**[[1]](#footnote-1)**

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**Child Protection Conference Professional Feedback Form**

We value feedback from Social Workers and all other professionals who attend Child Protection Conferences.

We would be grateful if you could spend some time completing this form.

Your feedback can help us to learn and improve the way in which we run conferences and ensure that we make plans that are clear and outcome focused for the families we work with.

**Date and Time of Conference**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Name ------------------------------------------------**

**Chairperson**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Please print)

**District** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Please print)

**Type of Conference:**

**Initial** [ ]

**Review** [ ]

**Transfer In** [ ]

**Professional’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Please print)

**Professional Title**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Please print)

***(e.g. Health: GP/School Nurse/Health Visitor)***

**During the conference did you feel that:**

 **Yes No Partially**

The voice of the child was discussed and made clear ? [ ]  [ ]  [ ]

The parents/carers had the opportunity to share their

views and were heard (if parents attended)? [ ]  [ ]  [ ]

The risks to the children were made clear to the family

and conference members? [ ]  [ ]  [ ]

PTO

 **Yes No Partially**

The strengths/safety for the children were made clear

to the family and conference members? [ ]  [ ]  [ ]

You had the opportunity to give your views and feel

heard in the conference? [ ]  [ ]  [ ]

**When the CP/CHIN plan was formulated did you feel that:**

There were clear Safety Goals and Next Steps identified? [ ]  [ ]  [ ]

There was a contingency plan in place if changes are [ ]  [ ]  [ ]

not made and the risks to the child/ren do not reduce?

On a scale of 0-10 where 10 means that the CP/CHIN plan agreed at conference made it clear what needs to happen for the risks to the children to be reduced, and what each conference member needs to do to achieve this and within a clear timeframe, and where 0 means there was no meaningful plan, no safety goals or next steps, and no timescales for any actions, how would you rate the CP/CHIN plan agreed at conference – **Please circle appropriate number**

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 0 1 2 3 4 5 6 7 8 9 10

Are there any other comments you would like to make about the conference and/or the plan made for the child/ren?

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

1. [↑](#footnote-ref-1)