Measuring and monitoring children and young people's mental wellbeing:

A toolkit for schools and colleges

Public Health England

EBPU
Evidence Based Practice Unit

A partnership of

UCL

Anna Freud National Centre for Children and Families

In collaboration with

COMMON ROOM

CORC Child Outcomes Research Consortium

Foreword

With half of all diagnosable mental health disorders established by the age of 14, there is a strong case to promote children and young people's mental health.

There are a range of risk and protective factors that impact on mental wellbeing. These span individual factors, family, learning environments and the wider community. The evidence tells us that the learning environment plays an important and valued role in helping protect and promote student mental wellbeing.

Public Health England and the Anna Freud National Centre for Children and Families are committed to improving health outcomes for children, young people and their families, and collaborated to fund and develop this toolkit.

The toolkit aims to raise awareness amongst school and college staff of the range of validated tools that are available to help measure subjective mental wellbeing amongst the student population. This, in turn, will help school and college leaders make use of school and college level data to identify the mental wellbeing needs of students and determine how best to address these. Efforts taken by schools and colleges to promote the physical and mental health of the student population creates a virtuous circle, reinforcing attainment and achievement that in turn improves student wellbeing, enabling students to thrive and achieve their full potential.

Eustace de Sousa

National Lead Children, Young People and Families, Public Health England

Dr Jessica Deighton

Lecturer in School-Based Mental Health Research, Evaluation, and Evidence-Based Research UCL and Deputy Director of the Evidence Based Practice Unit, UCL and the Anna Freud National Centre for Children and Families

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Introduction

Schools and colleges are a vital part of children and young people's support system and are increasingly recognised as key sites to help promote mental wellbeing. The Department for Education offers specific guidance on mental health and counselling in schools. In addition, Personal Development, Behaviour and Welfare is a key judgement area within the **Ofsted inspection framework**. As such, school and college leadership teams have a strong rationale for assessing the health and wellbeing needs of their population and taking proportionate action to address their needs.

Who is this toolkit for? The toolkit will be of interest to senior leadership teams and those with particular responsibilities for Special Educational Needs and Disabilities (SEND), inclusion, Personal Social Health and Economic education (PSHE), welfare or pastoral support and mental health support. It will also be of interest to partners from the health, voluntary and community service sector who are supporting schools and colleges to improve mental health outcomes for children, young people and their families.

What does it aim to achieve? The aim of this toolkit is to make schools and college staff aware of the range of validated instruments that can be used to measure and monitor student mental wellbeing.

Scope: The instruments that are signposted to focus on subjective measures of positive wellbeing and can be complemented by other objective measures collected routinely in schools and colleges such as the extent of student participation or rates of bullying and behaviour and attendance. Collectively this kind of data will help to build a wider picture of the mental wellbeing of the student population.

Whilst the general content of the toolkit will be of relevance to schools and colleges, the compendium of tools have been categorised according to their application across key stages 1 to 5, therefore the upper age range covers 16-18 year olds. Whilst we sought to include practice examples from across the primary, secondary, special and college sectors, we limited the focus in this toolkit to those examples where validated tools had been used in practice.

We have used the term 'students' as an inclusive term covering primary school age pupils as well as secondary and college students.

Overview

Overview of content of the toolkit

Section one explores what do we mean by mental wellbeing, sets out 3 core purposes for why schools and colleges might measure student mental wellbeing and 7 steps to implementation.

Section two sets out some practice examples from a range of schools and colleges that have applied such tools to practice and have helpfully shared their learning.

Section three offers practical advice for introducing wellbeing instruments to students

Section four provides a compendium of validated instruments that can be used to measure students' subjective mental wellbeing

The toolkit also signposts to further **resources and sources of support** and includes a **glossary** of terms.

Further information on the process which informed the development of the toolkit can be found in the Appendix.

Section 1: What do we mean by mental wellbeing?

What do we mean by mental wellbeing?

Mental wellbeing is not simply the absence of mental illness but is a broader indicator of social, emotional and physical wellness. As shown by Figure 1, it is influenced by the wider contexts within which a child or young person lives.

For schools and colleges, it is important to have a definition that is easily understandable so that staff, pupils, students and parents can have a shared understanding of what is meant by mental wellbeing. For the purposes of this guide, **we define mental wellbeing as children and young people's happiness, life satisfaction and positive functioning.** Young advisors described this as:

> "Children and young people feeling good, feeling that their life is going well, and feeling able to get on with their daily lives."

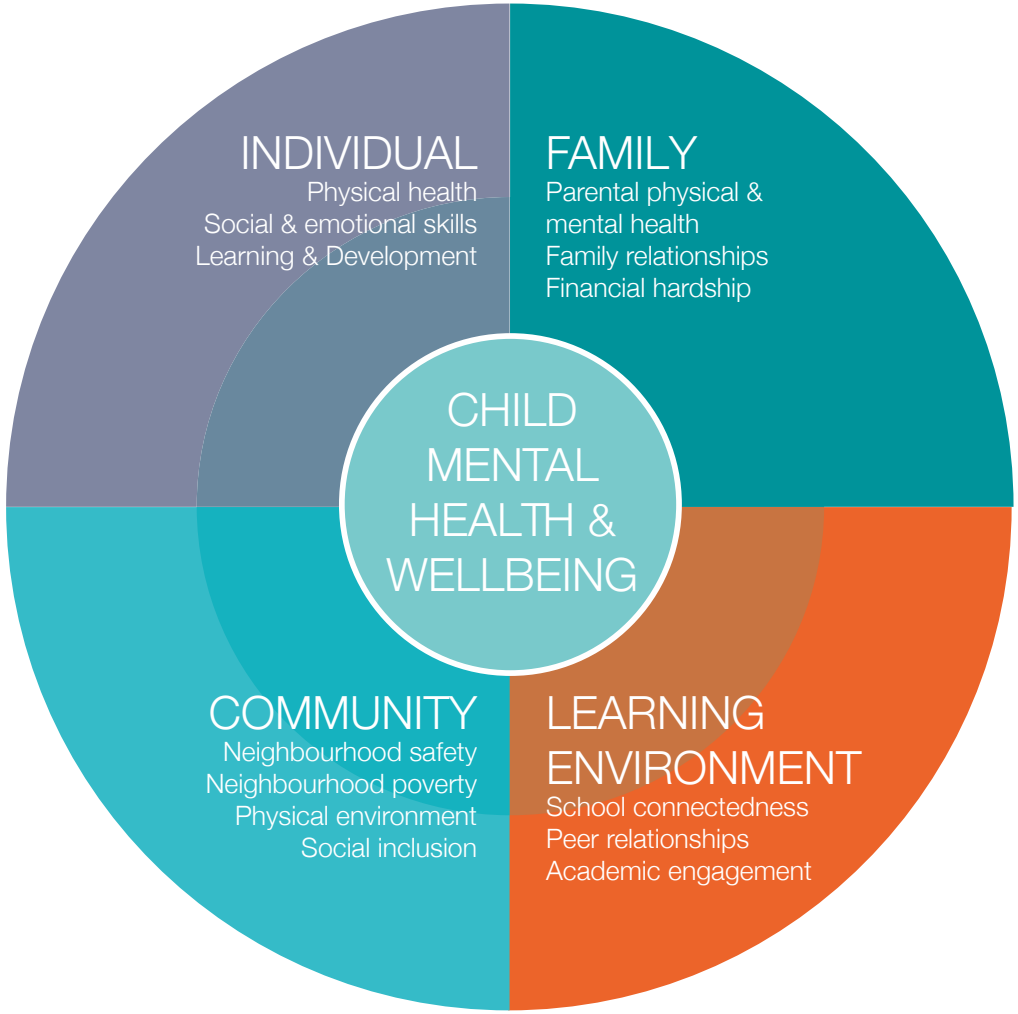


Figure 1: High-level domains that inform measurement of mental health and wellbeing (informed by PHE publication: Measuring Mental Wellbeing in Children and Young People)

Section 1: What do we mean by mental wellbeing?

How can schools and colleges influence student mental wellbeing?

Schools and colleges might influence student mental wellbeing through:

- providing a supportive culture, ethos and environment that can serve as a buffer to difficult circumstances[4,5]
- teaching and learning that help students to build important life skills, through PSHE strategies such as learning to learn, habits of mind and the growth mindset;
- supporting the development of skills and character traits such as self-management, compassion and team work (e.g. as part of PSHE and character education);
- partnerships with parents/carers and the wider community

Schools and colleges also play a key role both in providing onsite support through, for example, pastoral support systems, inclusion officers, school and college nurses and other school/college based health services, and in providing links and referrals to more specialist support for mental health and wellbeing available in the wider community.

Evidence shows that interventions which take this multi-level, comprehensive 'whole organisation' or 'whole system' approach are more likely to have a positive impact in relation to outcomes.[6,7]

Section 1: What do we mean by mental wellbeing?

Why measure mental wellbeing in schools and colleges?

There are three key purposes for which schools and colleges might wish to measure mental wellbeing:

- **Snapshot:** to provide a survey snapshot of student mental wellbeing to inform planning evidence for Ofsted and whole-school/college practice
- **Identification:** to identify individual students who might benefit from early support to facilitate swifter access to the right specialist support
- **Evaluation:** to consider the impact of early support and targeted interventions

These three distinct purposes are not exhaustive, nor always mutually exclusive; there can certainly be overlap. Trying to identify a primary purpose, may help to guide you to what to do next. Figure 2 sets out 7 steps to think about when measuring mental wellbeing and selecting a specific tool to help you to do this.

Have a look through the Practice Examples section to see some examples of how this might work, and see the and related Compendium of positive mental health and wellbeing instruments when you are considering which measure might work best for your purpose.

Figure 2:
7 steps for implementing mental health and wellbeing measurement in schools and colleges

1. Why measure? Taking a snapshot.

Why?

This approach is used to identify needs or strengths within whole cohorts. It does not seek to identify particular individuals. This approach serves as a sort of 'temperature check' of wellbeing within the school and college. It can be used to plan prevention work and inform planning decisions at school and college level, across clusters of schools or at a wider geographical level such as a Local Authority.[8]

What?

Wellbeing instruments cover a range of dimensions, and schools/colleges need to be pragmatic in selecting which domains to focus on. Considerations should be given to the need to avoid undue burden on students or staff, and an appraisal of the domains which schools/colleges have the capacity to influence. In selecting the domains of interest it is also crucial to consider what consequential action might be taken as a result. For example: *if we found students reporting low levels of neighbourhood safety we would do x and y.*

It is also important to consider what other information might help with interpretation of the findings. Relevant information would include age, ethnicity, deprivation, special educational needs, health & social care plan status, learning disability, physical disability, longstanding health issues, free school meal status (see what about youth website for examples).

Much of this information will already be held on school or college information management systems. It can be used to identify groups that may need special attention or support, and to monitor potential inequalities or gaps in provision for particular groups.

Who?

Most commonly schools and colleges concentrate on child or young person self-report instruments. Although the burden of trying to extend a survey's reach to staff, parents or peers may be prohibitive, there may be value in considering these distinct viewpoints. Surveys may be conducted across the whole organisation or selected cohorts.

It is key to consider from the outset:

- which students will be involved
- how to get a big enough number to be able to say something from the results
- whether the information will be anonymous or not
- whether consent is needed for the students to take part
- ethical considerations and how the data will be stored
- how to communicate to parents and carers what is planned.

1. Why measure? Taking a snapshot

When?

Efforts should be made to avoid particularly stressful times (e.g. exams) as these may have an impact on the wellbeing levels reported. Surveys can be carried out as a one-off or repeated annually or biannually. Repeated measurement can be done longitudinally – i.e., with the same students as they progress through different years of education, or as repeated snapshots of the same cohort (e.g. repeated for each year 7 group). In either instance, surveys should be repeated at the same time of year each time to ensure results are comparable.

How?

It is important to decide how the information will be collected and who will take responsibility for collecting, storing, collating and analysing the data. Practical considerations include whether delivery will be paper-based or electronic, how data will be stored, whether information will be anonymous or identifiable, who will have access to the data, who will 'manage' the data and provide the necessary results, how handling of the data will comply with ethical standards and information governance protocols. These practical considerations will inform how the wellbeing survey is introduced to students, and also what is communicated to parents and carers, particularly in terms of gaining consent. Research guidance regarding consent may provide some tips for the development of consent procedures.

What next?

The information can be tracked over time and/or compared with other schools/colleges. This kind of information may be used in commissioning school based support or further tailoring existing provision, or reporting for Ofsted.

Relevant practice examples

Braithwaite C of E Primary

Cressey College

HeadStart

Schools and Students Health Education Unit (SHEU)

Parliament Hill School

2. Why measure? Identification.

Why?

Some schools and colleges may use individual pupil or student scores on mental health and wellbeing instruments as the basis for identifying those who need specific support. Identification is more commonly associated with instruments that measure mental health problems rather than positive wellbeing, but low scores on positive wellbeing may form part of a range of indicators used to spot issues and provide early support.

Public Health England highlights the need for 'targeted support and appropriate referral' as one of eight principles of taking a whole organisation approach to promoting student's emotional health and wellbeing.[9]

What?

A range of approaches can be considered to help identify individuals who may benefit from more targeted support. Examples include teacher, pastoral staff or school nurse nominations of those potentially experiencing mental health problems, identification of students with known risk factors, and screening using a mental health questionnaire.

The Department for Education offers specific guidance on measurement as part of more targeted support for mental health and behaviour in schools, emphasising the use of a 'graduated approach' to inform a clear cycle to assess the effectiveness of the provision and lead to changes where necessary.[10] The guidance places particular emphasis on the importance of two factors:

1) Effective use of data, such as a screening tool. This guidance specifically highlights the Strengths and Difficulties Questionnaire (SDQ) as one such tool but there is a wide range of mental health and mental illness instruments available.[11]

2) An effective pastoral system in which students are well known by at least one member of staff, so that deteriorating behaviour or mental health will not go unnoticed.

It is important to note that screening tools such as the SDQ are rarely, if ever, recommended for use in isolation.[14] Instead, such tools are used alongside staff members' knowledge about that child, and that these judgements are also informed by conversations with the child or young person about how they feel. From our consultation, schools and colleges that use surveys for case-finding purposes reported primarily using SDQ but there was also some use of more positively worded instruments such as Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) and Stirling Children's Wellbeing Scale (SCWS).

2. Why measure? Identification

Who?

There are two different approaches to consider in deciding who provides information. In some schools and colleges a whole cohort is surveyed with this intention, and in others it is applied to identified students (through e.g. teacher concerns) to open up conversations, to create a plan of action or on an ongoing basis to monitor vulnerable students. As this approach targets potentially vulnerable students, this would need to be carried out with specific reference to safeguarding guidelines within the school.

When?

Some approaches involve surveys annually or bi-annually, others only use measures on referral to another service.

How?

This style of measurement is sometimes carried out with whole cohorts online, but may also be carried out using paper-based questionnaires.

Using a child self-report instrument as part of this approach would mean that the information collected would be identifiable (i.e., attributable to that specific child/young person) and the information derived may be used to have a conversation with that student about their needs and, where deemed appropriate, to direct them to appropriate support.

If using this approach, schools and colleges need to be very clear what their course of action will be if a need is identified. They also need to ensure necessary consents are sought from students and parents, with clarity about who will be told, what action will be taken etc. All personally identifiable information collected in this way must be stored in accordance with legal requirements, ethical standards and data security requirements.

What next?

Once those who may be in need of additional support are identified, clear routes should be established to relevant staff (such as pastoral leads, welfare officers, mental health support staff and school nurses) and access to relevant support and intervention within school/college or, where needed, referral to external support. Particular care should be taken in how this is framed to the students themselves and how to include parents and others in decision making once students are identified.

Relevant practice examples

Priorswood Primary School
Rochdale Healthy Schools
Pimlico Academy
Cheltenham College
Parliament Hill School
Priory School
Mind and Body

3. Why measure? Evaluation.

Why?

Schools and colleges already undertake ongoing evaluation of particular projects or areas of activity to ensure they are providing the best for their students, and promoting their wellbeing is no exception.

One reason for evaluation is to ensure that those students who are receiving targeted support are benefiting from it. Ofsted seeks evidence of impact of interventions for students in need. For individuals and groups with particular needs, Ofsted is looking for sustained improvement in students' behaviour. In its Counselling in Schools publication the Department for Education emphasises the importance of impact assessment: "schools should ensure that routine outcome data is collected, not only to assess the impact of the counselling on the child or young person but also to assess the effectiveness of the service as a whole".[13] This consideration of effectiveness can inform a review of whether the intervention was 'worth the investment'.[14]

Wellbeing instruments may only be part of the picture when considering the impact of an intervention. For example, changes may also be seen in attendance and attainment.

In a nutshell, using measurement to evaluate a system gives: an indication of its effectiveness; signposts for improvement; shows the ability of the school or colleges to reflect on its systems; and ensures that good services continue to be funded.

What?

In determining the appropriate instrument for evaluating particular outcomes related to a particular intervention, schools and colleges are recommended to create a logic model (Figure 3).

Once you have a logic model, you can start to build a strategy for evaluating the intervention. This means measuring as many components of this model as is feasible. For smaller evaluations you should focus on the outcomes. For each outcome consider how you will measure it. Remember that you may be able to use information that is already being collected (e.g. School/college attendance data). If not, you may need to consider introducing a new way of measuring it (e.g. one of the instruments from the compendium).

contd on next page

3. Why measure? Evaluation

Target

- Who is the intervention for?
- Include a description of key characteristics of the beneficiary of the intervention.
- Can include age; whether a child/young person, parent or professional; other selection criteria or risk factors that identify the target population

Intervention

- What exactly is the nature of the intervention(s)?
- This aspect is often used in conjunction with the template for intervention description and replication (see for example TIDieR), which should provide a full description of the intervention including materials, procedures, who delivers it, where and over what period of time.

