**LAM Screening tool**

|  |  |  |  |
| --- | --- | --- | --- |
| **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.) |
|  |  |  |  |
|   |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Outcome and rationale:**

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

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

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