**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 [henry@southtyneside.gov.uk](mailto:henry@southtyneside.gov.uk) or text on 07436282224 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 henry@southtyneside.gov.uk

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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 South Tyneside Council Children’s Centres 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** | | | * Group programme – online * Group face-to-face at a Children’s Centre | | |
| **Please select course preference** | | | Workshops   * Starting Solids (1x 2 hours session) * Healthy Teeth (1x 2 hours session) * Fussy Eating (1x 2 hours session) * Looking After Yourself (1x2 hour session) * Eat Well For Less (1 x 2 hour session) * Healthy Families Right from the Start (8 x 2 hour sessions) | | |
| **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.)* | | |  | | |
| **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. health visitor, nursery, school, social services, early help, 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 henry@southtyneside.gov.uk**

**Please do not post this form**

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| **PRIVACY NOTICE** |
| The personal information you have provided on this form will be used for the purpose of The HENRY Programmes delivered within South Tyneside Council.  Your personal information will not be shared with third parties unless we are legally obliged to do so or have gained your consent, unless required to meet, fulfil our contract with you or allowed by law.  We My need to disclose your details if required too the police, South Tyneside Safeguarding Team, regulatory bodies, or legal advisors.  For a full version of our privacy notice please visit [www.southtyneside.gov.uk/childrenscentres](http://www.southtyneside.gov.uk/childrenscentres)  If you wish to access the personal information that we hold you should contact South Tyneside Council Information Governance, [data.protection@southtyneside.gov.uk](mailto:data.protection@southtyneside.gov.uk) Telephone: 0191 424 6539 |