

Request for support from HENRY 1-to-1 Programme for families in the Better Start Bradford area

The HENRY 1-to-1 programme is an early intervention supporting families to adopt healthier lifestyles where there is some concern about a baby or young child's weight. It is a structured 8 to 10 week programme, but it is designed to be parent-led with the flexibility to go at the parent's pace and be delivered at a place and time convenient to families, often in the family home. The 1-to-1 programme applies a solution-focused and strengths-based approach to build parents' skills and confidence in maintaining a healthy lifestyle.

The HENRY 1-to-1 programme may work well when one or both parents are overweight, when a baby or child has put on weight more rapidly than expected, when a child eats a very limited range of foods or when parents have concerns about how to provide their children with a healthy lifestyle.

Before completing this form, please read the following information carefully

- Have you considered referring the parent to the HENRY Group Programme?
- Have you considered requesting a HENRY Parent Champion to accompany the parent to a HENRY group programme?
- Please ensure the family live in the Better Start area before completing this form – please use the postcode checker at <https://betterstartbradford.org.uk/> if you are unsure.
- All requests for support must be made with the consent of the family. You will be asked to confirm that you have discussed this request with the family at the end of this form.

Name of parent(s) or carer(s)	
Name(s) and age(s) of children	
Please note the family must have at least one child under 5	
Address	
Contact phone number (s)	
Email address	
Please indicate where the parent would prefer visits to take place?	Children's Centre <input type="checkbox"/> Parent's home <input type="checkbox"/> Community venue <input type="checkbox"/>
Which days and when would be the best time of day for visits to take place?	(please consider what young children will be doing during visits –as parent(s) will need time to focus on the discussions)
Are there any health and safety issues that may cause risk to a 1-to-1 practitioner visiting? (e.g. any history of aggressive behaviour within the family)	

Are there any other risks we should be aware of? (e.g. dogs/hazards associated with the home)	
Does the family have any language or communication needs we should be aware of?	
Why do you think this family could benefit from the HENRY 1-to-1 programme? Please give as much detail as you can.	
Are there any other agencies involved with this family?	

Referrer details

Name of referrer	
Role	
Contact phone number (s)	
Address	
Email address	

It often works well if the referrer can introduce the family to the HENRY 1-to-1 practitioner in person, either on a visit to the family home, or at a child health clinic or children's centre. Would you be happy for us to contact you to discuss this? YES NO

PRIVACY NOTICE & DATA PROTECTION

You are submitting this referral form to HENRY, a registered charity. HENRY will use the personal information here to refer the parent to the *Healthy Families* 1-to-1 programme in the Better Start Bradford area. We will also use anonymous data from this form to evaluate parent engagement 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.

Please tick here to confirm that you have gained the client's informed consent for their personal information to be shared with HENRY, and that you have read and understood the statement above.

Name of referrer: Date:

Please email this form to: Nicola.charnock@henry.org.uk

or post to Nicola Charnock, Public Health - HIT, Floor 5 Britannia House, Hall Ings, Bradford, BD1 1HX

If you would like to discuss this further, please call Nicola Charnock (Coordinator) on 07709640454