**Managing Allegations About Adults Working with Children & Young People**

**Referral form to the ECC Local Authority Designated Officer (LADO)**

The referral form must be completed and emailed to the Duty Local Authority Designated Officer (LADO) if it is alleged that a person who works with children 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 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

The manager should make the referral to the LADO within 1 working day to the Duty LADO at the email address below, using this referral form.

LADO:            Duty

Tel:                 **03330 139 797**

Email:             [LADO@essex.gov.uk](mailto:LADO@essex.gov.uk) **in advance of submitting this form, the automatic reply you receive will provide you with the secure link to return your referral form. Please add in the subject line of this email ‘Intention to Refer’.**

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| For child protection concerns that are not related to an allegation about a professional, please call 0345 603 7627  If you think a child is at immediate risk of significant harm dial 999. |

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.
* Refer to the SET Child Protection Procedures [www.escb.co.uk](http://www.escb.co.uk).



Allegations Management

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| Referral date: |

## Key Dates/times

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| --- | --- |
| *Complete as appropriate* |  |
| If already discussed with Duty LADO; who was this or date of discussion? |  |
| Date and time the allegation/concern was **reported** to Designated Senior Manager for allegations |  |
| Date and time of alleged incident |  |
| If historic allegation, approximate date, or year of incident/s |  |

## Details of adult who is the subject of the allegation or concern

|  |  |
| --- | --- |
| Full name |  |
| Gender |  |
| Role/job title |  |
| Name and address of the setting/employer where the adult works. |  |
| Home address |  |
| Date of birth |  |
| Ethnicity |  |
| Adult’s relations with your setting  (e.g. employee, volunteer, contractor) |  |
| How long employed/volunteering? |  |
| Are there any pre-existing capability concerns regarding this member of staff (not necessarily safeguarding related)? |  |
| Does this person work with children or vulnerable adults in any other capacity? Please give details. |  |
| Does this person have children of their own?  *Please give details* |  |
| Have there been any previous allegations or concerns regarding this person?  *Please give details* |  |
| Is the adult aware that an allegation or concern has been raised? |  |
| What immediate safeguards have you put in place? |  |

## Details of the child/young person subject to the allegation or concern

*If more than one child/young person involved, please give details in further notes section*

|  |  |
| --- | --- |
| Full name |  |
| Gender |  |
| Date of birth |  |
| Home address |  |
| Where was the child residing at the time of allegation if different from the Home Address |  |
| Ethnicity |  |
| Additional Needs i.e. Disability or Impairment |  |
| Parents/carers names and contact details |  |
| Who has parental responsibility for the child/young person? |  |
| Has this child/young person made any previous allegations? |  |
| Are other professional/agencies working with this child/young person? Please give details |  |

## The allegation or concern/complaint

|  |  |
| --- | --- |
| Please **summarise** the allegation or concern below | |
|  | |
| How did the allegation/concern emerge? e.g. child disclosed/parent complained/concerned professional, etc? |  |
| Does the child/young person have an injury? If so, describe the injury  *If the injury has not been seen, describe what has been disclosed* |  |
| Was the alleged incident witnessed? If so, please give details |  |
| Have parents/carers of the child been informed? Give details, including reasons if not informed at this stage |  |

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| **Further notes:** Please use this space to expand on any of the questions above or give other relevant information. You may also attach other relevant documents if required. |

## Referrer’s details:

|  |  |
| --- | --- |
| Name |  |
| Role |  |
| Name of setting |  |
| Contact details (Tel) |  |
| Contact details (E-mail) |  |
| Name of **Designated Senior Manager** for allegations if different from above |  |
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| Referrer’s signature  *When sending by e-mail please use electronic signature if available* |  |