## Local Authority Designated Officer (LADO) - Professional Allegation Referral Form Guidance

- 1. The LADO's primary function is to manage and have oversight of any investigation into an incident where an allegation of abuse or harm has been made against a professional or volunteer who has contact with children as part of their work or activities.
- 2. It is your responsibility to contact the LADO within 1 working day of an incident arising and prior to any further investigation taking place where it appears that an allegation or concerns about a person who works with children, has:
  - 2.1 Behaved in a way that has harmed a child or may have harmed a child.
  - 2.2 Possibly committed a criminal offence against or related to a child.
  - 2.3 Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children.
- The LADO will give initial guidance prior to a LADO referral being made. Please contact the LADO service within 1 working day of the incident or when you were made aware of concerns on 01872 326536.
- 4. If you have any child protection concerns directly relating to the alleged child victim/s, please contact the Multi Agency Referral Unit on 0300 123 1116 to make a referral to Social Care. If you have any concerns in relation to a vulnerable adult please contact the Safeguarding Adults Access Team on 0300 1234 131.
- 5. All LADO referrals require the LADO Professional Allegation Referral Form to be completed and sent to the email address <a href="mailto:multiagencyreferralunit@cornwall.gcsx.gov.uk">multiagencyreferralunit@cornwall.gcsx.gov.uk</a>. It is important that the LADO referral form is completed as fully as possible to ensure the LADO is able to effectively manage and have oversight of any investigation.
- 6. Information on the LADO referral form will be shared with other agencies as part of the LADO process, unless this puts an individual at risk of harm or inhibits an investigation.
- 7. This referral form and LADO information leaflets about the LADO role and process for employers and employees can be found at the following web link:

https://www.safechildren-cios.co.uk/health-and-social-care/childrens-services/cornwall-and-isles-of-scilly-safeguarding-children-partnership/working-together/professional-allegations-lado/

## **Local Authority Designated Officer**

## **Professional Allegations Referral Form**

Alleged Perpetrator's Details				
Name				
Date of Birth	Click here to enter a date.	Click here to enter a date.		
Address				
Job Title				
Name of Organisation				
Length of time involved with the				
organisation				
Relationship to alleged victim				

Referrer's Details				
Alleged Victim's Details				
Name				
Date of Birth	Click here to enter a date.			
Address				
Ethnicity				
Social Worker (if applicable)	Click here to enter a date.			
Does the alleged victim have a disability?	□Yes □No			
	If yes details:			
Does the alleged victim have special	□Yes □No			
educational needs?	If yes details:			
Do you have any reason to doubt the alleged	□Yes □No			
victim's capacity to participate?	If yes details:			
Is the alleged victim at risk of Child Sexual	□Yes □No			
Exploitation?				
Alleged victim's relationship to alleged				
perpetrator				

Other Vulnerable Adults or Children who may be at Risk (If Applicable)					
Name					
Date of Birth	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.		
Address					
Ethnicity					
Social Worker (if applicable)					

Does the alleged victim		☐Yes ☐No	□Yes □No			
a disability?	If yes details:	If yes details:	If yes details:			
Does the alleged victim		□Yes □No	□Yes □No			
special educational need	<b>J</b>	If yes details:	If yes details:			
Do you have any reason		□Yes □No	□Yes □No			
doubt the alleged victim	's If yes details:	If yes details:	If yes details:			
capacity to participate?						
Is the alleged victim at r	_	□Yes	□Yes			
Child Sexual Exploitatio		□No	□No			
Alleged victim's relation	ship					
to alleged perpetrator						
	Incident/Allegatio	n/Concern Details				
If the alleged victim has		□Yes				
educational needs, did t		□No				
physical intervention or	restraint?	-				
Date of incident (if applicable)		Click here to enter a date.				
Time of incident (if any)	(aabla)					
Time of incident (if appli	capie)					
Location of incident (if a	pplicable)					
Details of Incident/Allega	ation/Concern					
What are the views and desired outcome of the alleged victim/person with parental responsibility						
Other Workers/Organisations Involved						
Name	Organisation	Email Address	Telephone Number			
			ĺ			

## **Data Protection - Privacy Statement**

The information you provide is being collected by Children, Schools and Families Multi Agency Referral Unit (MARU) for the purpose of helping us to make the right decisions about the type of service you need ensuring you receive services best suited to your needs and circumstances

This information may also be shared with other relevant professionals in conjunction with the nature of the request or enquiry. The data held relating to the delivery of support by MARU to your child will be used both for the provision of services and also for performance and service planning. This information will be held in a secure environment for a minimum of 3 years from date of case closure for all contacts and a maximum of 25 years from date of birth for all referrals in accordance with the CSF data retention policy after which time it will be destroyed in a secure manner. A full copy of our Privacy Notice can be found at <a href="https://www.cornwall.gov.uk/health-and-social-care/childrens-services/how-we-use-your-information-to-provide-services/">https://www.cornwall.gov.uk/health-and-social-care/childrens-services/how-we-use-your-information-to-provide-services/</a>