



# Guidance for completing the Parent YS Support Form:

## Does your child have a diagnosed disability?:

\* Developmental difficulties, such as Autistic Spectrum Disorders (ASD), Attention Deficit Hyperactivity Disorder (ADHD) dyslexia and dyspraxia are also considered disabilities under the **Disability: Equality Act 2010**. To be considered a disability there needs to be a Formal Diagnosis, but it is worth noting this down if you or your child is on the Neurodiversity Pathway, or it is suspected that this is the case – this will allow us to make adaptations if needs be. ASD / ADHD are not mental health disorders that can be treated by LI-CBT, but some of the associated difficulties, such as Low Mood or Anxiety may be.

## An example might be:

Charlie has a formal diagnosis of ASD/ADHD from his GP and school are aware. This is being managed by the SENCO and his Teacher.

Or, Maya does not have a formal diagnosis of ASD/ADHD but her sibling does and we have noted similar traits in her.

Or, Ben is currently on the neurodiversity pathway and being investigated for ADHD.

## Does your child have any access requirements?

This pertains to physical access of premises, such as crutches or wheelchair users, but may also include ability to access a talking therapy which may include difficulties such as selective mutism, problems with hearing or visions, global delay, learning difficulties or even if English is not their first language. This means we can try to adapt sessions to fit your child's needs.



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## An example might be:

Amy has selective mutism which means that talking to new people is a real challenge for her although she does talk at home with me and some trusted adult.

Or, Nimesh struggles with reading and writing due to visual impairment.

Or, Jakob has cerebral palsy and is a wheelchair user which means he needs to be able to access areas with ramps or lifts.

## Is your child currently receiving support?:\*

It is useful for us to be aware if your child is receiving support from another service, or if other agencies are involved as this may preclude or enhance the work that we do. Often, if a child is receiving support such as ELSA (Emotional Literacy Support Assistant), the Family Intervention Service (FIS), forms of Pastoral support or Parent and Family Support Advisors (PFSA) it will be useful to know so we are able to approach this in a more joined up way. If they are receiving counselling or therapy from another service, then the 2 approaches may not be compatible at this time. Intervention from Child Social Services, Eating Disorder Clinics, Drug & Alcohol Services, Domestic Abuse, Sexual Abuse services or CAMHS may point towards a more complex issue that is outside of our remit at this time.

## An example might be:

Maisie is currently working with ELSA in school and meets every week with her Pastoral Lead.

Or, We have had Child Social Services involved for David and now he is regularly seeing a counsellor at the Family Counselling Trust.

Or, Toni has been referred to SWEDA (Somerset & Wessex Eating Disorder Association) by her GP.



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**Has your child received any support within the last 12 months? Please give details such as the support received and for how long?:**

It is important to know what level of support a young person has had recently as this may indicate how complex a problem is, any underlying difficulties we need to know about or whether we can take interventions in a new direction to aid their recovery.

**An example might be:**

Max was discharged from CAMHS 6 months ago and worked with the Jigsaw project for 2 months.

Or, Sara has had some private counselling for the past 18 months, but has found this this hasn't helped very much.

Or, Rami has seen Young Somerset before, 3 years ago, but struggled to engage and dropped out - he now thinks he is better equipped to talk about his problems.

**Where is your child currently receiving their education?:\* / Please give details (for example the name of the school):\***

It is important that we have the right details for the school / college as we may need to contact them from time to time, with consent, to speak to staff or arrange sessions. If you have a particular contact in school, the Pastoral Lead, the SENCO, or other teacher who are aware of the problems, that would be very helpful. It is similarly important for us to know if they are home-schooled and why they were removed from education.

**An example might be:**

Mary's school is currently St Swithern's Primary School, Taunton and attends daily. She often sees Mrs Harris, the SENCO who is aware of her difficulties.

Or, Callum has been currently out of education for a year, he does not have a home tutor and is not engaged in any learning at present.

Or, Theresa is currently home-schooled and sees a private tutor twice a week in preparation for her GCSEs.



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**If you would like to, please tell us more about this - When did the problem start? How does this affect your child's day to day life? Do they self-harm or have thoughts of not wanting to be alive anymore?:**

It is important that we get as much information as possible initially – this will allow us to Triage the case more quickly and make a decision on suitability for assessment or whether we can direct you to another service that is better suited to your needs. If we have limited information, or the difficulty is not clear then you may receive a phone call or email from us to find out more information, which could delay proceedings.

## **An example might be:**

A helpful example:

Cassie has been struggling with social anxiety for the past 18 months. In that time she has stopped going out with her friends and dropped football and gymnastics, 2 hobbies she used to love. She worries a lot about people judging her, or making a fool of herself and this makes her feel really low in mood. She isolates herself in her room and is often upset, spending a lot of time on her phone. She is still going to school but finds it really hard and cries in the morning and asks me to walk in with her because she is worried about seeing other children in her year. She won't eat in the dining hall but does eat at home, but only in her room. She has recently started cutting her arms and legs with a pencil sharpener, but has not needed any medical treatment for this. She often says that she wishes she wasn't here anymore and that she doesn't think people like her – she says she doesn't really want to kill herself but also says that she often hopes that she won't wake up in the mornings and not being alive would be easier. She has problems sleeping and her appetite is lower than it used to be.

## **An example where we would need more information would be:**

Martin is anxious and angry. He doesn't want to go to school. He has started smoking.



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**Have there been any significant life events? Trauma, family complexities, bereavement etc (please give details):\***

This is important because there are some problems that we cannot work with. If we have a good idea of the sorts of 'big' problems that young people are struggling with then we can make the appropriate steps to signpost them to other service who might be better placed to work with them. Young Somerset works with mild to moderate mental health disorders and whilst things like 'bereavement', 'bullying' or 'parents splitting up' are very stressful, sadness is a normal emotional response to a difficult event and CBT may not be effective – in these cases, counselling may be a better option. CBT focuses on the 'what if' thoughts and irrational fears and worries that young people have and it's very hard to challenge those thoughts over real events.

Sometimes, young people will need other difficulties to be explored and worked on first to allow CBT to be most effective.

**Young person voice. How do they view the difficulties, how does this affect them, what do they think may help?:**

It is vitally important to ask the young person what they think and feel. It is very common for a parent to recognise that their child is struggling and want them to be 'fixed', but CBT is about guided self-help. This means that we can teach the young person and family particular skills to help them overcome challenges in their thinking so they can face these problems head on. Some of these things are hard to hear from children but it's really important that they are involved in their sessions, and we capture their voice, as they are the experts in how they are feeling.



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An example might be:

Danny – I find it hard to go to sleep at night because I am afraid of the dark. I think there might be a monster in my wardrobe that might get me. I'm sometimes naughty or make noise so Mum comes up to check on me. I'm tired of being scared all the time.

Tiffany – I feel like nobody really likes me. I argue with Mum a lot and things at home are really stressful. I feel like I don't want to be around anymore, life is pointless, and I don't want to feel that way anymore.

Niamh – I get butterflies in my tummy and feel really shaky and like I want to go to the toilet. My skin crawls and my nose and lips feel like they are tingling. It makes me not want to go out and see people because I'm worried about what they might say. I think I need to get over it but don't know how.