**Measuring Impact of Indirect Work**

1. How do you think the session you just attended will impact on your practice?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1**  **No change** | **2**  **Small impact, not notable** | **3**  **Some impact which may affect practice** | **4**  **Notable felt impact which will affect practice** | **5**  **Significant impact which will definitely change future practice** |
|  |  |  |  |  |

1. Has this session felt supportive and containing?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1**  **Not at all** | **2** | **3** | **4** | **5**  **Yes definitely** |
|  |  |  |  |  |

1. Has the session improved your ability to imagine the infant’s emotional world and represent the infant’s perspective?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1**  **Not at all** | **2** | **3** | **4** | **5**  **Yes definitely** |
|  |  |  |  |  |

1. Has the session improved your ability to identify options for intervention in the parent child relationship and/or wider systems?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1**  **Not at all** | **2** | **3** | **4** | **5**  **Yes definitely** |
|  |  |  |  |  |

1. Has the session improved your confidence around areas of risk and thresholds for referral on?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1**  **Not at all** | **2** | **3** | **4** | **5**  **Yes definitely** |
|  |  |  |  |  |

1. Has the session improved your ability to represent the infant's experience in verbal and written reports to relevant decision-making forums, including comment on quality of caregiving relationships and areas of risk and strength ?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1**  **Not at all** | **2** | **3** | **4** | **5**  **Yes definitely** |
|  |  |  |  |  |