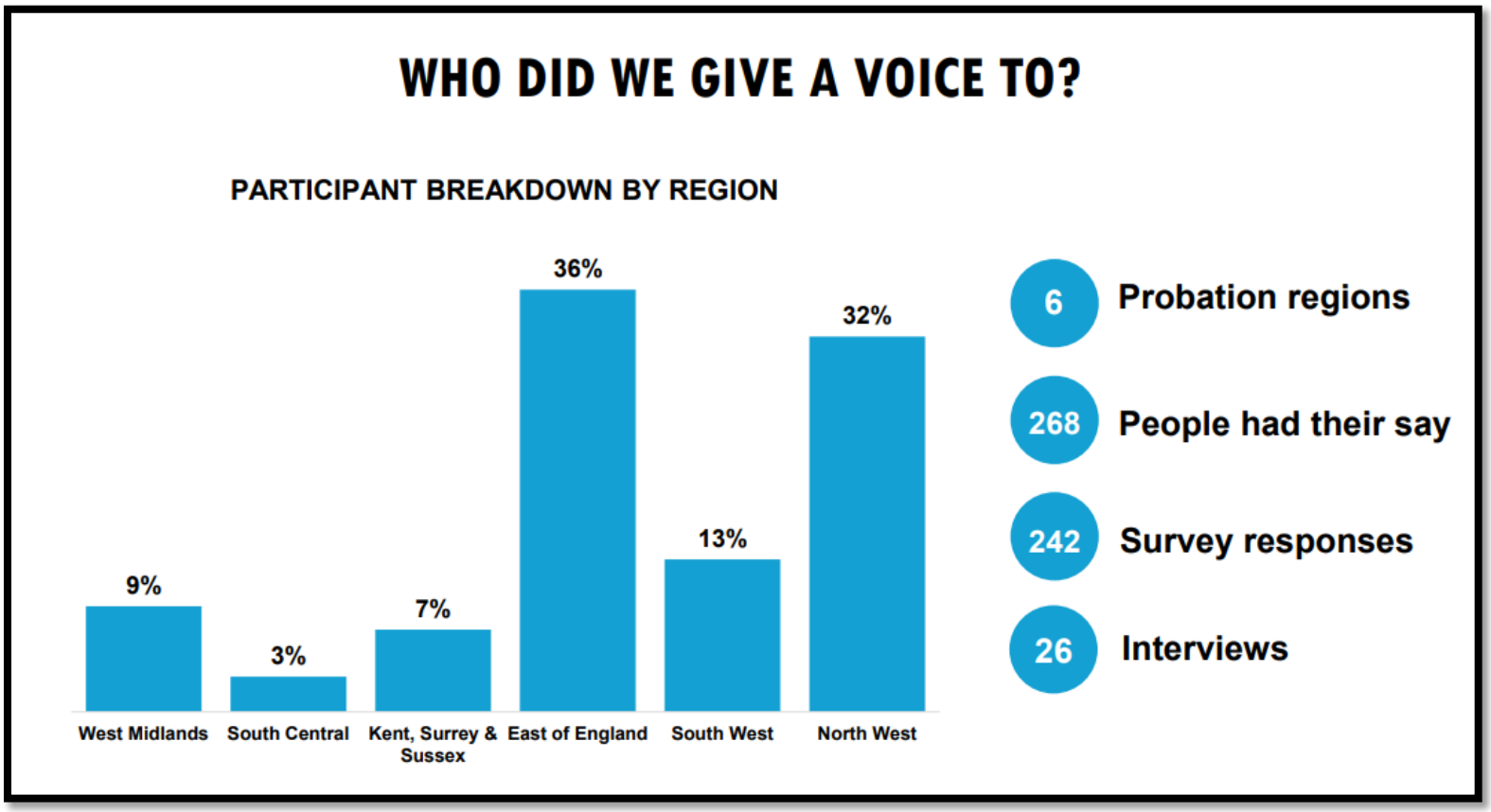


Figure 1. – User Voice participant breakdown data

The consultation identified the following areas as effective practice:

Understanding and responding to vulnerability

- **76 per cent of the people on probation surveyed and 69 per cent of those interviewed** considered themselves vulnerable; probation recognised all as such.
- Vulnerabilities included neurodivergence, mental health, disability, post-traumatic stress disorder, domestic abuse, and substance misuse.
- **65 per cent of people on probation surveyed and 77 per cent of those interviewed** linked their offence to their vulnerability, highlighting the need for trauma-informed approaches.

Induction and release planning

- **Two in three participants** said probation took time to understand their vulnerabilities during induction.
- **Half** of those released from prison had a release plan and met their practitioner beforehand. Those who did reported better outcomes.

"The probation officer spoke to me in prison. She is a very nice person. Her voice and her kindness, all the staff are so nice. I've had a very good experience with all of them. My release plan did consider my vulnerabilities. I was struggling a little bit, but I'm happy to be free around my family and children."

"Yes, they let my support worker [Name] come to the meeting and wrote down everything that I needed, like all the letters to be in pink and not to have a man in the room. I also asked for a bigger room to have the meeting, so I didn't feel trapped in there."

Relationships and communication

- **75 per cent of the people on probation surveyed and 85 per cent of those interviewed** said they had a good relationship with their practitioner, built on listening, understanding, and trust.
- **62 per cent of people who responded to the survey** felt comfortable discussing vulnerabilities.
- Clear communication and consistent handovers were key to safeguarding and continuity of care.

"… [PP] is in contact with other support groups that I'm involved in, so they're all linked as one. I see Turning Point and the local mental health team, and they give her reports as well. Everyone being on the same page helps, then you know there are people out there who care about you."

