

# Appendix 16

## Practitioner Programme Feedback Form

This form is for practitioners to provide feedback on the CASP-R programme as experienced in real-world delivery. It is separate from supervision records and is not linked to individual caregiver cases. Organisations are encouraged to submit completed, anonymised forms to McGibbon & Leonard at [info@mcgibbonconsultancy.com](mailto:info@mcgibbonconsultancy.com) to contribute to programme development.

| Context | Detail |
|---------|--------|
|         |        |
|         |        |
|         |        |
|         |        |

Rows: Your professional background | Number of CASP-R interventions delivered to date | Commissioning context (child protection / pre-proceedings / reunification / voluntary) | Date of this intervention (month/year)

## SESSIONS AND CONTENT

Which sessions did you deliver in this intervention?

|                                                             |                                                         |                                                            |
|-------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Session 1 (My Story)               | <input type="checkbox"/> Session 2 (Relationship Style) | <input type="checkbox"/> Session 3 (Abusive Relationships) |
| <input type="checkbox"/> Session 3A (Healthy Relationships) | <input type="checkbox"/> Session 3B (Coercive Control)  | <input type="checkbox"/> Session 4 (Self-worth)            |
| <input type="checkbox"/> Session 5 (POC/Y-POC)              | <input type="checkbox"/> Session 5A (Pornography)       | <input type="checkbox"/> Session 5B (Online Safety)        |
| <input type="checkbox"/> Session 5C (Disclosure)            | <input type="checkbox"/> Session 5D (Body Safety)       | <input type="checkbox"/> Session 6 (Me as a Parent)        |
| <input type="checkbox"/> Session 6A (Child Development)     | <input type="checkbox"/> Session 6B (Communication)     | <input type="checkbox"/> Session 6C (Safety Skills)        |
| <input type="checkbox"/> Session 6D (Difficult Behaviour)   | <input type="checkbox"/> Session 7 (Coping)             | <input type="checkbox"/> Session 7A (Emotional Regulation) |
| <input type="checkbox"/> Session 7B (Post-Traumatic Growth) | <input type="checkbox"/> Mid-Intervention Review        |                                                            |

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Which sessions did you find most clinically useful and why?

Were there any sessions where you felt the scripting, content or exercises needed adapting to suit your caregiver's needs? Please describe what you changed and why.

Were there any gaps – areas where you felt you needed to draw on content outside the CASP-R framework because it didn't address something adequately?

## WORKSHEETS AND TOOLS

Which worksheets were most useful in your experience?

Were there any worksheets that caregivers found confusing, alienating or hard to engage with? What adaptations might help?

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Are there any worksheets or tools you feel the framework is missing?

## POPULATION AND CONTEXT

Were there any features of your caregiver's situation (cultural background, language, cognitive need, disability, gender, specific risk type) that made standard delivery difficult? What adaptations did you make?

How well did the framework fit the specific statutory context you were working in? Was there anything about the context that created tension or difficulty in delivery?

## OVERALL ASSESSMENT

Overall, how would you rate CASP-R as a framework for this type of work? (0 = not fit for purpose, 10 = excellent)

|   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|

*Not at all*

*Completely*

What is the single most important change you would recommend to the CASP-R framework based on your delivery experience?

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**Is there anything the caregiver said, or any moment in the work, that you feel would be valuable to share with the programme development team (anonymised)?**

**Submitting this form:**

Completed forms can be submitted to the McGibbon & Leonard programme development team at:

**[info@mcgibbonconsultancy.com](mailto:info@mcgibbonconsultancy.com)**

All submissions are anonymised before being used in programme development. No identifying information about caregivers or organisations is retained. Practitioner identifying information is held only with the practitioner's explicit consent.

Thank you for contributing to the development of this framework. Your practice experience is the most valuable quality assurance mechanism we have.