Q&A from Emotional Wellbeing and Your Child event 19th November 2024

These questions have been answered by a panel of senior professionals from the Educational Psychology Service (EPS) and My Young Minds Enfield (MYME) Answers are correct to the best of our knowledge at the time of writing.

With CAHMs waiting lists being so long, how can schools support children who have not yet been able to access medical support or guidance, so that they are not disadvantaged?

We appreciate it can take some time to get support following a referral to CAMHS. There are a number of other services that can be accessed in the meantime:

The NCL Waiting Room signposts to services and resources for schools, parents and young people https://www.nclwaitingroom.nhs.uk/

Kooth is a free, anonymous, digital mental health service commissioned by the NHS Access is immediate and available 24 hours 7 days a week. There are no waiting lists or referrals needed. https://www.kooth.com

My Young Mind Enfield (MYME) is an early intervention service that works in schools with children aged 5-19. Parents will need to check if their school has MYME practitioners and ask if a referral or further advice can be sought from the team. https://www.nclwaitingroom.nhs.uk/MYME

The Educational Psychology Service has also created a signposting booklet which has information on a range of support available https://www.enfield.gov.uk/ data/assets/pdf_file/0028/33499/CYP-looking-after-your-mental-health-wellbeing.pdf

If your child is in crisis, you should call the <u>North Central London crisis support line</u>, which is available 24 hours a day, seven days a week.

How to deal with my child having OCD

The anxiety workshop will hopefully provide you with some useful tips around supporting a young person who presents with Obsessive Compulsory Disorder (OCD), as this can be driven by underlying anxieties.

If concerns continue, it might be useful to discuss these with your GP and if appropriate, a referral to CAMHS can be explored. It's helpful to seek medical advice because there are many types of need under the umbrella of anxiety.

Here are some organisations that offer advice and support around OCD.

YoungMinds https://www.youngminds.org.uk/

The Mix https://www.themix.org.uk/

No Panic: www.nopanic.org.uk

OCD Action: www.ocdaction.org.uk

My child is cognitively very advanced but has very little social skills. How do I know the right type of school for him?

It will be helpful to visit a range of school settings in plenty of time before your child's planned transition. During these visits, speak to the SENCO about your child's particular strengths and needs, and ask how they will make provision for your child. It can also be helpful to speak to other parents of children with SEND and hear about their experiences of working together with schools to ensure their children's needs are met.

If your child has social communication needs, you and your child may find the support from the <u>Enfield Advisory Service for Autism (EASA)</u> useful. You can self-refer to EASA. EASA also run programmes for older children, where young people can connect, develop their sense of identity, make friends, and practise new skills.

What guidance is available to support emotional health from Ed psych team to primary schools in Enfield

The Enfield Educational Psychology Service leads on Enfield Trauma Informed Practice in Schools and Settings (E-TIPSS) which is a partnership programme that offers free training to all schools and settings across Enfield on developing a trauma-informed approach to supporting children with social emotional and mental health needs.

The EPS also delivers <u>training for Emotional Literacy Support Assistants (ELSAs)</u> who facilitate interventions in schools focusing on areas such as emotional regulation, friendships, worry and grief.

If individual schools purchase traded hours from the EPS, they can access support from the link Educational Psychology Service team members. This time can be used to think about the needs of an individual child or group of children, and for staff training and development (e.g. training in emotion coaching or zones of regulation).

Most schools in Enfield are also part of a network for Senior Mental Health Leads which meets on a termly basis. The network provides an opportunity for schools to come together to share good practice around the topic of emotional well-being and mental health in schools. Through this network, schools are also offered ongoing training, access to resources and information on improving the outcomes of young people with needs around emotional wellbeing and mental health.

How can stop my child from hitting me and his siblings?

This is a difficult experience within the family and can raise lots of feelings including worry, anger and helplessness on the part of the adults. There are many questions that need to be thought about in relation to why the child is hitting others whilst taking into account that "all behaviour is communication" and that the child hitting others is a sign they themselves are feeling distress and upset or indeed that this is part of their overall profile of additional needs or neurodivergence which in turn is leading to the dysregulation. It is helpful to think about what is going on for the child and what the hitting is an expression of for this child. Most importantly, it is important to think about the co-regulation and attuned support given by the adults/caregivers around the child, both at home and at school..." A dysregulated adult will never regulate a dysregulated child" (Dr Bruce Perry). Finally, in terms of signposting, Family Based Solutions are a Service in Enfield who "support the whole family using a solution focussed approach to end the cycle of abuse and repair family relationships"

Where can we access workshops for parents of ADHD children?