"I find that the whole experience has been very helpful, and I always find myself feeling happier and as if a weight has been lifted from my shoulders after I've been to my probation appointment."

Participants who took part in the research suggested the following solutions aimed at improving services:

- offer remote appointments and travel support where needed

- tailor appointments and sentence conditions to individual vulnerabilities
- communicate expectations clearly, send reminders and avoid last-minute changes
- ask if individuals feel safe attending probation; adapt arrangements to help people feel safer
- no vulnerable adult should be released from prison into homelessness
- increase housing support for people with life sentences
- employ more staff with lived experience and diverse backgrounds; expand peer support groups
- ensure care plans are in place for vulnerable adults finishing probation.

Reflection questions

Reflecting on this section:

- How does your engagement with people on probation incorporate the exploration and understanding of the safeguarding risks they experience?
- How are the User Voice findings relevant to your approach and practice?
- What could you do differently to strengthen your approach?

This report from User Voice explains its methodology and findings in full.

Organisational delivery

Our thematic inspection highlighted a Probation Service that was strategically committed to safeguarding adults at risk but grappling with the challenge of embedding this commitment into consistent, high-quality frontline delivery. While national frameworks and policies set clear expectations for regional leadership and operational accountability, their implementation across probation regions remained uneven.

Effective safeguarding requires more than structural compliance; it demands a coherent, joined-up approach where safeguarding, health, and wellbeing are fully integrated into everyday practice. This inspection identified a range of organisational enablers that supported this aim, such as strong leadership roles, integrated health pathways, and co-located services. It also revealed persistent barriers, including inconsistent access to ASC, limited use of safeguarding referrals, and uneven implementation of national policy.

Research by HM Inspectorate of Probation (2024) introduced the '12Cs' Collective Safeguarding Responsibility Model, which set out key components of effective collective safeguarding in probation. The model emphasised the importance of culture, collaboration, communication, and clarity of roles in embedding safeguarding as a shared responsibility across agencies. This framework could support probation leaders and practitioners in reflecting on, and strengthening, their own safeguarding arrangements.

For further detail, you can access our Academic Insights paper: The '12Cs' Collective Safeguarding Responsibility Model

In this section, we highlight examples observed during inspection where probation leaders and practitioners were successfully navigating these challenges and embedding safeguarding into everyday practice. These examples demonstrate how strategic ambition can be realised through thoughtful, responsive, and collaborative delivery.

Leadership and governance

Strong leadership and clear governance structures are essential to embedding safeguarding into probation practice. Our thematic inspection found that where regional and local leaders were visible, engaged, and proactive, safeguarding was more likely to be prioritised and integrated into operational delivery.

Below are examples of how leadership at all levels, national, regional, and PDU, can drive cultural change, ensure accountability, and support practitioners in managing the complex risks faced by people on probation.

Example of effectiveness: Health-informed safeguarding, National

An emerging model of effective safeguarding practice recognises the critical link between health inequalities and vulnerability among adults on probation. Drawing on insights from the Core20PLUS5 Probation Survey[2] and the recent findings from the Chief Medical Officer for England's review report, *The health of people in prison, on probation, and in the secure NHS estate in England,* probation services have begun to embed evidence-based health-informed approaches that directly support safeguarding outcomes.

Click here for a graphic explaining the key clinical areas of health inequalities targeted by the Core20PLUS5 approach, which include maternity care, severe mental illness, and chronic respiratory disease. The graphic also contains background information on the targeted population.

In partnership with NHS Integrated Care Boards and local authority public health teams, probation services are piloting general practitioner (GP) registration on probation sites, and improving access to primary care for individuals who often face barriers due to homelessness, stigma, or lack of documentation.

Data analysis in the West Mercia Data Linkage project[3] (showcased as a practice example in the Chief Medical Officer's report) revealed that people on probation have high rates of attendance at accident and emergency (A&E) departments, chronic health conditions, and residence in areas of deprivation. Health and justice partnership leads bridged probation and health care systems, while peer-led health education campaigns helped reduce stigma and promote engagement.

[2] Core20PLUS5 is a national NHS England approach to tackling health inequalities by targeting the most deprived 20 per cent of the population and five key clinical areas (NHS England, 2021).
[3] West Mercia Data Linkage project – a collaborative analysis of A&E attendances and non-elective admissions among people on probation in Herefordshire and Worcestershire (April 2022 to March 2025), involving local NHS bodies, Public Health, and Probation Services.

This approach demonstrated how safeguarding can be strengthened by embedding access to health care, continuity of care, and lived experience into probation practice. By addressing health needs proactively, services not only reduce risk and support rehabilitation but also contribute to safer, healthier communities.

Example of effectiveness: Use of the Regional Outcomes Innovation Fund (ROIF), Kent, Surrey and Sussex

As an early adopter of the expanded £50,000 ROIF allocation, the Kent, Surrey and Sussex (KSS) region has commissioned a range of targeted services designed to plug gaps in provision and support safeguarding priorities. These initiatives addressed unmet needs among people on probation, particularly those not covered by commissioned rehabilitative services (CRS).

Examples included:

- A **telephone-based counselling service** was funded through Surrey Drug and Alcohol Care,[4] offering accessible support for individuals with substance misuse issues.
- In Suffolk, a newly **commissioned release pathway** provided tailored support for vulnerable individuals transitioning from custody into the community, helping to reduce isolation and risk.
- In Maidstone specifically, ROIF enabled the development of **mentoring programmes for Black, Asian and minority ethnic individuals**, delivered by mentors with lived experience. These programmes focused on building trust, addressing trauma, and supporting desistance for individuals with histories of violent offending.
- While ROIF cannot be used to fund accommodation directly, it has been used to commission **wrap-around support services** for those with housing needs, ensuring individuals receive practical and emotional support alongside their probation supervision.

