

## 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
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### Child or Young People Details

First Name	Insert Name
Last Name	Insert Name

First 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

Profile Type	Select from the dropdown
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

Profile Type	Select from the dropdown
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	<p>Please describe in as much details the protective factors for the family such as:</p> <ul style="list-style-type: none"> <li>• Family Dynamics</li> <li>• Access to education provision</li> <li>• Willing to work with professionals</li> <li>• Hobbies and interests</li> <li>• Professional network that is supporting the family</li> </ul>
Please describe what we are worried about	<p>Please describe in as much details the protective factors for the family such as:</p> <ul style="list-style-type: none"> <li>• Health concerns</li> <li>• Relationship Issues – family and peer</li> <li>• Education concerns</li> <li>• Crime and Anti-Social Behavior</li> <li>• Domestic Abuse</li> <li>• Finance Concerns</li> <li>• Any other factors that may be affecting the family externally</li> </ul>
Please describe what needs to happen	<p>Please add as much detail as in terms of the support required for the family:</p> <ul style="list-style-type: none"> <li>• Be specific what you need from the locality team</li> <li>• Be realistic about what can be achieved in a set timescale</li> <li>• Add what others can do as well as the locality i.e. other professionals and services</li> </ul>
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

Which age bracket does the main applicant fall into?	Select from the dropdown
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