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.

Report ID: 123456789

Family Connect Form – Professionals

Submission Information

Submitted on	17/11/2021 at 15:21
Child or Young People Det	ils
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 anydisability?	Yes
Disability Details	Cerebral Palsy
SEND?	Yes
SEND Details	Education Health Care plan in place
Other Child(ren) or Young Household	People in the
Profile Type	Child

Other Child(ren) or Young People in the Household

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 anydisability?	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

Adult(s) Details		
Ethnicity	Mixed – Other mixed heritage	
Address	1 Example Lane, Birmingham B12 3AB	
Telephone Number	07712 2346789	
Email Address	catherine.example@gmail.c	
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 ofthe page to find out)

Ladywood

Existing 9	Support and	Interventions
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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

Upload any current assessments, plans or screening tools	
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 live 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 homelessteam

Please tell us about the family's needs

	 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	

Birmingham Children's Partnership Equalities Monitoring

Which age bracket does the main applicant fall into?	0-16
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

Referring Professional's Details

Organisation Category	Schools & Nurseries
Email	a.teacher@applecomprehensive.com