Outcomes

- What do you hope will happen as result of the intervention?
- Being clear on what outcomes are expected to be achieved by when will help determine your measurement strategy

Mechanisms

- How will the intervention lead to the expected outcomes?
- Mechanisms are the things that link the intervention to the outcomes. They describe why the intervention works.

Moderating factors

- What factors will influence whether the intervention leads to the expected outcomes?
- This includes factors that might support or diminish the impact of the intervention. For example it might be that the intervention will work well in particular settings or might be less effective with particular groups of individuals.

3. Why measure? Evaluation.

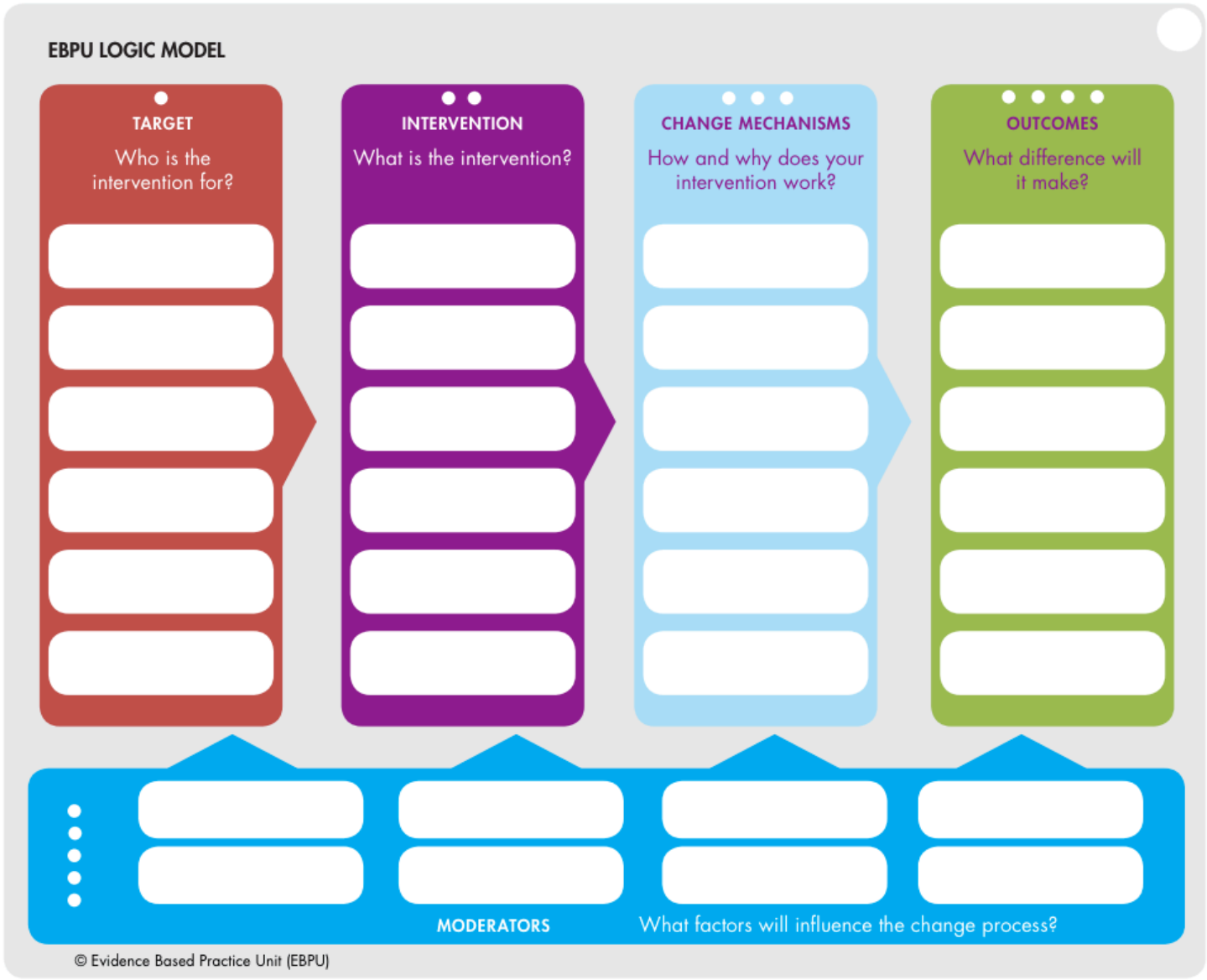


Figure 3: A logic model

3. Why measure? Evaluation.

Who?

Considering whose views to prioritise will depend on the initiative being evaluated and is always a balancing act. Research indicates that children and young people, their peers, parents and teachers may all judge an individual child's mental health and wellbeing differently and they may be more or less accurate about different aspects. For example teachers and parents may be more accurate about behavioural difficulties, whereas self-report from the child or young person may be more accurate about emotional state, and subjective wellbeing. Younger children may be more influenced by recent events when considering their emotional state than those who are older. Using the logic diagram can help determine whose views are most important for any given evaluation.

When?

Often pre/post intervention scores on instruments are used, e.g. before children or young people are first seen for the intervention, at intervention end and sometimes at a later time point (e.g. 1-year follow-up). At later follow ups, further indicators such as attainment and attendance may also be drawn upon as part of a more rounded assessment of whether improvements can be identified.

How?

Most often these evaluations are administered by those providing the intervention or those evaluating them, and are often completed via use of paper questionnaires but sometimes online versions of instruments are available.

What next?

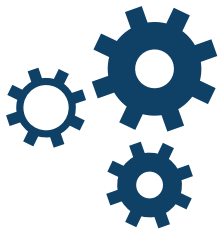
The key challenge is considering whether any change in mental health or wellbeing can be attributed to the intervention. A range of approaches can be used to address this, including:

- **consideration of available comparison groups**
  - This may include other cohorts or other institutions forming part of a cluster
- **comparison with other existing data**
  - This may include publicly available datasets or published norms for the instrument being used.

The consultation suggested that few schools and colleges were currently able to make use of such approaches and this is an area worthy of further development.

Relevant practice examples

Priorswood Primary School
Wakefield Council
Rochdale Healthy Schools
Bromley Council
Meole Brace
The King's School
Highbury College



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[12] Department for Education. (2016). Mental health and behaviour in schools.

[13] Department for Education. (2015). Counselling in Schools: A blueprint for the future, p. 23

[14] Public Health England. (2015). Promoting children and young people's emotional health and wellbeing: A whole school and college approach, p.19.

Practice Examples

Introduction

The following questions have been adapted from the template for intervention description and replication (TIDieR) checklist and guide (Hoffman et al, 2014).

The following practice examples, ordered alphabetically, are gathered from interviews and discussions with school and college staff. Whilst we have sought to include practice examples from across the primary, secondary, special and college sectors, we have limited the focus to examples where validated tools have been used. The hope is to give an impression of some of the work others are doing.

Practice examples are highlighted for the three key purposes for which schools/colleges might wish to measure mental wellbeing:

Snapshot: to provide a survey snapshot of student mental wellbeing to inform school/college planning evidence for Ofsted and whole-organisation practice

Identification: to identify individual students who might benefit from early support to facilitate swifter access to the right specialist support

Evaluation: to consider the impact of early support and targeted interventions

	Snapshot	Identification	Evaluation
Primary	**Braithwaite CofE Primary** **Cressey College (Special School)** **HeadStart**	**Priorswood Primary School** **Rochdale Healthy Schools**	**Priorswood Primary School** **Wakefield Council** **Rochdale Healthy Schools**
Secondary	**Schools and Students Health Education Unit (SHEU)** **Parliament Hill School** **Cressey College (Special School)** **HeadStart**	**Pimlico Academy** **Cheltenham College** **Parliament Hill School** **Priory School** **Mind and Body**	**Bromley Council** **Meole Brace** **Wakefield Council** **The King's School**
College			**Highbury College**

Braithwaite C of E Primary

Academy Converter, Mixed, 3-11, 98 on roll

Purpose: Snapshot

1 Brief name
Snapshot of staff wellbeing – Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWEBS)

2 Rationale
The aim is to gain a snapshot of staff wellbeing, especially considering the recent conversion to being part of a multi-academy trust. Using the Short Warwick-Edinburgh Mental Wellbeing Scale tool, this can then be tracked over time, and responded to where necessary. The tool was chosen as it was short and easy to understand, not too invasive in terms of questions asked, and could be tracked over time and used for comparison.

3 Resources and processes to set up
The developers were contacted to share the purpose of using SWEMWBS, and then the questionnaire was issued to all staff, teaching and non-teaching, along with some free-text questions specific to the school. A plan was made to issue the questionnaire close to termly, in order to capture change over time, and respond accordingly.

4 People involved
The initiative is led by the school's governors, and the questionnaire issued to all staff. Staff are signposted to governors they can speak to if they would like further assistance and support.

5 Method of delivery (including frequency)
The questionnaire is administered anonymously, although staff can identify themselves to governors if they wish. The first questionnaire was administered in May 2015, and the fourth in May 2016. Results are captured roughly termly, to fit around the school calendar.

6 Use of resulting information
The information is used to track any changes in wellbeing and respond accordingly.

7 Other comments
It is important to ensure the staff know that a support network is available and that they can identify themselves to governors and ask for support directly if they need it.

Bromley Council (Public Health)

12 secondary schools (a total of 300 students), mixed, urban

Purpose: Evaluation

1 Brief name
Evaluation of Mindfulness in Schools Programme, Bromley

2 Rationale
The Public Health team wanted to help schools measure the impact of their Mindfulness in Schools programme. The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), along with a stress index measure, were chosen based upon a combination of measuring what was wanted, getting a mixture of positive and problem-focused framing, brevity, suitability for secondary school students and robust nature of the measure.

3 Resources and processes to set up
The main element was setting up the IT element through 'Smart Survey' as, usefully, it contains analysis, and allows for schools to submit into one place. The team has one or two contacts within the 15 schools, as they are the trained staff who deliver the intervention.

4 People involved
The lead at Public Health, the IT engineer, one or two trained contacts in each school (a mixture of teaching and pastoral staff).

5 Method of delivery (including frequency)
The Mindfulness course is designed to run for 10 weeks, although some schools are spreading it over two terms. The survey has been administered at the beginning of the course and will be administered again at the end.

6 Use of resulting information
The main aim is to measure the impact of the programme to examine its feasibility within schools, but also offers a useful baseline of wellbeing at the beginning for the Public Health team and schools to see where the areas of need might be.

7 Other comments
The main issue has been linking the two time points via a student ID, as there is a desire to trace change at the level of individuals by linking the two time points, but without identifying the individual in order to keep responses confidential. Given the complexity of this, it is necessary to analyse to what extent it is desirable to link time points rather than look at general change outcomes.

Cheltenham College

Independent School, Mixed, 3-19, 1,053 on roll, Gloucestershire

Purpose: Identification and Evaluation

1 Brief name
The school refer to it as the 'Warwick-Edinburgh Test'.

2 Rationale
The College was looking for a nationally recognised standardised test that would help them to identify issues with students in order to put in place the appropriate provision.

3 Resources and processes to set up
The main resource is the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) scale itself, and the staff required to discuss the outcomes. The process within the college revolves around five different levels of support. The first level is when potential problems come onto the Welfare Management Team's radar, and an initial assessment of problems will be carried out, looking at contextual factors surrounding the young person. Level 2 is where the WEMWBS starts to be used, the scores of which are discussed in Welfare Management Team meetings and appropriate support or intervention put in place. The key process to set up is that of progression within the system, the forum in which scores are discussed, and the staff or family that need to be aware at each level.

People involved
Central to this system is the welfare management team, including the Senior Deputy Head, who leads on pastoral matters: the director of student welfare; the school doctor; nurse and psychotherapists; and the house master and house mistress.

5 Method of delivery (including frequency)
WEMWBS is administered every fortnight to those on level 2 support and above. It is usually completed with support from a psychotherapist or the house master or mistress. It is also used as a springboard for conversation, rather than as independent to the discussion.

6 Use of resulting information
Information is used in discussion around particular students to ensure the correct level of support is in place. It is also used (on a non-identifiable level) to present to governors regarding how many students are receiving what support and why. At Level 3, scores will also be used to put a plan in place with a psychotherapist, and parents will become involved.

7 Other comments
A key aspect was making sure that there was a shared understanding as to what scores corresponded with what levels of intervention. The team carried out some statistical analysis on what scores might be raising concerns, based on the published norms but looked at alongside other indicators. It is also useful to ensure staff have access to guidance on the measures, and the system in place at the school, should they have concerns about a student. The college decided that a score above 45 was not of concern, 41-45 should stay on the radar, and that below 40 they might consider the involvement of a psychotherapist.

Cressey College

Independent Special School, Mixed, 5-19, 94 on roll, Croydon

Purpose: Snapshot

1 Brief name
Therapy Department Monitoring – the Strengths and Difficulties Questionnaire (SDQ)

2 Rationale
The Head of Therapies was keen to evaluate and demonstrate the impact of the therapies provided by the department (currently interactive, occupational, speech and language and art) across students. As a widely used measure, the SDQ seemed the most appropriate choice, being both specific enough and suitably sensitive to change across a school year.

3 Resources and processes to set up
As the SDQ is completed on paper, it is not resource heavy. However, there needs to be someone in change of collating the information, as the SDQs are completed by the students (dependent on age), parents (dependent on availability) and the therapists. It is also useful, where possible, for the two time points to be completed at a similar time of year, to get the best average total difficulties change.

4 People involved
The Head of Therapies coordinates the system, but all the therapists in the department need to be on board, to ensure a good completion rate.

5 Method of delivery (including frequency)
The SDQ is ideally delivered on entry in September, with the follow up the following May. Given the turnover at the school however, and the possibility of late entries and referrals, this sometimes needs to be adapted.

6 Use of resulting information
The idea is to evaluate and demonstrate the impact of the Therapies department on students.

7 Other comments
The Current View tool is also used to take account of contextual factors surrounding the young person, and link to attendance and attainment.

HeadStart

Multiple schools across 6 local areas in England

Purpose: Evaluation & Snapshot

1 Brief name
HeadStart Common Measurement Framework

2 Rationale
HeadStart is a programme that aims to help young people and their families to cope better with difficult circumstances, prevent common mental health problems for young people and to support those young people who are already experiencing mental health problems. Big Lottery Fund has funded six partnerships across England to support children and young people aged 10-16.

3 Resources and processes to set up
The six local areas have commissioned a range of interventions that are specific to their area. The focus is on interventions that are locally developed and owned, that were cross-disciplinary and multi-layered, which incorporated schools and out-of-school settings to have a whole-system change to best support young people. A common measurement framework has been devised to collect information nationally from the six local areas. The online questionnaire includes Strengths & Difficulties Questionnaire, Short Warwick Edinburgh Mental Wellbeing Scale and Student Resilience Survey. The methodology of data collection has been tested in a pilot stage (using slightly different measures) and proved successful. The common measurement framework data is also being linked with the National Pupil Data to gather information such as ethnicity, free school meal allowance, and special education needs.

4 People involved
The initiative is led by the local authorities and the common measurement framework is led by The Anna Freud National Centre for Children and Families in collaboration with University of Manchester, The London School of Economics and Political Science, Common Room and the Child Outcomes Research Consortium. The questionnaire is issued to all the students in years 6, 7, 8 and 9. School staff are signposted to local authorities if they would like further assistance and support.

5 Method of delivery (including frequency)
Students fill in the survey online during class time. The survey will be repeated yearly.

6 Use of resulting information
Each school received feedback reports that enable schools to see a snapshot of their school's information and compare themselves with others in their local authority as well as compare themselves nationally. Future reports will include trend data (how responses from students in a specific school are changing over time). Reports are also shared with the relevant local authorities. The local areas use the information to review their needs locally and make plans. The programme-wide data are also used to evaluate the HeadStart Programme as a whole.

7 Other comments
This approach is available for other schools to use if interested. Please contact HeadStart@annafreud.org for more information.

Highbury College

16+ Further Education, Mixed, 16-19, Hampshire

Purpose: Evaluation

1 Brief name
Wellbeing Strategy

2 Rationale
The rationale for this strategy is the retention and appropriate support of the college body as whole. It is also clear from retention rates of those involved in wellbeing support that the Wellbeing Strategy is proving a success, which provides rationale for its ongoing funding.

3 Resources and processes to set up
The whole system is an important part of college strategy, being the first of six priority themes. The system is overseen by the Learning Support Manager, ensuring that the resources are used at maximum efficiency; there is fluidity between the levels of intervention but it is important that for example one student isn't being seen by several levels at once. At a whole college level, there are activities to build resilience, such as sport, community projects and volunteer work. At a more targeted level, students or groups identified by programme leads would be seen by the Health and Wellbeing Team, generally of Learning Support Assistant background. On an individual level, students may be supported by one of a team of mentors. At the highest level of need that the college can internally support, a team of counsellors is available. If need is higher, they will liaise with external bodies such as CAMHS, young carer organisations and social services.

4 People involved
The whole staff is involved on some level, as they are able to refer students for wellbeing support. Programme leads, for example, have pastoral as well as academic responsibility. The key staff members are the Learning Support Manager, the mentors, the Health and Wellbeing Team and the counsellors.

5 Method of delivery (including frequency)
The method of delivery varies according to level of need, especially the input of mentors. The health and wellbeing team will often work with a group on a weekly basis, and this will be put into the students' timetables. The counsellors will start once a week, and generally start with an assessment and deliver a 6 week course, which may then finish or drop in frequency, dependent on need. They will liaise with external bodies if extra support is needed.

6 Use of resulting information
The information gathered, including the number of students involved in services, are used in the department self-assessment report, which is key in looking at impact and making sure that the department is structured in the most effective way. It would also form part of reporting to Ofsted when appropriate: currently the college is rated Outstanding for care, guidance and support. Case studies and raw data from self-assessment are used in conversations with inspectors, as well as proxy measures such as retention success rate, as compared to the college as a whole. Ofsted are particularly interested in the successful support and retention of vulnerable students.

