

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 completed application form to a member of school staff or email directly our the Education Wellbeing Service: infomertonwp@swlstg.nhs.uk