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| **Managing Allegations About Adults Working with Children & Young People**  **Referral form to Birmingham’s Local Authority Designated Officer (LADO)** |

The manager should make the referral to the LADO within 1 working day becoming aware of an incident to the Duty LADO at the email address below, using this referral form.

Email: [ladoteam@birminghamchildrenstrust.co.uk](mailto:ladoteam@birminghamchildrenstrust.co.uk)

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| **Referrer’s details** | |
| Referrer’s name |  |
| Referrers job title |  |
| Name of setting |  |
| Contact details (Tel) |  |
| Contact details (E-mail) |  |
| Name of **Designated Senior Manager** for allegations if different from above |  |

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| **Referral date:** |  |
| The referral form must be completed and emailed to the Local Authority Designated Officer (LADO) Team, if it is alleged that a person who works with children has:  *Please tick which criteria applies* | |
| Behaved in a way that has harmed, or may have harmed, a child |  |
| Possibly committed a criminal offence against, or related to, a child; or |  |
| 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 |  |

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| **Category of Harm:** | *Physical; Sexual; Emotional; Neglect*  *Professional Boundaries*  *Indecent Images of Children*  *Inappropriate Electronic Communication*  *Inappropriate social media* |

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| Children with Disabilities – please complete, **if applicable** | |
| Do the child/ren we are worried about have a disability or EHCP? | Yes/ No please specify |
| Are the child/ren we are worried about being cared for in a children’s home, residential school or hospital? | Yes/ No please specify |
| If so, please confirm placing authority i.e. who is funding the placement. |  |

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| Details of person in Position of Trust (against whom allegations have been made) | |
| Full name |  |
| Any other known names or alias |  |
| Date of birth |  |
| Gender |  |
| Ethnicity |  |
| Role/job title |  |
| Is this role subject to regulated activity? | Yes/ No |
| DBS required | Yes/ No |
| Name of setting and employer  Address of setting and employer |  |
|  | |
| Is the person an employee, volunteer, contractor?  If they are a contractor/ agency worker, please provide full details of the agency, name of contact, contact details. |  |
| How long have they been employed/volunteered? |  |
| Have there been any previous allegations, or concerns regarding this person?  Please give details |  |
| Is the person known or suspected to have contact with children in another setting, for example, through a volunteer role in a charity? |  |
|  | |
| Home address of employee |  |
| Does this person have children of their own or caring responsibility for any children?  *Please give details* |  |
| Is the adult aware that an allegation or concern has been raised? If they do not know, please specify why? |  |
| What is the employer’s safety plan? |  |

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| The allegation or concern/complaint | | |
| Date and time of alleged incident | |  |
| Is this an allegation about non recent abuse? | | Yes/No |
| Is there an immediate or on-going risk of harm to a child? | | Yes/No |
| Has this been referred to Children’s Services/or discussed with allocated social worker/ team manager? | | Yes/No |
| Please **summarise** the allegation or concern below and any known impact on the child.  Summary Guidance:   * Please provide full names of any person referenced within this referral, not initials. * Do not copy information from other documents, such as incident reports. | | |
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| How did the allegation/concern emerge? e.g. child disclosed/parent complained/concerned professional, etc? |  | |
| Does the child/young person have an injury? If so, describe the injury  *If the injury has not been seen, describe what has been disclosed* |  | |
| Did an allegation of physical abuse arise from use of authorised restraint? | Yes/No | |
| If an allegation relates to restraint has the staff member had relevant training and when? | Yes/No | |
| Was the alleged incident witnessed? If so, please give the details of who witnessed it. |  | |
| Have parents/carers of the child been informed? Give details, including reasons if not informed at this stage |  | |

**Details of child(ren) – to whom the allegation relates**

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| Child 1 | Child/Adult 2 | Child/Adult 3\* |
| Name |  |  |  |
| Date of Birth |  |  |  |
| Gender |  |  |  |
| Ethnicity |  |  |  |
| Home address |  |  |  |
| Are other professional/agencies working with this child/young person? Please give details |  |  |  |

Signed

Date:

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| LADO Team Only | |
| Advice given | Yes/No |
| Not LADO matter |  |
| Allegation Management Discussion or Meeting needed | Yes/No |
| Actions and recommendations agreed |  |
| Name of LADO |  |
| Date: |  |