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**LONDON BOROUGH OF TOWER HAMLETS**

**Children’s Local Authority Designated Officer Referral Form**

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| The LADO is able to provide advice when equipped with the relevant facts.  This form should be used to make a referral about a member of staff/volunteer against whom an allegation has been made. This is in line with Chapter 7 of the London Child Protection Procedures 2020 & Keeping Children Safe in Education and Working Together 2020.  Once completed, please return this within 1 working day of the incident and email to [LADO@towerhamlets.gov.uk](mailto:LADO@towerhamlets.gov.uk). **The contact telephone number for LADO enquiries: 0207 364 0677 or 07903 238827** |

A LADO referral should be made when an allegation is made that:

* Member of staff/volunteer/foster carer has harmed a child or may have harmed a child
* Member of staff/volunteer/foster carer has committed a criminal offence against or related to a child
* Member of staff/volunteer/foster carer has behaved towards a child in a way that indicates they may pose a risk of harm to the child
* Inappropriate Relationships
* Behaviour in Personal Life

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| **If you think a child is at immediate risk of significant harm phone Children’s Social Care and/or the Police immediately**  **Children’s Social Care: 0207 364 5601 AND/OR Police – 101 or 999 if an emergency** |

When receiving an allegation the employer/organisation:

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| **Should:** | **Should Not:** |
| Treat it seriously and keep an open mind | **Do not** investigate the allegation |
| Confirm children are safeguarded | **Do not** make assumptions or offer alternative explanations |
| Record the details of what happened using the child/adult’s own words. | **Do not** tell the member of staff/volunteer if this might place the child at risk of significant harm or jeopardise any future investigation |
| Note time/date/place of incident(s), persons present and what was said | **Do not** promise confidentiality |
| Sign and date written records. | **Do not** interview the subject |
| Refer to the Tower Hamlets Managing Allegations Against Staff and Volunteers Who Work With Children Policy. | **Do not** interview potential witnesses |

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| **Date referred to LADO** | Select Date |

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| **Section A** – only complete form if you can answer ‘**Yes**’ to Q1 and at least one of the other 6 questions | |
| 1. Does this person **work** in Tower Hamlets | Select |
| **Has this person:** | |
| 1. Behaved in a way that has harmed a child or may have harmed a child? | Select |
| 1. Possibly committed an offence against or related to a child | Select |
| 1. Behaved towards a child or children in a way that indicates that he or she would pose a risk of harm to children if they work regularly or closely with them? | Select |
| 1. Behaved in a way in their personal life that may have an impact on their capacity to work with children | Select |
| 1. Inappropriate relationship with a child/young person | Select |
| 1. Is this a Quality of Care/Professional Conduct Issue that does not meet the Chapter 7 criteria but consultation and advice from the LADO is sought? | Select |

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| **Section B - The Person Being Referred** *(if more than one person involved, please complete separate forms)* | | | | | | | | | | | | | | | | |
| **Full name of Person being referred** | |  | | | | | | | | **Date of Birth \*** | | | |  | | |
| **Gender** | | Select | | | | | | | | **Disability (if known)** | | | | Select | | |
| **Home Address** | |  | | | | | | | | **Ethnicity** | | | | Select | | |
| **Place of employment; employer’s name and address** | |  | | | | | | | | | | | | | | |
| **Job Title /Role** | |  | | | | | | | | **How long have they been in post?** | | | | |  | |
| **What contact does the person have with children in that role?** | |  | | | | | | | | | | | | | | |
| **Does the person have any other contact (through work/volunteering with children? Please provide details if known)** | | | | |  | | | | | **Is the person aware that a referral has been made to the LADO?** | | | | | Select | |
| **Have there been previous concerns or allegations against this person? If yes, please give details** | | | | |  | | | | | **Does this person live with children?** | | | | | Select | |
| **Have safer recruitment processes been followed?** | | | | |  | | | | | **Date of DBS:** | | | | |  | |
| **Details of any previous allegations made:** | | | | |  | | | | | | | | | | | |
| **Section C - Details of Child Involved** *(if applicable)* **or adult** *(if historical)* | | | | | | | | | | | | | | | | |
| **Full name of Child** | |  | | | | | | | **Date of Birth** | | | |  | | | |
| **Gender** | Select | | | | | | | | **Disability (if applicable)** | | | | Select  **If Yes:** | | | |
| **Ethnicity** | | Select | | | | | | | **SEN (if applicable)** | | | | Select  **If Yes:** | | | |
| **Home Address** | |  | | | | | | | **Mosaic ID** | | | |  | | | |
| **Details of Parents or Local Authority (and social worker) if child is in care** | |  | | | | | | | **Are parents or social worker aware of incident?** | | | | Select | | | |
| **Section D - DETAILS OF THE REFERRAL** | | | | | | | | | | | | | | | | |
| **What is the nature of the allegation, concern or harm caused or posed by this individual?** | | | | Click to select | | | | **Has child been harmed or sustained an injury?** | | | Select | | | **Is this a historical allegation?** | | Select |
| **Please provide details of incident that have given rise to the concerns**  (please provide as much information as possible including details of any other children involved, injuries/harm suffered, dates and location, details of any witnesses and any actions/decision that have been taken)  **Date, time and location of Incident\*:**    **Details:**  **What safeguarding arrangements have been put in place for the child? Any other actions taken so far?** | | | | | | | | | | | | | | | | |
| **Has the child been spoken to about this incident? If yes, give details.** | | | | | | | | | | | | | | | | |
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| **Has the child’s parents or carers been informed? If yes, give reason and details.** | | | | | | | | | | | | | | | | |
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| **Has the professional or volunteer been informed? If yes, please give reason and details.** | | | | | | | | | | | | | | | | |
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| **Section E - Details of Person completing this form.** | | | | | | | | | | | | | | | | |
| **Your name \*** | | |  | | | | **Your Role \*** | | | | |  | | | | |
| **Telephone Number \*** | | |  | | | | **Email address: \*** | | | | |  | | | | |
| **Organisation Name and Address \*** | | |  | | | | | | | | | | | | | |
| **Are you the person with lead responsibility for allegation management in your organisation?** | | | Click to select | | | **If no, what is the name and contact details of your lead person?** | | | | | |  | | | | |
| **How is your information used?** | | | | | | | | | | | | | | | | |
| Information contained within this form will be used by the LADO during the management and oversight of allegations against people who work with children. The legal basis for processing is compliance with a legal obligation to safeguard and promote the welfare of children (s. 11 Children Act 2004), and duties imposed by the Working Together to Safeguard Children statutory guidance 2018. | | | | | | | | | | | | | | | | |
| **Who will your information be shared with?** | | | | | | | | | | | | | | | | |
| The information provided may be shared with other departments within the Council as appropriate, for example HR. It may also be shared with relevant third party organisations including Health, Police, Schools, educational settings or voluntary groups. Sharing will only be carried out where necessary and proportionate, and where there is an identifiable legal basis for doing so.  Information may also be shared with the Department for Education, Ofsted, DBS and HCPC as required by law and in certain circumstances the information will be shared with the subject in line with Subject Access Request. | | | | | | | | | | | | | | | | |