## **Afrikindness Family Intervention Referral Form**

###  **SECTION 1: Referrer Details**

* **Full Name of Referrer:** Click or tap here to enter text.
* **Job Title/Role:** Click or tap here to enter text.
* **Organisation/Agency:** Click or tap here to enter text.
* **Phone Number:** Click or tap here to enter text.
* **Email Address:** Click or tap here to enter text.
* **Date of Referral:**Click or tap to enter a date.
* **Is the family aware of this referral?** [ ] Yes [ ]  No
* **Has consent been obtained from the parent/carer?** [ ]  Yes [ ]  No

###  **SECTION 2: Family Information**

* **Name of Parent/Carer:** Click or tap here to enter text.
* **Address:** Click or tap here to enter text.
* **Postcode:** Click or tap here to enter text.
* **Contact Number:** Click or tap here to enter text.
* **Preferred Language:** Click or tap here to enter text.
* **Interpreter Required?** [ ]  Yes [ ]  No

###  **SECTION 3: Children’s Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name** | **DOB** | **Gender** | **SEND (Y/N)** | **Other Concerns** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### **SECTION 4: Description of Family Case**

**Please describe the current situation and concerns. Include any cultural, intergenerational, safeguarding, or parenting challenges:**

Click or tap here to enter text.

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### **SECTION 5: Support Checklist – Family Needs**

Tick areas where support may be required:

[ ] Safeguarding awareness
[ ] Understanding parenting responsibilities
[ ] Cultural/discipline practices (e.g. physical chastisement)
[ ]  Communication breakdown with school/social worker
[ ]  Domestic abuse or conflict
[ ]  Mental health or emotional wellbeing
[ ]  Financial hardship or housing instability
[ ]  Intergenerational conflict
[ ]  Support for asylum or refugee status
[ ]  Access to parenting programmes
[ ]  Other: Click or tap here to enter text.

### **SECTION 6: Support Checklist – Children’s Needs**

[ ]  Behavioural difficulties
[ ]  Educational support
[ ]  Emotional wellbeing
[ ]  SEND/learning needs
[ ]  Identity and racial awareness
[ ]  Mental health
[ ]  Peer/social relationships
[ ]  Risk of exclusion
[ ]  At risk of harm or exploitation
[ ]  Other: Click or tap here to enter text.

**SECTION 7: Additional Needs / Existing Provision**

* Are the children currently living with the family? [ ] Yes [ ]  No
* Are any of the children on a:

[ ]  Child in Need Plan [ ]  Child Protection Plan [ ] Looked After Child status

* Is there a parenting order in place? [ ]  Yes [ ]  No
* Has the parent/carer previously attended any council-run parenting programme?

[ ]  Yes [ ]  No

* Is there any history or presence of domestic violence? [ ]  Yes [ ]  No
* Are there any ongoing support services currently involved? (e.g., CAMHS, Early Help, etc.)

Click or tap here to enter text.

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### **SECTION 8: Safety Concerns**

**Are there any immediate safety concerns for the child(ren), parent or others involved?**[ ]  Yes [ ]  No
If yes, please describe:

Click or tap here to enter text.

### **SECTION 9: School Referral Details (If Applicable)**

**Is this referral from a school or education setting?** [ ]  Yes [ ] No

If yes, please complete the section below:

* **Name of School / Setting:** Click or tap here to enter text.
* **Name of School Contact / Referrer:** Click or tap here to enter text.
* **Role / Position:** Click or tap here to enter text.
* **Email Address:** Click or tap here to enter text.
* **Phone Number:** Click or tap here to enter text.

**What concerns has the school identified about the child or family? (e.g., attendance, behaviour, safeguarding, SEN, parental engagement):**

Click or tap here to enter text.

**Has the school made previous efforts to engage the parent/carer?** [ ]  Yes [ ]  No

If yes, please describe:

Click or tap here to enter text.

**Are there cultural or communication barriers that may have contributed to difficulties?**[ ]  Yes [ ] No
If yes, please describe briefly:

Click or tap here to enter text.

**Has the school raised a safeguarding concern?** [ ]  Yes [ ] No

If yes, has this been referred to any other agency (e.g., Social Care)?
[ ]  Yes [ ]  No
If yes, which agency? Click or tap here to enter text.

### **SECTION 10: Expected Outcomes**

**What outcomes do you hope to see following this intervention?**[ ]  Improved parenting capacity
[ ]  Improved child wellbeing
[ ]  Better communication with school/services
[ ]  Reduced risk of harm
[ ]  Positive behaviour change
[ ]  Improved emotional/mental health
[ ]  Stronger cultural understanding
[ ]  Other: Click or tap here to enter text.

### **SECTION 11: Declaration & Agreement**

[ ]  I confirm that the information provided in this referral is accurate to the best of my knowledge.

[ ]  I have read the guidance note and understand the scope of the Afrikindness Family Intervention Programme.

[ ]  I have provided consented information in line with GDPR.

[ ]  I am happy to sign a Non-Disclosure agreement (NDA) to get the Afrikindness case-study report post-intervention

[ ]  I agree to provide updates and feedback for Afrikindness' monitoring and reporting purposes as at when necessary

**Name:** Click or tap here to enter text.

**Organisation/Agency**: Click or tap here to enter text.

**Sign:**

**Date:** Click or tap here to enter text.

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### **📧 Submit This Form**

Please email completed forms to: **📩 ceo@afrikindness.org**