**Child Protection Conference Feedback Form**

Please give your views to help us look at how we can improve the service we provide.

|  |  |  |
| --- | --- | --- |
| **1. Did the Social Worker share their report with you?** | * Yes | * No |
| **2. Were you asked for your views on the report before the conference?** | * Yes | * No |
| **3. Did someone explain what would happen at the conference? If so tick who?** | * Yes | * N0 |
| Social worker  Chair Person  Another Professional  Family  Advocate | |
| **4. At the conference:**  **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 |
| **6. Did the Conference help you understand what people are worried about** **and** **what changes need to be made for your child/children?** | * Yes | * No |
| **7. Do you understand what will happen now?** | * Yes | * No |
| **8. Are you worried about what will happen now?** | * Yes | * No |
| **Is there anything else you want to know?**  **Is there anything the Chair could do to make the conference better for you / the family?** | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name &**  **Signature** |  | **Role (e.g. mum / dad/grandparent)** |  |

*Admin to complete below and put the form on file:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Liberi no |  | Date  held |  | Chair’s  Name / District |  |

**Thank you**