

 **Local Authority Designated Officer**

**Service User Feedback Form**

**Name of employer/setting:**

**Date form completed:**

**Date of initial contact with LADO:**

**\*\*\*\*Please delete** ✔  **as appropriate**

|  |  |
| --- | --- |
| **SCREENING PROCESS** | **CONTRACT & REFERRAL OFFICER** |
| How did you make initial contact with the service? | * Referral Form ✔
* Telephone Call✔
* Email ✔
 |
| Did you receive a response from the Contact & Referral Officer in a timely manner?  | * + Yes ✔
	+ No ✔
 |
| Was the referral returned to you for more information at the screening stage? | * + Yes ✔
	+ No ✔
 |
| Were you signposted to another service once the referral had been screened?If yes, where were you signposted to? | * + Yes ✔
	+ No ✔
 |
| Did the acknowledgement of your referral explain what would happen next? | * + Yes ✔
	+ No ✔
 |
| **TRIAGE PROCESS** | **LADO** |
| How helpful was the LADO in their response?  | **Not very helpful Very helpful** **0 1 2 3 4 5 6 7 8 9 10** |
| Did the LADO discuss the harm threshold and if the referral met the criteria? | * + Yes ✔
	+ No ✔
 |
| Was safeguarding of the child(ren) discussed? | * + Yes ✔
	+ No ✔
 |
| Did you receive clear advice and guidance on what the next steps were? | * + Yes ✔
	+ No ✔
 |
| Please include any comments you may wish to tell us regarding the advice, support and direction you received from the LADO: |  |
| **ALLEGATION MANAGEMENT** | **LADO** |
| Did the LADO provide consistent oversight and advice throughout the process? | * + Yes ✔
	+ No ✔
 |
| Were you clear on the agreed timescales? | * + Yes ✔
	+ No ✔
 |
| Was the LADO/County LADO Service available to support you throughout the process?  | * + Yes ✔
	+ No ✔
 |
| Please provide any comments you may have on the overall allegation management by the LADO: |  |
| **QUALITY ASSURANCE AND OVERSIGHT** | **LADO** |
| Did the LADO provide you with any feedback or suggestions around learning? | * + Yes ✔
	+ No ✔
 |
| Could you provide any examples? |  |
| **OTHER** | **COUNTY LADO SERVICE** |
| Did the service meet your expectations?  | **Not very helpful Very helpful** **0 1 2 3 4 5 6 7 8 9 10** |
| Any other comments: |  |

**Would you like contact regarding your feedback?**

**Name:**

**Employer/Setting:**

**Role:**

**Email address:**

**Telephone:**

*Thank you for taking the time to complete the feedback form.*

*Please return it to* KentchildrensLADO@kent.gov.uk