**CHILDREN AND YOUNG PEOPLE’S SERVICES**

**Safeguarding and Review Unit**

**Allegations or concern about a person working with children.**

**LADO Screening & Contact Form**

This form has been designed to help all agencies working with children record and refer information when it has been alleged that a person who works with children has:

* Behaved in a way that has harmed a child, or may have harmed a child;
* Behaved towards a child or children in a way that indicates she or he may

pose a risk of harm to children, or

* Possibly committed a criminal offence against or related to a child;
* Behaved in way which indicates they are unsuitable to work with children.

**PLEASE PROVIDE AS MUCH INFORMATION AS YOU CAN**

**About the ADULT**

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| **Name of adult involved in the incident/concern:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Employment/position held:** |  |
| **Employment base/agency, contact name and number:** |  |
| **Any other relevant employment details:** |  |
| **Do they have any children, step children, grandchildren etc?** **Names, ages, relationship?**  |  |
| **Do they work/ have contact with children in any other capacity whether paid or unpaid? Please give contact details** |  |

**About the Referrer**

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| **Name of person making the referral:** |  |
| **Agency:** |  |
| **Position held:** |  |
| **Tel. number:** |  |
| **Email address:** |  |
| **Date Referrer became aware of concern:****If there is a delay (more than 24hrs) please state why?**  |  |
| **Date Referral sent** |  |
| **Name of LADO that initial discussion held with** |  |

**About the CHILDREN involved**

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| **Name of child/ren involved in the incident:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Legal status: CIC, S20, S31** |  |
| **Please summarise any disability, communication or mental health issues.**  |  |
| **Responsible Authority:** |  |
| **If the child/ren is an open case to children’s Social Care, name of Social Worker and/ Independent Reviewing Officer:** |  |
| **Social workers email address and telephone number:** |  |

**About the INCIDENT/CONCERN**

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| **Date(s) of Incident(s):** |  |
| **Description of the incident/concern:****To include name of the referrer, date, time and detail of the allegation and the professional involved.** |
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| **Has the child or young person’s views been sought? YES / NO****Please include details, when, where and by whom.** **If not please specify reason? And date when will they be seen?** |
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| **Has the parent/ Carer been notified and their views sought? YES / NO****Please include details, when, where and by whom.****If not please specify reason?**  |
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| **What action has been taken regarding the allegation so far:****What immediate safeguards have been put in place – if any?** **Have referrals to the Police and Children’s social care been made if necessary – if so name and contact details?** **Have you consulted with your line manager or HR within your organisation – if so what are their views?** **Have any decisions been taken about suspension/ alternative duties?** |
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| **Does the professional acknowledge the concern? YES / NO****Please consult with your HR if you are concerned about talking to the staff member? What is their view?** |
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| **Are written incident reports available? YES / NO** **Please attach to this referral.** |

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| **Do you believe the individual poses a risk of significant harm to children and young people in your organisation?**  |
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| **What is your rationale for your opinion?** |
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| **In your professional opinion what action do you think needs to be taken in regard to the individual facing the allegation?**  |
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**Any concern about allegations against a professional should be referred in immediately/within 24 hours of the incident and directed to:**

**Mark Wilkinson**

**LADO, Children and Young People Services, Safeguarding and Review Unit**

**Tel: 01977 727032/ 07711 797847**

**Once completed this form should be sent by secure e-mail to** **lado.referrals@wakefield.gov.uk**

**Any telephone contact made with LADO should be followed in writing by completion of this form.**

**Thank-you**

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