

Peer Support with HENRY



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 securely send to hcvolunteer@henry.org.uk and if you would like to discuss, call **0208 1359 228**.

Inclusion Criteria	Exclusion Criteria
<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	<ul style="list-style-type: none">• Severe mental health condition (e.g. experiencing active psychotic symptoms)• Significant risk of harm to self or other

Reason(s) why the support is requested:

Please provide a detailed explanation.

(i.e. what support is already in place, what the specific need of the family is, what are the family strengths you see; are there any other services the family is a part of)

Must meet one or more of the below requirements:

- Limited social support / feeling socially isolated
- Poor awareness / struggle accessing services
- Living less than 12 months / unclear immigration status
- Recent migrant, asylum seeker, refugee, or NRPF
- Difficulty speaking or understanding English
- Experiencing housing issues (*i.e. homelessness or at risk of becoming homeless*)
- Experiencing or at risk of forced marriage
- A learning and/or physical disability
- Experiencing domestic violence (current)
- Experienced Domestic Violence (past)
- Current/previous history of substance misuse
- Victim of human trafficking / modern slavery
- Mild or moderate Mental Health concerns including a history of mental

Parent's or carer's details

First name(s):			
Surname(s):			
Telephone number:			
Email:			
Postcode:			
Date of Birth:			
Any language needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which language is preferred?	
Any learning needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please explain: (e.g. visual, hearing, learning disability)	

Please indicate whether the family consents and it is safe to contact the family using:

Email:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Text Message:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Second parent's or carer's details

First name(s):	
Surname(s):	
Relationship:	

Child(ren)'s details

First name(s):	
Surname(s):	
Telephone number:	
Date of Birth (or due date):	

Family Details

Are they pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child between 0-2 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an ongoing Health or Social Care need required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe	
Any other services the family/child is involved in?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe	
Does the parent/carer agree for HENRY to contact any of the above for their support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe	

Professional details

Name:	
Role:	
Organisation:	
Phone:	
Email:	
Location:	

Would you like to be contacted further about the HENRY services in the City and Hackney?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Consent

- The parent is aware of and agrees with this request for support.
- I confirm that I have gained the parent's explicit consent to share this information with HENRY for the reasons above.

Signed:

Date:

Privacy information

This information is being collected by a City & Hackney Pharmacist or Children's Centre/Hub, on behalf of HENRY, the City of London Corporation and the London Borough of Hackney, for the purpose of facilitating your access to the Healthy Start scheme for free vitamins.

This form gathers information on you and/or your children. The lawful basis for doing so is your consent, which we ask for above. Your personal information will be used in two ways: 1) to register/update your details with the Healthy Start scheme and - if you fulfil the eligibility criteria – provide you with free vitamins; and 2) in an anonymous form to report on the reach and impact of the Healthy Start scheme to the City of London Corporation and the London Borough of Hackney.

All information on this form is stored securely on PharmOutcomes and Synergy, data platforms belonging to the North East London Local Pharmaceutical Committee and the London Borough of Hackney, respectively. For more information on how these organisations handle your personal information, including retention periods, please see their privacy policies at www.nel.communitypharmacy.org.uk/privacy-policy and www.hackney.gov.uk/privacy-notice-education.

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, or to withdraw your consent, please contact HENRY using the details at the bottom of the page.

In partnership with:

