

Agency Referral to the LADO (Local Authority Designated Officer) Part One

To be completed by the referrer and emailed to: CPconferencesecureemail@knowsley.gcsx.gov.uk please follow up with a telephone call within 1 day of the allegation to confirm that the LADO Referral has been received by the Safeguarding Quality Assurance Unit on **0151 443 4077**.

ALLEGATIONS OF ABUSE AGAINST A PERSON WHO WORKS WITH CHILDREN

NB: Detailed guidance for agencies and employers dealing with allegations against people who work with children can be found in Working Together to Safeguard Children, Knowsley Safeguarding Children Board procedures and in the Guidance for Safer Working Practice for Adults who work with children & young people.

NOTIFICATION OF ALLEGATION AGAINST A PROFESSIONAL

- Please check that the person who you are referring **works** in the Knowsley area
- Please do ensure that urgent medical treatment is sought if required, and that the child is supported.
- Please record information and facts given to you as soon as possible.
- Please do not attempt to obtain written statements from the child or young person concerned, or ask leading questions.
- Do not discuss or inform the member of staff concerned that this referral is being made unless advised to by your HR Department or the Local Authority Designated Officer so as not to jeopardise any investigation.
- It is not your duty to investigate the allegation as this may lead to evidence being lost/contaminated or may even put the child, or others, at risk.

A Information about the Agency

Name of Agency:

Agency Type:

Social Care <input type="checkbox"/>	Health <input type="checkbox"/>	Education <input type="checkbox"/>
Early Years <input type="checkbox"/>	Police <input type="checkbox"/>	YOS <input type="checkbox"/>
Probation <input type="checkbox"/>	CAFCASS <input type="checkbox"/>	Secure Estate <input type="checkbox"/>
NSPCC <input type="checkbox"/>	Voluntary Organisation <input type="checkbox"/>	Faith Groups <input type="checkbox"/>
SPORTS/LEISURE <input type="checkbox"/>	Immigration/Asylum Support Services <input type="checkbox"/>	Armed Forces <input type="checkbox"/>
OFSTED <input type="checkbox"/>	Other (please specify) <input type="text"/>	

B Information about the person against whom the allegation has been made

Name: Sex M/F: Date of Birth:

Ethnicity Home Address: Do they have contact with children in any other capacity?

Designation-what is the persons job role:
Workplace Name & Address:

Date when started at this employment

On what basis is person employed: Permanent Temporary Fixed Term

Agency Worker Volunteer Other

Confidential

Have any allegations or concerns been made against this person previously:
Date of last DBS check

Yes

No

C Information about the allegation

Nature of the Allegation:

Physical

Emotional

Sexual

Neglect

If Physical – did it follow an authorised physical intervention or restraint and if so has this been recorded in line with your organisation’s procedures?

Date and Time of alleged incident:

Where did alleged incident take place?

Brief description of allegation / concern raised
(Please include is there CCTV coverage of the alleged incident):

WITNESSES

1.	Name:	<input type="text"/>
	Role:	<input type="text"/>
	Contact Details:	<input type="text"/>
2.	Name:	<input type="text"/>
	Role:	<input type="text"/>
	Contact Details:	<input type="text"/>
3.	Name:	<input type="text"/>
	Role:	<input type="text"/>
	Contact Details:	<input type="text"/>

3. Information about the person making the allegation/disclosure (if this is an adult disclosing on behalf of a child please ensure child’s details are recorded below)

Name:

Sex M/F:

Date of Birth:

Relationship to the person against whom the allegation is made

Ethnicity

Have parents been informed?

Is the child known to Children’s Social Care? and has the Social Worker been made aware of this referral? Please provide name, organisation they are employed by, telephone number and email address of social worker.

Does the concern involve more than one young person? (please include any alleged victims and children of the person against whom the allegation is made) A separate referral should be made for each individual child.

1 Name Sex M/F Date of Birth

Relationship to the person against whom the allegation is made

Ethnicity

Have parents been informed?

Confidential

2	Name	<input type="text"/>	Sex M/F	<input type="text"/>	Date of Birth	<input type="text"/>
	Relationship to the person against whom the allegation is made	<input type="text"/>	Ethnicity	<input type="text"/>	Have parents been informed?	<input type="text"/>
3	Name	<input type="text"/>	Sex M/F	<input type="text"/>	Date of Birth	<input type="text"/>
	Relationship to the person against whom the allegation is made	<input type="text"/>	Ethnicity	<input type="text"/>	Have parents been informed?	<input type="text"/>
4	Name	<input type="text"/>	Sex M/F	<input type="text"/>	Date of Birth	<input type="text"/>
	Relationship to the person against whom the allegation is made	<input type="text"/>	Ethnicity	<input type="text"/>	Have parents been informed?	<input type="text"/>

Details of any action taken by referring agency to safeguard the child/ren. ie suspension, medical attention/police notified

4. Details of person completing this form

Name:

Designation:

Agency Name & Address:

Telephone Number:

Date of Referral:

Name of Senior Manager:

Telephone Number:

For Completion by Safeguarding Unit only		Date Received by LADO:	
OUTCOME		Date of Initial Strategy Meeting:	
No Further Action after initial consideration		Resignation	
Training needs identified		Section 47 enquires/investigation	
Being unfounded		Criminal Investigation	
Being unsubstantiated		Disciplinary Procedures	
Being malicious		Criminal Prosecution	
Substantiated		Caution	
Suspension		Conviction	
Dismissal		Acquittal	
Deregistration		Referral to Barring Board	
Cessation of use		Referral to Regulatory Body	

ADVICE GIVEN BY LADO

ACTION TAKEN By LADO