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# Parents Protecting Children UK: Research concerning Child Protection interventions

This survey consists of 5 pages and 21 sections/questions

Please supply as much detail as possible, the more you supply the more impact this research survey can have.

The data you will provide in this survey may be shared with 3rd parties AFTER it has been anonymised.

Please supply some kind of contact information so that we can contact you if we have questions or advice in relation to the contents of your survey. In accordance with the Data Protection Act your name, address and contact details will NOT be shared with other organisations.

\* Required

## About you and your child(ren) - page 1 of 5

1a - Your name(s):

1b - Birth year(s) of the child's parent(s): \*

2a - Name of Child(ren)

2b - Birth year(s) of children \*

**2c - Number of children involved in your case \***

1 2 3 4 5 6

**3 - Names & birth year of others involved e.g. grandparents / cohabiters / etc :**

**4 - Your contact info: \***

please provide any or all of: email, mobile phone number, landline phone number

**5 - Your postal address:**

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\* Required

## About your case: initial details - page 2 of 5

6 - Local Authority concerned: \*

This is a required question

## 7 - Disabilities, learning difficulties, neurological differences or illnesses of the child's PARENTS

7a - Known at the time of initial intervention: \*

if none - please write 'none known' in the box below

7b - Diagnosed later: \*

if there were no diagnoses after intervention - please write 'none' in the box below

## 8 - Disabilities, learning difficulties, neurological differences or illnesses of the CHILD

8a - Diagnosed later: \*

if there were no diagnoses after intervention - please write 'none' in the box below

**8b - Known at the time of initial intervention: \***

if none - please write 'none known' in the box below

**9 - Date of first intervention: \***

Month	Day	2013	31
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## 10 - ABOUT YOUR CASE: dates and outcomes - page 3 of 5

### Child Protection Conference(s)

10.1a - Date of FIRST Child Protection Conference:

Month	Day	2013	31
-------	-----	------	----

10.1b - Outcome of FIRST Child Protection Conference:

10.1c - Outcome(s) of Later Child Protection Conference(s):

please provide dates below or in your text answer if applicable

10.1d - Date of LATER Child Protection Conference (2):

Month	Day	2013	31
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10.1e - Date of LATER Child Protection Conference (3):

Month	Day	2013	31
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### Family Court Appearance(s)

10.2a - Date of FIRST Family Court Appearance:

Month Day 2013 31

**10.2b - Outcome of FIRST Family Court Appearance**

please provide dates below or in your text answer if applicable

**10.2c - Outcome(s) of LATER Family Court Appearance(s)**

please provide dates below or in your text answer if applicable

**10.2d - Date of LATER Family Court Appearance (2):**

Month Day 2013 31

**10.2e - Date of LATER Family Court Appearance (3):**

Month Day 2013 31

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\* Required

## FURTHER DETAILS - page 4 of 5

**11 - Date children were removed to OTHER FAMILY CARERS carers (if appropriate):**

**12 - Date children were removed to FOSTER CARE (if appropriate):**

**13a - Details of placements for child:**

please provide details of all placements

**13b - Number of different fostering or other placements for the child \***

if 10 or more please select 10 and mention this in the details box (above)

0 1 2 3 4 5 6 7 8 9 10

**13c - Please indicate the distance from home of the placement(s) \***

please select as many as apply to all placements

- No placement was made for the child
- Same Authority
- Neighbouring Authority
- less than 10 miles
- 11-24 miles
- 25-49 miles
- 50-75 miles
- 75-99 miles
- 100-149 miles
- 150-199 miles
- 200-249 miles

more than 250 miles

**14 - Date children RETURNED HOME (if applicable):**

Month  Day  2013

**15 - Date children FREED FOR ADOPTION (if applicable):**

Month  Day  2013

**16 - Date children were ADOPTED (if applicable):**

Month  Day  2013

**17a - Details of initial reason for intervention:**

please provide as much information as possible

**17b - Was initial concern or intervention triggered by? \***

please select as many options as apply

- School  
 GP  
 Health Visitor  
 Midwife  
 Social Worker  
 Other (please provided details in box 17d below)  
 none of the above

**17c - Please state who was the FIRST person to raise concern \***

- School  
 GP  
 Health Visitor  
 Midwife  
 Social Worker  
 Other (please provide details in box 17d below)  
 none of the above

**17d - Please give details if you selected 'other' above:**





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## FINAL DETAILS - page 5 of 5

**18 - Details of how case progressed and actions taken:**

**19 - Details of current situation:**

**20 - Reflections on how & why things went wrong for your family:**

**21 - Thoughts of how the child protection system could be improved:**

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