**CHILDREN AND YOUNG PEOPLE’S SERVICES**

**Safeguarding and Review Unit**

**Allegations or concern about a person working**

**with children.**

**LADO Screening & Referral Form/Case Report**

**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**

***Section 1 (To be completed by the referrer)***

**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****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? 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?****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 – please see supplementary evidence folder** **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? 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:**

**Marie Pettman (LADO)**

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

**Tel: 01977 727032/ 07711797847**

**Section 1 of this form should be completed and 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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***Section 2 (For completion by the LADO upon receipt of a written referral)***

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| **Initial Screening Decision (please tick):** |
| Complaint |  |
| Advice and Consultation  |  |
| Awaiting further information |  |
| Referral |  |

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| **Category of Abuse (please tick all that apply):** |
| Physical |  |
| Sexual |  |
| Emotional |  |
| Neglect |  |
| Behaviour unsuitable to work with children |  |
| Related child subject to a child protection plan |  |

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| **Employment Sector of the subject (please tick)** |
| Childminder |  |
| Children Transport |  |
| Early Years |  |
| Education |  |
| Fostering |  |
| Health |  |
| Independent Sports Coach |  |
| LA Employee |  |
| Ofsted |  |
| Other |  |
| Police |  |
| Residential |  |
| Social Care |  |
| Voluntary, Community or Faith Group |  |

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| **Relevant Local Authority Checks and further action:**  |
| Previous LADO Involvement with the individual. |  |
| Previous or current social care involvement  |  |
| Any children or child care responsibilities  |  |
| Police check – relevant safeguarding information  |   |
| Number of past LADO contacts regarding this organisation in the last 36months.  |  |

***Section 3 (For completion by the LADO / MASH Team)***

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| **Key contacts**  |
| Name  | Agency  | Designation  | Tel. No/Email address |
| Marie Pettman  |  | LADO  |  |
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***Section 4 (For completion by the LADO)***

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| **Safeguarding and Allegation Management Decisions**  |

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| **DATE** | **INITIAL SCREENING DECISIONS**  |
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| **DATE INITIAL SAFEGUARDING DISCUSSIONS COMPLETED** |
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| **DATE** | **SAFEGUARDING ACTION AND DECISIONS** |
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***Section 5 (For completion by the LADO)***

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| **Case Recordings**  |

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| **DATE** | **ACTIVITY** | **RECORDING DETAILS** |
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***Section 6 (For completion by the LADO at closure of involvement)***

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| **Closure Summary** |

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| **Final Decision (please tick):** |
| Complaint  |  |
| Advice and consultation provided |  |
| Referral - No allegations management meeting required, but LADO oversight |  |
| Referral - Allegations management meeting held |  |

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| **Summary of Work Completed** |
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**For Referrals only - Allegation Outcome**

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| **Type of Allegation (Criteria) (please tick):** |
| 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 they may posea risk of harm to children |  |
| Possible criminal offence against or related to a child or committed an offence that would bar them from working with children |  |
| Behaved in a way which indicates they are unsuitable to work with children |  |

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| **Category of Abuse (please tick):** |
| Physical |  |
| Sexual |  |
| Emotional |  |
| Neglect |  |
| Behaviour unsuitable to work with children |  |
| Related child subject to a child protection plan |  |

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| **Substantiated** |  | **Unsubstantiated** |  |
| **False or Unfounded** |  | **Malicious** |  |
| **Following investigation the concern does not meet threshold for LADO involvement** |  |

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| **Summary of Actions Taken During Process (please tick all that apply):** |
| EMPLOYER: | Management Investigation |  |
| Suspension as part of LADO process |  |
| CHILDREN'S SERVICES: | S47 Investigation |  |
| Family Proceedings Finding |  |
| POLICE: | Criminal Investigation |  |
| OTHER: | Referral to DBS |  |
| Referral to Governing/Regulatory Body |  |

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| **Final Outcome re Employment (please tick all that apply):** |
| No Further Action – No concerns identified  |  |
| Insufficient evidence - NFA |  |
| Further Training |  |
| Disciplinary Procedures/ Hearing  |  |
| Verbal/Written Warning |  |
| Dismissal |  |
| Cessation of Use |  |
| Individual Resigned |  |
| Individual Resigned Prior to Process |  |

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| **Outcome of Police Investigation** |
| No further action – No concerns identified  |  |
| Insufficient evidence |  |
| Malicious |  |
| False |  |
| Substantiated Leading to Criminal Prosecution |  |
| Substantiated Leading to a Police Caution |  |
| Substantiated Leading to Conviction |  |
| Acquittal |  |

***Signatures:***

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| Completed by: | Marie Pettman | Date: |  |