

Managing Allegations About Adults Working With Children & Young People

The referral must be made to the 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

IMPORTANT NOTE –Telephone contact with the LADO is requested prior to this form being completed. Telephone - **01582 548069**

The LADO should be informed within one working day of an allegation/concern being received. In urgent cases the LADO should be contacted straight away.

Please do not assume this form has been received – telephone the Duty LADO to confirm.

For child protection enquiries that are not related to an allegation about a professional or volunteer please call 01582 547653

If you think a child is at immediate risk of significant harm telephone the police.

When receiving an allegation/concern please;

- **Do** treat it seriously and keep an open mind
- **Do** make a note of the allegation reported recording the time/date/place of incident and what the reporting person said
- **Do** refer to your *managing allegations against people who work with children*’ policy.
- **Do not** investigate
- **Do not** make assumptions or offer alternative explanations
- **Do not** promise confidentiality
- **Do not** ask those involved (children or adults, witnesses) to write their own account at this stage.
- **Do not** inform the member of staff/volunteer if this might place the child/ren at risk or jeopardise any future investigation.



Allegations Management

Referral to the Local Authority Designated Officer Safeguarding and Quality Assurance Team

Important Notes

- 1) Telephone contact with the LADO is requested prior to this form being completed.
Telephone - 01582 548069
- 2) Do not ask those involved (children or adults, witnesses) to write their own account at this stage.

Date of referral

/

/Key Dates/times

Complete as appropriate	
Date of initial discussion with Duty LADO and their name	
Date and time the allegation/concern was reported to Designated Senior Manager for allegations	
Date and time of alleged incident (if relevant)	
If historic allegation, approximate date or year of incident/s	

This section is about the adult who is the subject of the allegation or concern

Surname			
First name			
DOB /Age	DOB	Age	
Gender			
Home address			
Adult's relations with your setting (e.g. employee, volunteer, contractor)			
How long employed/volunteering?			

Does this person work with children or vulnerable adults either within your organisation or for another organisation (paid or unpaid) Please give details.	Yes (X)		No (X)		Don't Know (X)		
	Details						
Does this person have children of their own? <i>Please give details (use further notes section if required)</i>	Yes (X)		No (X)		Don't Know (X)		Yes over 18 (X)
	Details if known						
Have there been any previous allegations or concerns regarding this person	Yes (X)		No (X)		Don't Know (X)		
	Please use the additional notes section to provide details						
Is the adult aware that an allegation or concern has been raised?	Yes (X)		No (X)		Don't Know (X)		

Summary of the concern/complaint – please be specific

<ul style="list-style-type: none"> - What is alleged or what is the concern. - When did it take place - Who is making the allegation <p>Please do not use this space to copy and paste documents.</p>							
<p>How did the allegation/concern emerge? e.g. child disclosed/parent complained/concerned professional, etc?</p>							
Does the child/young person have a mark or injury?	Yes (X)		No (X)		Don't know (X)		Reported but not seen (x)
	Describe						
Was the alleged incident witnessed? If so please give details	Yes (X)		No (X)		Don't know (X)		
	Brief details						

Have parents/carers of the child been informed at this stage?	Yes (X)		No (X)		Don't know (X)		
Interim Safeguards	Suspended (X)		Directly supervised whilst working with children with children (X)				
	Alternative duties (X)		None (X)		Other (X)		

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

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

Surname			
First name			
DOB /Age	DOB	Age	
Gender			
Home address			

Parents/carers names and contact details			
Who has parental responsibility for the child/young person?	Parents (X)		Other
	Details (if required)		
	Local Authority shares parental responsibility.		
Has this child/young person made any previous allegations at your setting?	Yes (X)		No (X)
			Don't Know (x)
	Please use the additional notes section to provide details		
Are other professional/agencies working with this child/young person? Please give details			

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	
Method of referral	