7 Other comments
A key to the success of this system is its position within a wider priority for the college.

Meole Brace School

Secondary Community School, Mixed, 11-16, 1,211 on roll, Shropshire

Purpose: Evaluation

1 Brief name
The Resilience Doughnut: Building a language of resilience

2 Rationale
The rationale is that providing a language to describe resilience will help students and staff to discuss wellbeing more freely and identify areas where resilience can be built. One of the pushes from the School Improvement Plan is to support youngsters with emotional wellbeing issues to cope with school life. This sits within the wider aims and values of the school, around community and respect, but also links to the aim of fostering achievement and improving attendance, with those elements being tracked alongside the resilience work. The hope is that improved wellbeing and resilience is not only good in itself, but will also have an impact on other areas, such as attendance and behavioural issues.

3 Resources and processes to set up
The resources are the resilience doughnut tools, including its measurement tool. The initial process is that 21 staff members have been put forward for training with the developer of the Resilience Doughnut. These staff include a mixture of SLT, teachers and support staff ensuring links across the school. The 21 staff were self-selecting: following training for the whole staff by John Shepperd, the UK Lead for Resilience Doughnut, staff were asked if they wanted to go for the Level 1 training, and 21 staff members put themselves forward.

4 People involved
The intervention is delivered by the staff who have been trained to use the tool. Currently it is delivered to targeted groups, but the school is planning on rolling out to parents and the whole school. The current groups are selected from teacher, parent, self or friend referral: there is a good network of communication in the school around wellbeing so this is signposted to students. Groups are created on the basis of these internal referrals.

5 Method of delivery (including frequency)
Currently it is face to face, through fortnightly group sessions, but the hope is that it becomes embedded in the school culture, permeating different areas of the curriculum, and coming across in assemblies etc.

6 Use of resulting information
The information is used alongside other measures, such as attendance and academic attainment, in order to gain perspective on the needs of the population, and respond accordingly.

7 Other comments
The school is happy to receive contact from interested parties, and would be willing to arrange visits if people were interested in trying this or a similar system in their own school.

Mind and Body

Secondary schools in Kent, Lancashire and Cornwall

(Years 10, 11 and 12)

Purpose: Identification and Evaluation

1 Brief name

Mind and Body – screening survey and early intervention programme, delivered by Addaction.

2 Rationale

Clinical Commissioning Groups have funded the delivery of Mind and Body to address the unmet need of young people involved in or deemed vulnerable to self-harming behaviours but who do not meet the thresholds of specialist services. The survey is completed anonymously by a whole year group at schools deemed particularly relevant for this intervention. The results predict the young people for whom self-harm may be an issue and the programme subsequently looks to support the development of their emotional wellbeing.

3 Resources and processes to set up

The survey is available through Google surveys (similar to survey monkey) and is sent to the identified school contacts. Each young person is given an identifier to use for survey completion, usually their student ID for information governance purposes. Following an introductory assembly / talk to explain the programme, students will be forwarded the link and complete the surveys online using I.T. provision at the school. Survey responses are automatically collated and those scoring above a certain threshold will be invited to one-to-one meetings with Addaction practitioners to begin the therapeutic programme.

People involved

Addaction practitioner, safeguarding and pastoral leads at the chosen schools, plus I.T. support staff if required.

5 Method of delivery (including frequency)

The survey is completed at the beginning of each Mind and Body programme. Certain survey questions are then revisited on paper at post and exit 1:1 stages (respectively two and six months after the initial completion) to assess how the participants may have benefitted from involvement in the programme. Practitioners are likely to coordinate delivery of the survey process to between four and eight year groups per year, depending on capacity. (This will be influenced by the size of year groups involved as well as the needs identified in each survey completed.)

6 Use of resulting information

The information is used to identify young people who would be appropriate for therapeutic intervention as part of the Mind and Body programme. It can also identify individuals who present with a more immediate risk and may need to be referred to specialist services. The more general information that is produced can also be used to inform about the behaviours and perceptions of these cohorts in relation to young peoples' mental health.

7 Other comments

In order to minimise respondent bias or influence, the survey is ideally completed by the year group within two to three hours of the initial assembly/talk. However, this hasn't always been possible due to I.T. capacity at some schools. We have found that the response rate has been higher at the venues where they have been able to facilitate survey completion more promptly.

Parliament Hill School

Secondary Community School, Girls, 11-18, 1,168 on roll, Camden

Purpose: Identification

1 Brief name
The Wellbeing Project

2 Rationale
The school recognises the emotional and mental health needs of children and young people and wellbeing is a key priority. The project provides in-school support for students with emotional and mental health needs.

3 Resources and processes to set up
The project, led by a dedicated project manager, sits within a wider inclusion and pastoral team. In Year 7 the school uses 'sociograms', visual representations of interpersonal relationships, as a starting point for identifying and addressing students' social and emotional needs. An inclusion panel for each year group includes a member of Senior Leadership Team (SLT), a Special Educational Needs and Disabilities Coordinator (SENDCO), head of year, safeguarding and behaviour teachers and the wellbeing project manager. The panel is responsible for identifying concerns, planning interventions and monitoring progress and outcomes. The wellbeing project is a dedicated area of the school. The project manager works with students on an individual and group basis, offers daily drop-in sessions and liaises with local Child and Adolescent Mental Health Services. There are trainee counsellors and therapists from local colleges who are supervised by qualified practitioners and are able to complete a placement whilst offering their skills to students. The school successfully applied to John Lyon's Charity for a grant funding the project manager's salary for three years.

People involved
A whole school focus on wellbeing involves all members of staff. The wellbeing project is coordinated by the project manager who works closely with the wider inclusion and pastoral team.

5 Method of delivery (including frequency)
The sociograms are delivered during Autumn Term in Year 7. Inclusion panels for each year group meet every fortnight. Trainee counsellors use self-report questionnaires to measure wellbeing. The project is keen to move towards the use of consistent validated measurement across all interventions now that the system has been in place for an academic year.

6 Use of resulting information
Outcomes are used to help decide upon interventions, and also to ensure that the support is the best it can be. They can also be used to support funding applications, as well as reporting both internally and externally regarding the allocation of resources and impact.

7 Other comments
It is an extensive system to set up, but once running is able to take full advantage of all the local opportunities on offer, therefore making the set-up process very worthwhile.

Pimlico Academy

Secondary, Academy Sponsor-Led, Comprehensive, Mixed, 11-19, 1,216 on roll, City of Westminster

Purpose: Identification

1 Brief name
Expression of concern form

2 Rationale
This system of identification sits within a much wider pastoral and inclusion system. The idea is to enable all staff to flag problems early and contribute to regular discussion of how individual students are doing, and whether any intervention or support is required.

3 Resources and processes to set up
A simple expression of concern form that goes to the inclusion department, and is discussed in their meetings every Tuesday. The process was explained to staff via a whole staff briefing and is open to all.

4 People involved
The main coordinators are the Inclusion department in discussion with pastoral leads, but the whole staff is involved.

5 Method of delivery (including frequency)
Any teacher can fill in the form which goes to the Special Education Needs Coordinator (SENCo). Any submitted forms are discussed each Tuesday in referral meetings, along with students flagged through other paths. Courses of action are decided and reviewed within these meetings. Options include immediate action internally or externally, wait and monitor, or no action needed, with all available data on and knowledge of the student being used in conjunction with the form. If needed, the child is assigned to one of three Heads: Learning and Cognition Support (deputy SENCo), Emotional and Social Support, Language and Communication Support. There may be some overlap between these categories, but one Head will have ultimate responsibility for the course of action and ensuring ongoing support if needed. Once a need has been identified, steps will be taken to support them – this may include a meeting with parents, key-working, bespoke timetables, internal or external counselling, or any of the extra support systems in place.

6 Use of resulting information
The information is used to assign students to particular leads, and to ascertain what support will be right for them. It can also be used as evidence to communicate with outside agencies. Resulting information will be used in conjunction with attendance and academic data, as well as knowledge from parents, the team and other staff members.

7 Other comments
It is important to highlight that this system of identification sits within a much broader system with lots of possible pathways to identify and support students. For example, all students on the SEN register have a particular pathway that involves meetings with the Inclusion department at the beginning, middle and end of the year, during which all data relating to them is reviewed and targets are set and reviewed. This expression of concern system could be used to complement a school or college's existing pastoral or welfare support system.

Priorswood Primary School

Primary, Academy Sponsor Led, Mixed, 4-11, 185 on roll, Somerset

Purpose: Snapshot and Evaluation

1 Brief name
Social and Emotional Health Monitoring

2 Rationale
The Boxall profile comes with recommendations for interventions, and therefore it is useful in tracking and addressing long-term learning needs within the Special Educational Needs and Disability (SEND) department. It can be used as an additional way of monitoring and demonstrating the progress of those children who are struggling in other areas, such as literacy and numeracy, owing to other contextual factors.

3 Resources and processes to set up
The initial set up involves having a system to record and ensuring familiarity among staff. It is useful to undertake some sort of moderation to ensure that understanding of the questions and scoring system is consistent across the school.

4 People involved
The system is coordinated by the Special Education Needs Coordinator (SENCo), but will involve other professionals within the school who work with the young person. It is also used to give a general picture for outside giving additional support.

5 Method of delivery (including frequency)
The Boxall profile is used routinely for high-level needs funded Social, Emotional and Mental Health (SEMH) students on a half-termly basis. It is completed collaboratively by those staff who work with the young person, in order to ensure balance and a clear picture (for example, a person who works as a lunchtime supervisor may see more of the child than other members of school staff). The tool is also used if any students in the school display worrying or changing behaviour over a period of time. It is hoped that this will help to establish the nature of the change and help staff to understand what is going on, and put any interventions in place if deemed necessary. This latter occurrence might also be the case if any students show a sudden change. In some cases it may also be used as an end-point measure after a particular intervention to see what impact it has had.

6 Use of resulting information
Information is used to monitor the ongoing provision for high-level needs students, and to assess appropriate support. In addition, it is used to share with external professionals who might work with the child, in order to give a wider picture of need. It may also be used as supporting information in an application for high-level need funding, or to demonstrate that the level of funding currently provided is justified and still needed. In addition, it can be used to demonstrate progress to external bodies such as Ofsted that the school is supporting the needs of students, even where progress may not always be evident in all areas for that individual.

7 Other comments
Moderation across school is recommended to make sure the staff all have the same interpretation of questions and scoring, and also where possible more than one person should be involved in completing the measure, whether collaboratively or independently and then comparing, to ensure a rounded and representative view.

Priory School

Secondary Community School, Mixed, 11-18, 1,031 on roll, Hertfordshire

Purpose: Identification

1 Brief name
Wellbeing Survey (a bespoke survey created by the school)

2 Rationale
The reason for this system is to ensure that the interventions both suit the needs of the particular cohort and are cost effective: the more evidence available about need, the more justified spending on the intervention can be.

3 Resources and processes to set up
The first step was to find the right questions to ask for the particular population. It also requires commitment from the pastoral leads in the school, as they are responsible for analysis and the decision as to what interventions to put in place to support their cohort.

4 People involved
Heads of Year and other pastoral leads.

5 Method of delivery (including frequency)
Annually for year 7 and 10.

6 Use of resulting information
Heads of Year use the resulting information to identify which students are in need of what support, and set up interventions as a result. They have in the past set up anger management, drug and alcohol awareness, and self-esteem workshops based on the data. The evidence base used to set up the interventions also helps with reporting to governors and Ofsted.

7 Other comments
As the resulting information is identifiable, appropriate consideration needs to be given to information governance, including obtaining consent.

Rochdale Healthy Schools with Laughter in Mind CIC

Approx. 300 Year 5 students from mixed primary schools, across a mixture of urban and rural

Purpose: Identification and Evaluation

1 Brief name
Wise Ways to Wellbeing Pilot and the Stirling Scale

2 Rationale
The Rochdale schools in this pilot had previously been involved in the Healthy Schools Programme, and this was an extension of that work. The hope was to improve pupils' wellbeing through studying wise ways to wellbeing, and demonstrate that by using the Stirling scale to show change

3 Resources and processes to set up
This requires time set aside to administer the Stirling scale before and after the programme you are trying to evaluate. It also requires an explanation to the young people involved so they understand what they are answering and how it is going to be used.

4 People involved
Class teachers can carry this out, though it helps to have one person responsible for collating and scoring.

5 Method of delivery (including frequency)
There were two stages to this process. Firstly, the Stirling Scale was administered to all the young people involved (usually a whole class or year group) and from that a target group was identified for particular support and intervention. After the sequence of activities was delivered over the course of a term or so, the Stirling scale was administered again to track any improvement, and identify if and where further help was needed.

6 Use of resulting information
The information was used both to identify a target group and to evaluate the programme based on changes in scores. The outcomes could also be used to plan further intervention if needed. Especially as the information is identifiable, it was important to share with the young people and parents how the information would be used.

7 Other comments
The Stirling Scale could be used to evaluate other similar projects, assuming the outcomes of your project would be something that may affect that which is measured by the scale.

Schools and Students Health Education Unit (SHEU)

Multiple schools in Local Authorities across England

Purpose: Snapshot

1 Brief name

Children and Young People's Health and Wellbeing Surveys

2 Rationale

Lifestyle surveys are used to enable a school to plan effectively, monitor progress, show evidence for accountability and report back to the community of staff, students and parents. Senior staff responsible for decision making about the PSHE provision may have only impressionistic information about the range of behaviours and attitudes of their student body, including their emotional wellbeing, so the survey provides some more objective information for the school and comparisons with local and national results. SHEU has often included the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) (for 13+) and Stirling Children's Wellbeing Scale (SCWBS) (for younger children) in questionnaires, and the wellbeing results can be seen in the context of other lifestyle concerns, such as online safety, and relationships with family and friends.

3 Resources and processes to set up

The majority of SHEU's work is commissioned by local authorities but individual schools can buy into the service too. A local authority survey will take about six months to plan the scope of the study, agree a set of questions, recruit schools, monitor and chase progress, and receive final reports. A school using an off-the-shelf survey can conduct a survey and receive results much more quickly.

4 People involved

Local authority lead and individual school leads are key. Members of school staff responsible for target year groups may be involved in data collection and all staff will typically be invited to consider the outcomes. A school will often take the results back to the student body for comment.

5 Method of delivery (including frequency)

The surveys can be completed online or as paper booklets. Schools plan and provide support for completion of the questionnaires, which should be conducted with privacy. Frequency is usually every other year to show change, but it can be one-off to take a 'snapshot' of a school community.

6 Use of resulting information

TDifferent schools across an authority will be looking at and responding to their own sets of results and comparisons, and will plan different responses, often in collaboration with local authority advisors (see Wakefield Example). As the scores work as a 'temperature check', they are compared against national or local averages and, if not significantly different, might not be the focus of any intervention, although there will usually be something in a survey to respond to. At local authority level, the aggregate results can be used to show, for example, that the wellbeing scores of LGBT students are worse than those of their peers, or that the resilience scores of ethnic minority students are not significantly different from those of their peers.

7 Other comments

SHEU has been providing a lifestyle survey service to schools and local authorities for nearly 40 years and holds very large databanks of young people's lifestyle responses. Local and national trends can be seen and provide a context for an individual school's results.

"The (SHEU survey) helped us to prioritise where we needed to be in terms of PSHE education. We delivered assemblies based on the evidence as well as curriculum development, and dealt with whole school issues – particularly in regard to pastoral care. (…) To summarise, the (SHEU survey) allows the PSHE department to assess the impact of teaching and learning and modify future lessons accordingly. It allows our school to look at whole-school issues such as the extent to which the pastoral care system is meeting the needs of our pupils. It helps us to do need analysis of our pupils. It helps to provide important evidence for [outside agencies]." - Secondary School Head

The King's School, Grantham

Selective grammar school, Single sex (boys), 11-18,

1,081 on roll, Lincolnshire

Purpose: Evaluation

1 Brief name
Evaluation of Mindfulness in Schools Programme (6th form, voluntary)

2 Rationale
The mindfulness programme is being trialled with a small group of 6th formers on a voluntary, extra-curricular basis, and the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) was chosen to evaluate the programme. Rather than inventing a questionnaire to judge effectiveness, the WEMWBS was chosen based on evidence of its validity and reliability, after staff had been introduced to it at a conference on evidence-based practice and the importance of research as part of practice. It also sat well with the positively framed nature of a mindfulness-based programme and was easy and quick to administer.

3 Resources and processes to set up
One teacher is involved, and the time required is outside the school day – once a week after school for an hour. Survey Monkey is used to capture information on an anonymous basis, but time points can be linked on an individual level so change can be tracked on more than averages.

4 People involved
The course is run and impact measured by a single member of staff. Originally the group was 14, but given the voluntary nature of the course it has reduced during the programme.

5 Method of delivery (including frequency)
The sessions take place weekly, and the questionnaire is to be administered before, in the middle and after the course, working out at roughly 4-5 weeks between each. There is also a similar sized group who are taking the questionnaire at the same time points but without taking part in the course as a control for comparison.

6 Use of resulting information
The information will be used to see if there is justification for wider use of the mindfulness programme in school, and also to fuel informed wider discussions, especially in relation to the MYRIAD project.

7 Other comments
Given the simplicity of using the WEMWBS as an evaluation tool in this instance, it would be possible to roll it out to larger groups.

Wakefield Council (Public Health)

43 Primary (Year 5) and 11 Secondary (Year 9) and 863 Further Education students (a total of 3,223 students), mixed, urban and rural, Yorkshire

Purpose: Snapshot

1 Brief name
Children and Young People's Health and Wellbeing Needs Assessment- Schools and Students Health Education Unit (SHEU) Survey – including Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)

2 Rationale
This model was designed to meet the aims and objectives of the team's business plan around children and young people's health and wellbeing in the local area, with a balance of tailoring to local requirements and having the ability to benchmark.

