

LADO REFERRAL

Allegations against adults who work with children

This form is to be used in cases in which it is alleged that a person who works with children (either paid / unpaid/self-employed) has

- **behaved in a way that has harmed a child, or may have harmed a child**
 - **possibly committed a criminal offence against or related to a child**
 - **behaved towards a child or children in a way that indicates they may pose a risk of harm to children.**
- If the allegation meets any of the above criteria, the employer should report it to the LADO **within 1 working day**. Referrals should not be delayed to obtain further information
 - For services regulated/inspected by **OFSTED**, the provider should notify them of the allegation.
 - Please complete this form and send it to the Redbridge LADO at the Safeguarding and Care Planning Team (020 8708 5350/5150/5173)

LADO@redbridge.gov.uk

- It is advisable to consult the LADO (or nominated IRO in the LADO's absence) on one of the above numbers before making a referral. Alternatively contact and referral to CPAT (CPAT.Referrals@redbridge.gov.uk) on 020 8708 3885 can be made.

If immediate action is required to protect a child, please discuss this with the LADO. Outside of office hours, contact the Emergency Duty Team (Tel. 020 8554 5000) or local Police (Met switchboard – 101 or in an emergency 999)

SUBJECT OF ALLEGATION:

First Name:		Surname:	
D.O.B:			
Gender:			
Ethnicity:			
Disability:			
Job Title/Role:			
Type of Employment:			
Employing Organisation/ Resource Name:			
Employing Organisation/ Resource Address:			
Employment Sector:			
Other Roles:			
Home Address:			

DETAILS OF CHILDREN UNDER 18 IN THE SUBJECT'S HOUSEHOLD:

Please note - if the allegation is against a foster carer, all children in the placement will need to be considered, including the foster carer's children.

Name: D.O.B: CareFirst number (if known):
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DETAILS OF CHILD/REN CONCERNED:

Name:
D.O.B:
Protocol:(if known):
Is child known to Redbridge?
Is the child known to another LA? If so, which?
Please give a brief summary of reason/s:
Is the case currently open?
Allocated social worker and contact details:
If child/ren has an allocated social worker please copy this referral to them.

Name:
D.O.B:
CareFirst number (if known):
Is child known to Redbridge?
Is the child known to another LA? If so, which?
Please give a brief summary of reason/s:
Is the case currently open?
Allocated social worker and contact details:
If child/ren has an allocated social worker please copy this referral to them.

Name:
D.O.B:
CareFirst number (if known):
Is child known to Redbridge?
Is the child known to another LA? If so, which?
Please give a brief summary of reason/s:
Is the case currently open?
Allocated social worker and contact details:
If child/ren has an allocated social worker please copy this referral to them.

Referrals should be made as soon as possible and in any event the LADO notified within 1 working day

The child/ren know/s about the referral: If no, state reason:
The parent knows about the referral: If no, state reason:
The carer (if applicable) knows about the referral: If no, state reason:

BRIEF ACCOUNT OF ALLEGATION:

Category of Abuse (if relevant):

ACTION TAKEN BY EMPLOYING ORGANISATION/RESOURCE:

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HISTORY OF CONCERNS/PREVIOUS ALLEGATIONS & OUTCOMES:

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PLEASE PROVIDE DETAILS OF SIGNIFICANT PROFESSIONALS INVOLVED WITH THE ADULT AND CHILD/REN:

This should include the Senior Manager and HR advisor for the employing organisation and the child's social worker if there is one. For foster carers, include the supervising social worker/fostering agency manager

Name:

Designation:

Work address:

Contact Number/email:

Name:

Designation:

Work address:

Contact Number/email:

Name:

Designation:

Work address:

Contact Number/email:

Name:

Designation:

Work address:

Contact Number/email:

OTHER RELEVANT INFORMATION:

FORM COMPLETED BY:

Name:
Job Title/Role:
Employing organisation:
Sector:
Contact details:

Date: