



DAD ID: _____

Date: _____

Dad Matters Referral Form

Surname _____

First Name _____

Contact Tel No _____

Home-Start Family Number (if applicable) _____

DAD ID (office) _____

Age _(under 19)_ _(19 – 34)_ _(34+)_ _____

Number of child(ren) _____

Age of child(ren) _____

Expecting baby in next 6 months? Y / N

Postcode (GM Area) _____

Availability _____

Main transport _____

Date first engaged _____

Date engagement ended _____

Please add up to 3 things you would like to achieve through working with Dad Matters:

- ..
- ..
- ..

Referred by:

Date of referral:

Name Role Agency Address E mail Postcode Tel	Other agencies involved:
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DAD ID:

Date:

Note for Referrer:
You must have permission to share this information with Dad Matters

PRIVACY NOTICE and CONSENT STATEMENT

In the course of the scheme and Home-Start UK (“**we**”/“**us**”) providing support and friendship to your family and monitoring and evaluating your needs, we collect and hold certain personal information about you. We will only do so with your explicit consent and in accordance with all applicable data protection legislation, including the General Data Protection Regulation.

Please sign to confirm you have read and agree with the local Home-Start privacy policy (pages 5 – 8)

Signed _____



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Dad Matters PI Questionnaire

This Parent-Infant Questionnaire has been created to understand fathers' experiences of parenting and their relationships with their babies.

For each item, please tick the box that best describes what **you** think or feel (e.g.)

	Certainly True	Partly True	Not True	Don't Know	
Babies are not aware of the outside world until they are born	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Having a baby can affect my well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
Once born a baby can focus on your face from several feet away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
When a baby is born, his or her brain is fully developed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
My baby's wellbeing depends on me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
When your baby gets upset the first thing you should do is pick him up and rock him	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6
The state of light sleep is particularly important for brain development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7
The first way your baby lets you know she's hungry is by crying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8
Cuddling and stroking your baby can help brain development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9
Babies are ready to form relationships from the moment they are born	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
Your relationship with your baby can help reduce behaviour problems later on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11
When my baby turns away from me during play, it can be a sign that he needs to slow down a bit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12

How can you support your partner's wellbeing?
Where would you go for support if you felt low or stressed?
What 3 things do you think your baby needs most?



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IMPORTANT - PLEASE READ THIS FIRST
This form has 10 statements about how you have been OVER THE LAST WEEK.
Please read each statement and think how often you felt that way last week.
Then tick the box which is closest to this.
Please use a dark pen (not pencil) and tick clearly within the boxes.

Over the last week...

	Not at all	Only occasionally	Sometimes	Often	Most or all of the time
1 I have felt tense, anxious or nervous	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2 I have felt I have someone to turn to for support when needed	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3 I have felt able to cope when things go wrong	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4 Talking to people has felt too much for me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5 I have felt panic or terror	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6 I made plans to end my life	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7 I have had difficulty getting to sleep or staying asleep	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8 I have felt despairing or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9 I have felt unhappy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10 Unwanted images or memories have been distressing me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Total

* **Procedure:** Add together the item scores, then divide by the number of questions completed to get the mean score, then multiply by 10 to get the Clinical Score.
Quick method for the CORE-10 (if all items completed): Add together the item scores to get the Clinical Score.

Thank you for your time in completing this questionnaire



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Information collected

The personal information collected by us will be limited to that which is essential to allow us to provide the support you require and deserve. This will include:

- Names, genders, addresses, telephone numbers and e-mail addresses.
- Employment, immigration statuses, disabilities (such as physical or learning disabilities) and racial/ethnic origins.
- Data concerning health and sex life (such as substance abuse, domestic abuse, mental health, depression and pregnancy).
- Details of any ancillary support services/agencies being used by the family (such as family GP, health advisors, social workers, mother & baby clinics, children’s centres, CAMHS, CPN/mental health, debt counselling, legal support, employment, housing support, education and dentistry).
- In the case of children, additional information as to whether the child is subject to assessment needs (such as CAF/UNOCINI) or a child care/protection plan, or is a child in need.

We may also collect information from any individual/agency that has referred your family to us.

