**HMP Ashfield**

**Adult Safeguarding Concern**

**Referral Form**

Everyone living and working in HMP Ashfield has a responsibility to raise Adult Safeguarding concerns.

For the purposes of safeguarding adults, Section 42 of the Care Act 2014 defines an ‘Adult at Risk’ as being an adult who:-

Has needs for care and support (whether or not the Local Authority is meeting any of those needs) **and**

Is experiencing, or at risk of, abuse or neglect **and**

As a result of those care and support needs is unable to protect themselves from the risk, or the experience of, abuse or neglect.

In the custodial environment we recognise that any prisoner could become an adult in need of safeguarding.

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| **Safeguarding Log Number:**  ***(Safeguarding Manager to complete from data base)*** | | | | | |  | | | | | | | | | | | |
| **Reporter Name** | | | | | |  | | | | | | | | | | | |
| **Work Area/ Contact Number** | | | | | |  | | | | | | | | | | | |
| **Date** |  | | | | | | | | **Time** | | | | |  | | | |
| **Signature** | | | | | |  | | | | | | | | | | | |
| **Information Report**  ***Please ensure you report all the details around your concerns, particularly:***   * ***Who is involved, name, age, DOB, relationship etc.*** * ***What has occurred/ or alleged/ or could occur*** * ***When it/ or is alleged to have occurred/ or is likely to occur*** * ***Where the parties above are currently located*** * ***What immediate actions have been taken to safeguard the individual/s*** | | | | | | | | | | | | | | | | | |
| **Initial Concern Passed to *Safeguarding Manager (or Duty Governor in their absence)*** | | | | | |  | | | | | | | | | | | |
| **Date** | |  | | | | | | | **Time** | | | |  | | | | |
| **Risk Assessment**  *The Manager receiving the report should consider the current and potential risk to the prisoner and summarise below, including noting any actions that have been taken to safeguard the individual or others from harm. A summary of this assessment should be place on the prisoner’s case notes on NOMIS.* | | | | | | | | | | | | | | | | | |
| **Initial Review Completed by** | | | | | |  | | | | | | | | | | | |
| **Date** | | | |  | | | | | | | **Time** | | | | |  | |
| **Passed to Safeguarding Manager** | | | | | | | |  | | | | | | | | | |
| **Date** | | |  | | | | | | | **Time** | | | | |  | | |
| **Safeguarding Management Plan Assessment**  *The Safeguarding Manager receiving this report should consider the current and potential risk to the prisoner and decide whether or not a further Safeguarding Management Plan needs to be put in place. If it does the details of the Plan and who is responsible for each element should be recorded below. A summary of the Plan should be recorded on the prisoner’s case notes on NOMIS.*  **Management Plan Required: Yes / No**  *(If no please explain reasons briefly below)*    **Management Plan:**  (who / what / where/ when) | | | | | | | | | | | | | | | | | |
| **Management Plan Completed by** | | | | | | |  | | | | | | | | | | |
| **Date** | | | | |  | | | | | | | **Time** | | | | |  |