

NORTH WEST LADO GROUP

LADO REFERRALS INDICATOR MATRIX

<i>Indicators Matrix LADO= Tiers 1-4</i>			
<p>Tier 1: Incident that does not need LADO input but may be a conduct issue. This would not need recording by LADO and should be recorded internally by the employer</p>	<p>Tier 2: Incident which might require LADO logging incident and ‘No Further Action taken’. Employer should ensure this information is recorded internally.</p>	<p>Tier 3: Incident which requires consideration of referral to other agency such as police or Ofsted and requires an Allegations Management Strategy Meeting</p>	<p>Tier 4: incident which requires immediate suspension/ police referral/ arrest/ immediate action to protect child requiring a Section 47 strategy meeting or strategy meeting under allegations Management</p>
<p>Complaint made by parent or carer or comment made by child that does not seem to have any corroborating evidence. There is no injury seen, or witness accounts do not corroborate the allegation, the manager confident this does not meet the threshold for a referral but is intending to investigate further.</p> <p>In such cases the relevant manager may wish to have a consultation discussion with the LADO, and both can make a record of the discussion and agree it will be dealt with internally, in case further information comes to light to question why no formal LADO referral was made. However no names will be used as this does not meet the threshold for a record</p>	<p>Member of staff alleged to have acted or reacted in a way considered inappropriate but not harmful; parental or child complaint about such an incident, to outside agency eg. Ofsted, or CQC who have referred to LADO for further enquiries; allegation made but manager believes at this point they can deal with this internally and are checking with LADO for information only.</p> <p>This category also includes volunteers and professionals where there are domestic issues which require them to inform their line manager (for example a section 47 investigation at home) but the employer/manager is clear there are no risks presented by this person in</p>	<p>Allegation made which meets the threshold for referral to LADO under the LCPP and appears in the first instance to meet the threshold for referral to police.</p> <p>Such cases may not always involve serious injury to a child but present as a breach of the position of trust the professional or volunteer was in.</p> <p>A proportion of these types of referral may result in a ‘no crime’ outcome from police, but the allegations process must be followed as the referring information met the threshold.</p> <p>Sometimes these referrals do not immediately appear to have a criminal element but the reported actions mean that a regulatory body such as Ofsted, or the National</p>	<p>Allegation made with credible corroborating evidence, where a child has been injured or harmed.</p> <p>Behaviour by the professional or volunteer which is deemed to be extremely concerning towards the children they are caring for and requires immediate suspension.</p> <p>Allegation by a member of the professional/ volunteer’s family which is so serious it requires immediate consideration by employer.</p>

<p>about a named person to be kept.</p>	<p>their place of work.</p> <p>These are incidents where an escalation to a police referral would be considered a disproportionate response.</p> <p>These cases are likely to meet the threshold for a confidential record to be kept by the LADO, with the knowledge of the person concerned and their manager.</p>	<p>Council for Teaching and Leadership, or HCPC, General medical council or Nursing and Midwifery council. will need to be informed.</p> <p>It is essential in these cases that there is a clear outcome and this is communicated to the professional/volunteer. These referrals can result in a note on future DBS checks and could have an impact on the professional/volunteer's future career.</p>	
<p>Physical abuse</p>			
<p>Examples could be: child objecting to a sanction imposed in school, describing an event to parent who then comes in to complain about how their child says they have been treated; but does not have all the information.</p> <p>Young person in children's home involved in a confrontation and making accusations where there were several witnesses and there is an incident report that appears to refute the child's account that they were harmed.</p> <p>An allegation that is made second</p>	<p>Examples could be: child accusing teacher of pushing them, when it appears they were being guided away from a situation (covered by 'Use of Reasonable Force' DfE 2013).</p> <p>Nursery worker seen by parent to be pulling a child away from a situation, parent considers this is done roughly but professional claims it was to remove child from a confrontation where they may have been harmed/ may have harmed another child.</p>	<p>Examples could be a credible disclosure by a child or young person that uses the word 'hit' or 'hurt'; yet there is no injury seen and no corroborating evidence of child's account.</p> <p>Restraint that has caused an injury to the person being restrained.</p> <p>An incident witnessed, where there is a physical exchange between staff and child or young person. It is unclear whether self defence or retaliation was involved. The matter needs full investigation.</p> <p>GP is seen to be pulling a child in</p>	<p>Child has clearly been injured or could have been injured as a direct result of the actions of a professional or volunteer.</p> <p>Incident within the professional/volunteers home life that is of high risk and high level of concern.</p>

<p>or third hand and facts are not clear, or the professional alleged to have done this was not there at the time; or there is confusion about the account.</p>	<p>Professional or volunteer accused of domestic violence assault on own children but there have never been any concerns at work about him/her.</p>	<p>the consultation room to sit down by a parent and deemed to have handled the child in rough manner and the child now has a red mark on their arm.</p>	
<p>Sexual abuse</p>			
<p>A schoolgirl telling a friend, who tells the teacher, that another teacher ‘makes her feel funny when he looks at her’ but no other concerns or complaints expressed.</p>	<p>A professional or volunteer makes an inappropriate remark that appears on the surface to be naive rather than potentially grooming or acts in a way that could be deemed unprofessional.</p>	<p>A very young child still requiring personal care/ nappy changing, indicates that a nursery worker touched him/her in the genital area</p> <p>A professional or volunteer has been sending inappropriate but not necessarily sexual, texts to young people he/she works with.</p>	<p>Professional or volunteer arranging to meet young person outside the work environment and asking them not to tell anyone; or making inappropriate contact through social media with sexual overtones.</p>
<p>Emotional abuse/ neglect</p>			
<p>A child with a history of challenging behaviour, alleging s/he feels bullied by a well respected member of staff.</p> <p>Concerns that family members of the professional or volunteer may be involved in criminal activity.</p>	<p>Teacher under stress who is heard to shout inappropriately at the children one day towards the end of term.</p> <p>Childminder witnessed to ignore children crying and speak rudely to them, but further context not</p>	<p>A foster carer where there have been several complaints about poor practice and standards of care; children in their care who are not always clean or appropriately dressed or seen to be treated in a way that causes concern to observing professionals.</p>	<p>Making racist or derogatory remarks to a child or young person in the presence of witnesses.</p>

	known.	A child informs his teacher that his Daddy locks him in a dark room to frighten him, and hits his mummy, his Daddy is a consultant surgeon	
Suggestion actions.			
Managers to investigate further to satisfy themselves this matter does not meet the threshold for a referral outside the organisation, and identify any appropriate actions.	Investigate further with a clear view that this could be escalated to a full LADO referral if more information comes to light. If no further information is discovered, offer words of advice/ training and make a record of this on the professional or volunteer's personnel file.	Full referral to LADO and consideration of what actions are required under the procedures. This may or may not include referral to police.	Full referral to LADO and consideration what actions are required under the procedures. This will include referral to police.