

Dad Matters Referral Form

Please note that all referrals must be made with the consent of the family and the family must have at least one child under the age of five years.

Date of referral _____

Surname _____

First Name _____

Contact tel no _____

Email Address _____

Address (Inc Postcode) _____

Date of birth _____

Ethnicity _____

Number of child(ren) _____

Children's Date of Birth 1 _____ 2 _____ 3 _____

Expecting due date: _____

Availability (best time to contact) _____

Referred by:

Name: _____ Role: _____

Address: _____ Postcode: _____

Tel: _____ Mobile: _____

Email: _____

Type of support requested: (Please tick relevant box)

- Ante-natal group
- Wellbeing group
- 1-2-1 support
- Perinatal Mental health support group
- General signposting and parenting support
- Miscarriage and Perinatal Loss group
- Something else _____

I hope that Dad Matters will help meet the following needs:	✓	Please use this box to add any more details or information that might be relevant
Develop awareness of attachment and bonding		
Support to access and understand local and National services available to dads / partners		
Accessing peer support from other dads / partners		
To better understand stress and its impact upon the family		
Ante-natal parenting support		
Post-natal parenting support		
Increased confidence in being a parent		
Own mental health issues		
Partner's mental health issues		
Own general physical health issues		
Parents own learning needs		
Coping with extra work caused by multiple birth / children under 5		
Other please state:		

Please place name(s) in the box of any individual in the family affected by:

Unsuitable Housing	Family member in prison	Forces family	Refugee /Asylum seeker	1 or more parents employed	Debt	Speech & Language issues	Lone parent	Substance misuse	Domestic misuse	Disabilities	Young Parent (under 25yrs)	Mental Health e.g. depression, anxiety	Parent Care Leavers

Additional Family Information:

Family Doctor: _____

Tel: _____

Health Visitor: _____

Tel: _____

Social Worker: _____

Tel: _____

Is family subject to early help/CiN/child protection

Yes No

Early Help Lead Professional: _____

Tel: _____

Other Agencies involved:

Other Agencies referred to:

Also, please add any **background information** that you think we would find useful in order to best support this referral (Continue overleaf if necessary)

Referrer's signature: _____

Date: _____

I have gained consent from the named carer(s) to make this referral. I have directed them to the privacy statement found online at DadMatters.org.uk/privacy

This form will be held in confidence but may be shown if requested by referred person.

Please send completed form by post to the address below or by secure egress to:

info@homestarthost.org.uk

Thank you for taking the time to provide this information which will help us to process the referral. We will try to respond to you within two weeks after receiving the referral to report progress. If you have any concerns about the referral process, please contact us on **0161 344 0669**

REFERRER'S DECLARATION / Condensed Privacy Notice

What do Home-Start do?

Home-Start Oldham, Stockport & Tameside (HOST) offer a family support service to any family with a child under the age of 10. 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 and the support lasts for as long as families would like the support.

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 HOST, 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: ___ / ___ / ____

To ensure Dad Matters UK and Home-Start HOST 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:

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