Additional initiatives include the provision of **neurodiversity resources**, such as fidget tools and staff handbooks, to improve engagement and accessibility for neurodiverse individuals.

One of the most impactful ROIF-funded projects was being delivered across Chatham, Brighton, Staines, Guildford, and Crawley. This initiative was led by male and female mentors with lived experience, and focused particularly on supporting individuals under 30 with a history of violent and gang-related offending.

The project is designed to build trust, foster positive identity change, and reduce reoffending through trauma-informed, culturally responsive mentoring. It exemplifies the

[4] Surrey Drug and Alcohol Care is a registered charity offering 24/7 helpline support, telephone counselling, and referrals for individuals affected by drug, alcohol, or mental health issues in Surrey (Surrey Drug and Alcohol Care – Drug and Alcohol Support).

region's commitment to person-centred delivery, local collaboration with heads of PDUs, and a data-led approach to commissioning and evaluation.

These projects reflect how ROIF can be strategically deployed to enhance safeguarding and rehabilitation outcomes, while promoting innovation, inclusion, and responsiveness to local needs.

Click here for a summary of ROIF funded projects.

Example of effectiveness: Strategic probation engagement in Safeguarding Adult Boards (SABs), Liverpool

Liverpool North PDU demonstrated a proactive and embedded approach to adult safeguarding, driven by strategic leadership, data-informed practice, and strong multi-agency collaboration.

The PDU head in Liverpool South was the strategic lead for safeguarding across the region, and maintained a consistent and influential presence on the Liverpool SAB. This ensured probation was not only represented but actively shaping safeguarding strategy and delivery.

Key contributions included:

- regular engagement with SAB meetings
- input into safeguarding dashboards and referral analysis
- oversight of multi-agency risk management meetings (MARMMs)[5] to improve the quality and consistency of referrals.

Data-informed practice

The SAB identified that agencies, including probation, were not consistently monitoring referrals to ASC. In response, a referral dashboard was introduced. Initially, probation referrals were low, averaging one or two per month. Probation managers worked with ASC colleagues to promote the referral pathway more actively within PDUs. This resulted in a significant increase, with nine referrals recorded during the inspection month.

This initiative strengthened reflective practice, improved understanding of Section 42 thresholds under the *Care Act 2014*, and enhanced feedback loops between operational and strategic leads.

Multi-agency collaboration

Liverpool North PDU was actively engaged in a range of strategic boards that supported safeguarding and community safety:

- The Liverpool city safe board – Oversaw adult safeguarding across the city through strategic planning and cross-sector collaboration.

[5] A MARMM is convened when an adult is at high risk of harm but does not meet the statutory safeguarding threshold under Section 42 of the *Care Act 2014*. It brings together relevant agencies to coordinate a response where traditional safeguarding procedures may be insufficient. MARMMs are overseen by SABs and aim to ensure that complex cases receive a joined-up, multi-agency approach to risk management.

- Combating drugs partnership board – Supported local delivery of the national drugs strategy. Probation contributed to redesigning the service, improving access and reducing drug-related deaths (from 50 in 2023/2024 to 28 in 2024/2025), supported by naloxone training.
- Organised Crime Group board– Coordinated disruption activity and safeguarding responses for individuals linked to serious and organised crime.
- Multi-Agency Public Protection Arrangements (MAPPA) Strategic Management Board – Oversaw public protection arrangements for high-risk individuals, ensuring safeguarding was embedded in multi-agency risk management.

Operational integration

Each PDU had a designated senior probation officer (SPO) lead for key safeguarding strands, including adult safeguarding, multi-agency risk assessment conferences, and the multi-agency safeguarding hub. These SPOs acted as practice champions, supporting frontline staff with referrals, threshold decisions, and multi-agency coordination.

This example highlights how sustained strategic engagement, data-informed practice, and operational leadership can embed safeguarding into probation delivery. Through active participation in the SAB and wider partnership boards, Liverpool's probation leaders have strengthened referral pathways, improved multi-agency coordination, and ensured that safeguarding is treated as a shared responsibility across systems.

Example of effectiveness: MAPPA chair development, Basingstoke

In Basingstoke, safeguarding practice in the probation service was strengthened through targeted guidance for MAPPA chairs and a focus on vulnerabilities that extended beyond traditional safeguarding definitions. This included individuals at risk due to gang involvement, exploitation, remand status, and short custodial sentences.

While formal training from ASC remained an outstanding objective in the local business plan, there was a clear commitment to deliver this. In the interim, a Q&A guide was developed and shared with MAPPA chairs to support their understanding of safeguarding responsibilities and decision-making. This resource helped the chairs to navigate complex cases and apply safeguarding principles consistently.

Learning from serious case reviews (SCRs) was captured and disseminated through MAPPA chair forums, where safeguarding insights were regularly shared. Each SCR was summarised in a bespoke PowerPoint presentation, created and uploaded to a SharePoint site for easy access. On taking up the role, the lead officer also developed retrospective PowerPoints for recent SCRs that occurred before they were appointed. These were shared via Hampshire North and East PDU leadership meetings and cascaded to teams. This ensured that learning, such as risks linked to gang involvement and exploitation, was embedded across the service.

A key cultural shift was the instilling of equality, diversity and inclusion as a standing item at the outset of MAPPA meetings. This ensured that discussions were grounded in fairness and inclusivity from the beginning, helping chairs to lead more nuanced and person-centred meetings.

