**Family Connect Form (FCF) instructions for completion**

This document contains instructions to serve as a guide for completing an FCF, which you can view in advance of, or alongside the ‘live’ form.

**Please note the following points relating to your completing an FCF:**

* The live FCF should be accessed and completed using the Microsoft EDGE or Google CHROME browsers. Microsoft Internet explorer may not work for the form.
* The layout of the live FCF will differ to what you see below, but the information requested will be the same.
* Several fields on the form are mandatory and you will not be allowed to progress until they are properly completed. Please ensure that you do so.
* Once you have completed a live FCF you will have the option to request that it be emailed to you as a pdf, in which case you must input your email address.
* Where there are free text boxes on the live FCF please provide as much detail as possible to help Birmingham Childrens Trust process the form as effectively as possible.

Family Connect Form – Professionals Report ID: 123456789

Family Connect Form – Professionals

**Submission Information**

|  |  |
| --- | --- |
| Submitted on | 17/11/2021 at 15:21 |

**Child or Young People Details**

|  |  |
| --- | --- |
| First Name | Insert Name |
| Last Name | Insert Name |
| Title | Select from the dropdown |
| Gender | Select from the dropdown |
| Date of Birth | Insert date of birth: DD/MM/YYYY |
| Ethnicity | Select from the dropdown |
| Telephone Number | Complete the details as requested |
| Address | Complete the details as requested |
| NHS Number | Complete the details as requested |
| Education Setting | Complete the details as requested |
| Does the Child/Young Person have any disability? | Yes or No |
| Disability Details | If answered Yes, please specify as much detail as possible |
| SEND? | Yes or No |
| SEND Details | If Yes, please specify as much detail as possible |

**Other Child(ren) or Young People in the Household**

|  |  |
| --- | --- |
| Profile Type | Select from the dropdown |
| First Name | Insert Name |
| Last Name | Insert Name |
| Title | Select from the dropdown |
| Gender | Select from the dropdown |
| Date of Birth | Insert date of birth: DD/MM/YYYY |
| Ethnicity | Select from the dropdown |
| Telephone Number | Complete the details as requested |
| Address | Complete the details as requested |
| NHS Number | Complete the details as requested |
| Education Setting | Complete the details as requested |
| Does the Child/Young Person have any disability? | Yes or No |
| SEND? | Yes or No |
| SEND Details | If Yes, please specify as much detail as possible |

**Adult(s) Details**

|  |  |
| --- | --- |
| Profile Type | Select from the dropdown |
| First Name | Add the main parents/cares details here |
| Last Name | Add the main parents/cares details here |
| Title | Select from the dropdown |
| Gender | Select from the dropdown |
| Date of Birth | Insert date of birth: DD/MM/YYYY |
| Ethnicity | Select from the dropdown |
| Address | Complete the details as requested |
| Telephone Number | Complete the details as requested |
| Email Address | Complete the details as requested |
| National Insurance Number | Complete the details as requested |
| Nationality | Complete the details as requested |
| What is the adult first language? | Complete the details as requested |
| Is an Interpreter Required? | Yes or No |
| NHS Number | Complete the details as requested |
| Relationship to Child | Add relationship i.e. Mother or Father or if extended relative advise if maternal or paternal family member |

**Consent**

|  |  |
| --- | --- |
| Is there consent to share information given? | Select from the dropdown |
| Is there consent to receive support/ be contacted to discuss support given? | Select from the dropdown |
| If you have selected 'No' to consent to receive support/be contacted, please comment | Add Reason why if No |
| Comments | Please provide any further comments |

**Locality**

What Locality Team supports this address (see second link at the top of the page to find out)

Select from the dropdown

**Existing Support and Interventions**

|  |  |
| --- | --- |
| Names & Organisation of any other professionals that are currently supporting the family? | Complete the details as requested |
| Are the family currently subject to any of the following: | Add in Details, such as Early Help Assessment, CIN Plan |
| If you have checked 'Other' above, please provide details | Complete the details as requested |
| Upload any current assessments, plans or screening tools | Add any details or attachments such as Early Help Assessment, Prevent Screening Tool etc |

**Please tell us about the family’s needs**

|  |  |
| --- | --- |
| Please describe what is working well | Please describe in as much details the protective factors for the family such as:   * Family Dynamics * Access to education provision * Willing to work with professionals * Hobbies and interests * Professional network that is supporting the family |
| Please describe what we are worried about | Please describe in as much details the protective factors for the family such as:   * Health concerns * Relationship Issues – family and peer * Education concerns * Crime and Anti-Social Behavior * Domestic Abuse * Finance Concerns * Any other factors that may be affecting the family externally |
| Please describe what needs to happen | Please add as much detail as in terms of the support required for the family:   * Be specific what you need from the locality team * Be realistic about what can be achieved in a set timescale * Add what others can do as well as the locality i.e. other professionals and services |
| Do you have any of the following needs? | Education Attendance & Attainment, SEND & Child Development, Financial, Housing & Employment, Risk of Homelessness |
| What are you requesting from the Early Help Locality? | Be specific what you want from the locality i.e. advice and sign posting or an allocated worker to support the family. |
| If you have selected 'Other – please specify any other request |  |

**Birmingham Children’s Partnership Equalities Monitoring**

|  |  |
| --- | --- |
| Which age bracket does the main applicant fall into? | Select from the dropdown |
| Which best describes the main applicant ethnicity/background? | Select from the dropdown |
| What is the main applicant religion or belief? | Select from the dropdown |
| What is the main applicant relationship status? | Select from the dropdown |
| If you selected 'Other' to Relationship Status, please state | Complete the details as requested |
| What is the main applicant gender identity? | Select from the dropdown |
| If you selected 'Other' to Gender Identity, please state | Complete the details as requested |
| What is the main applicant sexual orientation? | Select from the dropdown |
| If you selected 'Other' to Sexual Orientation, please state | Complete the details as requested |
| Pregnancy & Maternity - select all that apply | Complete the details as requested |
| Does the main applicant consider themselves to have a Mental Health Condition? | Complete the details as requested |
| If you selected 'Yes' to Mental Health Condition, please give details | If answered Yes, please specify as much detail as possible |
| Does the main applicant consider themselves to have a Disability / life- limiting health condition? | Complete the details as requested |
| If you selected 'Yes' to Disability / life- limiting health condition, please give details | If answered Yes, please specify as much detail as possible |
| Does the main applicant have Caring Responsibilities? | Complete the details as requested |

**Referring Professional's Details**

|  |  |
| --- | --- |
| Organisation Category | Select from the dropdown |
| Schools & Nurseries Category | Select from the dropdown |
| School/Nursery Name | Add details of your organization |
| Children's Centres | Select if applicable |
| Health Organisation | Select if applicable |
| Other Organisation | Select if applicable |
| Please enter Organisation's Name | Select if applicable |
| Full Name | Complete the details as requested |
| Contact Phone Number | Complete the details as requested |
| Email | Complete the details as requested |