3 Resources and processes to set up
The survey was first commissioned in 2009, and has been running every other year since then, with adaptations made to ensure the focus continues to be relevant and useful, providing detailed and robust information about the health behaviours and lifestyle choices of the children living in Wakefield District. SHEU were commissioned to deliver the surveys for 2015 and 2017. The content of the survey is widely consulted upon and uses age-appropriate questions where necessary. Teachers were briefed by SHEU on how to collect the most reliable data.

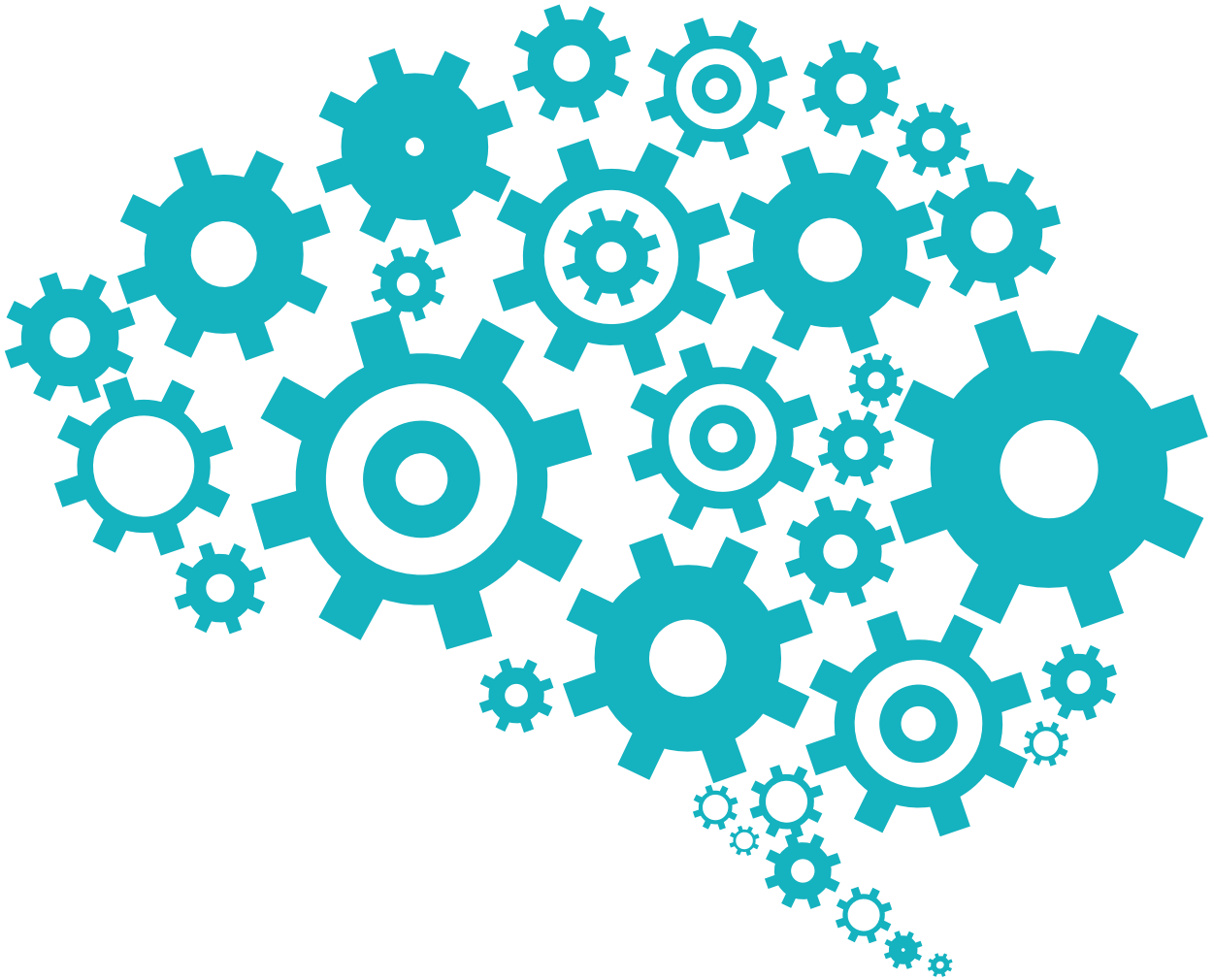
4 People involved
The Public Health Team at Wakefield Council leads the initiative and a key contact in each school manages those involved and ensures delivery at their end. Initial communication is with the Head Teacher who can then assign responsibility within the school.

5 Method of delivery (including frequency)
The survey is delivered every other year, and in a combination of paper and online.

6 Use of resulting information
The findings are used by the council to identify the spread of need and are provided to schools to inform their planning: they can see their results benchmarked against the district average. Another example of how the information is used is in health and wellbeing lessons in the local area. For example, Spectrum's Relationship and Sex Education Team who work in Wakefield deliver around 800 lessons annually and include this information to demonstrate local reality against misconceptions. In addition, the findings are used to focus delivery where young people report low levels of knowledge in an area, for example when only 57% of students know where to access free condoms, additional lessons were added to ensure this would increase.

7 Other comments
Setting this system up requires a fair amount of planning at the beginning, but once protocols are in place there is minimal burden.

Introducing wellbeing instruments to students



Introducing wellbeing instruments to students

This guide has been co-written with young people to provide practical advice and guidance on how to introduce wellbeing measures to students in schools and colleges. Throughout there are also direct quotes from young people.

Whether you are using wellbeing measures for a **snapshot, identification** or **evaluation**, in addition to the information you gain, the use of wellbeing measures can have important secondary benefits for students and can:

- send an important message that wellbeing is being taken seriously;
- open up conversations about wellbeing;
- give students the language to talk about wellbeing;
- enable students to have a broader understanding wellbeing.

It is important to introduce the measures to students properly so that they understand why they are being asked to complete it and feel comfortable to answer the questions openly and honestly.

> “We need to know what it’s for, who will see it, and what difference it will make.”

This guide covers what needs to be considered in advance when you are planning to use wellbeing measures and what students want to know when they are being asked to complete wellbeing measures.

Planning to use wellbeing measures - things to consider in advance

When you are planning to use emotional wellbeing measures, students tell us it is important to consider the following:

- **The emotional experience of completing wellbeing measures:**

It is often thought that wellbeing measures that contain positively worded items have less emotional impact on students. Whilst this may make the experience of completing the measure easier for students who are not experiencing difficulties, this may not be the case for students who are experiencing difficulties. Answering positively worded items negatively can be distressing or upsetting. For example, answering ‘no’ to questions such as ‘I have an adult who cares for me’, ‘I feel loved’ or ‘I feel safe’ can be difficult for students. Sometimes negatively framed question can let a young person know they are not the only person with difficult feelings.

Introducing wellbeing instruments to students

- **Where will the measures be completed?**

It is important to consider where students will be sitting when they are completeing the measures to ensure this will allow them to complete the measures privately. For example, if students are sitting next to each other in a classroom, they may worry that others will see their answers and this will affect how honestly they complete the measure. Students also tell us that it is important to make sure that they are not positioned in ways that make it seem like and exam or a test.

> “You don’t want to set everyone out in the hall like an exam. Young people need to know this isn’t a test, that this is just a way of checking in about how people are feeling so the school can plan the right types of help.”

- **Students who need support to complete the measure.**

It is important to think about students who need support from an adult to complete the measure, to enable them to answer openly and honestly. It is important to consider whether the student can choose who supports them. Guidance for support staff to ensure they understand confidentiality, know how to encourage the student to be honest and not say things to please you. Let them know it’s ok to be honest.

- **Develop a script for introducing the measures and information for students.**

Students tell us that introducing the measures well is vital to make sure they understand what they are being asked to do, why they are being asked to do it, and to make them feel able to complete the measure honestly. Staff will have varying levels of understanding about wellbeing, so consider developing a script or set of slides to ensure this is consistent. It may also be useful to give this to students in an information sheet, so that they can ask questions or know who to contact if they need support after completing the measure.

Introducing wellbeing instruments to students

- **What is wellbeing?**

There are various definitions of wellbeing and deciding which one to use will depend on the age and level of understanding of students.

> “ Positive wellbeing means children and young people feeling happy, feeling that their life is going well, and feeling able to get on with their daily lives. ” (Young advisors)

Whichever definition you choose, students tell us that it is important:

- To understand that emotional wellbeing is on a spectrum and isn't something that we do or don't have. Just like our physical health, this can go up and down at different times in our lives. It is normal to struggle, to feel unhappy, or to find things difficult at times.
- To learn how to look after their emotional wellbeing and to learn coping strategies for dealing with emotional difficulties, in the same way they learn to look after their physical health.
- To not make assumptions about emotional wellbeing based on student's life circumstances.
  There are some students who may have difficult life circumstances who cope very well and those who may appear to be in better circumstances but who experience emotional difficulties.

Introducing measures:

what students want to know

Students tell us that it is important that wellbeing measures are introduced clearly so that they understand what the measure is for, why they are being asked to complete it, why this is important, and what difference it will make.

How you introduce a measure to students will clearly vary depending on which of the reasons the measures are being used, which measures are being used, and the age and ability of the students. However, whichever approach or measure you are using, students tell us that there are several key steps to introducing the measures well.

Key Questions and Information

Question	Information
Why?	Students want to understand why they are being asked to complete the wellbeing measure and what difference it will make. It is helpful to contextualise why you are using the wellbeing measures and how this fits with their everyday life at school/college. Key points to cover include: • What is emotional wellbeing • Why you are asking them to complete the wellbeing measure and for what purpose e.g. snapshot, identification, or evaluation • Why it is important to understand wellbeing in this context • What difference you hope this will make

"Young people might be worried that it's a test, let them know there are no right or wrong answers, that it's just another way of checking what's helping and what we need to change, to make sure they're getting the best possible help."

How?	Students want to understand what the wellbeing measure is like and how to complete it. • Let students know this is not a test and that there are no right or wrong answers – it is about understanding how young people feel. • Show students example questions and the different answers that they can choose. • 'Are you trying to trick me?' Many of the items in wellbeing measures sound very similar and this can cause some students to worry that the questions are trying to catch them out. Explain that some of the questions may sound very similar but this is not a trick. The questions are asking similar things in different ways, as this is the best way of understanding how someone is feeling.

Key Questions and Information

Question	Information

Who?	Students want to know who is being asked to complete the measure, who will see the information, and how the results will be used. For example, will you be able to identify which child is which? If yes, what will the follow up be? Why do you need to identify them, or why have you decided not to? It is important to make this clear – if students think the information is anonymous when it isn't, they may feel betrayed if someone then speaks to them about it. Similarly, students may believe that they are disclosing to you, when in fact, you will not be able to identify them.
	• Explain who is being asked to complete the wellbeing measure. For example, is this the whole organisation or year group, students who you think may be experiencing difficulties, or students who have been receiving support or involved in a particular intervention.
	• Explain whether or not students will be identifiable and what the consequences are. For example:
	  ◦ If students will be identifiable and you will be giving feedback or talking to students who have indicated they may be experiencing difficulties, be clear about how and when this will happen. Be clear that this will be done privately, as they may be concerned that other students may find out.
	  ◦ If you have chosen not to make the completed measures identifiable, clearly explain this and make it clear that you will not be able to identify students who may disclose they are experiencing difficulties. Be clear about who students can talk to if they want to talk to someone, as well show they can do so.
	  ◦ Regardless of whether you decide to make the measure identifiable or anonymous, it is important to let students know whom they can talk to if they need to and how they can do so. Remember, even if you are using measures to identify which students need support, the measures may not identify them all - some students may not feel able to be honest about their feelings on a survey, but would prefer to talk to someone instead.

Key Questions and Information

Question	Information
When and where?	Where possible, explain that you will be asking students to complete the measures in advance (e.g. a week before), so that they have time to ask questions beforehand. Explain: • When they will be asked to complete it • How long it will take • Where they will asked to complete the measure e.g. all at once in the classroom, in small groups in a different room etc.
What next?	Students want to know how the information will be used, and if and how they will get feedback. Explain: • Whether or not they will get individual feedback or learn about the overall results. • If students are identified as needing support, how will this happen and how will this be done privately. • Be clear about how timescales and how long it will be before they get feedback. • Give examples of how you will use the information e.g. to plan new approaches to supporting wellbeing across the school/college.

> “We would need to know what happens afterwards and if we’ll get help. We would want to know how this will happen and if it will be done discreetly. We probably wouldn’t want other young people in school to know so wouldn’t want someone coming to get us out of class!”

Compendium of positive mental health and wellbeing instruments

Introduction to the measures

Identifying children and young people's mental health and wellbeing is important to implement necessary prevention and intervention strategies.

The compendium aims to summarise positive mental health and wellbeing measures. These measures were identified through a rapid review of existing literature on mental health and wellbeing and through consultations and discussions with schools. The measures did not have to be peer reviewed but they were only included if:

- They were suitable for use by children and young people;
- They were considered feasible to use in school settings (i.e., not too long or requiring specific equipment);
- They were not unduly burdensome in terms of time taken to administer;
- They included items measuring positive wellbeing (as opposed to only mental ill health or emotional/behavioural difficulties).

For each measure, the following details (where available) are included:

- Name
- Information on copyright
- Key reference for wider reading
- Brief description of the measure
- Age range the measure is suitable for
- Response options
- Number of scales and subscales
- Costs
- Contact details
- Example items

Index of Instruments

This index gives comparisons between the measures with regard to the age range, the responder or who 'reports', if contact is required with the measure prior to use, whether it is free to use and if feedback is generated.

Name of measure (click on measure to go to page)	Age range					Respondent of the measure		Contact required prior to use	Free to use	Generates feedback
	KS1	KS2	KS3	KS4	KS5	Child	Other			
Behavioral and Emotional Rating Scale	✔	✔	✔	✔	✔	✔	parent, teacher	✔	x	x
The Boxall Profile	✔	✔	✔	✔			teacher	✔	x	x
Child and Youth Resilience Measure	✔	✔	✔	✔	✔	✔	person best informed	✔	✔	x
(Child) Outcome Rating Scale (CORS/ORS)	✔	✔	✔	✔	✔	✔		✔	✔	x
Coping Strategies Inventory		✔	✔	✔	✔	✔		?	?	x
Emotional Literacy: Assessment and Intervention		✔	✔	✔	✔	✔	parent, teacher	✔	x	✔
Generic Children's Quality of Life Measure	✔	✔	✔		✔	✔		✔	x	x
Good Childhood Index		✔	✔	✔	✔	✔		x	✔	x
KidCOPE		✔	✔	✔	✔	✔		x	✔	x
Kids Coping Scale		✔	✔	✔	✔	✔		x	✔	x
Kiddy-KINDL		✔	✔	✔	✔	✔	parent	✔	✔	x
KIDSCREEN		✔	✔	✔	✔	✔		✔	x	x
Multidimensional Students Life Satisfaction Scale (MSLSS)		✔	✔	✔	✔	✔		x	✔	x
ONS Personal Wellbeing Domain for Children & Young People – ONS4		✔	✔	✔	✔	✔		x	✔	x
Outcomes Star	✔	✔	✔	✔	✔	✔		✔	x	✔
Pictured Child's Quality of Life Self Questionnaire	✔	✔	✔	✔	✔	✔	parent	✔	✔	x
Piers-Harris 2		✔	✔	✔	✔	✔		✔	x	x
Pupil Attitudes to Self and School (PASS)	✔	✔	✔	✔	✔	✔		✔	x	✔
Quality of Life Profile Adolescent Version	✔	✔	✔	✔	✔	✔		✔	x	x
Resilience Doughnut			✔	✔	✔	✔		✔	x	✔
Resilience Scale for Adolescents		✔	✔	✔	✔	✔		✔	x	x
Student's Life Satisfaction Scale (SLSS)		✔	✔	✔	✔	✔		x	✔	x
Schools and Students Health Education Unit (SHEU) survey	✔	✔	✔	✔	✔	✔	parent, school staff	✔	x	✔
Stirling Children's wellbeing Scale (SCWBS)		✔	✔	✔		✔		x	✔	x
Student Resilience Survey (SRS)		✔	✔	✔	✔	✔		?	✔	x
The World Health Organisation-Five Well-Being		✔	✔	✔	✔	✔		x	✔	x
Understanding Society (USoc)		✔	✔	✔	✔	✔		✔	✔	x
Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS)			✔	✔	✔	✔		✔	✔	x
Youth Empowerment Scale - Mental Health		✔	✔	✔	✔	✔		x	✔	x
Youth Quality of Life Instrument		✔	✔	✔	✔	✔		✔	✔	x

Index of Instruments contd.

