The HENRY *Healthy Families* programme is an early intervention supporting families living in the City and Hackney to adopt healthier lifestyles. It is a structured 8 week group programme (with an additional taster session). The programme applies a solution-focused and strengths-based approach to build parents’ skills and confidence in maintaining a healthy lifestyle.

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

Please provide some details about the family:

|  |  |
| --- | --- |
| Full name of parent(s) or carer(s) |  |
| Full name(s) and age(s) of children |  |
| Address |  |
| Postcode |  |
| Contact phone number(s) |  |
| Email address |  |
| 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 Group programme? Please give as much detail as you can |  |
| What would the family like to achieve?  |  |

**Referrer details:**

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

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| **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* programme inthe City of London and Hackney*.* We will also use anonymous data from this form to evaluate parent engagement with 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](http://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 a password-protected copy of this referral to **hcsupport@henry.org.uk** with the password sent in a separate email.

Alternatively post the form, marked CONFIDENTIAL to: Service Manager, HENRY, Linden Children’s Centre, 86-92 Rectory Road, N16 7SH

If you wish to discuss this referral with the Service Manager, please ring 07519 109876.

We will use your information to process this referral and to contact you about HENRY services in the City and Hackney.