



Social, Emotional and Mental
Health Pathway and Provision
Guide
2021



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Introduction

Mental health affects all aspects of a child's development, including their cognitive abilities, their social skills and their emotional well-being. With good mental health, children are more likely to be able to do better in every way.

Statistics show that the prevalence of mental ill-health among children and young people is increasing. 12% of people aged 5-19 now have a diagnosable mental health condition (2018 survey commissioned by the NHS). Alongside this, we are also seeing difficulties with social and/or emotional well-being also becoming commonplace among our pupils.

Appropriate support and understanding is vital. 50% of mental health conditions are established by the age of 14. Therefore, early intervention is crucial. At Sunnybrow Primary School we are committed to ensuring that our pupils and staff have access to suitable and timely support that effectively meets their needs. We recognise that good emotional well-being and mental health has great importance and that children should be educated about this during their time in our school. We also aim to encourage open discussion about mental health across the school so that we can work towards challenging the stigma of mental ill-health.

This document sets out the SEMH (social, emotional and mental health) opportunities that are available at Sunnybrow Primary School. It also details a clear pathway for intervention and referrals so that all staff are clear on when action should be taken and what that action should be.

Vision Statement

Our vision statement:

At Sunnybrow Primary School, we aim to make sure that every child 'has the chance to shine'. We believe that every child should be supported to reach their full potential; to make progress and succeed and this is the driving force behind every policy we write, lesson that we teach and interaction we have with our children. In order to achieve this, we recognise the importance of emotional wellbeing. We understand that the wellbeing of our children is affected by the wellbeing of the adults they interact with, therefore it is essential that we help protect and promote the emotional health and wellbeing of each and every member of our school community.

We believe having a mentally healthy community is not about being happy all the time, but about working together through the challenges and sharing the celebrations; feeling supported, heard, accepted, valued and empowered.

What is our Why?

Why is Sunnybrow Community working towards the Wellbeing Award for Schools?

- We have a passion to make a difference.

- We are aiming to increase awareness of mental health and wellbeing, embedding a culture of resilience, acceptance and understanding.
- We are creating a shared vision of collective responsibility for mental health – one that enriches our own lives as well as those around us.
- Knowing that contributing helps the Sunnybrow community ensure all voices are felt heard, however it is expressed or communicated.
- Support and confidence on the journey with our mental health and wellbeing, to ensure it is accessible to all.
- To have a platform that keeps developing and refining tools of communication and accountability for our community's mental health and wellbeing.

What we believe Mental Health and Wellbeing looks like for our Sunnybrow School Community:

- Sunnybrow community is responsive and flexible to everybody's needs.
- There is no stigma surrounding mental health and wellbeing in our Sunnybrow Community. We actively acknowledge that 'it's okay to not be okay'.
- We feel safe and are able to express how we feel without feeling judged. We acknowledge that a 'voice' comes in many forms, not just spoken and we seek to understand each other.
- We are able to seek help and receive and use strategies when feeling and dealing with difficult emotions.
- We know there is a spectrum of emotions and mental health, and that this can change at different times and situations.
- We acknowledge that mental health and wellbeing is a shared experience: Sometimes we are the ones who need shelter and at other times we are the ones holding the umbrella.

Accountability Framework

Role	Responsibility	Reporting
Governing Body	To provide leadership, governance and management support.	Ofsted, parents and community
Link Governor	To champion, on behalf of the governing body, and to build links with the Change Team during the Award process.	Governing Body and Change Team
Headteacher	To provide strategic leadership, model positive behaviour and establish external links for the school.	Governing Body
Safeguarding Leads	To work with external agencies and raise concerns with First Contact where appropriate.	Safeguarding Leads
SLT	To support the work of the Change Team and to actively model and promote the culture and vision across the school. Ensure well-being is considered in the SIP. Report to stakeholders. Engage in and play their part in implementing the action plan and providing feedback.	Headteacher, Governing Body
Mental Health Leads	To identify resources and support to lead the Change Team and other school staff in implementation of the Award. Liaise with external agencies and services and be proactive in the development of the mental health and wellbeing support for all children, families and staff in school.	SLT, Headteacher
Change Team	To implement the Action Plan, provide feedback across the school and ensure evidence is available to complete the Award. To act as a reference point and provide leadership to children, staff and parents.	Headteacher, SLT, Link Governor
Office staff	To support the Change Team and the SLT in managing resources and budget implications. To assist in communication with families. To provide updates via the school newsletter.	Headteacher, Mental Health Leads, SLT, Change Team
Teachers	To engage with the Action Plan objectives, provide feedback and help to shape the implementation tasks. Keep up to date with developments of the Wellbeing Award.	Mental Health Leads, Change Team

