**Appendix 5:**

**Threshold Tool – Safeguarding Concern (Liquid Logic)**

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| --- | --- | --- |
| **Name of AAR:** | **ID** | **Date:** |

1. The Care Act 2014 requires that we make safeguarding enquiries where the Adult at Risk (AAR) has:

* Needs for care and support
* Is experiencing, or at risk of abuse or neglect
* Is unable to protect him/herself from the risk of / experience of abuse or neglect as a result of those care needs

In your view, does the case meet all of the three criteria? YES NO

Please give reasons, including a summary of the alleged abuse / neglect (BOX)

2. Are there any immediate risks to safety? YES NO

What actions have already been taken or may be required to make the situation safer? (BOX)

3. Has a worker spoken with the AAR? YES NO

What (if known) are their preferred outcomes? (BOX)

4. Is there any reason to question the AAR’s mental capacity to understand and make decisions in relation to the following (consider cognitive impairment, duress or undue influence from another person)

* Consent to Safeguarding Procedures YES NO
* Information being referred / shared with other agencies YES NO
* The related risks associated with the alleged abuse or neglect and any immediate safety

actions felt to be necessary YES NO

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If yes, please explain why (BOX)

5. Has the AAR given consent to the referral? YES NO

Where consent has not been obtained – please provide reason (BOX)

6. Is there a need for advocacy YES NO

Please provide details (BOX)

7. Are there any other persons with legal decision making powers YES NO

(*Consider Lasting Power of Attorney (Finance/Wefare), Deputyship (Finances*)

Please provide details (BOX)

8. Have there been any previous incidents of alleged abuse relating to the AAR? YES NO

If yes, please provide details to include whether there is a protection plan currently in place (BOX)

9. Who is thought to be responsible for the alleged abuse / neglect? (BOX)

Have there been any previous concerns about the person alleged responsible YES NO

If yes, please provide details of previous concerns (BOX)

10. Is there a possible risk to other adults or children? YES NO

If yes, please provide details (BOX)

11. Are there any concerns of a wider public interest? YES NO

If yes, please provide details (BOX)

12. What is your assessment of the risk of harm happening again or for the first time?

(Box) Rare, will probably not happen again

(Box) Do not expect it to recur, but it may

(Box) Possible – it might recur

(Box) Will probably recur

Please provide evidence / rationale regarding level of risk (BOX)

13. Have all relevant individuals involved with the AAR been contacted YES NO

Please provide details (BOX)

14. Please provide details of other professionals / agencies involved (BOX)

15. Have the Police been involved YES NO

Please provide details of any Police intelligence or whether a referral is required (BOX)

------------------------------------------------------------------------------------------------------------------------------------------------------------------------------To be completed where the case involves a Residential / Nursing Placement or a Domiciliary Care Agency.

16. Where the allegation is against a member of staff, is the person alleged responsible still at work YES NO

Is there a previous history of incidents involving the person alleged responsible? YES NO

Please provide details (BOX)

17. Who is funding the AAR’s placement?

Please provide details (BOX)

18. Has a review of care been completed recently? YES NO

Please provide details (BOX)

19. Has a DOLs application been made / is there a DOLs authorisation in place YES NO

Please provide details (BOX)

20. Are any other service users involved? If so, is a separate safeguarding referral needed for them? YES NO

**Recommendation on whether the concern reaches the threshold for it to proceed to a Section 42 safeguarding Enquiry**

*This should include an overall risk assessment of the situation which shows your thinking in light of the answers above. You must clearly state why you conclude that harm has occurred or not (or is likely to occur or not) and the risk of harm being repeated. Please provide all evidence to collaborate the allegation*

*(BOX)*

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| --- | --- | --- |
| **Name:** | **Designation:** | **Date:** |