SWERRL (the Primary Behaviour Support Service) provides the Incredible Years parenting course for parents of children ages 4-11. The course runs twice a year in October and April and information is circulated to Enfield school SENCOs. Referrals are made by professionals (SENCOs, CAMHS, EPs). The Incredible Years is a 12-week programme for parents who are struggling with their children's behaviour at home. Many of the parents participating in the course have children with autism and/or ADHD, or are awaiting assessment. The programme has been adapted by the practitioners in Enfield to align it with neurodiversity good practice and is also aligned with Enfield's trauma-informed practice approach ETIPSS. The practitioners speak individually with parents before they join the programme, to ensure it is a good fit for their needs.

The <u>Enfield Parenting Directory</u> is a central place to look for parenting groups and programmes in Enfield. It explains what is on offer by age group (ranging from start to life at 0-2 years, to tweens and teens at 10-16 years) and by need (e.g. SEND; family wellbeing; family relationships).

Our Voice also regularly sends out information about ADHD workshops via their weekly email.

If possible, can we have a general behaviour course which will give an in-depth look at the topic, and help us to support our children as they grow older and their needs change?

The Positive Behaviour Support (PBS) model is being used in Enfield by the Joint Service for Disabled Children, local special schools and health colleagues as a strategic approach to supporting children, young people and their families. Staff from a range of services are trained as PBS coaches. Our Voice team members, with lived experience, jointly deliver Introduction to Positive Behaviour Support workshops with the Joint Service for Disabled Children. These are for parents-carers of children and young people with SEND. The workshop aims to provide an understanding of Positive Behaviour Support, to help families prevent and manage behaviours of distress. We held the most recent one on 21st November and we plan more in the Spring term – watch the Our Voice events page and news page for information.

There is more information about PBS on the <u>British Institute of Learning Disabilities (BILD) YouTube</u> channel.

Our Voice also co-deliver monthly drop-in behaviour support sessions with the Joint Service for Disabled Children. These allow parents to discuss specific questions in more depth. You can attend as many of these sessions as you wish. The next one will be on Friday 6th December (and then 10th Jan, 7th Feb and 7th March). Details are on the Our Voice events page.

The <u>Enfield Parenting Directory</u> is a central place to look for parenting groups and programmes in Enfield. It explains what is on offer by age group (ranging from start to life at 0-2 years, to tweens and teens at 10-16 years) and by need (e.g. SEND; family wellbeing; family relationships).

My son has been struggling to attend school for some time, largely because his school haven't put into place the reasonable adjustments I requested. He has lost a lot of trust in the school and his anxiety is now at such a level that it is proving impossible for him to attend full-time. What do I do now and what should the school be doing to support him?

At secondary age, anxiety can be more intense and more entrenched, and hormonal changes can have an impact. Secondary school sometimes doesn't feel as contained as primary school, with timetable changes, friendship changes etc. We would want to find a member of staff they have a good relationship with that we can use a 'hook-in' to help them to feel emotionally safe, and through whom to negotiate the reasonable adjustments needed. They may be struggling with the curriculum and friendships. We need to consider what the young person can manage, and what other services can we reach out to support.

My daughter has become very anxious about attending school and has been absent more and more frequently of late. I am really worried that she will soon get to the point where she cannot attend at all. What can I do now and how can I work with the school to improve things?

There is lots of work being done with Emotionally Based School Non–Attendance (EBSNA) - anxiety is very often the underlying cause. For some with neurodivergence, the school environment is overwhelming. We work with the young person and the school on how to adapt the environment. For example, soft starts, understanding what the needs/triggers are, meeting with a key staff member at the start of the day, and taking a transition object. It would be based on the individual's needs, a bespoke program made alongside the parents. We run programs and workshops for parents on EBSNA and we advocate for parents to not feel isolated. We also support parents in the dialogue with schools as we know this can be needed. There is a similar workshop for schools to understand EBSNA. There is an outreach offer available to primary schools.

Anxiety can impact other aspects of life sometimes so keep going to activities your child likes if they still enjoy those, and encourage your child to stay connected with friends and family in whatever ways they can.

