



Thank you for your request for support to the **Peer Support with HENRY - Pregnancy to Age 2** service:

- 1) **One-to-one support** - Support throughout pregnancy until age two from a trained volunteer offering encouragement in accessing services, making healthy choices in pregnancy and early parenthood.
- 2) **Information & Signposting** - Providing information on a range of issues relating to health and wellbeing in pregnancy. We can also help access local services in the City and Hackney.

Please send securely to hcvolunteer@henry.org.uk If you would like to discuss call **02081359228**

<p>Inclusion Criteria:</p> <ul style="list-style-type: none"> • Pregnant woman or a parent/carer with a child up to age 2 years old • Living in or GP within the City or Hackney • Over 18 years old 	<p>Exclusion Criteria:</p> <ul style="list-style-type: none"> • Severe mental health condition (eg. experiencing active psychotic symptoms) • Significant risk of harm to self or other
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By ticking this box, you are confirming that the parent meets one or more of the requirements below.

Must meet one or more of the below requirements:	
<input type="checkbox"/> Limited social support/feeling socially isolated	<input type="checkbox"/> Current/previous history of substance misuse
<input type="checkbox"/> Poor awareness/struggle accessing services	<input type="checkbox"/> Victim of human trafficking/modern slavery
<input type="checkbox"/> Living less than 12 months/unclear immigration status	<input type="checkbox"/> Mild or moderate Mental Health concerns including a history of mental illness, including depression or anxiety
<input type="checkbox"/> Recent migrant, asylum seeker, refugee, or NRPF	<input type="checkbox"/> Involvement with criminal justice system
<input type="checkbox"/> Difficulty speaking or understanding English	<input type="checkbox"/> History of concealment of pregnancy
<input type="checkbox"/> Experiencing housing issues (ie. homelessness or at risk of becoming homeless)	<input type="checkbox"/> Booked in late for pregnancy (after 20 weeks)
<input type="checkbox"/> Substance misuse (current or previous)	<input type="checkbox"/> Experienced female genital mutilation (FGM)
<input type="checkbox"/> A learning and/or physical disability	<input type="checkbox"/> Identified by social care as risk, child in need or child protection issues, or a Looked After Child
<input type="checkbox"/> Experiencing domestic violence (current)	<input type="checkbox"/> Experience of child(ren) removed from care
<input type="checkbox"/> Experienced Domestic Violence (past)	
<input type="checkbox"/> Experiencing or at risk of forced marriage	<input type="checkbox"/> Experiencing food poverty, financial hardship or social deprivation
If any of the boxes above are considered 'high risk' please explain here:	

<p>Reason(s) why the support is requested</p> <p>(please provide a detailed explanation)</p>	
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Parent/s or carer/s details			
First name/s			
Surname/s			
Telephone number			
Email			
Postcode			
Age of parent/carer			
Interpreter required?	Yes No	Which language is preferred?	
Please indicate whether the family consents <u>and</u> it is safe to contact the family using:			
Email:	Yes	No	Telephone: Yes No Text Message: Yes No
Child/ren(s) Details			
First Name (Child)			
Surname (Child)			
Date of Birth (or due date)			
Family Details			
Are they pregnant?	Yes	No	Child between 0- 2 years old? Yes No
Is there an ongoing Health or Social Care need required?	<input type="checkbox"/> Child <input type="checkbox"/> Adult		If yes, please describe
Any other services the family/child is involved in?	Yes	No	If yes, please indicate
Does the parent/carer agree for HENRY to contact any of the above for their support?	Yes	No	If yes, please indicate
Professional details			
Name			
Role			
Organisation			
Phone			
Email			

Address	
PRIVACY NOTICE & DATA PROTECTION	
<p><input type="checkbox"/> The parent is aware of and agrees with this request for support and understands that their information is being shared with HENRY for the purpose of processing the referral.</p> <p><input type="checkbox"/> I would like to be contacted further about the HENRY services in the City and Hackney.</p>	