

**Managing Allegations Against Staff or Volunteers who work with Children**

 **Local Authority Designated Officer (LADO) Referral Form**

Section one must be completed and emailed immediately to the Local Authority Designated Officer (LADO) if it is alleged that a person who works with children has:

1. Behaved in a way that has harmed, or may have harmed, a child
2. Possibly committed a criminal offence against, or related to, a child; or
3. Behaved towards a child or children in a way that indicates s/he is unsuitable to work
with children

If the allegation meets any of the above criteria, the employer or agency should **report it to the LADO within 1 working day** – Referral should not be delayed obtaining further information. Please see London Child Protection Procedures and Barking and Dagenham LADO Procedures.

**Please do not inform the member of staff that an allegation has been made or discuss any details of the allegation without first speaking to the LADO where possible.**

The manager should then telephone the LADO immediately to discuss the next course of action.

Local Authority Designated Officers (LADO):

**Lorraine Giles, Safeguarding Manager** lorraine.giles@lbbd.gov.uk Tel: 0208 227 2265

**Mike Cullern, Safeguarding Lead in Education** mike.cullern@lbbd.gov.uk Tel: 0208 227 3934

Business Support Officer:

**Caron Avery** caron.avery@lbbd.gov.uk Tel: 0208 227 2513 Generic E-mail: lado@lbbd.gov.uk

**Head of Service Teresa DeVito Safeguarding and Quality Assurance**

**Do not assume that the form has been received – telephone the LADO**

**If you think a child is at immediate risk of significant harm phone Children’s Social Care and/or the Police immediately**

Children’s Social Care: **020 8227 3811** (8.45-4.45) **0208 594 8356** (out of hours)

Police: 0300 123 1212 (999 if an emergency)

**TO BE COMPLETED BY THE REFERRER**

**Please consider the following when referring:**

1. Does this person work / volunteer in the area of Barking and Dagenham and work or come into contact with children as part of their role.
2. Has this person behaved in a way that has harmed a child or may have harmed a child.
3. Has this person possibly committed an offence against or related to a child.
4. Has this person behaved towards a child or children in a way that indicates they may pose a risk of harm to children.
5. Has this person behaved in a way in their personal life that raises safeguarding concerns. These concerns do not have to directly relate to a child but could, for example, include arrest for possession of a weapon or drug offences.
6. Has this person behaved or may have behaved in a way that indicates they may not be suitable to work with children
7. Has this person as a parent or carer, has become subject to child protection procedures.
8. Is this person closely associated with someone in their personal lives (e.g. partner, member of the family or other household member) who may present a risk of harm to child/ren for whom the member of staff is responsible in their employment / volunteering. (This covers disqualification under the Childcare Act 2006 for schools and early years settings where a person works with children under the age of 8).

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| **Section C: The person of concern being referred**  |
| **Full Name:** |
| **Date of Birth:**  | **Ethnicity:**  | **Gender:** |
| **Home address:**  |
| **Employers name and address (including Agency and Voluntary organisation):** | **Job Title / Role:** |
| **Does the person have any other contact with children in a work or voluntary capacity? (e.g. clubs/activities):** | **Have there been previous concerns or allegations against this person? (Please check HR personnel files). If yes, give details:** |
| **Is the person aware that an allegation / concern has been made?** | **Does the person live with children?** |

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| **Section D: Additional information related to the employment of the person of concern** |
| **Were safer recruitment processes followed at the point of employment?** | **Date of the last DBS check:** |
| **If an agency staff member, are you satisfied that the agency undertook sufficient safer recruitment checks?** | **Did you, as the employer / voluntary agency, undertake your own safer recruitment checks, including verbal confirmation from referees?**  |
| **Are there any unaccounted-for gaps in employment history?** | **Did the person of concern previously work in a different local authority?**  |
| **Section E: Details of the Child (or adult if historical) – the concern may not relate to a specific child** |
| **Name:**  |
| **Date of Birth:** | **Ethnicity:** | **Gender:**  |
| **Parent / Carer Telephone:**  | **Disability or Vulnerability (if applicable):**  |
| **Home Address:**  |
| **Is the child Looked After?** | **Where is the child / young person now?** |
| **Social Worker’s email and telephone number:** | **S/Work Manager’s email and telephone number:** |
| **Details of significant persons in child’s life; e.g. Mother, Father, Carer, Siblings, Foster Carer.** |
| **Is the parent / carer aware of the allegation / concern related to their child/ren?**  |
| **Has the child made any previous allegations that you are aware of?** |
| **Any other information you feel is significant:** |

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| **Section F: Details of Allegation / Concern** |
| **Date of Allegation:** | **Time of Allegation:** | **Place of Allegation:** |
| **Allegation in Personal Life?** | Yes/No: |
| **Allegation in Professional Life?** | Yes/No: |
| **What is the nature of the allegation, concern or harm caused or posed by this individual?** **Sexual Yes / No****Physical Yes / No****Emotional Yes / No****Neglect Yes / No****Grooming Yes / No****Radicalisation Yes / No** |
| **Has the child sustained an injury / mark?** | **Does the person of concern pose an imminent risk to the child or any other children?** |
| **Record the details of the allegation using the child/adult’s own words where possible:** |

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| **Section G: What action, if any, has been taken at this stage to safeguard?** |
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| **Section H: Details of Person completing this form**  |

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| **Referrers Name** | **Your Role** |
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| **Telephone Number** | **Email Address** |
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| **Organisation Name and Address** | **Are you the person with lead safeguarding responsibility for your organisation? If no, provide name and contact details of this person. Please include Head Teacher’s details if school’s referral.** |
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| **Signature**  | **Date** | **Time** |
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