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| **Guidance** |
| * Please review the eligibility criteria (below) before submitting your application. Applications that do not fully meet the eligibility criteria will not be successful; for support or advice please contact your locality Early Help coordinators or the Families First for Children Pathfinder Team via email:   [fnspapplications@lincolnshire.gov.uk](mailto:fnspapplications@lincolnshire.gov.uk)   * Additional information about the Family Support Network Support Package service is accessible on SharePoint for internal colleagues and on the LSCP website for external colleagues. * Please ensure that any relevant Early Help Assessments, Child and Family Assessments, Family Network Meetings, and Family Group Conferences have taken place in the last 20 working days and include a copy with your application. Please note: if the assessment was completed prior to the Family Network or Family Group Conference, the assessment must be sent and will be accepted providing the meeting took place within the 20-day timescale. * A completed costings sheet detailing specific requirements must be completed and submitted with this application. Please ensure to complete both pages of the costing sheet. * All applications are reviewed weekly to determine if the eligibility criteria have been met. We aim to issue decision letters within 5 working days of a decision being made. Applications that are reviewed as meeting the eligibility criteria but exceed £1000 will also require approval at the FNSP panel. The lead professional applicant will receive an invitation to attend and present their case, advocating for the Family Network. These panel meetings are conducted virtually via Teams bi-weekly on Wednesdays. We endeavor to communicate the outcome of your application within 5 working days following the panel. * The deadline for FNSP panel applications is 5pm on the Friday preceding the meeting. Applications received after this time will be included in the agenda for the subsequent meeting. |

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| **Eligibility Criteria** |
| * The child has a suitable Family Network as identified and recorded in the 'Family and Friends (Networks)' section of the Early Help Assessment form/ Child and Family Assessment, within a Family Network Meeting, or through Family Group Conferencing. * The child must have an allocated lead professional at the point of application, and whilst funding remains in place * The child is ordinarily resident in Lincolnshire. * There is a barrier to the Family Network stepping in and providing support that could not otherwise be resolved without financial and/ or practical help from the Local Authority. * The birth parents have parental responsibility for the child. * None of the following apply: Special Guardianship Order, Child Arrangement Order or Private Fostering Arrangement * The funding is not used to directly fund something that alternative programmes are designed to address such as half-term activities, access to funded nursery hours, support with debt or school meals. * The funding directly enables the Family Network to overcome financial and practical barriers to providing support. * A Family Network Meeting/ Family Group Conference has taken place and there is a clear, agreed family-led plan.   PLEASE NOTE:   * A Family Group Conference should be considered for higher cost support packages or when issues of risk or higher complexity within the Family Network are present. * Direct cash payments will not be paid directly to parents unless that directly unlocks support from Family Networks. |

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| **Application** |

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

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| **Child Name** |  | | **Child DOB** | | |  | | **Date of Application** |  | | |
| **Parent Name** |  | | **Parent Phone Number** | | | |  | | | | |
| **Parent Email** |  | | | | | | | | | | |
| **Family Network Member (FNM) Name** |  | | **Relationship to Child** | | | |  | | | | |
| **FNM Phone number** |  | | **FNM Email** | | | |  | | | | |
| **FNM Applicant Address** |  | | | | | | | | | | |
| **Does the Child normally reside in Lincolnshire?** | | Yes | | No | **Do the birth parents have parental responsibility?** | | | | | Yes | No |
| **Date of EHA/CFA completion** |  | | **Date of FNM or FGC meeting** | | | |  | | | | |
| **To the best of your knowledge, are there any other services or funding streams available that could provide the support you are applying for?** | | | | | | | | | | Yes | No |
| **Please confirm that the Lead Professional, parent and consenting family network member agree to provide written feedback on their experience.** | | | | | | | | | | Yes | No |
| **Is the child subject to any of the following legal orders/ arrangements?**  **Special Guardianship Order, child Arrangement order, private fostering.** | | | | | | | | | | Yes | No |

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| **Voice of the child: What does the child say their support needs are?** |
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| **Purpose of application and identified need(s):** |
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| **What is the desired impact?** |
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| **Terms and Conditions** |
| * Lincolnshire County Council (LCC) will review this application as outlined within the guidance section and will aim to respond to all applications within 5 working days of a decision being made. * An outcome letter will be issued which outlines what support has been agreed. For the support to be issued, the Family Network member and parent will need to complete and return the acceptance letter, which will be provided alongside the outcome letter. * Support will be issued once acceptance letters have been received by LCC. * LCC requires receipts of any support purchased directly by the family network member to be saved for a period of 3 months from receipt/ delivery for audit and monitoring purposes. This is the responsibility of the recipient. Photographs of these receipts are acceptable as evidence. * Any acceptance of the FNSP outlines that the Family Network Member agrees to spend the FNSP on the agreed items and/ or agree to the support/items that will be purchased by LCC on their behalf. If it is found that the Family Network Member has misused the FNSP awarded (either spending money on items which were not agreed by LCC, or the items purchased are not used for the purpose agreed) they shall be required to pay back the cost of the FNSP amount to LCC. |

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| **Lead professional signature** |  |
| **Parent Signature** |  |
| **Family network member signature** |  |