This index shows what is measured:

FR Family Relationships
PRP Peer Relationships or Popularity
CMPF Combined Measure of Protective Factors
ESS Emotional and Social Skills
H Health
W Wellbeing
CC Coping / Control
LSPO Life Satisfaction (Quality of Life), Happiness or Positive Outlook
SA View of self or appearance
T Time or money use or future plans
HE Home Environment
NE Neighborhood Environment
SE School Environment or Feelings toward School
L Attidues toward learning
SS Measures View on Service Support

Name of measure (click on measure to go to page)	FR	PRP	CMPF	ESS	H	W	CC	LSPO	SA	T	HE	NE	SE	L	SS
Behavioral and Emotional Rating Scale			✔												
The Boxall Profile				✔			✔						✔	✔	
Child and Youth Resilience Measure	✔		✔												
(Child) Outcome Rating Scale (CORS/ORS)			✔												
Coping Strategies Inventory							✔								
Emotional Literacy: Assessment and Intervention				✔			✔		✔						
Generic Children's Quality of Life Measure								✔							
Good Childhood Index	✔	✔			✔			✔	✔	✔	✔		✔		
KidCOPE							✔								
Kids Coping Scale							✔								
Kiddy-KINDL	✔	✔			✔	✔			✔	✔					
KIDSCREEN	✔	✔			✔	✔			✔		✔		✔		
Multidimensional Students Life Satisfaction Scale (MSLSS)	✔	✔							✔			✔	✔		
ONS Personal Wellbeing Domain for Children & Young People – ONS4			✔												
Outcomes Star	✔	✔		✔	✔	✔		✔	✔	✔	✔	✔	✔	✔	✔
Pictured Child's Quality of Life Self Questionnaire	✔	✔			✔	✔							✔		
Piers-Harris 2		✔						✔	✔				✔		
Pupil Attitudes to Self and School (PASS)									✔				✔	✔	
Quality of Life Profile Adolescent Version		✔			✔	✔		✔	✔			✔			
Resilience Doughnut	✔	✔		✔					✔	✔		✔	✔		
Resilience Scale for Adolescents							✔	✔							
Student's Life Satisfaction Scale (SLSS)								✔				✔			
Schools and Students Health Education Unit (SHEU) survey		✔			✔	✔		✔	✔	✔			✔		
Stirling Children's wellbeing Scale (SCWBS)								✔							
Student Resilience Survey (SRS)	✔	✔							✔	✔		✔	✔		
The World Health Organisation-Five Well-Being						✔									
Understanding Society (USoc)			✔												
Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS)						✔									
Youth Empowerment Scale - Mental Health									✔						✔
Youth Quality of Life Instrument	✔	✔			✔	✔		✔	✔	✔		✔	✔		

Behavioral and Emotional Rating Scale (BERS)

Description

The BERS is a strength-based approach to assessment and gives an overall index of a child's strengths and competencies. Respondents rate the child on 52 items on a scale of 0 to 3. Items cover domains such as interpersonal strengths, functioning at school, affective strength, intrapersonal strength, family involvement and career strength.

Age Range

Suitable for children and young people aged between **5 – 18 years.**

Response Options

0, 1, 2, 3 (not at all like the child; not like the child; like the child; very much like the child).
Eight open-ended questions (e.g. Who is this child's best friend? What are the child's favourite hobbies or activities?)

Scales and Subscales

Single univariate scale

Example Items

- Participates in community activities
- Is self-confident
- Listens to others

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www.proedinc.com for issues on copyright

Key Reference

Epstein, M., H. & Sharma, J. (1998). Behavioral and Emotional Rating Scale: A Strength-Based Approach to Assessment. PRO-ED. Austin, Texas.

Contact details

For contact details please go to www.proedinc.com/customer/contactUs

£ Cost

BERS-2 Manual $69.00
BERS-2 Parent Rating Scale (25) $37.00
BERS-2 Parent Rating Scales, Spanish Version $34.00
BERS-2 Summary Form (pad of 50) $37.00
BERS-2 Summary Forms, Spanish Version $34.00
BERS-2 Teacher Rating Scale (25) $37.00
BERS-2 Teacher Rating Scales, Spanish Version $34.00
BERS-2 Youth Rating Scale (25) $37.00
BERS-2 Youth Rating Scales, Spanish Version $34.00

The Boxall Profile

Description

The Boxall Profile is a resource for the assessment of children and young people's social, emotional and behavioural development. There are two-parts to the survey, which is completed by staff who know the child and young person best, to identify the levels of skills the children and young people possess to access learning. The first section is called 'Developmental Strands'. This measures progress through the child and young person's organisation of their learning experiences and their internalisation of controls. The second section is called 'Diagnostic Profile'. This section consists of items describing behaviours that inhibit or interfere with the child's satisfactory involvement in school- self-limiting features, undeveloped behaviour and unsupported development. On completion of the test, the scores of each individual student are compared to the standardised emotional literacy scores of "competently functioning" children of a similar age group.

Age Range

There are two Boxall Profile Tests - one for children (nursery/primary school pupils), and the other for young people (secondary school students), which the Online Boxall Profile automatically sets according to the date of birth inputted by the member of staff.

Scales and Subscales

Developmental Strands
Diagnostic Profile

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Key Reference

Please see https://boxallprofile.org/ for more information

Contact details

For contact details please go to boxallprofile.org/home/contact

£ Cost

Individual (for teachers and educational psychologists): starting at 38p per token + VAT – 1 assessment per token, single user
School (for whole organisation early identification): £100 per year + VAT – unlimited assessments up to 10 users
Local Authority / School Cluster: £250 per year + VAT – unlimited assessments up to 30 users

Child and Youth Resilience Measure

Description

The Child & Youth Resilience Measure is a questionnaire that measures overall resilience, as well as three subcategories that influence resilience processes; individual traits, relationship to caregiver(s), and contextual factors that facilitate a sense of belonging.

Age Range

There are currently four versions of the CYRM-28:
Child (aged 5-9)
Youth (aged 10-23)
Adults (aged 24 and older)
Person Most Knowledgeable (someone who knows the child/youth well)
There are currently four versions of the CYRM-12:
Child (aged 5-9)
Youth (aged 10-23)
Adults (aged 24 and older)
Person Most Knowledgeable (someone who knows the child/youth well)

Response Options

Option 1: 5 point-scale from (1 = Not at all to 5 = A lot)
Option 2: No, Sometimes, Yes

Scales and Subscales

Single univariate scale

Example Items (Youth Version)

- I have people I look up to
- I cooperate with people around me
- Getting an education is important to me
- I know how to behave in different social situations
- My parent(s)/caregiver(s) know a lot about me
- If I am hungry, there is enough to eat
- I try to finish what I start
- Spiritual beliefs are a source of strength for me
- I am proud of my ethnic background
- People think that I am fun to be with
- I am proud to be a citizen of _____ (insert country)

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The official citation that should be used when referencing this material is: The International Resilience Project. (2007). The Child and Youth Resilience Measure (CYRM)-28.

Key Reference

Ungar, M., & Liebenberg, L. (2011). Assessing resilience across cultures using mixed methods: Construction of the child and youth resilience measure. Journal of Mixed Methods Research, 5(2), 126-149.

Contact details

For any questions or obtaining the scale please go to http://resilienceresearch.org/research/resources/tools/33-the-child-and-youth-resilience-measure-cyrm

£ Cost

Free, but prospective users should seek permission. This is obtained by registering to use the copyrighted scale by completing the online registration form on the Resilience Research Centre Web page (hyperlink the web page to http://resilienceresearch.org/research/resources/tools/33-the-child-and-youth-resilience-measure-cy)

(Child) Outcome Rating Scale: (CORS / ORS)

Description

The CORS / ORS are an overall measure of psychological distress.
They are very brief, consisting of only 4 items.

Age Range

CORS for: **age 6-12**
ORS for: **age 13 and older**

Response Options

Child report: 10cm line with happy face at one end and sad face at the other, respondent asked to put mark on line. Session rating scale: 10cm line, respondent asked to put mark on line

Scales and Subscales

1 Child report of distress
(though may be completed by other)

2 Session rating scale
Response to curriculum demands

Example Items

CORS:

Child report:

- Me (How am I doing?)
- Family (how are things in my family?)

ORS:

Child report:

- Individually (Personal wellbeing)
- Interpersonally (Family, close relationships)

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Key Reference

Duncan, B. L., Miller, S., Sparks, J. (2003). The Children's Outcome Rating Scale. Chicago.

Contact details

info@scottdmiller.com

£ Cost

Free for paper version, fee for use of electronic version with automatic scoring. Prospective users should seek permission. This is obtained by registering to use the copyrighted scale by the online registering form: http://scott-d-miller-ph-d.myshopify.com/collections/performance-metrics/products/performance-metrics-licenses-for-the-ors-and-srs

Coping Strategies Inventory (CSI)

Description

CSI focuses on coping: assesses thoughts and behaviours children have in response to a specific stressor. Before the questionnaire, individuals are sometimes asked to describe in writing the events or circumstances of a stressful event. CSI consists of 72 items. There is also the Short form of CSI which comprises 32 items.

Age Range

For children aged **7 and older.**

Response Options

None
A little
Some
Much
Very much

Scales and Subscales

14 subscales, 8 primary scales, 4 secondary scales, 2 tertiary scales
Primary Scales: Problem solving, cognitive restructuring, social support, express emotions, problem avoidance, wishful thinking, social withdrawal

Secondary scales: Problem focused engagement, emotion focused engagement, problem focused disengagement, and emotion focused disengagement.

Tertiary Subscales: Engagement, Disengagement

All Items *show the items that are in the short form of the CSI

- I just concentrated on what I had to do next; the next step.
- I tried to get a new angle on the situation.
- I found ways to blow off steam.
- I accepted sympathy and understanding from someone.
- I slept more than usual.
- I hoped the problem would take care of itself.
- I told myself that if I wasn't so careless, things like this wouldn't happen.
- I tried to keep my feelings to myself.
- I changed something so that things would turn out alright.
- I looked for the silver lining, so to speak; tried to look on the bright side of things.*
- I did some things to get it out of my system.
- I found somebody who was a good listener.*
- I went along as if nothing were happening.*
- I hoped a miracle would happen.*
- I realized that I brought the problem on myself.
- I spent more time alone.*
- I stood my ground and fought for what I wanted.
- I told myself things that helped me feel better.
- I let my emotions go.
- I talked to someone about how I was feeling.*
- I tried to forget the whole thing.*
- I wished that I never let myself get involved with the situation.

continued on next page

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Key Reference

Tobin, D. L., Holroyd, K. A., & Reynolds, R. V. C. (1984). User's manual for the Coping Strategies Inventory. Department of Psychology, Ohio University.

Coping Strategies Inventory (CSI) contd.

Description

CSI focuses on coping: assesses thoughts and behaviours children have in response to a specific stressor. Before the questionnaire, individuals are sometimes asked to describe in writing the events or circumstances of a stressful event. CSI consists of 72 items. There is also the Short form of CSI which comprises 32 items.

- I blamed myself.*
- I avoided my family and friends.*
- I made a plan of action and followed it.*
- I looked at things in a different light and tried to make the best of what was available.*
- I let out my feelings to reduce the stress.*
- I just spent more time with people I liked.
- I didn't let it get to me; I refused to think about it too much.*
- I wished that the situation would go away and somehow be over with.
- I criticized myself for what happened.*
- I avoided being with people.*
- I tackled the problem head-on.*
- I asked myself what was really important, and discovered that things weren't so bad after all.*
- I let my feelings out somehow.*
- I talked to someone that I was very close to.*
- I decided that it was really someone else's problem and not mine.
- I wished that the situation had never started.*
- Since what happened was my fault, I really chewed myself out.*
- I didn't talk to other people about my situation.
- I knew what had to be done, so I doubled my efforts and tried harder to make things work.*
- I convinced myself that things aren't quite as bad as they seem.*
- I let my emotions out.*
- I let my friends help out,
- I avoided the person who was causing the trouble.
- I had fantasies or wishes about how things might turn out.
- I realized that I was personally responsible for my difficulties and really lectured myself.*
- I spent some time by myself.*
- It was a tricky problem, so I had to work around the edges to make things come out OK.
- I stepped back from the situation and put things into perspective.
- My feelings were overwhelming and they just exploded.
- I asked a friend or relative I respect for advice.*
- I made light of the situation and refused to get too serious about it.
- I hoped that if I waited long enough, things would turn out OK.*
- I kicked myself for letting this happen.
- I kept my thoughts and feelings to myself.
- I worked on solving the problems in the situation.*
- I reorganized the way I looked at the situation, so things didn't look so bad.
- I got in touch with my feelings and just let them go.*
- I spent some time with my friends.
- Every time I thought about it I got upset; so I just stopped thinking about it.
- I wished I could have changed what happened.
- It was my mistake and I need to suffer the consequences.
- I didn't let my family and friends know what was going on.
- I struggled to resolve the problem.
- I went over the problem again and again in my mind and finally saw things in a different light.
- I was angry and really blew up.
- I talked to someone who was in a similar situation.
- I avoided thinking or doing anything about the situation.*
- I thought about fantastic or unreal things that made me feel better.
- I told myself how stupid I was.
- I did not let others know how I was feeling.

Emotional Literacy: Assessment

Description

The Emotional Literacy assessment covers five key areas of emotional literacy addressed in the Social and Emotional Aspects of Learning (SEAL) curriculum including: Self-awareness, self-regulation, motivation, empathy and social skills.

Age Range

There are 2 versions of Emotional Literacy: Assessment and Intervention: Primary covers ages 7 to 11 years & Secondary covers ages 11 to 16 years

Response Options

Very true
Somewhat true
Not really true
Not at all true

Scales and Subscales

Single univariate scale

Example Items

- I try to help people when they are unhappy
- I know what things I'm good and bad at
- A lot of people seem to like me
- I can describe how I am feeling most of the time
- I know when people are starting to get upset
- I carry on trying even if I find something difficult

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Key Reference

Faupel, A. (2003). Emotional literacy: Assessment and intervention. London: NferNelson.

Contact details

To buy *Emotional Literacy: Assessment and Intervention* and discuss requirements, please call 0330 123 5375

£ Cost

Complete set: £130.0 + VAT

Generic Children's Quality of Life Measure (GCQ)

Description

The GCQ assesses the children's perception of their actual life and their perception of how they would like their life to be. The discrepancy between the actual and the desired viewpoints are used to establish the quality of life.

Age Range

Suitable for **6 to 14 years**.

Response Options

1 (always) to (5 never)

Scales and Subscales

Single univariate scale

Example Items

- How often they help others
- How often they hurt other people
- How often they have fun

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Key Reference

Collier J, MacKinlay D, Phillips D. (2000). Norm values for the Generic Children's Quality of Life Measure (GCQ) from a large school-based sample. Quality of Life Research 2000 (9), 617-623.

Contact details

For contact details please go to www.hogrefe.co.uk/contact/

£ Cost

GCQ Starter Set: £118.00
GCQ Professional Manual: £69.00
GCQ Boy Item Booklets with Score Sheets: £32.00

Good Childhood Index

Description

Good Childhood Index is part of the Children's Society's wellbeing research programme. There is a short and long version of the Index. Overall wellbeing is assessed using the Huebner's Student Life Satisfaction Scale and further questions are included to measure the 10 wellbeing domains.

Age Range

For children aged **8 and over.**

Response Options

Huebner's section: Strongly agree, agree, neither agree nor disagree, strongly disagree, don't know
Happiness section: 0 to 10 (0 = very unhappy, 5 = not happy or unhappy, 10 = very happy)
Friends section: Strongly agree, agree, neither agree nor disagree, strongly disagree, don't know

Scales and Subscales

It covers 10 key areas of children's lives.

Family, Friends, Health, Appearance, Time use, The future, Home, Money and possessions, School, Amount of choice.

Example Items

Huebner's

- My life is going well
- My life is just right
- I wish I had a different kind of life
- I have a good life
- I have what I want in life

Happiness

How happy are you...

- with your health?
- with your appearance?
- with the way you use your time?
- about what may happen to you later in your life?
- with your family?
- with your friends?
- about the home you live in?
- about the things you have
- (like money and the things you own)?
- about the school, in general?
- with your local area?
- about the amount of choice you have in life?

Friends

- My friends treat me well
- I feel safe with my friends
- I wish I had different friends
- My friends are mean to me
- My friends are great
- I have a bad time with my friends
- I have a lot of fun with my friends
- I have enough friends
- My friends are nice to me
- My friends will help me if I need it

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For the 2015 report please see https://www.childrenssociety.org.uk/sites/default/files/TheGoodChildhoodReport2015.pdf

Key Reference

Liddle, I. and Carter, G.F.A. (2015). Emotional and psychological wellbeing in children: the development and validation of the Stirling Children's Wellbeing Scale. *Educational Psychology in Practice*, 31(2), 174-185.

Contact details

well-being@childrenssociety.org.uk

£ Cost

Free

KidCOPE

Description

Kidcope is a brief, clinical checklist designed to screen cognitive and behavioural coping in children and adolescents. The checklist covers problem-solving, distraction, social support, social withdrawal, cognitive restructuring, self-criticism, blaming others, emotional expression, wishful thinking, and resignation.

Age Range

It has two versions: children aged between **7-12 years** and one for young people aged between **13-18 years.**

Response Options

For younger children: No vs. Yes
For older children and adolescents:
5-point response scale (0 = not at all – 5 = almost all the time and very much).

Scales and Subscales

Single univariate scale

All Items

older children and adolescent survey

- I thought about something else; tried to forget it; and/or went and did something like watch TV or play a game to get it off my mind.
- I stayed away from people; kept my feelings to myself; and just handled the situation on my own.
- I tried to see the good side of things and/or concentrated on something good that could come out of the situation.
- I realised I brought the problem on myself and blamed myself for causing it.
- I thought of ways to solve the problem; talked to others to get more facts and information about the problem and/or tried to actually solve the problem.
- I talked about how I was feeling; yelled; screamed, or hit something.
- Tried to calm myself by talking to myself, praying, taking
- a walk, or just trying to relax.
- I kept thinking and wishing this had never happened; and/or that I could change what had happened.
- I turned to my family, friends, or other adults to help me feel better.
- I just accepted the problem because I knew I couldn't do anything about it.

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Kidcope is in the public domain, is not copyrighted, and may be used at no charge. The key citation should be used when referencing this work:

Key Reference

Spirito, A., Stark, L. J., & Williams, C. (1988). Development of a brief checklist to assess coping in pediatric patients. *Journal of Pediatric Psychology*, 13. 555-574.

£ Cost

Free

Kids Coping Scale

Description

Kids Coping Scale measures three aspects of coping; problem focused coping, emotion focused coping and social support.

