

# EDUCATION WELLBEING SERVICE

## INFORMATION FOR PARENTS AND CARERS

### WHO ARE WE?

We are NHS Wellbeing Practitioners, working in your child's school providing evidence-based support programmes for parents/carers of children who are experiencing anxiety, fears and worries or common emotional and behavioural challenges.

### 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**

Primary school parents/carers whose children sometimes struggle with...

### WHO DO WE SEE?



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 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.

**\*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 who completed our programmes made progress towards their goals and would recommend our service to other parents!**

# APPLICATION FORM

Education Wellbeing Service

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

Information shared on this form is held securely on an SWLSTG NHS Trust Electronic Records System

Parent(s) Full Name(s)  Child's Full Name

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

## 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

*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's school  Child's Year Group

Child identifies their gender as  Child's Ethnicity

Parent first language  Interpreter needed? Yes  No

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

Parent Contact Number(s)  Parent Email Address(es)

Home Address

GP Name & Address

I/we have parental responsibility Yes  No  Child's NHS number

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

THANK YOU FOR YOUR INFORMATION



Please return this completed application form to a member of staff in your child's 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 Form Completed  
(DD/MM/YY)

Does the student have an EHCP?

Yes  No  In progress

Student's Current Attendance (%)

How long have these  
difficulties been present?

## 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 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 obtained for this application?

Yes  No

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 FOR YOUR INFORMATION

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