Making Life Better Together

Education Wellbeing Service

NHS South West London and St George's Mental Health NHS Trust

Cognus No Limits on Learning

## Who are we?

**We are NHS and Cognus wellbeing and mental health practitioners, working in your child's school providing evidence-based support programmes for parents and carers of children who are experiencing anxiety, fears and worries or everyday behaviour challenges.**

## Who do we see?

**Primary school parents and carers whose children sometimes struggle with…**



Managing their emotions, leading to behaviours, such as tantrums, not listening or following instructions, difficulties at bedtimes or mornings, being rude to parents, etc.



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)

**Parents/carers who are not currently receiving support from CAMHS or Children & Family Services**

## What do we offer?



**6-8 weekly, one-hour sessions, at school or online**



**Help to understand your child's feelings/behaviour**



**A chance to learn practical strategies that you can practise during and between sessions to support your child's wellbeing**

## What happens next?

**Once we receive this completed form from you/your child's school, we will contact you to arrange a time to hear a little more about your family and check that we are the right service for you.**

**If so, we will arrange to see you for 6-8 sessions. Each session has a different topic and set of tools and ideas to help your child.**

**We will ask you to try out these tools and ideas between sessions.**

**While you are waiting to see one of our wellbeing practitioners, visit our YouTube channel: @educationwellbeingservice It's full of helpful videos and webinars for parents and carers**

**Research shows that working with parents and carers of primary aged children helps more and faster than working with children directly.**

**Over 95% of parents who completed our programmes made progress towards their goals and would recommend our service to other parents!**

# APPLICATION FORM

**By submitting this form, you are consenting to this information being shared within our team and stored on a secure digital record system, which is only accessed by SWLSTG CAMHS staff.**

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**Child's Name** (Please enter your child's full, legal name here, as listed on health/GP records).

**Child's Date of Birth (DD/MM/YY)**

**Parent(s) Full Name(s)**

**Child's Age**

**School**

**Year Group**

## SUPPORT YOU ARE INTERESTED IN

**Child Anxiety - Parent-Led Guided Self-Help Programme**

**Behavioural Difficulties - Parent-Led Guided Self-Help Programme**

**Preferred Location of Sessions:**

Face-to-face (in school)

Online

No preference

**How did you hear about our service?**
**(School staff, Workshop, GP, Community Services, Friends/Family, etc.)**

*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?*

*Is there anything else 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 identifies their gender as**

**Child's Ethnicity**

**Are there any other details about your family's cultural background that you would like to share?**

**Parent's first language**

**Interpreter needed? Yes No**

**Is your child entitled to Free School Meals? Yes No Prefer not to say**

**Child's NHS number**
**(You can find this on any NHS GP/Hospital documents OR on the NHS App)**

**Does your child have a diagnosis of Autism or any other disability?**

**Yes, they have a diagnosed disability or additional need**

**A diagnosis/assessment is in progress.**

**No**

**(If yes, or an assessment is in progress, please provide details here**

**Parent Contact Number(s)**

**Parent Email Address(es)**

**Home Address**

**GP Name & Address**

**Do you consent to information about this referral being shared with your GP? Yes No**

**I would like to discuss this further**

**I/we have parental responsibility Yes No**

**Signature**

**Today's date (DD/MM/YY)**

**Thank you! Please return this completed form to a member of staff in your child's school.**

# ADDITIONAL INFORMATION FROM YOUR SCHOOL

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***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* ☐

**Name of School Staff Member Completing Form**

**Date Completed (DD/MM/YY)**

**Staff Member Role**

**Child's Current Attendance (%)**

If less than 90%, please consider whether this is related to anxiety / low mood or there are systemic/social factors where an Early Help referral would be more helpful.

**Does the child have additional needs or disabilities?**
**(If yes, please provide details in the sections below)**

- ☐ **Yes, diagnosed disability or additional need**
- ☐ **Diagnosis/assessment in progress.**
- ☐ **No**

**Does the child receive additional learning support in school?**

- ☐ **Yes, EHCP in place**
- ☐ **Yes, EHCP In progress**
- ☐ **Yes, but no EHCP**
- ☐ **No**

**What kind of wellbeing support do you feel family would benefit from?**

- ☐ **Guided self-help (with EWP)**
- ☐ **Other** (Please discuss with your Mental Health Lead and/or a member of our team prior to referring for non-EWP support)

**If other, please state here:**

**How long have these difficulties been present?**

If there are current self-harm/risk concerns, please refer to our CAMHS SPA colleagues.

If there are current safeguarding concerns, please refer to Early Help or local authority safeguarding teams

*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 support been offered to help with these difficulties at school? Please describe support and 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. additional needs, current or historic safeguarding concerns, child/family circumstances or changes)*

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

By ticking YES you are confirming that parent/carer is aware of this referral and has given their consent for the information on this form to be stored on a secure CAMHS record system

To your knowledge, has this child been referred to/currently receiving support from Children and Family Services or CAMHS? Yes ☐ No ☐ Referral made, awaiting outcome ☐

**THANK YOU! PLEASE RETURN THIS COMPLETED APPLICATION FORM TO YOUR SCHOOL'S EDUCATION WELLBEING SERVICE**