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| **Management of Allegations against People in a Position of Trust**  **REFERRAL TO LOCAL AUTHORITY DESIGNATED OFFICER (LADO)**  This referral form must be completed and e-mailed to [sandwell\_LADO@sandwellchildrenstrust.org](mailto:sandwell_LADO@sandwellchildrenstrust.org) within 24 hours of the incident | | | | | |
| What to do **Complete Stage 1 Referral *(Sections 1-4)*** of the form as fully as possible and submit to: sandwell\_LADO@sandwellchildrenstrust.org  If concerns are more urgent  Where there are urgent child protection concerns the SCSP policy and procedures should be followed. These can be viewed at [www.sandwellcsp.org.uk](http://www.sandwellcsp.org.uk). Situations where there is immediate, possible or actual significant harm to a child or young person should be referred immediately to the police (where necessary) and Sandwell Childrens Trust on 0121 569 3100 and complete a MARF <https://www.sandwellcsp.org.uk/home/marf/> | | | | | |
| CONFIDENTIALWHEN COMPLETED THE CONTENTS OF THIS REFERRAL REMAIN CONFIDENTIAL. THEY ARE NOT TO BE REPRODUCED, COPIED OR DIVULGED IN ANY WAY. INFORMATION IS NOT TO BE DISCUSSED WITH, OR REVEALED TO, PERSONS WHO ARE NOT REQUIRED IN THE INTERESTS OF BOTH THE ADULT AND CHILD TO HAVE SUCH INFORMATION. ALL REQUESTS FOR THE USE OF ANY SUCH INFORMATION SHOULD BE MADE TO THE LADO | | | | | |
| **STAGE 1- Referral** | | | | | |
| Date of incident:  Date Referrer notified of incident:  Date of Referral to LADO: | | | | | |
| **Information about Person of concern:**  Name:  Role/Job Title:  Date of Birth:  Ethnicity: British  Home Address:    Name and address of workplace: | | | | | |
| Is the person of concern aware that you have referred? Yes/No  If no, please give explanation: | | | | | |
| **Does the person of concern have children of their own? Yes / No / not known**  **(please complete below)** | | | | | |
|  | **Child One** | **Child Two** | | **Child Three** | |
| Name of child: |  |  | |  | |
| Date of birth: |  |  | |  | |
| Home address: |  |  | |  | |
| LCS Number (if known) |  |  | |  | |
| **Details of the incident and resulting allegation/concern being raised:**  *Any injury to victim, date, time and place of incident if known and views of the child where known* | | | | | |
| **What actions have been taken to date, if any?** | | | | | |
| **Have there been previous concerns in relation to the person of concern?** | | | | | |
| **Details of the child/children involved in the allegation** | | | | | |
|  | **Child One** | | **Child Two** | | **Child Three** |
| Name: |  | |  | |  |
| Date of birth: |  | |  | |  |
| Ethnicity: |  | |  | |  |
| LCS Number (if known) |  | |  | |  |
| Home address: |  | |  | |  |
| Has the child’s parents/carers been informed? |  | |  | |  |
| If the child has an allocated Social Worker, please provide their details |  | |  | |  |
| **Referrers details:**  *If you are not the senior manager with responsibility for safeguarding, all referrals should be discussed with the designated person prior to being sent.*  Name:  Position:  Organisation Name and Type:  Organisation Address:  Telephone Number:  Referrers Email: | | | | | |
| **Details of the designated Senior Manager with responsibility for safeguarding or the person of concerns line manager if different to above**  Name:  Contact Number:    Email: | | | | | |
| **STAGE 2- Completed by LADO & to be returned to the employer /referrer** | | | | | |
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| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **LADO Advice/First Response**  **It is the responsibility of the Employer to report allegations to the relevant professional bodies where appropriate**   |  |  |  | | --- | --- | --- | | Police Consulted | Y/N | Details if applicable | | LADO Threshold Met | Y/N | Refer to LADO First Response | | Date | - |  | |   ***It is the responsibility of the Employer to provide the LADO with the outcome to their internal investigation as swiftly as possible.*** | | | | | |
| **STAGE 3- Completed by Employer and returned to LADO** | | | | | |
| |  |  | | --- | --- | | Allegation Outcome & Actions Undertaken |  | | Disciplinary Outcome |  | | Have referrals been made to the relevant professional bodies where appropriate and on what date? |  | | Any further Information |  | | | | | | |
| **STAGE 4- LADO Outcome** | | | | | |
| |  |  | | --- | --- | | Category Confirmation | Conduct/suitability/ Emotional/Neglect /Physical/sexual | | LADO Outcome | Substantiated/Unsubstantiated/False/Malicious /Unfounded | | Approved By & Date |  | | | | | | |
| |  | | --- | | When receiving an allegation:   * Treat it seriously and keep an open mind * **Do not** investigate * **Do not** make assumptions or offer alternative explanations * **Do not** promise confidentiality * Record the details using the child/adult’s own words * Note time/date/place of incident(s), persons present and what was said * Sign and date the written record * Do not tell the member of staff/volunteer if this might place the child at risk of significant harm or jeopardise any future investigation. | | | | | | |
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Once completed please email this referral form to [**sandwell\_LADO@sandwellchildrenstrust.org**](mailto:sandwell_LADO@sandwellchildrenstrust.org)