**CHILDREN AND YOUNG PEOPLE’S SERVICES**

**Safeguarding and Review Unit**

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

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

**About the ADULT**

|  |  |
| --- | --- |
| Name of adult involved in the incident/concern: |  |
| Date of Birth: |  |
| Address: |  |
| Does the adult have any significant other childcare responsibilities?  e.g. birth, step or grandchildren, foster children or other paid or unpaid roles with children.  If yes, please give names and dates of birth of all children and names of agency. |  |
| Employment/position held: |  |
| Employment base, contact name and number: |  |
| Relevant employment details: |  |

**About the Referrer**

|  |  |
| --- | --- |
| Name of person making the referral: |  |
| Agency: |  |
| Position held: |  |
| Contact details: |  |
| Date of referral: |  |
| Date Referrer became aware of concern |  |
| Name of LADO that initial discussion held with |  |

**About the CHILDREN involved**

|  |  |
| --- | --- |
| Name of child/ren involved in the incident: |  |
| Date of Birth: |  |
| Address: |  |
| If child is open case, name of Social Worker and if a child in care, also name of Independent Reviewing Officer: |  |

**About the INCIDENT/CONCERN**

|  |  |
| --- | --- |
| **Date(s) of Incident(s):** |  |
| **Description of the incident/concern:** | |
|  | |

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| --- |
| **Action taken by referring Agency so far:** |
|  |

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

Section 1 of this form should be completed and sent by secure e-mail to [lado.referrals@wakefield.gov.uk](mailto:lado.referrals@wakefield.gov.uk)

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

Thank-you

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Section 2 (For completion by the MASH team or LADO upon receipt of a written referral)***

|  |  |
| --- | --- |
| Initial Screening Decision (please tick): | |
| Inappropriate referral – Does not meet threshold or criteria |  |
| Advice and Consultation |  |
| Referral |  |

|  |  |
| --- | --- |
| Category of Abuse (please tick): | |
| Physical |  |
| Sexual |  |
| Emotional |  |
| Neglect |  |
| Behaviour unsuitable to work with children |  |
| Inappropriate referral |  |

|  |  |
| --- | --- |
| Relevant Local Authority Checks and further action:  **No checks completed** | |
| 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)***

|  |  |  |  |
| --- | --- | --- | --- |
| Key contacts | | | |
| Name | Agency | Designation | Tel. No/Email address |
|  |  |  |  |
|  |  |  |  |

***Section 4 (For completion by the LADO)***

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| --- |
| **Safeguarding and Allegation Management Decisions** |

|  |  |
| --- | --- |
| **DATE** | **DETAILS** |
|  |  |
|  |  |
|  |  |

***Section 5 (For completion by the LADO)***

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| **Case Recordings** |

|  |  |  |
| --- | --- | --- |
| **DATE** | **ACTIVITY** | **RECORDING DETAILS** |
|  |  |  |
|  |  |  |

***Section 6 (For completion by the LADO at closure of involvement)***

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| --- |
| Closure Summary |

|  |  |
| --- | --- |
| **Final Decision (please tick):** | |
| Inappropriate Referral - does not meet LADO criteria / No Further action |  |
| Advice and consultation provided |  |
| No allegations management meeting required, but LADO oversight |  |
| Allegations management meeting held |  |

|  |  |
| --- | --- |
| **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 pose a 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 |  |

|  |  |
| --- | --- |
| **Category of Abuse (please tick):** | |
| Physical |  |
| Sexual |  |
| Emotional |  |
| Neglect |  |
| Behaviour unsuitable to work with children |  |

|  |
| --- |
| **Summary of Work Completed** |
|  |

**For Referrals only - Allegation Outcome**

|  |  |  |  |
| --- | --- | --- | --- |
| **Substantiated** |  | **Unsubstantiated** |  |
| **False or Unfounded** |  | **Malicious** |  |

|  |  |  |
| --- | --- | --- |
| **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 |  |

|  |  |
| --- | --- |
| **Final Outcome re Employment (please tick all that apply):** | |
| Insufficient evidence |  |
| Management Investigation/Internal Investigation |  |
| Disciplinary Procedures |  |
| Verbal/Written Warning |  |
| Dismissal |  |
| Further Training |  |
| Individual Resigned |  |
| Cessation of Use |  |
| Individual Resigned Prior to Process |  |

|  |  |
| --- | --- |
| **Outcome of Police Investigation** | |
| Insufficient evidence |  |
| Malicious |  |
| False |  |
| Substantiated Leading to Criminal Prosecution |  |
| Substantiated Leading to a Police Caution |  |
| Substantiated Leading to Conviction |  |
| Acquittal |  |

***Signatures:***

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

**Manager Authorisation**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |
| Comments: |  | | |