Teaching Assistants	To engage with the Action Plan objectives, provide feedback and help to shape the implementation tasks.	Mental Health Leads, Change Team
Parents	To develop links with the school. Understand the importance of mental health and wellbeing. Champion the work of the school at home.	Teachers and Change Team
SENCO	To lead the Change Team. Ensure safeguarding, training and support systems are integrated within the action plan and implementation of the Award. Review policies that are relevant.	SLT, Change Team
Pastoral Support	Act as an expert resource for the school. Assist in the implementation of the Award. Works with families and children. Put early help in place. Provide feedback. Be a link between school and families	Headteacher, SLT, Change Team
Wellbeing Champions	To lead in the area they are championing. Undertake training where necessary. Be responsible for the continued support of children and staff in their champion area. Promote action plan objectives.	Mental Health Leads, Change Team
School Council	Gather the views of children in their classes and provide feedback on this. Work through the areas of development that the children noted that they want to improve in their initial evaluations.	Mental Health Leads, Change Team, SLT

Referral and Intervention Pathway

All pupils access our SEMH quality first teaching provision (see page 8)



Pupil presents with a social, emotional or mental health difficulty



Stage 1

- Teacher discussion with senior leader to determine a course of action
- Short note to be completed with parent or guardian
- Boxall profile or SDQ to be completed to determine strengths and needs
- Resilience plan in place
- If required, a behaviour plan to be established
- Update SIMS chronology
- Ensure any incidents are logged on CPOMS



Stage 2

- Pupil to be allocated an in-school intervention from our range of programmes on offer in school. This should be chosen based on analysis of the needs identified in the SDQ / Boxall profile.
- Seek advice from PSA if required. PSA support may be allocated
- Risk Assessment to be completed if required
- At the end of the intervention, re-do the Boxall profile or SDQ



Stage 3

- Referral to be made to EWEL, CAMHS, Educational Psychologist, Emotional Well-being Nurse or Counsellor.



Stage 4 (these actions may come sooner in the process or not be required at all)

- Pupil has an identified SEND
- Pupil added to the SEND register
- Support plan is in place
- Assess, plan, do, review cycle may lead to an application for an EHCP or Top-up funding

In-school provision

In-class basic provision

Worry box - Every class (apart from Class 1) has a worry box that is accessible for all pupils. This is an opportunity for them to write a note which explains any worries or concerns they may be experiencing. These boxes are checked by the class teacher who will then find some time to talk privately with the pupil to help them with their worries. It may be that a small discussion is all that's needed or further action may need to be taken depending on the nature of the worry. Rather than a worry box, Class 1 pupils will have regular check-ins with staff and will use the feelings board to help to share their worries.

Zones of Regulation - The Zones of regulation framework teaches pupils a set of skills which build towards an awareness of their feelings and utilises a range of tools and strategies for regulation, prosocial skills, self-care and overall wellness. This includes exploring tools and strategies for mindfulness, sensory integration, movement, thinking strategies, wellness and healthy connection with others. The Zones of regulation provides a common language and compassionate framework to support positive mental health and skill development for all, while serving as an inclusion strategy. Every week, each class will have a Zones of Regulation lesson. There is also a Zones of Regulation display in each classroom which allows children the opportunity to indicate which zone they feel they are in at the time. The teacher can then intervene to provide some support if needed.

Resilience plan – Resilience plans are implemented when children are identified as having a number of risk factors that may lead to them struggling with their mental health or emotional wellbeing. This is a very early intervention for lower level concerns. It is not an appropriate course of action for significant concerns though it may operate in conjunction with other interventions. The plan involves some time to talk with the class teacher or teaching assistant, daily check-ins with staff, ensuring the child has everything they need for the day, the option for time out in a quiet place, access to after school clubs, an SEMH intervention based on needs or access to the school counsellor if required.

Operation Encompass plan - A plan will be implemented to support a pupil who has been identified as being present during a domestic violence incident. When school receives an Operation Encompass notification from the police, the plan will be implemented that same day. The plan involves some time to talk with the class teacher or teaching assistant, daily check-ins with staff, ensuring the child has everything they need for the day, the option for time out in a quiet place, access to after school clubs, an SEMH intervention based on needs or access to the school counsellor if required.

