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| **Feedback Form – Lead Professional** |

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| **Please complete this feedback form 20 working days after the family network received the support package and return it to the Families First for Children Pathfinder email address** fnspapplications@lincolnshire.gov.uk. |

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| **Lead Professional Name** |  | **Position**  |  |
| **Contact Phone Number** |  | **Email** |  |

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| **Child Name** |  | **Child MOSAIC Reference****(Internal LP Only)** |  |
| **Family Network Member (FNM) Name** |  | **FNM MOSAIC Reference****(Internal LP Only)** |  |

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| **What support did you apply for?** |
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| **What was the Identified Need?** |
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| **What impact did you observe after the FNSP had been received?** |
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| **In your opinion did the provision of the FNSP prevent escalation? (such as from TAC to CiN or from CiN to CP)** | Yes | No |
| **Please explain the reason for your opinion below** |
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| **Please indicate the child’s safety and wellbeing PRIOR to the FNSP being given.****(1 being low, 5 being high)** | 1 | 2 | 3 | 4 | 5 |
| **Please provide detail below:**  |
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| **Please indicate the child’s safety and wellbeing AFTER the FNSP was received.****(1 being low, 5 being high)** | 1 | 2 | 3 | 4 | 5 |
| **How did easy did you find the application process?(1 = Very difficult, 5 = Very easy)** | 1 | 2 | 3 | 4 | 5 |
| **Please provide any comments/suggestions for improving the process** |
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| **Has supporting the Family Network’s engagement and family-led planning been a positive factor in this case work? Please explain…** |
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| **Do you have any other feedback regarding the FNSP process?** |
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