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Please complete the interest form below if you would like to participate in the Supporting Beyond Behaviour Project run by DASH Mental Health, Wellbeing & Behaviour.

The 12 session project has been designed to provide you with ongoing support and psychoeducation based around developing your understanding, skills and knowledge when it comes to supporting your child's emotional, social and behavioural needs. Your child does not need a diagnosis of any sort but needs to be of compulsory school age.

To project will cover:

* Mental Health & Wellbeing: Understanding Behaviour & Emotions
* Emotionally Based School Avoidance & Attendance Difficulties
* Personal Development and Mindset
* Attachment & Setting Boundaries
* Understanding Adverse Childhood Experiences & Trauma
* Executive Functions
* Compassion & Gratitude
* Regulation: Self, Co and Coping Strategies
* (Optional) Therapeutic Approaches for Supporting Your Child
* (Optional) Navigating the ALN Act and IDPs
* (Optional) Occupational Therapy Practices for the Home

There will also be ongoing monthly meet ups for you to discuss and share your experiences, and also ask further questions for support. This support will continue, and be open to you, even after you have completed the education sessions.

Throughout the project, you can also seek specific 1:2:1 support for yourself and child, particularly around attendance difficulties.

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name** |  | **DOB** |  |
| **Name of School, or Educational Establishment.**  ***(Please name the school that the child is currently registered to, attended last, or was last registered to, if de-registered.)*** | | |  |

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| --- | --- | --- | --- |
| **Your Name** |  | **Relationship to Child** |  |
| **Home Address** |  | | |
| **Email Address** |  | **Contact number** |  |

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| --- |
| **What is going well for the child**: |

|  |
| --- |
| **Concerns about the child**: |

|  |  |
| --- | --- |
| **The child is currently** | **(place X in the box)** |
| Attending School Full time, with support |  |
| Attending School Full time, no support |  |
| Attending School on a reduced timetable |  |
| Attending School on a managed phased Return |  |
| Not Attending School, Home based support |  |
| Not Attending School, No Support |  |
| Attending an Alternative Provision |  |
| Awaiting a place in an Alternative Provision |  |
| De-registered from School |  |
| Other: | |

|  |  |
| --- | --- |
| **How long has the child been impacted by difficulties attending school** | **(place X in the box)** |
| **Starting to show difficulties** |  |
| **1 – 6 Months** |  |
| **6 – 12 Months** |  |
| **12 – 18 Months** |  |
| **Over 18 Months** |  |
| **Other:** | |
| Additional Comments: | |

|  |  |
| --- | --- |
| **How would you describe the child** | **(place X in the box)** |
| **Neurodivergent (diagnosed)** |  |
| **Neurodivergent (undiagnosed)** |  |
| **Neurotypical** |  |
| **ALN (with IDP)** |  |
| **ALN (no IDP)** |  |
| **Mental Health Needs** |  |
| **Behavioural Needs** |  |
| **Other** |  |
| Additional Comments: | |

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| --- |
| **What support is in place, or has been in place in the past?** |

|  |  |
| --- | --- |
| **I would prefer the support and education sessions to take place…** | **(place X in the box)** |
| **Online** |  |
| **In person** |  |
| **Hybrid** |  |
| **Other** |  |
| Additional Comments: | |

|  |  |
| --- | --- |
| **I am able to attend session that take place…** | **(place X in the box)** |
| **in the morning (9am - 12pm)** |  |
| **In the afternoon (12 – 3pm)** |  |
| **In the Evenings (5-8pm)** |  |
| **Other** |  |
| Additional Comments: | |

|  |  |
| --- | --- |
| **I would prefer the sessions take place…** | **(place X in the box)** |
| **Weekly** |  |
| **Fortnightly** |  |
| **Monthly** |  |
| **Any** |  |
| **Other** |  |
| Additional Comments: | |

|  |
| --- |
| **Do you have any additional information to add, if not already mentioned?** |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Would you be willing for your information to be used for research purposes, with specific details changed to keep anonymity (name, age, schools, location etc.). You can change your mind at a later date if necessary. You can speak to DASH Mental Health, Wellbeing & Behaviour about this if you are unsure. |  |  |
| Would you be happy for any information collected through assessments and questionnaires to be used as research. Specific details will be changed to keep anonymity (name, age, schools, location etc.). You can change your mind at a later date if necessary. You can speak to DASH Mental Health, Wellbeing & Behaviour about this if you are unsure. |  |  |
| If you are responded yes to the above, please create your own unique identifier using the following format: Last two letters of your surname and the day and month of your date of birth in a 4 digit format.  e.g. Jones October 5th would be ES0510 |  | |

Once completed, please email to: [admin@dashmhwb.co.uk](mailto:admin@dashmhwb.co.uk)

If you would like to complete a short survey, please see next page.

|  |  |
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**Survey Information**

The following section is just for survey purpose. It is looking at specific factors around you and your child.

Adverse Childhood Experiences (ACEs) are:

* Physical abuse.
* Sexual Abuse.
* Emotional Abuse.
* Physical Neglect.
* Emotional Neglect.
* Living with someone who abused drugs/alcohol.
* Exposure to domestic violence.
* Living with someone who has gone to prison.
* Living with someone with serious mental illness.
* Parental Divorce/Separation.

|  |  |
| --- | --- |
| **Please select the following that are relevant for the child:** | **(place X in the box)** |
| **Care Experienced** |  |
| **Young Carer** |  |
| **Free School Meals** |  |
| **1 to 3 ACEs** |  |
| **Over 4 ACEs** |  |
| **Trauma** |  |
| **Currently under CAMHS** |  |
| **Discharged from CAMHS** |  |