**LONDON BOROUGH OF TOWER HAMLETS**

**Local Authority Designated Officer Referral Form**

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| The LADO is able to provide advice when equipped with the relevant facts.  Agencies should complete this form and sent it to the Local Authority Designated Officer (LADO) based in the Safeguarding & Quality Assurance Service of the London Borough of Tower Hamlets in every case where it is *alleged* that a person working with children may have:   * Member of staff/volunteer/foster carer has harmed a child or may have harmed a child * Member of staff/volunteer/foster carer has committed a criminal offence against or related to a child * Member of staff/volunteer/foster carer has behaved towards a child in a way that indicates they may pose a risk of harm to the child * Inappropriate Relationships * Behaviour in Personal Life * Low Level Safeguarding Concern as referenced in KCSIE 2024 and LSCP Chapter 7, paragraph 7.2.13.   This is in line with Chapter 7 of the London Child Protection Procedures 2022 & Keeping Children Safe in Education 2024 and Working Together to Safeguard Children 2023.   * A separate form should be used to record each incident/allegation. * The names of all children and adults involved in the incident/allegation should be included in this form.   Once completed, please return this within one working day of the incident and email to [LADO@towerhamlets.gov.uk](mailto:LADO@towerhamlets.gov.uk). **The contact telephone number for LADO enquiries: 020 7364 0677**  Whilst it will not be necessary to convene an Allegations Management Meeting with Children Social Care and the Police on every referral, every incident should be recorded on this form.  You may be asked to provide associated relevant documentation with this referral form. Once the information has been evaluated by the LADO you will be advised regarding the appropriate action to be taken. |

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| **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: 020 7364 5601 AND/OR Police – 101 or 999 if an emergency** |

When receiving an allegation the employer/organisation:

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| **Should:** | **Should Not:** |
| Treat it seriously and keep an open mind | **Do not** investigate the allegation |
| Confirm children are safeguarded | **Do not** make assumptions or offer alternative explanations |
| Record the details of what happened using the child/adult’s own words. | **Do not** tell the member of staff/volunteer if this might place the child at risk of significant harm or jeopardise any future investigation |
| Note time/date/place of incident(s), persons present and what was said | **Do not** promise confidentiality |
| Sign and date written records. | **Do not** interview the subject |
| Refer to the Tower Hamlets Managing Allegations Against Staff and Volunteers Who Work With Children Policy. | **Do not** interview potential witnesses |

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| **Date referred to LADO** |  |

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| **Section A** – only complete form if you can answer ‘**Yes**’ to Q1 and at least one of the other 6 questions |  |
| 1. Does this person **work** in Tower Hamlets | Select |
| **Has this person:** |  |
| 1. Behaved in a way that has harmed a child or may have harmed a child? | Select |
| 1. Possibly committed an offence against or related to a child | Select |
| 1. Behaved towards a child or children in a way that indicates that he or she would pose a risk of harm to children if they work regularly or closely with them? | Select |
| 1. Behaved in a way in their personal life that may have an impact on their capacity to work with children | Select |
| 1. Inappropriate relationship with a child/young person | Select |
| 1. Is this a Low-Level Safeguarding Concern that does not meet the Chapter 7 harm criteria but consultation and advice from the LADO is sought? | Select |

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| **Section B - The Person Being Referred** *(if more than one person involved, please complete separate forms)* |  |
| **Full name of Person being referred** |  |
| **Age & Date of Birth** |  |
| **Gender** |  |
| **Disability (if known)** | **No** |
| **Home Address** |  |
| **Place of employment; employer’s name and address** |  |
| **Job Title /Role** |  |
| **How long have they been in post?** |  |
| **What contact does the person have with children in that role?** |  |
| **Does the person have any other contact (through work/volunteering with children? Please provide details if known)** |  |
| **Is the person aware that a referral has been made to the LADO?** |  |
| **Have there been previous concerns or allegations against this person? If yes, please give details** |  |
| **Does this person live with children?** |  |
| **Have safer recruitment processes been followed?** |  |
| **Date of DBS:** |  |
| **Details of any previous allegations made:** |  |
| **Section C - Details of Child Involved** *(if applicable)* **or adult** *(if historical)* |  |
| **Full name of Child** |  |
| **Age & Date of Birth** |  |
| **Home Address** |  |
| **Are there issues of disability / communication / literacy for child or their**  **parent/carer?** |  |
| **Gender** |  |
| **Details of Parents/Carers:** |  |
| **Is the child known to CSC?** | □ Child not known to CSC  □ Early Help  □ Child in need plan  □ Child protection plan  □ Looked after child  □ CWD Team |
| **Are there any known**  **concerns about this child’s**  **home life?** |  |
| **Section D - DETAILS OF THE REFERRAL** |  |
| **What is the date of the alleged incident?** |  |
| **Who has made the allegation/raised concerns e.g. child, parent, colleague, other**  **professional etc** |  |
| **Where has the alleged incident taken place?** |  |
| **What has happened?** |  |
| **Are there any written reports, witnesses to the alleged incident or CCTV footage? Please give**  **details or supply copies**  **(NB – Organisations must not carry out an investigation, only initial enquiries)** |  |
| **If an injury has been**  **sustained, what evidence is there (use a body map diagram) and what action**  **was taken, e.g.; attending**  **hospital?** |  |
| **What immediate action if any has been taken regarding the allegation/concern?** |  |
| **What safeguarding arrangements have been put in place for the child?** |  |
| **Has the child been spoken to about this incident? If yes, give details.** |  |
| **Are the parents/carers of the child aware of the allegation/concern? State when and their views.** |  |
| **Has the professional or volunteer been informed? If yes, please give reason and details.** |  |
| **Section E - Details of Person completing this form.** |  |
| **Your name \*** |  |
| **Your Role \*** |  |
| **Telephone Number and best contact times \*** |  |
| **Email address: \*** |  |
| **Organisation Name and Address \*** |  |
| **Are you the person with lead responsibility for allegation management in your organisation?** |  |

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| **How is your information used?** |
| Information contained within this form will be used by the LADO during the management and oversight of allegations against people who work with children. The legal basis for processing is compliance with a legal obligation to safeguard and promote the welfare of children (s. 11 Children Act 2004), and duties imposed by the Working Together to Safeguard Children statutory guidance 2023. |
| **Who will your information be shared with?** |
| The information provided may be shared with other departments within the Council as appropriate, for example HR. It may also be shared with relevant third party organisations including Health, Police, Schools, educational settings or voluntary groups. Sharing will only be carried out where necessary and proportionate, and where there is an identifiable legal basis for doing so.  Information may also be shared with the Department for Education, Ofsted, DBS and HCPC as required by law and in certain circumstances the information will be shared with the subject in line with Subject Access Request. |