Several enablers supported the integration of this approach:

- **The local business plan prioritised safeguarding vulnerabilities**, particularly for remand prisoners, a group often overlooked due to short custodial stays and limited planning time. Learning from the Marta Vento: Prevention of Future Deaths Report was incorporated into the MAPPA Strategic Management Board's objectives, including a commitment to develop a strategy to address gaps in safeguarding and risk management for remanded individuals who may require MAPPA oversight. Work was underway to improve continuity of care through better use of national data and stronger engagement with health services.
- A **SharePoint site** was developed to summarise learning and resources in an accessible format, supporting consistent understanding across agencies and embedding safeguarding into everyday practice.
- **The inclusion of equality, diversity and inclusion principles** at the start of MAPPA meetings helped to ensure that vulnerability and identity were considered as integral to risk and public protection.

Partnerships with ASC deepened as a result. MAPPA chairs became more confident in identifying when a Section 42[6] safeguarding enquiry was appropriate and how this could run alongside a Section 9[7] care assessment. This dual-track approach ensured that safeguarding concerns did not delay or disrupt the assessment of care needs, and vice versa. The guidance also clarified responsibilities for assessments in prison settings and during transitions from children to adult services, helping to avoid gaps in support.

Attendance data showed strong engagement from all duty-to-cooperate adult services,[8] with 94 per cent attendance at MAPPA meetings across the year (2024/2025). This reflected a shared commitment to safeguarding and a culture of collaboration.

What was particularly effective was the shared understanding across agencies that vulnerability was not separate from public protection, but integral to it. Whether someone is at risk of exploitation, homelessness, or deterioration in their mental health, these factors directly influence their ability to cause harm or be harmed. This recognition helped agencies move away from siloed thinking and toward a more joined-up approach.

This example illustrated how shared learning, and strategic planning could enhance safeguarding for some of the most vulnerable individuals in the criminal justice system.

[6] Section 42, *Care Act 2014*: Requires local authorities to make enquiries if an adult with care and support needs is at risk of abuse or neglect and unable to protect themselves.
[7] Section 9, *Care Act 2014*: Requires local authorities to assess anyone who appears to have care and support needs, focusing on their wellbeing and desired outcomes, and involving them in the process.
[8] Under the *Criminal Justice Act 2003*, agencies such as adult social care, health services, housing, and others have a statutory duty to cooperate with the MAPPA responsible authority (police, probation, and prisons) to manage the risks posed by serious sexual and violent offenders in the community.

Partnerships and services

Example of effectiveness: Complex Lives Multi-Disciplinary Team panels, Liverpool North PDU

The Complex Lives Multi-Disciplinary Team (CLMDT) panels were multi-agency forums designed to support individuals who face multiple, intersecting vulnerabilities, often referred to as having 'complex lives'. The initiative was led by the local authority, with strong involvement from Mersey Care NHS Foundation Trust, which chaired the CLMDT. This structure ensured timely crisis management, a shared understanding of risk, including the risk of serious harm to others and to the individual, and recognition of the realities faced by probation practitioners.

The CLMDT panel met regularly to discuss cases until resolution, supported by a simple referral process and open access to the chair for pre-referral discussions. Professional membership included probation, substance misuse, mental health, housing, and health services, with additional linkage to safer custody teams to ensure continuity of care for individuals transitioning from custody to community. In Liverpool North PDU, this approach was used to support individuals with complex needs, particularly those experiencing street-based living, mental health challenges, and substance misuse.

Overall, the approach reduced isolation for practitioners managing high-risk, high-need individuals, improved coordination and continuity of care across agencies and strengthened safeguarding through alternative pathways and shared accountability.

The following case illustrates how the CLMDT panel supported an individual with multiple, intersecting vulnerabilities. It demonstrates the value of sustained, multi-agency coordination in managing risk, improving continuity of care, and safeguarding individuals with complex needs.

Case illustration

David, a 40-year-old male, received a suspended sentence order following a conviction for burglary. Before his court appearance, he was the victim of a serious violent incident in which he was shot twice, resulting in life-changing injuries.

Despite police concerns for his safety, David minimised the risk associated with the attack and declined to share details with his probation practitioner (PP), limiting safeguarding opportunities. The practitioner proceeded with the case with a focus on keeping David safe.

Risk assessment:

- *David's main risk of serious harm factors included alcohol and drug misuse, which were closely linked to his physical and mental health.*
- *There were also concerns about retaliatory behaviour related to the shooting.*

A multi-agency approach:

- *A multi-agency response was quickly established, involving probation, substance misuse, mental health, and health services, to assess and manage the risk to David.*
- *David was referred to the CLMDT panel, which provided a regular forum for agencies to share information, monitor progress, and coordinate safeguarding.*
- *His wellbeing, engagement, and safety were consistently reviewed through the panel.*
- *The CLMDT panel tracked his whereabouts, responded swiftly to disengagement, and facilitated access to housing and GP-led mental health support.*
- *David was subject to a Drug Rehabilitation Requirement (DRR), Alcohol Abstinence Monitoring Requirement (AAMR), and referred to CRS Personal Wellbeing Services and his GP.*
- *All interventions were supported and monitored through the CLMDT panel, providing the wrap-around oversight needed to safeguard him effectively.*

Continuity of care:

- *David was twice referred to the CLMDT, and the panel played a critical role in maintaining continuity of care.*
- *When his wellbeing declined, the practitioner proactively re-referred him ahead of the Probation Reset phase.*
- *David continued to receive support even after formal probation contact was suspended.*

Outcome: The CLMDT panel played a vital role in safeguarding David by enabling timely, coordinated interventions and maintaining oversight during periods of disengagement. The practitioner's proactive re-referral ahead of Probation Reset ensured continuity of care, demonstrating effective risk management. David's case illustrated how the CLMDT approach supported individuals with multiple vulnerabilities through sustained, multi-agency collaboration.

Engagement strategies

Engaging people on probation through safeguarding initiatives is central to effective practice. Research highlights that the quality of supervision is closely linked to positive outcomes, particularly when practitioners adopt a relational, trauma-informed approach that recognises individuals' health and wellbeing needs (HM Inspectorate of Probation, 2023).

Safeguarding is not a standalone process but is embedded in everyday interactions, assessments, and service design. When probation services work collaboratively with health partners, co-locate support, and create psychologically safe environments, they foster trust, reduce barriers to access, and empower people on probation to take an active role in their rehabilitation.

You can read more about the power of engagement in our research and analysis bulletin: The links between the quality of supervision and positive outcomes for people on probation – HM Inspectorate of Probation

Below are examples from our thematic inspection of practical strategies for engaging people on probation, which showcase how safeguarding and health-led engagement strategies were being used to promote safety, inclusion, and long-term change.

Example of effectiveness: Enhancing health pathways, Liverpool North

In Liverpool North PDU, health and justice coordinators adopted a proactive, evidence-informed approach to improving health outcomes for people on probation. This work was underpinned by a health needs analysis based on a survey of 150 individuals, which informed the development of bespoke health pathways tailored to both men and women.

Women's health pathway

A key success was the collaboration with Mersey Care[9] NHS Foundation Trust to enhance access to primary and mental health care for women on probation. This included fast-tracked GP registration, building on an existing model already in place in Liverpool. Health and justice teams developed an effective link to this established process, ensuring women could access care swiftly and without unnecessary barriers.

Direct referral routes into talking therapies were also established, improving access to psychological support. Plans were underway to jointly employ a female trauma worker on-site at the women's service, which operated from a separate, dedicated premises. Health and justice teams worked closely with Mersey Care to develop joint funding bids to secure this post. Although recruitment was ongoing, this demonstrated strong partnership working and a shared commitment to improving outcomes for women.

Addressing gaps in men's provision

While the women's offer was well established, the PDU identified a gap in provision for men. In response, health and justice coordinators began working with NHS partners to introduce on-site physical health checks, including cholesterol, BMI, and hepatitis C testing, within probation premises. This service was already operational at the Wirral site, and plans were in place to mirror this model in Liverpool North once the treatment service became fully operational.

[9] Mersey Care NHS Foundation Trust provides mental health, community, and specialist services across Merseyside and surrounding areas, with a focus on integrated, person-centred care.

To further improve accessibility, plans were made to install a portable NHS health unit in the probation office car park. This offer, provided by the local authority across the region, included the 'Living Well' bus, which delivered general health checks, and the 'Liver' bus, which offered fibro scans and liver health assessments. Both mobile units attended probation offices, offering checks and facilitating access to treatment where necessary. The 'Liver' bus also visited both local prisons, extending its reach to those in custody.

Strategic integration and partnership working

This work formed part of a broader Combating Drugs Partnership strategy, which aimed to tailor health and justice responses to local needs. Regular regional health meetings and close collaboration with Mersey Care's Primary Integrated Care Teams (PICTs) supported the development of more integrated mental health pathways.

Both the women's and men's teams could now refer directly into talking therapy services and receive timely feedback. Efforts were ongoing to replicate this model fully for men, with the male estate recognised as a trusted partner in this work.

Embedding trauma-informed, equitable practice

The initiative reflected a shift toward holistic, trauma-informed practice, recognising health as a critical enabler of desistance. As one practitioner noted:

"A trauma-informed approach with women is an inherent assumption, but for men, it's often seen as an add-on."

This work actively challenged that mindset, aiming to embed equity and care across all probation cohorts. By tailoring interventions to individual health needs and building strong multi-agency partnerships, Liverpool North PDU demonstrated how probation practice can evolve to meet complex needs and support long-term rehabilitation.

Example of effectiveness: Enhanced drug rehabilitation requirement (DRR), Coventry

Coventry PDU had developed an 'enhanced DRR' pilot, which was launched in early 2025 in response to the regional review of deaths under supervision (DUS). Recognising the heightened risks faced by people on probation with addiction issues, the initiative was designed to provide a more intensive, holistic package of support. It directly addressed recommendations from their regional DUS action plan to:

- improve access to treatment and harm reduction (including naloxone)
- provide bespoke, responsive support for those at highest risk of drug-related death
- enhance information-sharing, continuity of care, and multi-agency working.

Key features of the enhanced DRR pilot included:

- **Co-location of services:** Addiction services, Change Grow Live (CGL), were based in the probation office, enabling rapid referrals, real-time case discussions, and flexible engagement.
- **Increased intensity and support:** The pilot offered a minimum of two contacts per week, with additional peer support and social activities to encourage engagement and meaningful activity.
- **Immediate re-engagement:** If a person on probation breached their DRR, they were offered an immediate one-to-one session with the addiction service, prioritising re-engagement over enforcement.
- **Wrap-around interventions:** The package included access to inpatient detox (subject to clinical assessment), 8–12 sessions of trauma counselling, and a personalisation budget for social inclusion activities (for example, gym passes, travel costs), supporting both treatment and wider wellbeing.
- **Lived experience:** The team included support staff with lived experience of addiction, enhancing trust and engagement.
- **Naloxone provision:** Naloxone was available in all offices, and staff were trained in its use, directly addressing DUS action plan recommendations to reduce the risk of drug-related deaths.

The 'enhanced DRR' pilot reflected a shift towards trauma-informed, person-centred practice, with strong partnership working between probation, health, and voluntary sector partners. The approach supported both those who were motivated to change and those who were harder to engage, offering flexibility and persistence in support.

