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| **PARENT/CARER VIEWS FOR**  **INITIAL CHILD PROTECTION CONFERENCE** |

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| **Name of Child/ren** | **D.O.B** |
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| **Do you know why the case conference has been arranged?** | | |
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| **What would you say about any risks about or towards your child/ren?** |
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| **What would you say are the protective factors that you have in your family for you and your child/ren?** |
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| **What do you think people who know your child/ren say about any risk towards them?** |
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| **What do you think needs to change to make people less worried about risk towards your child/ren or is there anything else you wish to say?** |
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| **Name** |  | **Signature** |  |