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| **Managing Allegations Against Staff or Volunteers who work with Children.**  **Local Authority Designated Officer (LADO) Referral Form** |

Referrals to the LADO should be completed within **1 working day (24hrs)** of a concern becoming known where a person who works or volunteers with children in Barking and Dagenham has or is suspected to have:

* **Behaved in a way which has harmed a child or may have harmed a child.**
* **Possibly committed a criminal offence against or related to a child.**
* **Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.**
* **Behaved or may have behaved in a way that indicates they may not be suitable to work with children .**

In line with the London Safeguarding Children Procedures, a referral to the LADO is also required where there is an allegation that a person who works with children:

* **Has 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.**
* **As a parent or carer, has become subject to child protection procedures.**
* **Is 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 children for whom the member of staff is responsible in their employment / volunteering.**

In October 2022, the London Safeguarding Children Procedures were updated in line with the Police, Crime, Sentencing and Courts Act 2022, which has extended the definition of Position of Trust within the Sexual Offences Act 2003 section 22A to include anyone who coaches, teaches, trains, supervises or instructs a child under the age of 18, in a sport or a religion.

Where it is suspected that a person has harmed a child or possibility committed a criminal offence against or related to a child, **the referrer should NOT discuss the allegation with the staff member or volunteer prior to consultation with the Designated Officer (LADO).**

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| **Local Authority Designated Officer:**  **Mike Cullern, Safeguarding Advisor for Schools and LADO:**  **Contact:** [mike.cullern@lbbd.gov.uk](mailto:mike.cullern@lbbd.gov.uk) Tel: 0208 227 3934  LADO Business Support Officer: **Caron Avery**  **Contact:** [caron.avery@lbbd.gov.uk](mailto:caron.avery@lbbd.gov.uk) Tel: 0208 227 2513 Generic E-mail: [lado@lbbd.gov.uk](mailto:lado@lbbd.gov.uk)  Please contact the LADO for advice and consultation if you are unsure whether to make a referral. |

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| **Section A: The person of concern being referred:**  ***(It is essential that as much detail on the person the allegation is against is recorded in the boxes below).*** | | | | |
| **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 B: 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 C: Details of the Child (or adult if historical) – the concern may not relate to a specific child.**  ***(If the concern relates to a specific child, it is essential that as much information is recorded in the boxes below).*** | | | |
| **Name:** | | | |
| **Date of Birth:** | **Ethnicity:** | | **Gender:** |
| **Parent / Carer Telephone:** | | | **Disability or Vulnerability (if applicable):** |
| **Home Address:** | | | |
| **Is the child in the care of the local authority?** | | | **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 D: Details of Allegation / Concern:**  ***(It is essential that details of the allegations are recorded on the boxes below in order for the LADO to make a threshold decision).*** | | | |
| **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? *(Please attach any supporting body map).*** | | **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 *(it is important we hear the voice of the child)*:** | | | |

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| **Section E: What action, if any, has been taken at this stage to safeguard children and the person who the allegation is against?** |
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| **Section F: 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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**Referral forms should be sent to** [**lado@lbbd.gov.uk**](mailto:lado@lbbd.gov.uk) **which is monitored Monday to Friday 9am to 5pm. Any referrals sent outside these times will be responded to the next working day.**

**You should receive an automated response to acknowledge receipt of the referral.**

**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 215 3000** (out of hours)

Police: 101 (999 if an emergency)