**Child protection Conference Parental Feedback Form**

We would like to hear your views about the child protection conference process as we are always looking for ways to improve our service.

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| CP Chair to complete this section | | | | | | | |
| **Chair`s name** | |  | | | | | |
| **District Conference held in** | |  | **Date held** | |  | | |
| **Type** | |  | **Family name** | |  | | |
| **Who completed this form?**   * Mother * Father * Child * Other Carer – please state | | | | | | | |
| **1. Did the Social Worker share their report with you?** | | | * Yes | | * No | | |
| **Initial Conference - 2 Working Days before meeting**  **Review Conference - 5 Working days before meeting** | | | * Yes | | * No | | |
| * Yes | | * No | | |
| **2. Did you get copies of all the reports before the meeting?** | | | * Yes | | * No | | |
| **3. Did the Chairperson see you before the meeting to explain what was going to happen and who would be present?**  **If not, why not?** | | * Yes | | * N0 | | |
|  | | | | |
| **4. Although you may not agree with some decisions that were made:** | | | | | | |
| **Do you feel you had the opportunity to give your views?**  **Do you feel you were listened to?**  **Was attending the Conference as worrying as you expected?** | | * Yes | | | * No | |
| * Yes | | | * No | |
| * Yes | | | * No | |
| **5. If you were worried about attending the Conference, did the Chairperson and Conference members help to make you less anxious?** | | * Yes | | | | * No |
| **6. Did the Conference help you understand what people are worried about?** | | * Yes | | | | * No |
| **7. Is the plan made at the meeting clear? And so you understand what changes need to be made for your child/children?** | | | * Yes | | | * No |
| **For Review Conferences :** | | |  | | |  |
| **8. Has the Child Protection Plan helped you make positive changes within your family?** | | | * Yes | | | * No |
| **What else would you like to tell us which might help us improve the experience of parents at a Child Protection Conference?** | | | | | | |