**What is the HENRY *Healthy Families: Right from the Start* programme?**

This friendly programme is suitable for any parent/carer with a child aged 0 to 5. HENRY programmes support a wide range of aspects of family life and child development. Parents love the programme and say that they, and their whole family, gain a lot from it.

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| * 8 weekly sessions | * Free, useful resources you can keep, including:   + a book and some charts for you   + a soft ball and lots of play ideas   + picture story books for your child |
| * Available in groups and/or 1-to-1 * Delivered online and/or face-to-face * Delivered by trained HENRY Facilitators |
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You can view the HENRY parent leaflet at <https://bit.ly/3u39H4d> Printed versions are also available.

* 97% of parents/carers would recommend it
* 90% report feeling more confident as a parent

*‘I enjoyed finding out how to deal with meal-times, behaviour and feelings which has helped me massively over the last few weeks and made a lot of changes in a positive way.’*

*‘This programme was fantastic, I learned so much. Everyone should do it’*

**Using this Request for Support Form**

* **If you are a parent or carer** who would like to request support for your family, please:
  + Fill in your **Family Details** electronically on the next page

*(If you have a support worker they will be happy to help)*

* + Email this form to insert required email address or text us on insert phone/SMS number to request a phone call
* **If you are a practitioner who would like to request support on behalf of a family, please:**
  + Fill in **Referrer Details** below
  + Confirm that you have the family’s informed consent to request support on their behalf
  + Fill in the **Family Details** on the following page
  + Email this form to insert required email address

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| **REFERRER DETAILS:** *if you are a parent requesting support for your family please ignore this section* | | | | | |
| **Name of referrer** | |  | | | |
| **Job role** | |  | | | |
| **Contact phone number(s)** | |  | | | |
| **Address** | |  | | | |
| **Email address** | |  | | | |
| **Please note: all requests for support on behalf of a family must be made with the parent/carer’s consent.**  *By submitting this form, you affirm that you will handle the client’s personal information with due respect to their privacy and data security 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.*  **Please tick here to confirm that you have gained the client’s informed consent for their personal information to be shared with insert your organisations’ name and that you have read and understood the statement above.** | | | | | |
| **Signed** |  | | | **Date** |  |
| **FAMILY DETAILS** | | | | | |
| **Date of request for support** | | |  | | |
| **Name of parent**(s) **or carer**(s) | | |  | | |
| **Names and dates of birth of children**  *(Please note the family must have at least one child aged 0 to 5)* | | |  | | |
| **Address** | | |  | | |
| **Contact phone number**(s) | | |  | | |
| **Email address** | | |  | | |
| **Why do you think you (this family) could benefit from the HENRY *Healthy Families: Right from the Start* programme?**  *(Please give as much detail as you can)* | | |  | | |
| **Please select preferences** | | | INSERT YOUR OPTIONS HERE e.g.   * Group programme – online * Group face-to-face e.g. at a Children’s Centre or family hub * 1-to-1 programme – face-to-face e.g. home or another venue * 1-to-1 programme - online | | |
| **Home visits only: are there any Health & Safety issues that may cause risk to the Facilitator?** *(e.g. Any history of aggressive behaviour or violence / history of domestic violence / history of drug or alcohol abuse / history of mental health, within the family. Other risks such as pets (allergies) or hazards in the home.)* | | | DELETE THIS ROW IF YOU DO NOT OFFER HOME VISITS | | |
| **Are there any health or other concerns you would like to share with us?** | | |  | | |
| **Are there any language or communication needs we should be aware of?** | | |  | | |
| **Are there any other agencies involved?**  *(e.g. dietetics, MAST, health visitor, social services, paediatrics etc.)* | | |  | | |

**What happens next?**

Once you’ve returned this form, the HENRY Coordinator for your area will be in touch to talk things through, let you know what is available, and answer any questions you may have.

**Please complete this form electronically and email to referral email address e.g. henry@area.gov.uk**

**Please do not post this form**

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| **PRIVACY NOTICE** |
| Insert your organisation’s privacy notice here e.g. If you would like to know more about how YOUR ORGANISATION’S NAME uses and protects your personal information, and your data rights, please see our Privacy Policy at YOUR WEBSITE or contact us using the details below:   * PHONE NUMBER * EMAIL |