**LADO Referral/ Advice Form**

**This form should be used where there are Allegations or Concerns in respect of a person who works/ volunteers with children in the Barnsley area.**

**Referrals cannot be processed without the details of where the individual works/ volunteers.**

If you would like to discuss your referral, please contact: 01226772341

**If you query relates to an adult who works or volunteers with adults in Barnsley, please contact Adults Social Care on**[**01226 773300**](https://www.google.com/search?q=barnsley+social+care&rlz=1C1GCEJ_enGB1076GB1076&oq=barnsley+social+care&gs_lcrp=EgZjaHJvbWUyBggAEEUYOTIGCAEQRRhBMgYIAhBFGDwyBggDEEUYPDIGCAQQRRhBMgYIBRBFGEHSAQgzNDc3ajBqMagCALACAA&sourceid=chrome&ie=UTF-8&surl=1&safe=active&ssui=on)

Any concern about a professional should be referred within 1 working day.

Please complete the form and return by secure email to: [LADO@barnsley.gov.uk](mailto:LADO@barnsley.gov.uk)

**Please complete sections 1 for TIER 1:**

**TIER 1 Advice only: “Incident that does not need LADO action but may be a conduct issue, or require more general advice.” The request for advice should not name a specific adult but requires general advice. This will be recorded by the organisation’s name only.**

**If you are unsure if your query falls under TIER 1 or TIER 2/3, please complete section 1 (Advice) and you will be advised if a formal referral is required.**

**Please complete sections 2-5 if you are making a referral to LADO under TIER 2 or TIER 3:**

**CRITERIA FOR INVESTIGATION UNDER LADO TIER 3 criteria met OR TIER 2 CONSULTATION**

**TIER 2 LADO Consultation: “Incident or concern which might require logging with LADO but will be ‘No Further Action’”**

**Incident or concern is discussed with LADO, advice provided and recorded by LADO under low level concern, but is not sufficient to meet above criteria for tier 3, or it is not within LADO remit. LADO can offer advice by a phone conversation or short meeting, which may lead to actions to be completed by the employer, or there may be no further action.**

**TIER 3 LADO criteria met**:  **“Incident or concerns which indicate significant concerns re standards of care provided to an individual child or group of children”**

* **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;**
* **Behaved or may have behaved in a way that indicates they may not be suitable to work with children**

**Referrer details (to be completed for Tier 1,2 and 3)**

|  |  |
| --- | --- |
| **Date of referral** |  |
| **Name of Referrer** |  |
| **Role** |  |
| **Agency of Referrer including address** |  |
| **Email address and Telephone number of referral** |  |
| **Have any previous advice or referral forms been submitted? If so please specify date** |  |
| **Date of incident/ concern** |  |
| **Date referrer became aware of the incident/ concern** |  |

**Section 1:**

**Tier 1: Advice form:**

|  |  |
| --- | --- |
| **Details of agency where the subject works/ volunteers** |  |
| **Role** |  |
| **Brief summary of the concern, action taken and advice requested.** |  |

**To be completed by LADO:**

|  |  |
| --- | --- |
| **Date of discussion:** |  |
| **Name of LADO providing advice:** |  |
| **Advice provided and rationale:** |  |
| **Outcome:** | **Does not meet threshold** |
|  | **Does not meet LADO criteria** |
|  | **Other** |
|  | **Refer to other LADO** |
|  | **Refer to Adults Social Care** |
|  | **Progress to referral** |
| **Does referrer need to send referral form?** |  |

**Tier 2 and 3:**

**(Leave blank if advice form section is being completed)**

**2. Adult details (In the case of multiple adults, please complete separate forms)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | | |
| **Date of Birth** |  | | |
| **Ethnicity** |  | | |
| **Address including postcode** |  | | |
| **Communication issues or disability** |  | | |
| **Job/ position title** |  | | |
| **Agency name** |  | | |
| **Agency address** |  | | |
| **Any previous LADO referrals or Safeguarding concerns** |  | | |
| **Does this person work or volunteer in any other roles with children?** | **Y/N/NK**  **(delete as required)** | **If Y please provide details. If NK/ please inform when this will be confirmed.** |  |
| **Is the adult aware of the referral?** |  | | |

**3. Child/ victim/ affected person’s details: (Please duplicate box for multiple children)**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth** |  |
| **Ethnicity** |  |
| **Address including postcode** |  |
| **School** |  |
| **Is the child open to Social Care** |  |
| **Social Worker including contact details** |  |
| **Legal Status \*ie CIN, CP, ICO)** |  |
| **Disability** |  |
| **Communication issues** |  |

**4. Allegation details:**

***Please provide a factual detailed chronology about the incident /concern. This should include:***

* ***Details of when the concern was reported and what was alleged.***
* ***Actions taken (including discussions with the child, parents, subject adult, witnesses, referrals or reports to other agencies).***
* ***Action taken such as suspension, risk assessments etc.***
* ***Any previous issues or concerns should also be identified and recorded here.***

|  |
| --- |
| ***Summary of allegation including factual, chronological details of the incident or concern*** |
| ***Initial fact finding and outcome*** |
| ***Voice of the child*** *(i.e the child’s view, how they reported feeling about the incident or how they presented after the incident if pre or non verbal)* |

**5. Details of other relevant children:**

**(It is the responsibility of LADO and relevant organisations to ensure the safety of all children, not solely the victim/ subject child/ affected person)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Does the adult have birth children or any other caring responsibilities?** | **Y/N/NK** | **If Y please provide details. If NK please inform when this will be confirmed.** |  |
| **Name** |  | | |
| **Date of Birth** |  | | |
| **Ethnicity** |  | | |
| **Address including postcode** |  | | |
| **School** |  | | |
| **Is the child open to Social Care** |  | | |
| **Social Worker including contact details** |  | | |
| **Legal Status \*ie CIN, CP, ICO)** |  | | |
| **Disability** |  | | |
| **Communication issues** |  | | |