Age Range

For children aged **7 and older.**

Response Options

Never
Sometimes
A lot

Scales and Subscales

Single univariate scale

All Items

- You tried to think of different ways to solve the problem.
- You did not want to think about it.
- You thought about what others might do.
- You tried your best to make things better.
- You avoided the problem or where it happened.
- You asked someone to help.
- You tried hard to fix the problem.
- You did things to stop thinking about it.
- If it was your fault you would say that you were sorry.

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Key Reference

Maybery, D., Steer, S., Reupert, A., & Goodyear, M. (2008). The kids coping scale. *Stress & Health*, 25, 31-40.

£ Cost

Free for research purposes.
Further permission is required for non-commercial use.

Kiddy-KINDL

Description

The Kiddy-KINDL is a generic instrument for assessing Health-Related Quality of Life in children and young people aged 3 years and older. There is a self-report versions (3 different versions for age ranges) and parent version. There are also additional subscales: Disease & Disease specific modules (Asthma bronchial, Diabetes, Epilepsy, Neurodermatitis, Oncology, Spina bifida).

Age Range

There are 3 versions of the questionnaire for different ages. For children aged between **4 - 6 years**, for children aged between **7-13 years**, and for children aged between **14-17 years.**

Response Options

Never
Seldom
Some-times
Often
All the time

Scales and Subscales

The KINDL consists of six dimensions. Physical wellbeing, emotional wellbeing, self-esteem, family,friends and everyday functioning.

All Items

Kiddy-KINDL (7 to 13)
Children's Version

Physical Wellbeing

1 I felt ill
2 I had a headache or tummy-ache
3 I was tired and worn-out
4 I felt strong and full of energy

Emotional Wellbeing

5 I had fun and laughed a lot
6 I was bored
7 I felt alone
8 I was scared

Self Esteem

9 I was proud of myself
10 I felt on top of the world
11 I felt pleased with myself
12 I had lots of good ideas

Family

13. I got on well with my parents
14 I felt fine at home
15 We quarrelled at home
16 My parents stopped me from doing certain things

Friends

17 I played with friends
18 Other kids liked me
19 I got along well with my friends
20 I felt different from other children

Everyday Functioning

21 Doing my schoolwork was easy
22 I enjoyed my lessons
23 I worried about my future
24 I worried about bad marks or grades

© Copyright

The KINDL was developed by Prof. Dr. Ulrike Ravens-Sieberer MPH, Head of Research, Professor for Child Public Health Prof. Dr. U. Ravens-Sieberer holds copyright over the KINDL and all its present and future translations.

Key Reference

Ravens-Sieberer, U., Gosch, A., Abel, T., Auquier, P., Bellach, B.-M., Dür, W., Rajmil, L. & the European PD. Dr. U. Ravens-Sieberer (2001). Quality of life in children and adolescents: a European public health perspective. Social and Preventive Medicine 46, 297-302.

Contact details

Professor Ulrike Ravens-Sieberer
ravens-sieberer@uke.de

£ Cost

The use of the KINDL[R] for academic researchers and non-profit organisations is free. Researchers may use it without permission. Researchers and other potential users interested in using one of the KINDL instruments are asked to complete the Collaboration Form www.kindl.org/english/terms-of-usage/

KIDSCREEN

Description

The KIDSCREEN measures are designed to assess generic quality of life. The shortest measure gives a general indicator of general health-related quality of life, whereas longer version covers more specific domains such as psychological wellbeing, peers and social support, and autonomy.

Age Range

There are three versions, one for younger children aged 3- 5 years and one for older children aged 6 - 11 years also one for parents to fill in.

Response Options

5 point scale, labels vary

Scales and Subscales

Several paediatric QOL domains

- family life
- social life
- children's activities (school and leisure)
- health

Example Items

Physical Wellbeing Dimension

- Have you felt fit and well?
- Have you been physically active (e.g. running, climbing, biking)?

Moods and Emotions Dimension

- Have you felt that you do everything badly?
- Have you felt under pressure?

Self-Perception Dimension

- Have you been happy with the way you are?
- Have you felt jealous of the way other girls and boys look?

Autonomy Dimension

- Have you had enough time for yourself?
- Have you been able to choose what to do in your free time?

Parent Relations and Home Life Dimension

- Have your parent(s) had enough time for you?
- Have you been able talk to your parent(s) when you wanted to?

Financial Resources Dimension

- Have you had enough money to do the same things as your friends?
- Have you had enough money for your expenses?

Social Support and Peers Dimension

- Have you had fun with your friends?
- Have you been able to rely on your friends?

School Environment Dimension

- Have you enjoyed going to school?
- Have you got along well with your teachers?\

Social Acceptance (Bullying) Dimension

- Have you been afraid of other girls and boys?
- Have other girls and boys made fun of you?

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In case of publication of study results, the potential user shall cite the key references.

Key Reference

Ravens-Sieberer, U., Gosch, A., Abel, T., Auquier, P., Bellach, B.-M., Dür, W., Rajmil, L. & the European KIDSCREEN Group (2001). Quality of life in children and adolescents: a European public health perspective. Social and Preventive Medicine 46, 297-302.
The KIDSCREEN Group Europe. (2006). The KIDSCREEN Questionnaires - Quality of life questionnaires for children and adolescents. Handbook. Lengerich: Pabst Science Publishers.

Contact details

www.kidscreen.org

£ Cost

Use of the questionnaires is free for research purposes but the KIDSCREEN Manual must be purchased (Price: 40 € + 10 € Shipping and handling costs). Researchers and other potential users interested in using and/or translating one of the KIDSCREEN instruments are asked to complete this Collaboration Form, sign it and send it back to us per post, email or fax.

Multidimensional Students Life Satisfaction Scale (MSLSS)

Description

The MSLSS was designed to provide a multidimensional profile of children's life satisfaction judgments.

Age Range

For children and young people aged between **8-18 years.**

Response Options

1 = Never
2 = Sometimes
3 = Often
4 = Almost always

6-point agreement format has been used with middle and high school students (1 = strongly disagree, 2 = moderately disagree, etc.).

Scales and Subscales

5 subscales
Family
Friends
School
Living Environment
Self

All Items

Family

- I enjoy being at home with my family
- My family gets along well together
- I like spending time with my parents
- My parents and I doing fun things together
- My family is better than most
- Members of my family talk nicely to one another
- My parents treat me fairly

Friends

- My friends treat me well
- My friends are nice to me
- I wish I had different friends
- My friends are mean to me
- My friends are great
- I have a bad time with my friends
- I have a lot of fun with my friends
- I have enough friends
- My friends will help me if I need it

School

- I look forward to going to school
- I like being in school
- School is interesting
- I wish I didn't have to go to school
- There are many things about school I don't like
- I enjoy school activities
- I learn a lot at school
- I feel bad at school

Living Environment

- I like where I live
- I wish there were different people in my neighbrhood
- I wish I lived in a different house
- I wish I lived somewhere else
- I like my neighbourhood
- I like my neighbours
- This town is filled with mean people
- My family's house is nice
- There are lots of fun things to do where I live

Self

- I think I am good looking
- I am fun to be around
- I am a nice person
- Most people like me
- There are lots of things I can do well
- I like to try new things
- I like myself

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The MSLSS is in the public domain. Researchers may use it without permission.

Key Reference

Huebner, E. S. (1991). Initial development of the Students' Life Satisfaction Scale. *School Psychology International*, 12, 231-243.

Contact details

Please see www.psych.sc.edu/faculty/Scott_Huebner

£ Cost

Free for research use.

ONS Personal Wellbeing Domain for Children & Young People – ONS4

Description

This ONS uses four survey questions to measure personal wellbeing. ONS 'Personal wellbeing' domain includes four subjective wellbeing measures asking about life satisfaction, happiness, worthwhileness and anxiety. The four questions around personal wellbeing have been included in the Annual Population Survey (APS) since 2011. It's more recently been used in the Millennium Cohort Study (MCS56).

Age Range

Suitable for children and young people aged

10 and above.

Response Options

Questions are scored 0-10 where 0='not at all' and 10='completely'.

Scales and Subscales

Single univariate scale.

All Items

***show items that are suitable for children over 14**

- Overall, how satisfied are you with your life nowadays?
- Overall, to what extent do you feel the things you do in your life are worthwhile?
- Overall, how happy did you feel yesterday?
- Overall, how anxious did you feel yesterday?*

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Key Reference

Piers, E.V & Hertzberg, D.S. (2002). Piers-Harris 2: Piers-Harris Children's Self-Concept Scale (2nd Ed). Western Psychological Services, LA.

Contact

ecom.mhs.com

£ Cost

Free

Outcomes Star

Description

The Outcomes Star is a suite of tools for supporting and measuring change. There are over 20 versions of the Outcomes Star. They are sector wide tools - different versions of the Star include homelessness, mental health and young people. All versions consist of a number of scales based on an explicit model of change which creates coherence across the whole tool and a Star Chart.

Age Range

My Star – for children aged 7-14
Shooting Star – secondary school students
Teen Star – for young people aged 11-18
Attention Star – children and young people, aged between 5 and 18, who have been diagnosed with ADHD
Life Star – has been designed for young people and adults with learning disabilities
Student Star– designed for young people with additional needs in colleges or other supported work and learning environments. It is suitable for students with a range of needs, including autism, learning disabilities or behavioural needs.

Response Options

Changes according to survey

Scales and Subscales

My Star has eight outcomes

- Physical health
- Where you live
- Being safe
- Relationships
- Feelings and behaviour
- Friends
- Confidence & self esteem
- Education & learning

The Shooting Star has six outcomes

- Aspiration
- Contribution
- Confidence
- Learning
- People and support
- Communicating

The Teen Star has six outcomes

- Drugs and Alcohol
- Wellbeing
- Safety and security
- Structure
- Citizenship
- Family/adults

The Attention Star has eight outcomes

- Education and learning
- Routine at home
- Family

continued on next page

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Please see www.outcomesstar.org.uk

Key Reference

Burns, S., MacKeith & Graham, K. (2014). The My Star: User Guide and The My Star: Organisation Guide, Brighton: Triangle Consulting.
Burns, S., MacKeith, J. & Pearce, A. (2012). The Shooting Star: User Guide and The Shooting Star: Organisation Guide, Brighton: Triangle Consulting.
Burns, S. & MacKeith (2014). The Teen Star: Quiz and The Teen Star: Organisation Guide, Brighton: Triangle Consulting.
Burns, S., MacKeith, J. & Greaves, S. (2014). The Attention Star: User Guide and The Outcomes Star: Implementation Guide, Brighton: Triangle Consulting.
Burns, S. & MacKeith, J. (2012). The Life Star User Guide and The Life Star: Organisation Guide, Brighton: Triangle Consulting.

Contact details

www.outcomesstar.org.uk/contact-us

£ Cost

The licence cost is calculated based on the number of workers and managers who will be using the Star with service users.
The price in the UK for the licence without web app is £16.50 per worker and manager per year with a minimum of £330 for up to 20 people.
The price in the UK for the licence with web app is £33 per worker and manager (plus any others using the online completion or reports) per year with a minimum of £660 for up to 20 people. There is also a one-off set up fee of £75 that supports the continual development of the Star Online web application.

Outcomes Star contd.

Description

The Outcomes Star is a suite of tools for supporting and measuring change. There are over 20 versions of the Outcomes Star. They are sector wide tools - different versions of the Star include homelessness, mental health and young people. All versions consist of a number of scales based on an explicit model of change which creates coherence across the whole tool and a Star Chart.

The Attention Star outcomes contd.

- Friends and social life
- Physical health
- How you feel
- How you behave
- Attention and organisation

The Life Star has ten outcomes

- How you spend your time
- Being responsible
- Being safe
- Money and letters
- Living skills
- Communicating
- Feeling good
- People you know
- Mental health and other conditions

The Student Star has nine outcomes

- Practical skills
- Communication and social skills
- Learning skills
- Physical health
- Living skills
- Friends and relationships
- Wellbeing
- Social responsibility
- Work readiness

Example Items

My Star

- Physical health
- Where you live

The Shooting Star

- Aspiration
- Contribution

The Teen Star

- Drugs and alcohol
- Wellbeing

The Attention Star

- Education and learning
- Routine at home

The Life Star

- Your health
- How you spend your time

Key Reference

Burns, S., MacKeith & Graham, K. (2014). The My Star: User Guide and The My Star: Organisation Guide, Brighton: Triangle Consulting.

Burns, S., MacKeith, J. & Pearce, A. (2012). The Shooting Star: User Guide and The Shooting Star: Organisation Guide, Brighton: Triangle Consulting.

Burns, S. & MacKeith (2014). The Teen Star: Quiz and The Teen Star: Organisation Guide, Brighton: Triangle Consulting.

Burns, S., MacKeith, J. & Greaves, S. (2014). The Attention Star: User Guide and The Outcomes Star: Implementation Guide, Brighton: Triangle Consulting.

Burns, S. & MacKeith, J. (2012). The Life Star User Guide and The Life Star: Organisation Guide, Brighton: Triangle Consulting.

Contact details

www.outcomesstar.org.uk/contact-us

£ Cost

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The price in the UK for the licence with web app is £33 per worker and manager (plus any others using the online completion or reports) per year with a minimum of £660 for up to 20 people. There is also a one-off set up fee of £75 that supports the continual development of the Star Online web application.

Pictured Child's Quality of Life Self Questionnaire

Description

The Pictured Child's Quality of Life Self Questionnaire is a French-developed, picture-based questionnaire to assess the child's subjective quality of life with a specific focus on their health.

Age Range

There are three versions, one for younger children aged **3- 5 years** (26 items) and one for older children aged **6 - 11 years** (33 items)

Response Options

The format for responses includes drawings of children showing an emotional state (four points from 'very dissatisfied' to 'very satisfied'). Open ended response for 1 question

Scales and Subscales

Several paediatric QOL domains

- family life
- social life
- children's activities (school and leisure)
- health

Example Item

- How do you feel when you go to the doctors?

Key Reference

Gayral-Taminh, M., Bravi, C., Depond, M., Pourre, F., Maffre, T., Raynaud, J-P., et al. (2005). Auto-évaluation de la qualité de vie d'enfants de 6 à 12 ans: analyse du concept et élaboration d'un outil prototype. Santé Publique, 17, 35–45.

£ Cost

Free to non-funded academic research.

Piers-Harris 2

Description

Piers-Harris 2 provides an overview of self-concept using 60 questions covering 6 domains with a yes/no response format. It has been used in clinical and educational settings to identify children who may be experiencing difficulties.

Age Range

Suitable for children and young people aged between **7 – 18 years.**

Response Options

Yes/No response

Scales and Subscales

Six subscales

- Behavioural Adjustment
- Intellectual and School Status
- Physical Appearance and Attributes
- Freedom from Anxiety
- Popularity
- Happiness and Satisfaction

Example Items

- I am smart
- I am popular with girls
- I am different from other people

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Key Reference

Piers, E.V & Hertzberg, D.S. (2002). Piers-Harris 2: Piers-Harris Children's Self-Concept Scale (2nd Ed). Western Psychological Services, LA.

Contact

https://ecom.mhs.com/

£ Cost

Piers-Harris 2 AutoScore Forms (20/pkg): $57.00
Piers-Harris 2 Manual: $82.00
Piers-Harris 2 Scoring CD: $408.00
Piers-Harris 2 Kit (Piers-Harris Manual and 40 Autoscore Forms): $165.00

Pupil Attitudes to Self and School (PASS)

Description

PASS is an all-age attitudinal survey that provides a measurement of a pupil's attitudes towards themselves as learners and their attitudes towards school. The survey takes about 20 minutes to complete as pupils read and comment on 50 statements.

Age Range

For children and young people aged between **4-18 years.**

Response Options

Changes according to survey (Mostly closed)

Scales and Subscales

Contains 9 measures.

Feelings about school (School connectedness)
Perceived learning capability
Self-regard
Preparedness for learning
Attitudes to teachers
General work ethic
Confidence in learning
Attitudes to attendance
Response to curriculum demands

Example Items

- I have friends in my school
- I find it easy to learn new things

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Key Reference

Please see www.gl-assessment.co.uk/products/pass-pupil-attitudes-self-and-school for more information and sample report

Contact details

To buy PASS and discuss requirements, call 0330 123 5375

£ Cost

Primary setup - £150.00 per school
Secondary setup - £250.00 per school
Individual pupil survey - £1.00 per pupil

Quality of Life Profile Adolescent Version (QOLPAV)

Description

The QOLPAV is a 54 item questionnaire which asks young people to rate items covering various aspects of quality of life for importance and satisfaction. Scores on importance and satisfaction are used to create quality of life scores.

Age Range

Suitable for children and young people aged between **6 – 17 years.**

Response Options

Five-point Likert scale from 1 (not at all important/no satisfaction at all) to 5 (extremely important/extremely satisfied)

Scales and Subscales

3 scales, each consisting of 3 subscales

Being
- physical
- psychological
- spiritual

Belonging
- physical
- social
- community

Becoming
- practical
- leisure
- growth

Example Items

- My appearance - how I look
- Making healthy choices - alcohol, drugs, smoking
- The earth and its environment
- Feeling safe at school, in the neighbourhood and when I go out
- Looking after myself and my appearance
- The work I do at a job while still a student
- Being independent
- Knowing where I am going
- Being appreciated by others
- The friends I have
- Participating sports and recreation activities
- Visiting and spending time with others
- Having hope for the future
- Feeling that life has meaning
- Being able to access medical/social services on my own
- Having things to do in my community in my spare time
- Planning for a job or career
- Solving my problems

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Key Reference

Raphael D, Rukholm E, Brown I, Hill-Bailey P, Donato E. (1996) The quality of life profile –adolescent version. *Journal of Adolescent Health*, 19, 366–375

Contact details

quality.oflife@utoronto.ca

£ Cost

Copy of the instrument only: $46.00 + Shipping and handling costs
Copy of the instrument and permission to make copies for use in research: 115.00 + Shipping and handling costs

Resilience Doughnut

Description

Resilience Doughnut aims to create a paradigm shift, and promotes a process of developmental change that can occur throughout a school / organisation, within each young person / adult, their homes and their communities over the course of a lifetime. Programmes can also include their 'Resilience Report', an online tool which uses the Resilience Doughnut Strengths Measure and two other validated measures to 'provide a snapshot of the specific resilience characteristics and wellbeing of young people and provides avenues for intervention and ongoing support.'