Early findings highlighted the importance of co-location, a rapid response to disengagement, and the value of peer support in sustaining engagement and reducing risk.

Example of effectiveness: Engaging people on probation (EPOP), Coventry

In Coventry, the Engaging People on Probation (also known as EPOP) initiative was helping to reshape how probation services safeguarded vulnerable adults. At its core was a commitment to seeing people on probation as individuals with complex needs, not just cases to manage. Engaging people on probation promoted a relational approach, encouraging staff to build authentic connections that foster trust and safety.

Safeguarding was embedded in everyday practice. Sentence planning was co-produced, focusing on what the person needed to feel safe and supported, rather than being dictated by process. Peer mentors were trained and recruited mid-way through their orders and played a vital role in this. After completing a 10-week training programme, they supported not just their local PDU but the wider region. Their lived experience helped break down barriers and created a space where people felt heard and understood.

"The question becomes not just 'what must be done?' but 'what does this person need to feel safe, supported, and seen?'"

Engaging people on probation manager

Coventry had faced challenges, including leadership changes and cultural resistance, but the introduction of an engaging people on probation single point of contact across three areas helped stabilise and drive change. Focus groups with young adults, women, and minority ethnic groups, including safeguarding focus groups, provided valuable insight into how people experience probation, referrals and support. These conversations explored understanding of safeguarding, experiences of external services, and how probation addresses risk and vulnerability. A video recording, *What does safeguarding mean to you?*, offered insight from a Sikh male participant and was used in reception areas to raise awareness of how cultural identity shaped safeguarding experiences.

Feedback from these sessions directly informed the 'You Said, We Did' actions, shaping improvements in safeguarding practice that were inclusive and responsive to diverse needs. Reception areas were transformed with accessible, peer-created content and welcoming spaces that reinforced the message that people on probation were valued. Coventry Probation Office had also launched a new engaging people on probation timetable (running until the end of 2025), with posters displayed across the office.

Their 2024/2025 Your View Matters survey also had a safeguarding focus, with 76 per cent of respondents stating that life had improved since engaging with probation. For those who felt probation had not improved their lives or were unsure, this prompted further exploration into how safeguarding linked to sentence planning, relationship-building, and confidence in disclosing risk.

The safeguarding approach was relational and inclusive, recognising that vulnerability feeds directly into public protection, and that when people feel disconnected, risks escalate. Peer mentors attended team meetings to share what works, helping staff adapt their approach and strengthen protective factors. This culture shift was helping ensure that people on probation felt safe, supported, and central to their own rehabilitation.

Watch the video recording created by a person on probation, focusing on 'What does safeguarding mean to you?' This video is an example of those played in the reception waiting areas in Coventry probation office. Video (YouTube, 01:19): What does safeguarding mean to you? (HM Inspectorate of Probation)

Reflection questions

For managers:

- Do your teams have access to local multi-agency practice forums that provide support and services to people at risk on probation?
- How do you work with partners to ensure equitable access to services, continuity of care and timely support for those at risk?
- How do you use feedback from people on probation to shape safeguarding and health-related service design?

For practitioners:

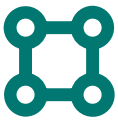
- Does your assessment of the risk of serious harm incorporate consideration of the risks to the individual?
- How does your current practice embed safeguarding into everyday interactions, rather than treating it as a standalone process?
- How confident are you in identifying and responding to safeguarding concerns linked to cultural identity, trauma, or health vulnerabilities?

Key take-aways: Organisational delivery

This requires:

strategic engagement and active participation in SABs and other multi-agency forums to shape safeguarding priorities, ensuring probation is a core contributor and to align safeguarding with wider community safety and public protection strategies

use of referral dashboards and safeguarding data to monitor performance, identify gaps, and improve referral quality and consistency.



co-located services, shared panels, and joint planning structures to enable responsive, holistic support for people on probation.

designated SPO leads for adult safeguarding who act as practice champions and support frontline staff with threshold decisions and multi-agency coordination.

strengthened connections between strategic leads and operational teams to ensure learning informs delivery and safeguarding remains a shared responsibility.

Training that equips staff, managers, and senior leaders with the skills and confidence to engage with adult safeguarding in a meaningful and impactful way, enabling them to understand, respond to, and support individuals at risk effectively.

Delivering effective case supervision

Effective case supervision in probation requires balancing public protection with safeguarding the wellbeing of individuals under supervision. Our thematic inspection found that good practice begins with thorough assessment, integrating risks to the individual alongside the risk of serious harm, and is strengthened by coordinated, multi-agency planning and delivery.

Probation practitioners play a pivotal role in identifying vulnerabilities such as mental health issues, substance misuse, neurodiversity, and exploitation. Mechanisms like Complex Lives Panels and MARMMs support access to the right interventions. When safeguarding is embedded throughout assessment, planning, and sentence delivery, outcomes improve, individuals stabilise, risks are better managed, and rehabilitation is supported.

The following case studies illustrate how trauma-informed, multi-agency approaches have protected individuals facing exploitation, mental health crises, and contextual harm. Each example demonstrates how proactive safeguarding can reduce risk, promote stability, and support desistance.

Exploitation and coercion

The following case studies illustrate effective safeguarding practice in probation settings, focusing on adults at risk of exploitation through gang involvement, modern slavery, and sexual or financial abuse. These individuals presented with overlapping vulnerabilities, including mental health needs, housing instability, and trauma histories.

Each case demonstrates how probation practitioners used trauma-informed, person-centred, and multi-agency approaches to identify risk, plan protective interventions, and promote stability.

