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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](mailto: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** | | | | | | | |
|  | | | | | | | |
| **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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