Enfield's EBSNA guidance will shortly be published on the Educational Psychology Service website (we will share information about its launch with Our Voice). In the meantime, we have heard good feedback about the EBSNA guidance and resources produced by <u>Barnet</u> and <u>West Sussex</u>.

How do parents access EPS? How to initiate support?

There are 3 routes to engage with the EPS service:

- If your child is having an Education Health Care Needs Assessment, then the EPS will be part of the child's needs assessment.
- The EPS trades with Enfield schools, who can buy in time. About 85% of Enfield schools do
 this, buying more than 1000 days of EPS time in this financial year. This time can be used for
 children with and without EHCPs, and the use of this time is agreed between the SENCo and
 the EPS.

EP members work within other services such as MYME, EASA and ECASS.

Parents can reach out directly using the phone number provided, 0208 379 2000, to book a <u>telephone support line call</u> with an Assistant EP. This can be about any aspect of your child's learning, well-being or development. This is not a route to direct EP involvement/assessment with your child.

My child attends mainstream with support. My child does not communicate well. How do I know my child is happy?

A home-school book might be helpful, giving notes about his day at school. This is a reasonable adjustment. It may be helpful for you to bring a book into school for this use, and some areas of his day you would like feedback on already written in the book so they might just tick etc. Ask the school how they might want to feedback in the book about his day? It is ok to be curious about your child's day and it can give context to their behaviour at home after school.

Working together with schools can vary, but the message is the importance of collaboration and communication. If the parent feels they are unheard, it can be helpful to involve an advocate, such as a member of another service working with your family. Some teachers may prefer email contact others to catch them at the end of the school day- as parents we can be mindful about the angle we take when we approach teachers/school.

Explain to the school about phobias, explosive behaviours etc and ask what they suggest as a school. Remind them about reasonable adjustments. Young people need key people they trust. Advocating for our children is key and ask for what our children need. Families can self-refer to Early Help if they need help making sense of and ensuring provision for children's needs.

When my son gets home he doesn't say hello and goes straight to his room and goes under the covers for about 30 minutes. School say he is a popular kid. I don't even know that he has got home, he doesn't stop to say hello anymore. I know he needs this time to himself.

You as a parent are tuning into why he is needing to lie in bed for 30 minutes, and understanding that is an important time for him to reset and calm down, which is helpful. You can try to work out a way for him to alert you that he is home whilst still allowing for his time alone (e.g. a brief text message, or a sign in the hallway he can check in and out with). Perhaps you could have a discussion with the school about how they could provide a sensory outlet for him or a way to support his sensory needs.

I have a 4-year-old daughter with additional needs. How do I make sure her needs will be met at school, and learn how to navigate the SEN system? Is there a structure you can tell us to follow? Nursery says she is delayed, she behaves like a 2-year-old. The school doesn't observe certain behaviours she has at home.

You do not have to wait until your child starts school in order for her needs to be met. If the nursery are identifying developmental concerns, they should be implementing the graduated response, and she should have an IEP/LSP (an individualised plan with targets she is working towards, and the support that the nursery setting will put in place to help her reach these targets). This should be created with you, and reviewed regularly with you. If this isn't happening, ask to speak to the SENCO

(Special Educational Needs Coordinator) at the setting. The SENCO can also access support from the Area SENCO Team if they need support with implementing the graduated response for your child. When you visit primary schools, ask about their SEN provision, and have a conversation with the SENCO about your daughter's particular needs, and how the school would meet these.

If you would like parenting support, you can use the Enfield Parenting Directory which lists the support available for parents of children at different ages and stages. <u>This</u> is the section for Early Years (0-5).

My daughter is anxious with after-school clubs/activities. Can manage school but after school is difficult. She has said she sometimes feels the same about school when she is there. She worries if I leave the room or go somewhere without her. She is worried her parent will die.

MYME would be able to help, if her school has input from MYME. We would consider separation anxiety. MYME would do an assessment and give tips on the types of reassurance that may be helpful, and the kinds of reassurance that can keep children and families stuck. We would want to make sure all the adults around the child have the same response.

There would need to be a discussion with the school. If the intervention we provide isn't helpful or we find some other underlying cause, then we can refer to other services e.g. CAHMS.

I need help with behaviour challenges with my son in school and after-school activities.

PBS drop-in sessions and training at Cheviots are available to support parents. Our Voice co-deliver monthly drop-in behaviour support sessions with the Joint Service for Disabled Children. These allow parents to discuss specific questions in more depth. You can attend as many of these sessions as you wish. The next one will be on Friday 6th December (and then 10th Jan, 7th Feb and 7th March). Details are on the Our Voice events page.