Age Range

Suitable for children aged 11 to 16 years and older young people (17-20 years) for whom adult report is not suitable.

Response Options

For Resilience Doughnut part: 6 point Likert scale (Disagree very strongly to Agree very strongly)

Scales and Subscales

Consists of 3 different questionnaires.

- Resilience Doughnut Strengths measure (Consists of: The parent factor, the skill factor, the family & identity factor, the education factor, the peer factor, the community factor, and the money factor)
- Resilience Scale for Adolescents (READ)
- Strengths and Difficulties Questionnaire (SDQ)

Example Items
of strengthsand measures

The Parent Factor

- I can talk to my parent(s) about anything
- I have parent(s) who show that they love me

The Skill Factor

- I can do most things will and like trying new things
- I have people around me who also think I am good at my skill

The Family & Identity Factor

- I am valued and loved in my family
- I am part of and feel I belong to a family that has uncles, aunts, grandparents, and cousins

The Education Factor and school life

- I have teachers who are there when I need them
- I have a sense of belonging and care about what happens in my school

The Peer Factor

- I can make and keep friends easily
- I am able to say what I think and my friends still like me

The Community Factor

- I am part of a sporting club
- I can feel safe in my community and know that some people can be trusted

The Money Factor

- I can wait and save for things I would like to buy
- I am earning money through doing extra chores or by working

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Key Reference

Worsley, L. (2005). The resilience doughnut. The secret of strong kids. Bringing resilience into the common language of families. Sydney: Wild & Woolley.

Contact details

hello@resiliencedoughnutuk.com

£ Cost

$6.60 per user for 6 years
$275.00 (+ $6.60 per user) for psychologist and welfare stuff who work with small groups of people for a year
$1,100.00 (+ $6.60 per user) for teachers, executive and welfare staff who need a group report for all grades/students

Resilience Scale for Adolescents

Description

Resilience Scales provide framework for understanding processes within a youth's thinking, that interact with immediate family and extended community to offset the negative effects if adversity.

Age Range

For children and young people aged between
9-18 years

Scales and Subscales

1 Sense of Mastery Scale
(Optimism, Self-Efficacy, Adaptively);
2 Sense of Relatedness Scale
(Trust, Support, Comfort, Tolerance);
3 Emotional Reactivity Scale
(Sensitivity, Recovery, Impairment)

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Resiliency Scales for Children & Adolescents - A Profile of Personal Strengths. 2006 NCS Pearson, Inc

Key Reference

Goldstein, S. (2008). Creating a Clinical Psychology of Resilience. Retrieved from: http://images.pearsonclinical.com/images/assets/RSCA_ResiliencyScalesChildAdol/PsychologyofResilience.pdf

Contact details

For contact details please go to pearsonclinical.com

£ Cost

Complete kit (manual + 25 combination scale booklets: £132.60 (inc VAT)
Emotional reactivity scale (pad of 25): £40.80 (inc VAT)
Sense of relatedness scale (pad of 25): £40.80 (inc VAT)
Sense of mastery scale (pad of 25): £40.80 (inc VAT)
Combination scales booklet (pad of 25): £75.60 (inc VAT)
Manual: £58.50 (inc VAT)

Student's Life Satisfaction Scale (SLSS)

Description

SLSS is a global self-report measure of life satisfaction concept and requires respondents to make overall life assessments that are not related to specific domains.

Age Range

For children and young people aged between **8-18 years.**

Response Options

1 = strongly disagree
2 = moderately disagree
3 = mildly agree
4 = moderately agree
5 = strongly agree

Scales and Subscales

Single univariate scale

All Items

- My life is going well
- My life is just right
- I would like to change many things in my life
- I wish I had a different kind of life
- I have a good life
- I have what I want in life
- My life is better than most kids

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SLSS – copyright section of Students Life Satisfaction Scale

Key Reference

Huebner, E. S. (1991). Initial development of the Students' Life Satisfaction Scale. *School Psychology International*, 12, 231-243.

Contact details

Please see www.psych.sc.edu/faculty/Scott_Huebner

£ Cost

Free for research use.

Schools and Students Health Education Unit (SHEU)

Description

SHEU provides a range of questionnaires that are suitable for children and adolescents. The administrator has the option to choose from a range of topics about lifestyle and wellbeing. There are surveys for different groups such as pupils, parents/carers and staff and governors. The questionnaires can be adapted for special educational needs or English as an additional language status.

Age Range

For primary and secondary school students

Response Options

Changes according to survey (Mostly closed, with some having space to offer explanation of 'other' responses. Some entirely free-text items.)

Scales and Subscales

The administrator can choose from a range of topics to include into their survey.

The lifestyle topics include:

- Personal background
- Food and water; Dieting
- Physical activity
- Physical health & hygiene
- Safety (accidents, online safety)
- Bullying
- Smoking, alcohol, illegal drugs
- Relationships and Sexual Health
- Emotional Health and Wellbeing
- Support and information

The pupil perception topics include:

- Be Healthy
- Stay Safe
- Enjoy and Achieve
- Make a Positive Contribution
- Economic Wellbeing

Example Items

- What are the 3 best things about this school? (write in the boxes)
- What 3 things would you like to change? (write in the boxes)
- The school helps me work as part of a team: Agree/Don't know/Disagree
- How much time did you spend last night after school... (list) texting or messaging online?

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Key Reference

Balding, AD & Regis, D. (2014). Young People into 2016. SHEU: Exeter, UK. (summary of most commonly asked questions). Press release: http://sheu.org.uk/content/page/young-people-2015

Contact details

sheu@sheu.org.uk

£ Cost

Prices can range from less than £100 to carry out a primary school parent perception survey online, to some hundreds of pounds to do a full lifestyle survey on paper with secondary school pupils in two year groups.

Stirling Children's Wellbeing Scale (SCWBS)

Description

SCWBS is developed by the Stirling Council Educational Psychology Service (UK).
It is a positively worded measure of emotional and psychological wellbeing in children.

Age Range

For children and young people aged between **8-15 years.**

Response Options

Never
Not much of the time
Some of the time
Quite a lot of the time
All of the time

Scales and Subscales

Contains 3 subscales.
Positive emotional state
Positive outlook
Social desirability indicator

All Items

Positive Emotional State

- I've been feeling calm
- I've been cheerful about things
- I've been feeling relaxed
- I've been in a good mood
- I've been getting on well with people
- I enjoy what each new day brings

Positive Outlook

- I think there are many things I can be proud of
- I feel that I am good at some things
- I think good things will happen in my life
- I can find lots of fun things to do
- I think lots of people care about me
- I've been able to make choices easily)

Social Desirability Indicator

- I have always told the truth
- I like everyone I have me
- I always share my sweets

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If the scale is reproduced, the key reference has to be cited.

Key Reference

Liddle, I. and Carter, G.F.A. (2015). Emotional and psychological wellbeing in children: the development and validation of the Stirling Children's Wellbeing Scale. *Educational Psychology in Practice*, 31(2), 174-185.

£ Cost

Free

Student Resilience Survey (SRS)

Description

The SRS is a multidimensional survey which measures different protective factors in children's lives. It is the combination of 2 scales: The California Healthy Kids Survey and The Perception of Peer Support Scale.

Age Range

The survey is appropriate for children **aged 7 and older.**

Response Options

1 = Never to 5 = Always

Scales and Subscales

12 subscales.
Communication and cooperation, self-esteem, empathy, problem solving, goals and aspirations,family connection, school connection, community connection, autonomy experience, pro-social peers, meaningful participation in community activity and peer support.

All Items

Family connection

At home, there is an adult who…

- Is interested in my school work
- Believes that I will be a success
- Wants me to do my best
- Listens to me when I have something to say

School connection

At school, there is an adult who…

- Really cares about me
- Tells me when I do a good job
- Listens to me when I have something to say
- Believes that I will be a success

Community connection

Away from school, there is an adult who…

- Really cares about me
- Tells me when I do a good job
- Believes that I will be a success
- I trust

Participation in home and school life

- I do things at home that make a difference (i.e., make things better
- I help my family make decisions
- At school, I help decide things like class activities or rules
- I do things at my school that make a difference (i.e. make things better)

Peer relationship

My friends:

- Try and do what is right
- Do well in school

Participation in community life away from school

- I am a member of a club, sports team, church group, or other group
- I take lessons in music, art, sports, or have a hobby

Peer support

Are there students at your school who would…

- Choose you on their team at school
- Tell you you're good at doing things
- Explain the rules of a game if you didn't understand them
- Invite you to their home
- Share things with you
- Help you if you hurt yourself
- Miss you if you weren't at school
- Make you feel better if something is bothering you
- Pick you for a partner
- Help you if other students are being mean to you
- Tell you you're their friend
- Ask you to join in when you are all alone
- Tell you secrets

continued on next page

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Key Reference

Sun, J., & Stewart, D. (2007). Development of population-based resilience measures in the primary school setting. *Health Education, 7*(6), 575-599.

£ Cost

Free

Student Resilience Survey (SRS) contd.

Description

The SRS is a multidimensional survey which measures different protective factors in children's lives. It is the combination of 2 scales: The California Healthy Kids Survey and The Perception of Peer Support Scale.

All Items contd.

Communication
- About me
- I help other people
- I enjoy working with other students
- I stand up for myself

Self Esteem
- I can work out my problems
- I can do most things if I try
- There are many things that I do well

Empathy
- I feel bad when someone gets their feelings hurt
- I try to understand what other people feel

Goals and aspirations
- I have goals and plans for future
- I think I will be successful when I grow up

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Key Reference

Sun, J., & Stewart, D. (2007). Development of population-based resilience measures in the primary school setting. *Health Education, 7*(6), 575-599.

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The World Health Organisation-Five Well-Being Index (WHO-5)

Description

The WHO-5 was first presented by the WHO Regional Office in Europe at a 1998 WHO meeting in Stockholm as an element in the DEPCARE project on the measures of wellbeing in primary health care. Since this time the WHO-5 has been validated in a number of studies with regard to both clinical and psychometric validity.

Age Range

Suitable for children aged **9 and older.**

Response Options

All of the time; Most of the time; More than half of the time; Less than half of the time; Some of the time; At no time.

Scales and Subscales

Single univariate scale.

All Items

Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks.

- I have felt cheerful and in good spirits
- I have felt calm and relaxed
- I have felt active and vigorous
- I woke up feeling fresh and rested
- My daily life has been filled with things that interest me

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WHO. (1998). Wellbeing Measures in Primary Health Care/The Depcare Project. WHO Regional Office for Europe: Copenhagen.

Key Reference

For key references please see www.psykiatri-regionh.dk

Contact details

Psykiatric Center North Zealand,
Psychiatric Research Unit,
Dyrehavevej 48
DK-3400 Hillerød
Denmark

£ Cost

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Understanding Society (USoc)

Description

Understanding Society is the successor of the British Household Panel Survey (BHPS). As a longitudinal study it follows individuals over time, regularly collecting data about each participant, together with similar data about all other members of his or her household. It also includes 6 wellbeing questions. The same questions have also been used in Millennium Cohort.

Age Range

Suitable for children and young people aged between

10- 15 years

Response Options

On a scale of 1 to 7 where '1' means completely happy and '7' means not at all happy.

Scales and Subscales

Combination of 6 wellbeing questions

All Items

The next few questions are about how you feel about different aspects of your life. The faces express various types of feelings. Below each face is a number where '1' is completely happy and '7' is not at all happy. Please tick the box which comes closest to expressing how you feel about each of the following things..

- Your schoolwork?
- Your appearance?
- Your family?
- The school you go to?
- Which best describes how you feel about your life as a whole?

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Key Reference

To get more information please see ww.understandingsociety.ac.uk

Contact

For contact details please see www.understandingsociety.ac.uk/contact

£ Cost

Please check permissions from UK Data Services discover.ukdataservice.ac.uk/series

Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)

Description

WEMWBS measures positive mental wellbeing within the general population.

Age Range

The scale has been validated for use with children aged **13 and above**, but has been used with children aged **11 and above**.

Response Options

1 = None of the time
2 = Rarely
3 = Some of the time
4= Often
5 = All of the time

Scales and Subscales

Single univariate scale (2 versions: Short WEMWBS (SWEMWBS) and WEMWBS)

All Items

(*shows the items that are in the short form of the WEMWBS):

- I've been feeling optimistic about the future*
- I've been feeling useful*
- I've been feeling relaxed*
- I've been feeling interested in other people
- I've had energy to spare
- I've been dealing with problems well*
- I've been thinking clearly*
- I've been feeling good about myself
- I've been feeling close to other people*
- I've been able to make up my own mind about things*
- I've been feeling loved
- I've been interested in new things
- I've been feeling cheerful

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Key Reference

Stewart-Brown, S., Tennant, A., Tennant, R., Platt, S., Parkinson, J., & Weich, S. (2009). Internal construct validity of the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS): a Rasch analysis using data from the Scottish Health Education Population Survey. Health and Quality of Life Outcomes, 7, 15-22.

Contact details

Professor Sarah Brown
Sarah.Stewart-Brown@warwick.ac.uk

£ Cost

SWEMWBS is freely available, but prospective users should seek permission. This is obtained by registering to use the copyrighted scale by completing the online registration form on the University of Warwick WEMWBS webpage

Youth Empowerment Scale - Mental Health (YES-MH)

Description

Youth Empowerment Scale - Mental Health (YES-MH) is a 23-item instrument designed to assess the respondent's sense of empowerment. Specifically, the YES-MH measures perception about one's ability to manage his/her own mental health condition, manage his/her own services and supports, and use his/her experience and knowledge to help peers and improve service systems.)

Age Range

The YES-MH has been used in interview format with children as young as **9 years old** and self-administered with youth as young as **14 years old**

Response Options

5-point scale from (1 = never or almost never to 5 = always or almost always)

Scales and Subscales

Self (confidence and optimism about coping with / managing one's condition)
Services (confidence and capacity to work with service providers to select and optimise services and supports)
System (confidence and capacity to help providers improve services and help other youth understand the service system)

All Items

Self

- I focus on the good things in life, not just the problems.
- I make changes in my life so I can live successfully with my emotional or mental health challenges.
- I feel I can take steps toward the future I want.
- I worry that difficulties related to my mental health or emotions will keep me from having a good life.
- I know how to take care of my mental or emotional health.
- When problems arise with my mental health or emotions, I handle them pretty well.
- I feel my life is under control.

Service

- When a service or support is not working for me, I take steps to get it changed.
- I tell service providers what I think about services I get from them.
- I believe that services and supports can help me reach my goals.
- I am overwhelmed when I have to make a decision about my services or supports.
- My opinion is just as important as service providers' opinions in deciding what services and supports I need.
- I know the steps to take when I think that receiving poor services or supports.
- I understand how my services and supports are supposed to help me.
- I work with providers to adjust my services or supports so they fit my needs.

System

- I feel I can help improve services or supports for young people with emotional or mental health difficulties.
- I have ideas about how to improve services for young people with emotional or mental health difficulties.
- I know about the legal rights that young people with mental health difficulties have.
- I feel that trying to change mental health services and supports is a waste of time.
- I take opportunities to speak out and educate people about what it's like to experience.
- I feel that I can use my knowledge and experience to help other young people with emotional or mental health difficulties.
- I tell people in agencies and schools how services for young people can be improved.
- I help other young people learn about.

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No further permission is required to use and reproduce. The key reference is the official citation that should be used when referencing this work.

Key Reference

Walker, J.S., Thorne, E.K., Powers, L.E., & Gaonkar, R. (2010). Development of a scale to measure the empowerment of youth consumers of mental health services. Journal of Emotional and Behavioural Disorders, 18, 51-59.

Contact details

Information about the YES-MH can be obtained by contacting Janet Waler – janetw@pdx.edu

£ Cost

Free

Youth Quality of Life Instrument – Research Version (YQOL-R)

Description

YQOL-R is designed to assess perceptual and contextual aspects of quality of life with respect to 'self', 'relationships', 'environment' and 'general quality of life'.

Age Range

Suitable for children and young people aged between **11 – 18 years.**

Response Options

Five-point Likert scale from 0 (Never) to 4 (Very often)

Scales and Subscales

Assesses 4 domains associated with quality of life:

- **Self:** feelings about themselves: belief in self, being oneself, mental health, physical health, and spirituality
- Relationship: relations with others: adult support, caring for others, family relations, freedom, friendships, participation, and peer relations
- **Environment:** opportunities and obstacles in their environment: engagement and activities, education, neighbourhood, monetary resources, personal safety, and view of the future
- **General Quality of Life:** sense of how well their life is going overall: enjoying life, feeling life is worthwhile, and being satisfied with one's life

The YQOL-R consists of 3 types of items:

- **Contextual** (potentially verifiable)
- **Perceptual** (known only to the individual)
- **Individual specific** (top 5 facets most important to individual and 5 facets they would like to change for the better)

Example Items

- During the past 4 weeks, how often did you have a conversation with an adult about something that is important to you?
- During the past 4 weeks, how often did you help someone who needed it?

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The YQOL-R is copyrighted in the United States by the University of Washington. Please do not use the instrument without permission. Any use of the measures requires that the wording of items, instructions, and scoring be kept standardized. A user's agreement is available from the authors.

Key Reference

Edwards, T. C., Huebner, C. E., Connell, F. A., & Patrick, D. L. (2002). Adolescent quality of life, part I: Conceptual and measurement framework. Journal of Adolescence, 25(3), 275-286.