Example of effectiveness: Protecting an adult at risk of gang exploitation

Case illustration

Craig, a 23-year-old male, was sentenced to a custodial sentence for supplying cannabis. His case presented significant safeguarding concerns, including vulnerability to coercion and exploitation through involvement with urban street gangs, financial exploitation, and contextual harm to others.

Thorough assessment of contextual safeguarding risks:

- *The assessment articulated the risks posed by Craig's gang affiliation, including potential violent harm to others, financial exploitation, and collateral damage to family and the wider public.*
- *It also recognised Craig's immaturity and limited understanding of the gravity of his involvement.*

Pre-release risk identification:

- *Risks related to coping in custody or hostel accommodation, vulnerability to coercion, and exploitation were appropriately identified pre-release, enabling proactive planning and continuity of care.*

Protective planning and relocation:

- *Planning linked lifestyle, associates, and accommodation directly to safeguarding.*
- *Craig was relocated out of the area to reduce his exposure to gang-related harm and to support disassociation from pro-criminal peers.*
- *This strategic move was central to reducing risk and promoting rehabilitation.*

Multi-agency delivery via Integrated Offender Management:

- *Craig's inclusion in Integrated Offender Management provided a coordinated safeguarding response.*
- *A young adult support worker played a pivotal role, offering a hands-on approach, including escorting Craig to appointments, supporting housing applications, and maintaining regular contact.*
- *This wrap-around support helped Craig build confidence and maintain distance from former associates.*

Ongoing support and review:

- *Weekly appointments with the probation practitioner (PP), regular drug testing, and referrals to housing and emotional wellbeing services ensured sustained engagement.*
- *Support was also provided to help Craig navigate immigration-related challenges, further strengthening safeguarding measures.*

Outcome: Safeguarding outcomes were achieved through timely, trauma-informed, and multi-agency interventions. Craig was demonstrating increased confidence and appeared to be distancing himself from harmful associations, indicating progress toward stability and reduced risk.

Example of effectiveness: Coordinated and collaborative support for a person at risk

Case illustration

Barry was sentenced to a community order for possession of an offensive weapon. The case presented multiple safeguarding concerns, including gender dysphoria, mental health difficulties, and a history of sexual exploitation, domestic abuse, and trauma. Barry had previously attempted suicide and was at risk of cuckooing and further exploitation.

Assessment and planning:

- *The court report was thorough and clearly articulated Barry's vulnerabilities, identifying a risk of harm to Barry through sexual exploitation and mental health instability.*

- *The assessment appropriately linked mental health to both risk of harm to others and personal vulnerability. It recognised the impact of Barry's experiences of exploitation and that he was a survivor of abuse.*
- *Planning was multi-agency and wrap-around, involving referrals to Turning Point for alcohol misuse, mental health services for clinical support, debt advice services and key worker support within supported accommodation.*

Delivery and intervention:

- *The PP adopted a trauma-informed, strengths-based, and person-centred approach, which enabled Barry to engage meaningfully with supervision.*
- *When Barry was threatened with eviction from a hostel, the PP acted swiftly by conducting a home visit, coordinated with the mental health team for additional support. They ensured the rent arrears were paid to prevent Barry from becoming homelessness*
- *This crisis intervention was pivotal in safeguarding Barry from street homelessness and further exploitation.*

Review and responsiveness

- *Case management was dynamic and responsive to Barry's changing needs.*
- *The PP maintained regular contact with partner agencies and adjusted plans to ensure Barry's safety and wellbeing.*
- *Motivational interviewing techniques were used to reinforce positive behaviours and discourage reconnection with pro-criminal associates.*

Outcome: Barry made significant progress in stabilising their mental health, maintaining accommodation, and reducing risk. The PP's proactive safeguarding actions and collaborative working ensured Barry remained protected and supported throughout the order.

Example of effectiveness: Supporting a victim of modern slavery and cuckooing

Case illustration

Graham, a 43-year-old male, was sentenced to a community order for theft. Initial contact revealed a number of safeguarding concerns, including modern slavery, mental health challenges, and housing vulnerability due to cuckooing, where his home was being exploited by criminal networks.

Identification of exploitation:

- *Professional curiosity and trauma-informed interviewing led the practitioner to uncover Graham's history of coercion and exploitation linked to forced criminal activity.*

- *Graham was formally recognised as a victim of modern slavery and referred to Causeway,[10] a specialist provider, which ensured he had access to:*
  - *trauma-informed psychological support*
  - *legal advocacy*
  - *recovery planning.*

Housing safeguards:

- *Due to the immediate risk of harm from cuckooing, the practitioner escalated concerns through a multi-agency safeguarding panel.*
- *Graham was urgently relocated to a safe address via local housing pathways, reducing his exposure to exploitation and stabilising his living conditions.*
- *The practitioner liaised with adult safeguarding teams, ensuring Graham's vulnerability was formally recognised and monitored.*

Forward planning:

- *A robust case plan was developed, integrating multiple strands of support, including:*
  - *referral to an emotional wellbeing provider for trauma and anxiety management*
  - *engagement with a debt advice service to address financial exploitation and rebuild independence*
  - *ongoing contact with Causeway for long-term recovery from modern slavery, including reintegration support and safety planning.*

Outcome: Safeguarding outcomes were achieved through timely identification, multi-agency coordination, and evidence-informed planning. Graham reported feeling safe, heard, and supported, marking a significant shift from crisis to recovery. The case exemplifies how inspection standards around risk management, engagement, and desistance can be met through curious, compassionate, and coordinated practice.

These examples reflect the principles of contextual safeguarding, an approach that recognises that harm often occurs in extra-familial settings, such as peer groups, neighbourhoods, or online spaces, and that safeguarding responses must extend beyond the individual to address the broader social and environmental context.

