

Questionnaire for Professionals attending an adult Safeguarding Meeting

You have been provided this questionnaire because you attended an adult Safeguarding Meeting. We value your opinion and would like to ask for your help in improving our services to residents. The survey can be anonymous; it will take about 5 minutes to complete.

Date:	Strongly	Agree	Disagree	Strongly
Name of Chair/Safeguarding Adults	Agree			Disagree
Manager:				
Name: (Optional)				
Agency:				

Que	stions to be answered		
1.	I was provided with an agenda at the start of the meeting.		
2.	The Chair clearly explained the reason for the meeting.		
3.	The Chair ensured everyone had a say and made sure that opinions were based on evidence.		
4.	The Chair kept the focus on the Adult at Risk and what outcomes the AaR and/or their advocate wanted to achieve.		
5.	The Chair was able to balance risk and considered the AaR' capacity to make decisions about their care and support.		
6.	The Chair made an organized and structured summary highlighting the actions and objectives in the Adult Protection Plan.		
7.	The Meeting took place in an appropriate environment.		

Please turn over....

Please write one thing that you felt went well during the safeguarding meeting and one thing that you felt could have improved:

Please forward completed form to:

safeguardingadults@hounslow.gov.uk

or you can hand it to the Safeguarding Adults Manager