**Family Connect Form (FCF) Example Information**

This document contains model example information 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 | Billy |
| Last Name | Example |
| Title | Mr |
| Gender | Male |
| Date of Birth | 01/01/2007 |
| Ethnicity | Black/Black British |
| Telephone Number | 0121 123456 |
| Address | 1 Example Lane, Birmingham B12 3AB |
| NHS Number | 234 5678 9101 |
| Education Setting | Apple Comprehensive Secondary School |
| Does the Child/Young Person have any disability? | Yes |
| Disability Details | Cerebral Palsy |
| SEND? | Yes |
| SEND Details | Education Health Care plan in place |

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

|  |  |
| --- | --- |
| Profile Type | Child |
| First Name | Anne |
| Last Name | Example |
| Title | Miss |
| Gender | Female |
| Date of Birth | 01/01/2014 |
| Ethnicity | Black/Black British |
| Telephone Number | 0121 123456 |
| Address | 1 Example Lane, Birmingham B12 3AB |
| NHS Number | 123 566 7891 |
| Education Setting | Forrest Lane Primary |
| Does the Child/Young Person have any disability? | No |
| SEND? | Yes |
| SEND Details | Cognition and Learning – Moderate Learning Difficulties |

**Adult(s) Details**

|  |  |
| --- | --- |
| Profile Type | Adult |
| First Name | Catherine |
| Last Name | Example |
| Title | Miss |
| Gender | Female |
| Date of Birth | 01/01/1987 |
| Ethnicity | Mixed – Other mixed heritage |
| Address | 1 Example Lane, Birmingham B12 3AB |
| Telephone Number | 07712 2346789 |
| Email Address | [catherine.example@gmail.com](mailto:catherine.example@gmail.com) |
| National Insurance Number | AB 12 34 56 C |
| Nationality | Angolan |
| What is the adult first language? | Portuguese |
| Is an Interpreter Required? | No |
| NHS Number | 456 7891 1112 |
| Relationship to Child | Mother |

**Consent**

|  |  |
| --- | --- |
| Is there consent to share information given? | Yes |
| Is there consent to receive support/ be contacted to discuss support given? | Yes |
| If you have selected 'No' to consent to receive support/be contacted, please comment |  |
| Comments |  |

**Locality**

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

Ladywood

**Existing Support and Interventions**

|  |  |
| --- | --- |
| Names & Organisation of any other professionals that are currently supporting the family? | Education Setting and SENDIAS |
| Are the family currently subject to any of the following: | Other - give details below |
| If you have checked 'Other' above, please provide details | Closed plans-please check Eclipse |
| Upload any current assessments, plans or screening tools | N/A |

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

|  |  |
| --- | --- |
| Please describe what is working well | Billy: likes playing with his father. He can use his iPad and tablet whenever he wants. He says that he plays basketball in school Mum (Catherine): Mother is very caring and loving towards her children and she is aware that the current situation is not ideal, and she is willing to work with others to get the right support for her family. |
| Please describe what we are worried about | Billy: Cerebral Palsy.  He says he cannot play football because of living conditions. Billy has bad dreams about robbers and getting killed. Billy advises being at home is boring, no fun and no toys. Billy’s attendance is 88.24% attendance since Sept 21, and he has six lates recorded.  Mum: Immigration issues which prevent her from making a homeless application Anne lives with Maternal Nan Billy lives with Paternal Nan. Mum has been sofa surfing since 2019 Mum cannot stay with her mother due to her being demanding and controlling. Mum is unhappy that her children live apart and that she does not always see them Mum is embarrassed about her situation and it affects her pride and well-being. She hates living off others. Mum feels that she has let herself and her children down because they have moved six times. Mum feels sad, lonely and worried about herself and her children. Mum hates living out of bags. Mum reports that Billy's father is aware of the situation but does not support his son financially |
| Please describe what needs to happen | * Understanding immigration issues * Application to homeless team * Support for mum with regards to how she is feeling * Seeing improved attendance for Billy * School to continue with support Billy with his CP and with learning –as he is significantly behind in his learning. |
| 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? | Direct Support / Intervention for 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? | 0-16 |
| Which best describes the main applicant ethnicity/background? | Black or Black British |
| What is the main applicant religion or belief? | None |
| What is the main applicant relationship status? | Single/Widowed/Divorced |
| If you selected 'Other' to Relationship Status, please state |  |
| What is the main applicant gender identity? | Male |
| If you selected 'Other' to Gender Identity, please state |  |
| What is the main applicant sexual orientation? | Not known |
| If you selected 'Other' to Sexual Orientation, please state |  |
| Pregnancy & Maternity - select all that apply | Not applicable |
| Does the main applicant consider themselves to have a Mental Health Condition? | Not known |
| If you selected 'Yes' to Mental Health Condition, please give details |  |
| Does the main applicant consider themselves to have a Disability / life- limiting health condition? | No |
| If you selected 'Yes' to Disability / life- limiting health condition, please give details | West Midlands |
| Does the main applicant have Caring Responsibilities? | Not applicable |

**Referring Professional's Details**

|  |  |
| --- | --- |
| Organisation Category | Schools & Nurseries |
| Schools & Nurseries Category | Secondary School |
| School/Nursery Name | Apple Comprehensive School |
| Children's Centres |  |
| Health Organisation |  |
| Other Organisation |  |
| Please enter Organisation's Name |  |
| Instruction Text |  |
| Full Name | Adam Teacher |
| Contact Phone Number | 0121 456789 |
| Email | [a.teacher@applecomprehensive.com](mailto:a.teacher@applecomprehensive.com) |