

**Managing Allegations about Adults Working with**

**Children and Young People**

**Notification Form to the Designated Officer (LADO)**

Section one must be completed and sent to the Designated Officer (LADO) at the email address below if there is reasonable cause to believe that any person who works with children in a ‘Regulated Activity’ or in a ‘Position of Trust’ in connection with their employment or as a volunteer has:

* Behaved in a way that has harmed, or may have harmed, a child
* Possibly committed a criminal offence against, or related to, a child; OR
* Behaved towards a child or children in a way that indicates that they may pose a risk of harm to children
* Behaved or may have behaved in a way that indicates they may not be suitable to work with children

If the allegation meets any of the above criteria, the employer or agency should report it to the LADO within 1 working day – Referrals should not be delayed to obtain further information

The employer/manager (*lead person/individual with responsibility*) should then telephone the LADO immediately to discuss the next course of action.

Designated Officers (LADO):

**Yvonne Nelson-Brown – 01384 813110**

**Sukhchandan Kaur – 01384 813660**

**General line: 01384 813061**

E-mail: [allegations@dudley.gov.uk](mailto:allegations@dudley.gov.uk)

Please do not PDF this referral form once it has been completed; this will be done once the form is received.

**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:

MASH – 0300 555 0050

(**0300 555 8574** out of hours)

Police: 101 or 999 if an emergency

* 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
* **DO** refer to Dudley’s Managing Allegations Against People Who Work With Children’ policy which can be found at <https://dudleysafeguarding.org.uk/children/professionals-working-with-children/management-of-allegations/>

**SECTION ONE: TO BE COMPLETED BY THE REFERRER-** include as much detail as possible

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| **Referrer Details** | |
| Name: | Job Title: |
| Organisation: | |
| Address: | |
| Tel: | E-mail: |

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| **Child details (to whom the allegation involves)** | | | |
| FULL Name: | | | |
| Date of Birth:  Age at point of referral: | Ethnicity: | | Male/Female: |
| Home address: | | | |
| School/College/Work Place: | | LCS reference Number (if child/young person known to Dudley Children Services): | |
| Additional information  (e.g. disability, communication or other special needs, previous child protection concerns) | | | |
| Is the child Looked After? If so provide the details (including telephone numbers) of the Agency, the Placing Authority and the allocated Social workers | | | |
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| If there are other children in the placement, or if there are other children affected by the allegation provide details below | | | |
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| **Family Details** | |
| Parent/Carer Name: |  |
| Relationship: |  |
| Date of Birth: |  |
| Ethnicity: |  |
| Address: |  |
| Telephone contact: |  |
| E-mail contact: |  |
| Additional Information: |  |

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| **Member of staff/volunteer concerned** – The person(s) about whom the allegation has been made | | | |
| Name: | | | |
| Date of Birth: | Ethnicity: | Male/Female: | |
| Telephone: | | E-mail: | |
| Job Title: | | Employment status: | |
| Employing Agency or organisation (include statutory or voluntary agency): | | Place of employment: | |
| Home Address: | | | |
| Additional information e.g. employment history; previous concerns raised, **are they involved in any other activity:** | | | |
| Details of any previous allegations made: | | | |
| Have safer recruitment processes been followed? | | | Yes/No: |
| Date of most recent DBS: | | | |
| DO they have any children of their own? Or DO they come in contact with any children in their personal lives? If so provide details | | | |

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| **Details Of Allegation / Concern** | | | |
| Date of Allegation: | Time of Allegation: | Place of Allegation: | |
| Allegation in Personal Life? | | | Yes/No: |
| Allegation in Professional Life? | | | Yes/No: |
| Record the details of the allegation using the child/adult’s own words where possible: | | | |
| **RECORD NATURE OF ALLEGATIONS – please tick box(s) that are applicable:**   |  |  | | --- | --- | | **PHYSICAL ABUSE** |  | | **SEXUAL ABUSE** |  | | **EMOTIONAL ABUSE** |  | | **NEGLECT** |  | | **ONLINE – SOCIAL NETWORK** |  | | **ONLINE -WEBSITE** |  | | **ONLINE -IMAGES** |  | | **ONLINE - (NOT STATED)** |  |   **PLEASE ENSURE THAT YOU HAVE TICKED AT LEAST ONE OF THESE BOXES** | | | |

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| **Has the child been spoken to about this incident or concern?** If yes, please give details: |
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| **Has a parent/carer been informed?** If yes, please give reason and details: |
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| **Has the member of staff / volunteer been informed of your discussion or referral to the LALADO?** |
| **Yes- please give reason and details:**  **No - please give reason and details:**  **(WE STRONGLY ADVISE YOU TO INFORM THE MEMBER OF STAFF IF THEY ARE REFERRED TO LALADO AND THEY MAY BE SUBJECT TO A POSITION OF TRUST MEETING – unless to LADO so would place a child/young person at risk or compromise any potential criminal investigation)** |
| **Have you consulted and/or submitted a MARF to Childrens Services regarding the allegation of abuse –**  **YES / NO (PLEASE CIRCLE AS APPROPRIATE)** |
| **If you have submitted the MARF – have you followed it up and gained feedback – what information was provided to you?** |
| **If you have NOT submitted the MARF – please explain why not?** |

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| **Referrers Full Name** | **Referrers Agency** | |
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| **Referrer signature** | **Date of referral** | **Time of referral** |
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