**LAM Screening tool**

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| **What are you concerned about?**  (e.g. emotional harm due to DV, neglect due to illicit substance misuse) | **What evidence do you have to substantiate the concerns?**  (Consider source, date of information and the weight this evidence) | **How is this impacting/likely to impact on the child/YP?**  (Does the impact constitute significant harm and is it attributable to parents care or YP beyond parental control?) | **Are there any gaps that need to be explored?**  (e.g. speak to the child, parent, obtain police report etc.) |
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**Outcome and rationale:**

**Signed** …………………………………………………………………………………(Social Worker)

**Signed** …………………………………………………………………………………(Practice Lead)

**Signed** …………………………………………………………………………………(Principal Manager)