



Merton Education Wellbeing Service

Who We Are...

We are Education Wellbeing Practitioners (EWPs) working with the parents of children who are experiencing heightened fears and worries or who are experiencing common behavioural difficulties.

We are an early intervention service, providing evidence-based programs and preventative support for families who are experiencing these common challenges.

What We Do...

We offer two programmes; one for parents who would like support with managing their child's anxiety and one for parents who would like support with managing their child's everyday tricky behaviour.

Both programmes consist of 8 sessions. We offer sessions via video call, telephone or face to face.

Sessions aim to empower parents/carers by helping them understand their child's difficulties and by providing tools and strategies they can start using right away with their child.

How will it help?

Anxiety sessions give parents/carers techniques to use with their child to help manage their anxiety and develop resilience –

"There was clarity to the approach, it was easy to put in place" (Primary Parent)

Behaviour support sessions aim to strengthen family relationships and enable carers to feel more confident in responding to their child's behaviour –

"You respected how I was feeling and gave me hope" (Primary Parent)

**100% of parents in Summer 2021 who engaged made progress on their own personalised goals*

Who We See...

Parents and carers of children who are:

- 4-11 years and often feel worried (e.g. shy, panicky or fearful of specific things, such as attending school or social situations).
- 3-8 years and are experiencing any of the following common family difficulties: not listening or following instructions, difficulties at bedtime, tantrums, being rude to parents.

*We are unable to see children who are currently open to social care or are being seen by CAMHS.

What you need to do?

It's easy and you can contact us to find out more. Parents can self-refer by emailing the one page 'parent wellbeing application form' available from your schools pastoral team to InfoMertonWP@swlstg.nhs.uk or email with any questions. Teachers can complete the form together with parents.

We will then set up an initial call with the family to find out more about the concerns and think about working together or any other support options. Next, we will arrange weekly sessions with you as parents. We work mostly with the parents but may ask the child to attend part of the sessions if it is helpful. Teacher's may be invited to share their views.



Children's Education Wellbeing Service - Parent Application Form

Name (of parent)			
Name of child		Child Gender	
Date of Birth		Date form completed:	
Relationship to Child			
Ethnicity		Interpreter required?	Yes/No (please circle)
Parent First Language			
Home Address			
Contact Phone Number			
Email Address			
Child School Name		Child NHS number if known	
Child Year Group			
GP Name			
GP Practice Address			Consent to inform GP of referral?
			YES <input type="checkbox"/> NO <input type="checkbox"/>
Which intervention are you interested in?	Child Anxiety Support – Parent Led Guided-Self Help Program <input type="checkbox"/> Behavioural difficulties – Parent Led Guided-Self Help Program <input type="checkbox"/>		
Have you tried any other services? If yes please specify	No <input type="checkbox"/> Yes <input type="checkbox"/>		
Is your child/family getting any other professional help at the moment? If yes please describe:	No <input type="checkbox"/> Yes <input type="checkbox"/>		

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:

Is there anything that you've tried to help with these difficulties?

Are there any other things you think it would be helpful to let us know about? (e.g. parental relationship difficulties, recent bereavements or other changes in circumstances)

Please ensure that this referral has been discussed with parents/carers if not a self-referral
 Source of referral: Self (Parent self-identified) School/Professional identified

Completed by (name): Signature: Date:

Please return to InfoMertonWP@swlstg.nhs.uk