We know it can be difficult to find inclusive clubs, activities and holiday provision for children with additional needs. The <u>Local Offer</u> has <u>information about holiday club provision</u> for children who aren't able to access mainstream childcare and holiday clubs, though we acknowledge that it can be hard for parents to work outside the home with the level of provision available. Cheviots will also have information on holiday and childcare provision for SEND families.

How to teach your child strategies to regulate, before they reach the red zone/ways to come out of the red zone and not feel angry for the rest of the day/week

Understanding what is happening for your child is an important step in helping you to find strategies which help them. If your child is frequently dysregulated, try to notice and unpick what the underlying causes might be e.g. does your child have sensory sensitivities which are leading to overwhelm; is your child finding the school day very stressful and then experiencing restraint collapse at home; does your child have low frustration tolerance which makes everyday ups and downs hard to manage? To reduce your child's vulnerability to emotional dysregulation, try to make

sure they have enough sleep, don't get too hungry or thirsty, aren't in pain, and get regular exercise (these are all true for adults too!).

Try to use conversations, books and resources which develop your child's emotional literacy skills (their understanding of their own feelings). To develop your child's emotion regulation skills, try to use validation and empathy (there are good scripts for these approaches in the book How to talk so kids will listen, and listen so they'll talk), and coach your child through their big emotions.

Strategies will be trial and error- some children need space and time alone, and other children recover more quickly with lots of input from a trusted adult. For some children sensory soothing works well, whereas distraction is effective for other children. The evidence tells us that 'acting angry' (e.g. punching a pillow; trying to 'shout out' your angry feelings etc) tends to prolong feelings of anger, whereas acting the way you want to feel tends to help angry feelings to pass more quickly. Keep in mind that after a strong emotion like anger, children (and adults) remain vulnerable to further waves of strong emotion, even after they appear to have recovered, so try to keep things low-key after an episode of distress.

If appropriate to your child's age and developmental stage, invite your child to problem-solve with you together ("I noticed that last time something made you feel angry, it felt really tricky for you to feel better, and the angry feelings stayed with you for several days. What do you think we can try together to help the angry feelings to pass by a bit more quickly, so you can enjoy the rest of your week?"). Have this conversation when you are both feeling calm and connected, rather than in the midst of an emotional storm.

My child is in secondary school and has not gotten a diagnosis, is right to ask my GP to refer him and have the right to choose providers? And if so, are there any recommendations?

If this question is about mental health assessment and diagnosis, the GP can make a referral to <u>CAMHS</u>. The North Central London Integrated Care Board (ICB) has a website called the <u>Waiting Room</u>. As well as explaining the different CAMHS services and how these can be accessed, it also offers a library of resources, a wellbeing advisory service and a tailored self-help toolkit. If you or your child need crisis support, there is <u>a mental health crisis support line</u> available 24 hours a day, seven days a week.

If this question is about neurodevelopmental assessments (for autism and/or ADHD), this information from a previous Q&A with Our Voice may be helpful:

For children and young people over 6 years old, an autism diagnosis referral should be made to CAMHS (Child and Adolescent Mental Health Service) via their referral form. These referrals can be made by the GP or by the school. The child/young person will be assessed by a professional who is qualified in diagnosing autism and usually includes a psychiatrist and a clinical psychologist or educational psychologist. They will use information about the child/young person, gathered from a range of sources including the child./young person themselves, parents/carers, and school staff.

To help a child or young person understand their own diagnosis and develop their sense of identity, they may find the 'All About Me' programme useful. This is best delivered in school by a trusted teacher who knows the child or young person well and with whom the child or young person can continue to talk after the formal programme has finished. Parents are usually involved in the delivery of the programme too. EASA provides training and support for Enfield school staff to help them do

this work. The programme is based on Andrew Miller's book: All About Me (Jessica Kingsley Publishers) available online from the publishers or Amazon.

This EASA webpage has information about the referral route for children under and over 6.

<u>The Enfield Advisory Service for Autism (EASA)</u> provides advice and support for children and families with social communication differences, regardless of whether the child has a diagnosis. Parents can self-refer to EASA via their website.

None of the panel members on 19th November can answer the question about the right to choose providers- we will direct this to our health colleagues and provide further information to Our Voice when we receive it.