For further insight into how probation services can respond to extra-familial harm and exploitation, see our Academic Insights paper on Contextual Safeguarding (2020). This paper explores how safeguarding approaches can be adapted to address risks that occur in peer groups, communities, and other social contexts beyond the family.

[10] Causeway is a leading modern slavery and crime reduction charity. It has a team of 180 staff, who work with over 2,000 individuals each year across its services, supporting them to recover from trauma and develop safe and fulfilling futures. It also carries out and promotes its work nationally through research, campaigning and strategic partnerships.

Neurodiversity and complex needs

In the case below, Gina's neurodiversity and overlapping vulnerabilities required a tailored, multi-agency response. Her needs were recognised beyond the age of 18. The probation practitioner ensured continuity of care and multi-agency collaboration during a critical transition period.

Example of effectiveness: Safeguarding a young adult with complex needs

Case illustration

Gina, a 20-year-old female, was sentenced to custody for criminal damage. The PP conducted a thorough assessment, identifying her autism, mental health issues, alcohol misuse, and pro-criminal associates as key factors linked to both her vulnerability and her risk of serious harm to others.

Comprehensive planning and multi-agency working:

- *The PP liaised with ASC, initiating an adult capacity assessment and engaging an advanced mental health practitioner and clinical specialist social worker.*
- *Gina was referred to local alcohol misuse agencies for support.*
- *The PP also made referrals to MAPPA and Prevent to address wider safeguarding and risk concerns, including potential radicalisation.*

Strong delivery during the Probation Reset phase:

- *Despite supervision being suspended, the PP continued to attend multi-disciplinary team meetings and liaised with ASC to ensure Gina's care needs were assessed.*
- *She received a six-week placement and the allocation of a forensic mental health social worker to provide ongoing support and risk management.*
- *The PP's continued involvement ensured continuity of care and oversight during a critical transition period.*

Outcome: The case was managed as a safeguarding priority, with risk to Gina analysed alongside risk to others. The integration of safeguarding into assessment, planning, and delivery demonstrated effective practice in managing a complex case involving neurodiversity, mental health, and transitional safeguarding.

For further insight into effective practice with neurodiverse individuals in justice settings, you can read our research: Neurodiversity: a whole-child approach for youth justice (2021). While focused on youth justice, the principles of tailored, multi-agency responses are equally relevant to adult safeguarding.

Gina's case reflects the developmentally attuned and relational principles of transitional safeguarding. Access our website to read Des Holmes and Lisa Smith's research on Transitional Safeguarding (2022) and our scoping study on Transitional Safeguarding Research Analysis Bulletin (2025), which explores how services can better support young people as they move into adulthood.

Conclusion

This guide demonstrates that safeguarding adults on probation is most effective when it is fully integrated into assessment, planning, and delivery, not treated as a separate or specialist task. The case studies and organisational examples show that safeguarding is integral to public protection, and that risks to and from individuals must be understood as interconnected.

Strong leadership, confident and skilled practitioners, and meaningful multi-agency collaboration are essential foundations. When probation services adopt trauma-informed, person-centred approaches, supported by clear structures, shared learning, and responsive systems, individuals are more likely to feel safe, stabilise, and engage in their rehabilitation.

We found that our standards are delivered most effectively when the following are in place:

- **active participation in local partnerships**, including safeguarding boards, joint training initiatives, and the use of referral dashboards to monitor and improve practice
- **recognition of the dual nature of risk**, with probation practitioners supported to assess and manage the risks posed by and to individuals – particularly in relation to accommodation, mental health, and substance misuse
- **collaborative working**, using mechanisms such as MARMMs and Complex Lives Panels to coordinate support for those who may not meet statutory safeguarding thresholds
- **tailored approaches to assessment and engagement**, ensuring that supervision is responsive to individual needs and promotes both safety and rehabilitation.

These principles offer a foundation for strengthening safeguarding practice across the Probation Service. We encourage all readers to reflect on how they can apply this learning in their own context.

Further reading

The Deaths among adults under supervision of the England and Wales probation services (Health & Justice, 2024) study analysed official data on 1,770 deaths among adults under probation supervision in England and Wales (April 2019 to March 2021). It found that people on probation in England and Wales face a much higher risk of death, especially from suicide, homicide, and drugs, than the general population, highlighting the need for better joint working between health and justice services.

Daring to ask "what happened to you?" – Why correctional systems must become trauma-responsive – a paper by Jane Mulcahy (2018) argued that correctional systems should be trauma-responsive, recognising that many people in prison have experienced significant adversity. Staff should be trained to understand trauma histories and support rehabilitation, not just manage risk.

Trauma and the experience of imprisonment: Developing a trauma-sensitive framework for prison rehabilitation (Hocken, K and Taylor, J, 2022) – explored how many people in prison have experienced significant trauma and adversity, which shapes their psychological needs and survival behaviours. It argued that prisons must become trauma-sensitive, as many people in custody have experienced significant trauma. Safer, more stable environments and strong staff-prisoner relationships are key to supporting rehabilitation and reducing (re)traumatisation.

The national report, Second national analysis of safeguarding adult reviews (Local Government Association, 2024), analysed over 650 SARs completed in England between April 2019 and March 2023. It highlighted recurring issues such as health needs, substance misuse, homelessness, and the importance of strong interagency working to improve adult safeguarding practice.

Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population (Bellis, M, Ashton, K, Ford, K, Bishop, J and Paranjothy, S, 2015). This Public Health Wales NHS Trust study found that adults with multiple adverse childhood experiences are much more likely to have poor health and engage in risky behaviours, highlighting the need for trauma-informed support and early intervention.

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