How we will use your personal information and who it will be shared with

Internal

Our volunteers discuss your support with the appropriate organiser/co-ordinators, who in turn discuss your support with their line managers. Discussions take place in a confidential setting, for the purposes of supervision and to ensure the best possible support to your family. Volunteers meeting together for peer support do not share information that may identify, or breach the confidentiality of your family.

All information provided to our board of trustees for the purpose of assessing the level of referrals, local trends or case studies shall be anonymised.

External

We will, on an anonymised basis, use your personal information to demonstrate the impact of our services. Any case study information shared will always be on an anonymised basis unless we have further explicit consent from you.

We will inform funders and your health visitor (and other agencies involved with your family) that you have sought support from us (including the nature and level of such support) and provide them with *[general information]*. In the event your family has been referred to us, we shall share the same information with your referrer (this will include any changes to the support and informing the referrer when the support comes to an end).

We may share your personal information with Home-Start UK for the specific purposes of statistical analysis and the promotion of our work nationally as well as any reporting requirements for funders who support the network on a national level. This will be on a pseudo-anonymised basis (meaning that we will take steps to limit the ability to for your personal information to be identified. This will normally include the anonymization of names and full addresses).



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We may share your personal information with our external auditors for quality auditing purposes but only in the presence of your organiser/co-ordinator and only after the auditors have provided us with all necessary written undertakings to preserve the security and confidentiality of your information.

We will share personal information with law enforcement or other authorities if required by applicable law (including, in line with our Safeguarding and Promoting the Welfare of Children/Safeguarding Adults at risks policies, where there are concerns about the safety or wellbeing of a child or adult at risk and it is considered necessary for their welfare and protection).

We will not share your personal information with any other third party without first obtaining your explicit consent.

How long your personal information will be kept

We will keep your personal information after we have finished providing our support to respond to any questions, complaints or claims made by you or on your behalf, to show that we treated you fairly and/or to keep records required by law. We will not keep the information for longer than necessary. We keep different types of information for different lengths of time (further details can be found in our Information Governance Policy which is available on request).

Keeping your personal information secure

We have appropriate security measures in place to prevent your information from being accidentally lost, or used or accessed in an unauthorised way. We limit access to your personal information to those who have a genuine need to know it. Those processing your information will do so only in an authorised manner and are subject to a duty of confidentiality. We also have procedures in place to deal with any suspected data security breach. We will notify you and any applicable regulator of a suspected data security breach where we are legally required to do so.

Your Rights

You have a number of important rights which you may exercise in relation to your personal information free of charge. In summary, those include rights to:

- access your personal information and to certain other supplementary information that this Privacy Notice is already designed to address;
- require us to correct any mistakes in your information which we hold;
- require the erasure of personal information concerning you in certain situations;
- receive the personal information concerning you which you have provided to us, in a structured, commonly used and machine-readable format and have the right to transmit those data to a third party in certain situations;
- object at any time to the processing of personal information concerning you for direct marketing
- object to decisions being taken by automated means which produce legal effects concerning you or similarly significantly affect you
- object in certain other situations to our continued processing of your personal information; and
- otherwise restrict our processing of your personal information in certain circumstances.

For further information on each of these rights, including the circumstances in which they apply, visit the Information Commissioner's Office ("ICO") website at <https://ico.org.uk/for-the-public/>.

If you would like to exercise any of the rights, please email, call or write to us using the details in 'How to contact us' below, let us have enough information to identify you, let us have proof of your identity and address, and let us know the information to which your request relates.



DAD ID:

Date:

How to complain

Please report any complaint to the details set out in 'How to contact us' below. We hope we can resolve any query or concern you raise about our use of your information. You also have the right to lodge a complaint with the ICO who may be contacted at <https://ico.org.uk/concerns/> or telephone: 0303 123 1113.

How to contact us

Please contact us if you have any questions about this Privacy Notice or the information we hold about you as detailed below:

**Home-Start Trafford, Salford and Wigan
Stretford Early Help Hub
9 Poplar Road
Stretford
M32 9AN**

Tel: 0161 865 4222

Email: admin@hsts.org.uk

By signing this form you confirm you have read and understood the contents of this Privacy Notice and Consent Statement and consent to us processing your personal information in accordance with this Privacy Notice. You may withdraw your consent at any time by using the contact details set out in 'How to contact us' above.

If you would like a full copy of our Privacy notice document, please email us at admin@hsts.org.uk or download it from our website at www.hsts.org.uk

Parent(s) signature:

Date:

.....

