



Request for Support to the HENRY *Healthy Families Programme*

The HENRY *Healthy Families* programme is an early intervention supporting families living in the City and Hackney to adopt healthier lifestyles. It is a structured 8 week group programme. The programme applies a solution-focused and strengths-based approach to build parents' skills and confidence in maintaining a healthy lifestyle. For more information please see a [guide for professionals here](#).

Please email a secure copy to hcsupport@henry.org.uk. If you wish to discuss, call 07519 109876.

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> • Children aged under 5 years who live or are registered with a GP in the City and Hackney AND one of the following: • Parents/carers who are concerned about their child's weight, eating habits or physical activity levels or • Professionals working with under 5 year olds and their families who are concerned about a child's weight or • A child over two years of age with a BMI >91st centile • A child whose weight is on or above the 99.6th centile • A child whose weight has gone up by more than two centile lines 	<ul style="list-style-type: none"> • Fussy eating/food neophobia where the child is not growing well • Nutritional deficiencies e.g. iron deficiency • Patients on oral nutritional supplements • Constipation and diarrhoea • Non oral feeding • Multiple allergies. Children would require referral to secondary care Homerton allergy service • Children with long-term conditions including diabetes or morbidities

All requests for support **must** be made with the consent of the family. You will be asked to confirm that the family has consented to this referral at the end of this form. Please provide some details about the family:

Full name of parent(s) or carer(s)	
Full name(s) of child	
Age (child)	
Date of Birth (child)	
Address	
Postcode	
Contact phone number(s)	
Email address	

Does the family have any language or communication needs we should be aware of?		If yes, which language
Why do you think this family could benefit from the support? What would the family like to achieve? Please provide details.		
Are there any other services this family is involved in?	Yes No	If yes, please indicate
Does the parent/carer agree for HENRY to contact any of the above services for partnership purposes or continuity in care?	Yes No	If yes, please indicate

Professionals details:

Name (professional)	
Role	
Organisation	
Contact phone number(s)	
Address	
Email address	

PRIVACY NOTICE & DATA PROTECTION

You are submitting this request for support form to HENRY, a registered charity. HENRY will use the personal information here to refer the parent to the *Healthy Families* programme in the City of London and Hackney. We will also use anonymous data from this form to evaluate parent engagement with the HENRY programme.

All information will be kept securely and confidentially by HENRY. We retain referral forms for up to 3 years after receiving them. If you or the parent would like to know more about how HENRY uses and protects your personal information, and your rights, please see our Privacy Policy at www.henry.org.uk/privacypolicy, or contact us using the details below.

By submitting this form, you affirm that you will handle the client's personal information with due respect to their privacy, data security and rights in accordance with the relevant regulations. If you need to retain a copy of this form, or any information herein, please note that it is your or your organisation's responsibility to ensure that you hold this information securely in compliance with the relevant data regulations. We will only use information for processing:

- I have gained informed consent from the parent/carer for personal information to be shared with HENRY, and that you have read and understood the statement above.**
- I would like to be contacted further about the HENRY services in the City and Hackney.**

Signature:

Date: