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| **Young person’s conference form** |

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| **Your name**  |  |

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| **What is going well / really well?**  |
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| **What are you worried about?** |
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| **Is anything else making things more difficult for you or your family at the moment?**  |
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| **Are there things you want to know more about?** |
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| **Are there things or people helping to keep you safe?**  |
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| **If you HAVE a child protection plan already:****- *Do you know what this is for?******- What part of the plan do you think has worked so far?***  |
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| **What do you think needs to happen next?***Is there anything you feel would help you or your family? Are there things you think should be part of your safety plan?* |
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| **Is there anything else you think people at the meeting should know?** |
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| **Signature**  |       | Date |  |