Date:

Referrers: if it is not possible to get signatures from the family please complete the form overleaf



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REFERRER'S DECLARATION / Condensed Privacy Notice

What do Home-Start do?

Home-Start Trafford, Salford and Wigan (HSTSW) offer a family support service to any family with a child under the age of 19. Supported by paid staff, our volunteers use their parenting experience to support families with whatever issues they may face whilst raising young children. Volunteers and staff visit families in their own homes.

What data does Home-Start collect, why, and for how long is it kept?

Home-Start collects data about the main carer(s) and the children of the families we support. When a family is referred to us we record the following personal information:

- The family's address and up to two contact phone numbers
- Names, genders, dates of birth and ethnicities
- Immigration statuses and disability statuses, if applicable
- For children, the details of any additional needs and any safeguarding measures in place
- The needs and difficulties the family would like support with. This might include specific details of individuals' mental and physical health, and teenage pregnancies.
- The family's use of other relevant services, such as doctors, children's centres, libraries, etc.
- Whether or not there are any health and safety concerns about visiting the family

We collect this data at the point of referral so that we can provide a tailored befriending service to a family in their own home. This includes our need to ensure a safe working environment for our staff and volunteers and to produce anonymous statistical reports, which are needed to secure funding. Data is stored for 1 year following the end of Home-Start's support, unless there were any safeguarding concerns raised, in which case it is kept for 6 years.

Consent

Home-Start processes referrals on the basis of families' consent. Accordingly, families can withdraw consent at any time by contacting HSTSW, although this will mean we have to end our support for them.

REFERRER'S DECLARATION:

I have spoken directly to the named main carer(s) on this referral and on the ___ / ___ / ____ (date) I explained to them the full contents of this Privacy Notice. By signing below I declare that the main carer(s) understand what data Home-Start will be sent, and what will be done with their data once a referral is made to Home-Start. By signing below I further declare that the main carer(s) have clearly and positively consented to their and their children's data being processed in accordance with the above Privacy Notice.

Signed:

Date: ___ / ___ / ____



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Monitoring Form

To ensure Home-Start Trafford, Salford and Wigan (HSTSW) support reflects the communities we are working in, families are asked to complete the details below. This information, which will be used solely for monitoring purposes, will be treated as confidential. It will be separated on receipt of the referral form.

The basic information on these forms will be transferred to a summary sheet for the purpose of retaining overall statistical information. These completed individual monitoring forms will then be destroyed.

The response to these questions will not affect the support offered in any way.

Gender Man Woman Non-binary Prefer not to say If you prefer to use your own term, please specify here

Are you married or in a civil partnership? Yes No Prefer not to say

Age 16-24 25-29 30-34 35-39 40-44 45-49
50-54 55-59 60-64 65+ Prefer not to say

What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

White
English Welsh Scottish Northern Irish Irish
British Gypsy or Irish Traveller Prefer not to say
Any other white background, please write in:

Mixed/multiple ethnic groups
White and Black Caribbean White and Black African White and Asian Prefer not to say
Any other mixed background, please write in:

Asian/Asian British
Indian Pakistani Bangladeshi Chinese Prefer not to say
Any other Asian background, please write in:

Black/African/Caribbean/Black British
African Caribbean Prefer not to say
Any other Black/African/Caribbean background, please write in:

Other ethnic group
Arab Prefer not to say Any other ethnic group, please write in:

Do you consider yourself to have a disability or health condition?
Yes No Prefer not to say

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:



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Monitoring Form

What is your sexual orientation?

Heterosexual Gay woman/lesbian Gay man Bisexual
Prefer not to say If you prefer to use your own term, please specify here

.....

What is your religion or belief?

No religion or belief Buddhist Christian Hindu Jewish
Muslim Sikh Prefer not to say If other religion or belief, please write in:

What is your current employment situation?

Unemployed Full-time Part-time Prefer not to say

Do you have caring responsibilities? If yes, please tick all that apply

None Primary carer of a child/children (under 18)
Primary carer of disabled child/children
Primary carer of disabled adult (18 and over) Primary carer of older person
Secondary carer (another person carries out the main caring role)
Prefer not to say

What is your current Homeowner status?

Private rent Social landlord Mortgaged non mortgaged