

Child Protection Conference Parental Feedback Forms

**This section is to be completed by the Child Protection Chair*

CP Chairs Name:		Conference Date:
LCS Number:	Family Name:	
Type of Conference (Initial/Review):		
Conference Start Time:	Conference End Time:	

**This section is to be completed by the parents*

Q1 - Please tell us what relationship you are to the child/ children? (for example Mother/ Father etc)

Q2- When the reason(s) for holding a Child Protection conference were explained to you, were they....

Extremely Unclear Fairly Unclear Clear Very Clear

Q3- Did you know that you could bring a supporter or a solicitor?

Yes No

Q4- Did you receive the Social Worker's report at least one day before the conference?

Yes No

Q5- Do you feel you had enough time to read the Social Worker's report?

Yes No

Q6- Did the Social Worker's report include your views?

Yes No

Q7- Did the report include your child's views?

Yes

No

Q8- What went well?

Q9- How can we improve the service?

**This next question is to be completed for review conferences*

Q10- The child protection plan helped my family achieve positive changes:

Yes

No

What else would you like to tell us which might help us improve the experience of parents at a child protection conference?

Thank you for your help

Your feedback is really important to us as we will use this information you give us to try to improve the services we provide.