Contact details

Seattle Quality of Life Group,
University of Washington,
Department of Health Services,
Box 359455
Seattle, WA 98195-9455
Phone: (206) 685-6530
Email: seaqol@u.washington.edu

£ Cost

Free, please contact the authors.

Further resources and signposting

Further resources

1. Wellbeing 'why it matters to health policy' (2014)
The Department of Health published a series of policy briefings in 2014 detailing the evidence for improving wellbeing across the life course from birth until later life. The series provide an overview of how wellbeing is associated with life outcomes and other government indicators. It is a useful resource for teachers and schools looking for an introduction into wellbeing and how it can be used for evidence based policy making.

https://www.gov.uk/government/publications/wellbeing-and-health-policy

2. What about YOUth (2015)
The 'What about YOUth' is a survey conducted by Ipsos Mori in collaboration with the Health and Social Care Information Centre (HSCIC) and the National Children's Bureau (NCB), commissioned by the Department of Health. The design and delivery of the survey was co-produced with young people. The survey asks questions on health and wellbeing to get an overview of the needs of young people and to help develop services more effectively. The areas included on health include exercise, diet, drugs, alcohol and smoking. The results, which have recently been published, detail information on health and wellbeing for a sample of over a thousand of children selected at random. The findings are available and allow for local level comparison on the Public Health England's Fingertips site. For each topic area, the information can be shown by gender, ethnicity, deprivation, sexuality, region and local authority.

The areas covering wellbeing are:

- Being the right size and body image
- Warwick and Edinburgh Mental Wellbeing score
- Bullying or being bullied
- Life satisfaction

http://fingertips.phe.org.uk/profile/what-about-youth

Further resources

3. Social and emotional aspects of learning (SEAL) programme in secondary schools: National evaluation (2009).

This was a national evaluation of secondary school social and emotional aspects of learning programmes, there were two main aims:

1. To assess the impact of secondary SEAL on a variety of outcomes for pupils, staff and schools.
2. To study how schools implemented SEAL, with particular reference to the adoption of a whole-school approach.

The results on childhood wellbeing showed a significant trend following on from SEAL implementation. However the programmes failed to significantly impact on the identified outcomes.

The recommendations of this report revolved around greater emphasis of use of evidence to inform policy and practice developments before national level roll-out. The report further highlights key lessons learned which will help further and future implementation of SEAL programmes.

The outcomes gathered consisted of the following areas:

- Social and emotional skills (ELAI)
- Pro-social behaviour
- General mental health difficulties
- Behaviour problems.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181718/DFE-RR049.pdf

4. Mental health and behaviour in schools departmental advice for school staff (2016)

This guidance provides information on identification and taking effective action for improving mental health of children at school. This includes identifying children who are at risk or who currently have behavioural problems and the effective actions that schools and teachers can take.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/508847/Mental_Health_and_Behaviour_-_advice_for_Schools_160316.pdf

5. Counselling in schools: A blueprint for the future, departmental advice for school leaders and counsellors.

This departmental guidance by the Department for Education provides advice to school leaders and counsellors on the implementation of counselling, impact assessment and quality assurance. It provides guidance on 'best practice' and case studies on providing counselling in school.

It further details how counselling aligns with wider policy changes detailed in 'future in mind' and a move towards 'whole school approaches'. Several case studies show how counselling and whole school approaches to improve wellbeing and mental health are embedded in schools. It further details aspects of quality assurance and impact assessment and how these can be adhered and applied in schools.

https://webcache.googleusercontent.com/search?q=cache:OgntT2HYl5cJ:https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/497825/Counselling_in_schools.pdf+&cd=2&hl=en&ct=clnk&gl=uk

Further resources

6. Measuring Mental Wellbeing in Children and Young people (2015)

This guidance was developed by the National Mental Health, Dementia and Neurology Intelligence Network at Public Health England to help support policy decision making.

The guidance includes;

- Guidance for public health commissioners to measuring wellbeing.
- An appendix containing a summary of measures on wellbeing which is updated periodically.

The appendix includes measurement tools on the following outcome areas related to wellbeing:

- Individual self-reports of mental wellbeing of children and young people
- Risk and protective factors on mental wellbeing
- Data available at local level on mental wellbeing and the risk and protective factors
- National questions which measure mental wellbeing which can be used in local surveys.

The measures included in the appendix cover several domains 1) the individual; 2) the family; 3) the learning environment; and 4) the community.

Information and guidance on all tools and questions is provided in terms of age –range for which the measure is used, where it is has been used, how to interpret the information and results and any other considerations that need to be taken into account when using these measures.

http://www.yhpho.org.uk/default.aspx?RID=213417

7. Promoting children and young people's emotional health and wellbeing: A whole school and college approach (2015)

This document sets out key actions that head teachers and college principals can take to embed a whole school approach to promoting emotional health and wellbeing. The guidance identified eight guiding principles for the whole school approach and one of them is identifying need and monitoring impact of interventions.

The tools for identifying need include;

- The Stirling children's wellbeing scale
- Warwick-Edinburgh mental wellbeing scale

Aside from providing guidance this document includes various examples on best-practice as to how different schools are measuring impact and change.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWB_draft_20_03_15.pdf

Further resources

8. The ONS measures of National Wellbeing (adults and young people)

The Office for National Statistics (ONS) has developed a framework which looks at various domains of wellbeing. This is part of the ONS Measuring National Wellbeing (MNW) programme.

An overview of the latest figures on adults, which includes a subsection on children's wellbeing (aged 15 and under) can be found here:
http://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuringnationalwellbeing/2016#toc

Children's and young people's wellbeing measurement by the ONS has been implemented following a consultation conducted in 2014. The following document outlines the measures chosen and reasons for inclusion and exclusion.
http://www.childrenssociety.org.uk/sites/default/files/Ways%20to%20well-being%20report%20FINAL.pdf
The children's well-being measures are updated annually, although the ONS does publish additional analysis through the year.

9. The Children's Society – Ways to Wellbeing (2014)

This report presents the results of focus groups and interviews with children as well as a survey with over 1500 children. The study found that the 'Five Ways to Wellbeing' framework developed by the New Economics Foundation for adults largely reflected areas that contributed to the wellbeing of children and young people. The report found that play and autonomy would need to be included into a 'ways to wellbeing' model for children to better represent ways to wellbeing for children and young people.

http://www.childrenssociety.org.uk/sites/default/files/Ways%20to%20well-being%20report%20FINAL.pdf

10. The Children's Society – The Good Childhood Report (2015)

The Good Childhood Report presents data from a national survey on the wellbeing of children. This report includes a comparison of children's wellbeing with 14 other countries. The report is available in pdf and in interactive version.

The survey incorporates three main questions on wellbeing:

- Happy yesterday
- Satisfied with life
- Finds life worthwhile

https://www.childrenssociety.org.uk/sites/default/files/TheGoodChildhoodReport2015.pdf

An interactive version of the report can be found below
http://goodchildhood2015.childrenssociety.org.uk/

Further resources

11. The Children's Society – how happy are our children: measuring children's well-being and exploring economic factors (2011)

This report includes a description of the Good Childhood Index. The Good Childhood Index is a measure covering 10 domains of a child's live. It covers the age range of 8 to 15 years.

The domains are; Family, Friends, Health, Home, Time use, Money possessions, the Future, Appearance, Choice, School
https://www.childrenssociety.org.uk/sites/default/files/tcs/research_docs/12pp%20Well-being%20Report.pdf

12. New Economics Foundation (NEF)- Toolkit for wellbeing

This MWIA toolkit for well-being provides an evidence based framework for improving well-being through commissioning processes, project and service design and delivery, community engagement and impact assessment.
http://www.neweconomics.org/publications/entry/a-toolkit-for-well-being

13. New Economics Foundation - Five Ways to Wellbeing (2008)

The New Economics Foundation provides an overview of the evidence for five ways to wellbeing which are:

- Connect
- Be active
- Take notice
- Keep learning,
- Give

http://www.neweconomics.org/publications/entry/five-ways-to-well-being-the-evidence

14. New Economics Foundation and Action for Children - A guide to measuring Children's Wellbeing (2009)

This guide provides an overview of current and new measures developed for children's wellbeing and information on how measurements can be used for children. The report gives guidance on selecting a measure, data collection, design, and measuring change over time. The target audience is policy makers, commissioners and practitioners.
http://b.3cdn.net/nefoundation/094c9bd92c79f7129f_w5m6i2zzh.pdf

15. NEF National Accounts for Wellbeing (2016)

This report proves a case for governments to systematically measure and report on the wellbeing of their citizens. The European Social Survey is used to inform the national accounts for wellbeing. The final outcomes provide an overview and allow comparison across EU countries on levels of wellbeing across a variety of wellbeing domains.
http://www.nationalaccountsofwellbeing.org/explore/indicators/zwbi

Further resources

16. MYWEB
A consortium co-ordinated by Manchester Metropolitan University is exploring the feasibility of measuring children's wellbeing longitudinally. Part of this project included a Delphi exercise which resulted in briefings covering topics including measurement, data, and validated questionnaires. This project is due to finish in 2016.
http://fp7-myweb.eu/

17. International Survey of Children's Wellbeing
A completely novel project aimed at measuring children's wellbeing on a global level. It includes three questionnaires aimed at different age groups (8, 10, 12 years). The questionnaires have been validated and tested and are available in multiple languages.
http://www.isciweb.org/

18. UNICEF
Fairness for Children. A league table of inequality in child well-being in rich countries (2016)
UNICEF Office of Research (2016). 'Fairness for Children: A league table of inequality in child well-being in rich countries', Innocenti Report Card 13, UNICEF Office of Research – Innocenti, Florence.

This report details reported inequalities in rich countries for children, the risk and protective factors for child wellbeing as well as subjective measurement of childhood wellbeing.
The areas included are:

- Health
- Income
- Life satisfaction
- Education

Out of the 35 countries included, the UK has relatively low child life satisfaction compared to other countries and in comparison to others it arrives at number 20. The Netherlands scores highest for child life satisfaction. Across all levels of inequality on factors contributing to child wellbeing, the UK scores 14 out of 35.
https://www.unicef-irc.org/publications/pdf/RC13_eng.pdf

19. Health Behaviour in School Aged Children
http://www.hbscengland.com/

Funded by the Department of Health, the Health Behaviour in School Aged Children is a survey conducted every 4 years which helps assess the wellbeing and health behaviours of children of age 11, 13 and 15. It measures which factors contribute to child health and wellbeing and provides clear indicators on where preventative approaches and interventions are most necessary. It also provides the opportunity for cross-national comparison.

The areas include:

- Individual and social resources
- Health outcomes
- Family affluence measure

England only questions including:

- Smoking behaviour
- Happiness
- Self-efficacy
- Support from teachers
- Communication with grandparents
- Participation in community

Signposting to Support Materials

1. Youth Wellbeing Directory (http://www.youthwellbeing.co.uk/) provides a source of information on local services available for young people as well as useful resources related to a number of issues. The directory already has 250 organisations registered and is collaborating with NHS Choices.

2. NHS Choices (http://www.nhs.uk/Livewell/youth-mental-health/Pages/Youth-mental-health-help.aspx) has recently launched a youth mental health hub offering young people advice and help on mental health problems including depression, anxiety and stress.

3. A website called "In Our Hands" (http:/www.inourhands.com/) developed by Dr Pooky Knightsmith has a lot of useful downloadable information leaflets, videos and resources on self-harm, eating disorders and anxiety and depression including teacher resources. There are lots of materials for teachers to use within their lessons.

4. Child Outcomes Research Consortium (CORC) (http://www.corc.uk.net/) is a learning collaborative and has over half of CAMHS services and some voluntary sector organisations as members. Schools can become members as well. The aim is to foster the effective and routine use of outcome measures in work with children and young people (and their families and carers) who experience mental health and emotional wellbeing difficulties. The website has a lot of useful resources including measures to download and consent forms for practitioners, parents, children, family and teachers.

5. MindEd (https://www.minded.org.uk/) is a website with free educational resources on children and young people's mental health for all adults. They also have a website called MindED for Families (http://minded.e-lfh.org.uk/families/index.html) which is aimed at parents and provides parenting tips. This website might be helpful for teachers to use when talking to parents about mental health issues.

Glossary

Child Outcomes Research Consortium

The Child Outcomes Research Consortium (CORC) is the UK's leading membership organisation that collects and uses evidence to improve children and young people's mental health and wellbeing. Founded in 2002 by a group of mental health professionals determined to understand the impact of their work, today our members include mental health service providers, schools, professional bodies and research institutions from across Europe and beyond.For more information, please go to www.corc.uk.net

HeadStart Programme

The HeadStart Programme aims to help young people and their families to cope better with difficult circumstances, prevent common mental health problems for young people and to support those young people who are already experiencing mental health problems. The first stage of the programme awarded 12 partnerships and the second stage further awarded 6 of those partnerships across England to test different interventions and set up new ways of working. They are working in partnership across local authorities, voluntary sector, mental health services and schools, with young people aged 10-16. For more information, please go to www.biglotteryfund.org.uk/headstart

Lewisham Wellbeing Survey

As part of Big Lottery: Fulfilling Lives HeadStart Lewisham's stage 2 'test and learn' phase, Lewisham commissioned The Children's Society to undertake a wellbeing survey and consultation activity with children and young people aged 10–14 years living in Lewisham. The survey questionnaire covered key aspects of children's lives such as feelings about life as a whole, their relationships with family and friends, and their perspectives on school and the local area. The survey questions were taken from a larger set of questions on children's wellbeing that have been developed and validated by The Children's Society and the University of York. The Lewisham survey includes (the short version of) The Good Childhood Index, as well as other wellbeing/socio-demographic questions that were agreed in consultation with The Children's Society. Over 2,000 children and young people completed the survey in 2015 and the survey will be repeated in 2016 to identify positive and negative aspects of lives for children in Lewisham, in order to identify potential local priorities for improving wellbeing. For more information, please go to www.lewisham.gov.uk/young-people/keeping-well/headstart-lewisham/Documents/ReportChildren'sWell-beingInLewisham2015.pdf

Northern School of Child and Adolescent Psychotherapy

The Northern School of Child and Adolescent Psychotherapy (NSCAP) is an NHS organisation established in 2003. It is funded by Health Education England to support training and workforce development across the north of England. NSCAP develops and promotes psychoanalytic psychotherapy. They aim to integrate psychotherapeutic practice, research and training into innovative and effective clinical services, consultancy, education and workforce development. For more information, please go to www.nscap.org.uk/index.php

Glossary

Published norms

Norms refers to a pattern that is regarded as typical of something. Published norms refer to data that are published that show a distribution or frequency of data. It also refers to accepted cut-off points that enable the users to code their data to show clinical thresholds (i.e. Strengths and Difficulties Questionnaire).

Strengths and Difficulties Questionnaire (SDQ)

Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire for 3-16 year olds. It consists of 25 close-ended questions and an impact supplement, which assesses the extent to which mental health problems have had an impact on aspects of the child's life. The 25 items are divided between five subscales: emotional symptoms (5 items), conduct problems (5 items), hyperactivity/inattention (5 items), peer relationship problems (5 items) and prosocial behaviour (5 items). The first four subscales can be added together to generate a total difficulties score (based on 20 items). The questionnaire, scoring sheet and accompanying notes are available, for free, from www.sdqinfo.com. SDQ scoring sheets provide overall scores considered normal, borderline and abnormal, both for the difficulties themselves and for the impact of those difficulties on a child's peer relationships and classroom learning. SDQs may be completed by children themselves (aged 11 and above), parents or teacher.

Young advisors

Young advisors are part of the Common Room team. They have lived experience and work closely with children and young people to ensure the voice and views of young people are heard. Find out more at http://commonroom.uk.com/

Appendix: How the content was developed

The content of the toolkit has been informed by:

- A rapid review of existing literature on measurement of mental health and wellbeing with a specific focus on:
  - instruments suitable for students;
  - published reviews, documents and guidance
  - application to school and college context.

- Consultation and discussion from a sample of 52 schools and colleges about current practice.

- Focused interviews to develop case examples of good practice across as wide a spectrum as possible including primary, secondary, college, mainstream, alternative provision, and covering different geographical areas, with a variety of demographics.

- Consultation with pupils from an inner London school and young advisors from Common Room about how schools could collect and make best use of information derived from instruments.

- Consultation with members of a wider project advisory group.

Authors

Jessica Deighton,
Evidence Based Practice Unit, UCL and Anna Freud National Centre for Children and Families

Suzet Tanya Lereya,
Evidence Based Practice Unit, UCL and Anna Freud National Centre for Children and Families

Emma Morgan,
Child Outcomes Research Consortium

Josefien Breedvelt,
Mental Health Foundation

Kate Martin,
Common Room

Amy Feltham,
Common Room

Danielle Antha,
Child Outcomes Research Consortium

Ann Hagel,
Association for Young People's Health

Peter Fonagy,
UCL and Anna Freud National Centre for Children and Families

Neil Humphrey,
University of Manchester

Kate Dalzell,
Child Outcomes Research Consortium

Miranda Wolpert,
Evidence Based Practice Unit, UCL and Anna Freud National centre for Children and Families

Claire Robson,
Public Health England

Project Advisory Group

Viv McCotter, Ade Alao and Catherine North,
Department for Education

Anne Spence and Mohini Morris,
Department of Health

Michelle Place and Steve Jones,
NHS England

Nina James,
Cabinet Office

Tammy Coles, Jacqui Reid-Blackwood, Jan Bond, Helen Duncan, Ashley Rogers, Maeve Hartwell and Wendy Nicholson, Public Health England

Samantha Ramanah,
Local Government Association

Lisa Crook,
Griffin Schools Trust and Riverley Primary School

Lindsey Morgan,
Mid Kent College

Steve Hickman,
Park High School

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