## **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** |
|  |  |  |  |  |
|  |  |  |  |  |
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### **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**