

EDUCATION WELLBEING SERVICE

INFORMATION FOR PARENTS AND CARERS

WHO WE ARE...

We work with parents and carers of children who are experiencing anxiety, fears and worries, or parents and carers whose children are experiencing common emotional and behavioural challenges.

We are a NHS wellbeing service working in your child's school providing evidence-based support programmes. This service is not for children who are already receiving help from Children and Family Services or CAMHS.

WHAT WE DO...

We help parents understand their child's difficulties with anxiety or emotional/behavioural challenges, and to learn strategies to support and help these challenges.

Parent sessions are 1:1, we offer up to 8 sessions that are one hour long. Sessions can be online or in your child's school.

PRIMARY SCHOOL PARENTS WHOSE...

WHO WE SEE....

- Children who sometimes struggle with their emotions leading to behaviours that can be challenging to support at home (e.g. tantrums, not listening or following instructions, difficulties at bedtimes or in mornings, being rude to parents)

OR

- Children who sometimes struggle with anxiety and worry (e.g. shy, panicky, clingy or fearful of specific things, such as separation, school or social situations, avoiding situations or seeking high levels of reassurance)

WHAT WILL IT INVOLVE....

- Once you have completed an application form, we will contact you to arrange a time to hear about your child and family, and check we are the right service for you.
- Once you start working with us, we will ask you to try out the things you have learnt in sessions during the week. Each session has a different topic and set of tools and ideas to help your child.

***Did you know? Research shows that working with parents of primary aged children helps more and faster than working with children directly at this age.**

***Over 95% of parents made progress with our service and would recommend our service to other parents**

APPLICATION FORM

EDUCATION WELLBEING SERVICE

Parent(s) Full Name(s)

Child's Full Name

Child's Date of Birth :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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SUPPORT YOU ARE INTERESTED IN

Child Anxiety Support - Parent Led Guided-Self Help Programme

Behavioural Difficulties - Parent Led Guided Self-Help Programme

Please give a brief description of the difficulties your child is experiencing, including the duration and the impact of these difficulties on your child's everyday life:

*What have you already tried to help with your child's difficulties?
Have you used or had contact with any other services?*

Are there any other things you think it would be helpful for us to know about? (e.g. parental relationship difficulties, recent bereavements, other help being received by you / your family, or other changes?)

ABOUT YOU AND YOUR CHILD

Child's school :	<input type="text"/>	Child's Year Group :	<input type="text"/>
Child identifies their gender as :	<input type="text"/>	Child's Ethnicity :	<input type="text"/>
Parent first language :	<input type="text"/>	Interpreter needed? :	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Address :	<input type="text"/>		
Parent Contact Number(s) :	<input type="text"/>	Parent Email Address(es) :	<input type="text"/>
Child's NHS number :	<input type="text"/>	I/we have parental responsibility :	Yes <input type="checkbox"/> No <input type="checkbox"/>
GP Name and Address :	<input type="text"/>		
Signature :	<input type="text"/>	Today's date :	<input type="text"/> D D M M Y Y

THANK YOU FOR YOUR INFORMATION

Please return this completed application form to a member of staff in your school

ADDITIONAL INFORMATION FROM YOUR CHILD'S SCHOOL

For Parents/Carers:

Please tick this box if you are not comfortable with a member of school staff filling in the information on this page

Staff Member Completing Form

Staff Member Role

Date Completed :

D D M M Y Y

ADDITIONAL INFORMATION

Please provide your view of the difficulties this child has been experiencing, including any impact these difficulties are having on their life in school (e.g. in terms of attendance, attainment, behaviour or socially)

Has any support been offered to help with these difficulties at school? Please describe and report any progress

Any other circumstances that might impact or inform our intervention?
Is there any previous agency involvement including any referrals to children's safeguarding?
(E.g. SENDMH needs, current or historic safeguarding concerns, child/family circumstances or changes)

Please confirm that parental consent has been attained for this application? Yes No

I confirm that the parent completed/was involved in completing this application? Yes No

To our knowledge, this child is not already receiving support from children and family services or CAMHS Yes No

THANK YOU FOR YOUR INFORMATION

Please return this completed application form to your school's Education Wellbeing Service