

## Requesting Support from the HENRY 0-5 years Healthy Families Service

The HENRY Healthy Families Service provides early intervention support for families living in the City & Hackney to adopt healthier lifestyles. Families can access a range of workshops, including Starting Solids or Fussy Eating. We offer an 8-week Healthy Families Right from the Start Group Programme, that builds parents' skills and confidence in maintaining a healthy lifestyle through a solution-focused and strengths-based approach. For more information, please see <a href="https://www.henry.org.uk/city-and-hackney">www.henry.org.uk/city-and-hackney</a>

Please email a secure copy to <a href="https://henry.org.uk">henry.org.uk</a>. If you wish to discuss, call 07519 109876

| Inclusion criteria   | Exclusion criteria   |
|--|--|
| <ul> <li>Children aged under 5 years who live or are registered with a GP in the City and Hackney AND one of the following:</li> <li>Parents/carers who are concerned about their child's weight, eating habits or physical activity levels or</li> <li>Professionals working with under 5-year-olds and their families who are concerned about a child's weight or</li> <li>A child over two years of age with a BMI &gt;91st centile</li> <li>A child whose weight is on or above the 99.6th centile</li> <li>A child whose weight has gone up by more than two centile lines</li> </ul> | <ul> <li>Fussy eating/food neophobia where the child is not growing well</li> <li>Nutritional deficiencies e.g. iron deficiency</li> <li>Patients on oral nutritional supplements</li> <li>Constipation and diarrhoea</li> <li>Non oral feeding</li> <li>Multiple allergies. Children would require referral to secondary care Homerton allergy service</li> <li>Children with long-term conditions including diabetes or morbidities</li> </ul> |

| Primary parent or carer details   |  |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|--|
| First name:                       |  |  |  |  |  |  |
| Surname:                          |  |  |  |  |  |  |
| Address:                          |  |  |  |  |  |  |
| Postcode:                         |  |  |  |  |  |  |
| Contact phone number:             |  |  |  |  |  |  |
| Email address:                    |  |  |  |  |  |  |
| Relationship to child:            |  |  |  |  |  |  |
| Secondary parent or carer details |  |  |  |  |  |  |
| First name:                       |  |  |  |  |  |  |
| Surname:                          |  |  |  |  |  |  |
| Contact phone number:             |  |  |  |  |  |  |
| Relationship to child:            |  |  |  |  |  |  |
| Child's details                   |  |  |  |  |  |  |
| First name:                       |  |  |  |  |  |  |
| Surname:                          |  |  |  |  |  |  |
| Date of birth:                    |  |  |  |  |  |  |

CAH 0-5 HF Referral April 2025

| Reason(s) for referral   |       |      |           |            |                                      |  |  |
|--|-------|------|-----------|------------|--------------------------------------|--|--|
| Please provide details on:   |       |      |           |            |                                      |  |  |
| <ul> <li>Why you think this family<br/>could benefit from the<br/>support</li> </ul>   |       |      |           |            |                                      |  |  |
| What the family would like to achieve  |       |      |           |            |                                      |  |  |
| Family details   |       |      |           |            |                                      |  |  |
| Does the family have any language or communication needs we should be aware of?  |       | Yes  |           | No         | If yes, what language?               |  |  |
| 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  |       | Yes  |           | No         |                                      |  |  |
| or continuity in care?   |       |      |           |            |                                      |  |  |
|  |       | Pı   | ofessio   | nal detail | S                                    |  |  |
| Name   |       |      |           |            |                                      |  |  |
| Role   |       |      |           |            |                                      |  |  |
| Organisation   |       |      |           |            |                                      |  |  |
| Email address  |       |      |           |            |                                      |  |  |
| Phone number(s)  |       |      |           |            |                                      |  |  |
| Address  |       |      |           |            |                                      |  |  |
| Would you like to be contacted further about the HENRY services in the City and Hackney?   |       | Yes  |           | □ N        | No                                   |  |  |
| Privacy information  |       |      |           |            |                                      |  |  |
| Your request for support is being processed by HENRY, a registered charity (Charity No. 1132581), for the purpose of referring families to the HENRY Healthy Families Service in the City of London and Hackney. Our lawful basis for processing the personal information collected here is legitimate interests. Additionally, we ask that you gain the informed consent of the family being referred to make this request for support on their behalf.  The referred family's information will be used to provide them support from the Service. Your information will be used to contact you with the outcome of your request for support and, if necessary, to request additional information. With your consent above, we will contact you with more information about HENRY services in City & Hackney.  All information will be kept securely and confidentially by HENRY up to 7 years after the end of the service contract, after which it will be securely destroyed. Under the Data Protection Act (2018) you have the right to access, rectify or erase the data we hold on you. You also have the right to object to or restrict the way we use your personal information. If you would like to exercise your data rights, please contact data-support@henry.org.uk. |       |      |           |            |                                      |  |  |
| Consent  |       |      |           |            |                                      |  |  |
| $\square$ I have read and understood the statement above   |       |      |           |            |                                      |  |  |
| ☐ I confirm that I have gained th  | ie pa | rent | 's inforn |            | to share this information with HENRY |  |  |
| Signature:   |       |      |           | Date:      |                                      |  |  |