Mindfulness - Every Friday afternoon, each class will have a mindfulness session. During this time, a wide range of mindfulness activities will be completed by the children. These sessions provide an opportunity for relaxing the mind and body and helping to reduce stresses.

Weekly PSHCE and RSE lessons – Our PSHCE and RSE curriculum has been written specifically with the needs of our children in mind. Every Friday, each class will have a PSHCE/RSE lesson using objectives from the curriculum plan. We felt it was vital that these subjects be covered thoroughly with a dedicated time slot to ensure they weren't missed out.

Lego Therapy

LEGO®-Based Therapy is a social development program that uses LEGO® activities to support the development of a wide range of social skills within a group setting.

LEGO®-Based Therapy was developed in the mid-1990s by US paediatric neuropsychologist Daniel LeGoff. LEGO®-Based Therapy has since been found to benefit children with a variety of communication and social developmental difficulties.

Playing with LEGO® in a therapy setting promotes social interaction, turn-taking skills, sharing, collaborative problem-solving and the learning of concepts. It can be used to target goals around social skills, language and motor skills. By using a commonly adored tool like LEGO® it capitalises on its existing motivation and supports self-esteem by allowing the participants to demonstrate their skills in a social situation. It also sets up a positive opportunity for guided social problem-solving to help develop social skills that can then be used in other situations.

Children with autism sometimes find it challenging to understand what is expected of them in a social situation, particularly within unstructured play activities. LEGO®-Based Therapy provides a highly structured environment where everyone plays a specific role within the group. This can help children with autism feel calm and relaxed as they are doing something that they enjoy and know precisely what to expect and what is expected of them.

The children work together in small groups to complete a building project. They will assume one of three roles, each of which has an important part to play and is a very defined role. The children will be either an engineer, a supplier or a builder.

1. First, choose someone to be the Engineer. This person will be the gatekeeper of the LEGO® project (the instruction booklet). The other members of the group are not allowed to see the project book. This means The Engineer will need to use their communication skills to describe the pieces needed and how to put them together.
2. The Engineer provides instructions to both the Supplier and the Builder.
3. The Engineer will describe the size, shape, colour, how many pieces, and how many bumps the LEGO® pieces need.
4. The Engineer will provide instructions for how to build the project. For example, the Engineer could say "Put the white piece in the middle of the blue roof" if you were building a house.
5. Second, choose someone to be the Supplier. This is a pivotal role in the world of construction.
6. The Supplier is responsible for ensuring that they have the correct pieces of LEGO for the Builder.
7. The Supplier can 'check-in' with the Engineer by showing them the LEGO piece and confirming it is correct.
8. If it is correct, they pass it to the Builder.
9. If it is incorrect, the Supplier can ask for more information from the Engineer.
10. Finally, choose someone to play the most coveted role in the project – the Builder.
11. The Builder is responsible for building the project.
12. The Builder listens to instructions provided by the Engineer for building.
13. The Builder must work with the Engineer to ensure what they are building is the same as what is in the project booklet.

Counselling

At school, we employ the services of the Road Centre for our counselling needs.

The Road Centre provides a professional counselling service in schools for children and young people.

With all age groups, but especially with children, our counsellors adopt creative approaches and use pictures, drawing, clay, sand, soft toys and various objects, to help them tell and explain their story. Children and young people can struggle to put their difficulties into words and what they are feeling can come out in changed behaviour patterns. Sometimes adults, not understanding such behaviour, can become critical and controlling.

The counsellors at The Road Centre adapt a very different approach and seek to understand the child or young person and work with them to increase their understanding and explore ways to move forward. This child-centred approach ensures that as we engage with their issues to generate understanding, solutions, coping techniques and management strategies the young person is able to freely express themselves. Often, outcomes focus on improving self-esteem, maximising resilience and encouraging a sense of personal autonomy.

Our school counsellors are all fully qualified, hold a current DBS check and adhere to the ethical framework of the British Association for Counselling and Psychotherapy (BACP).



Connecting with Children / Listening Matters

This is a nurturing, playful and non-judgemental approach to engaging with children and young people. It ensures that time is set aside each week for the child to engage in creative activities that support them in recognising and communicating their thoughts, feelings and behaviour. They are supported in developing a healthier sense of who they are. This all helps them to engage better in school and make the most of their opportunities.

In a session, the child will meet with a trained Listener for 45 minutes – 1 hour. Most children will be offered a block of 8 sessions. All sessions will take place during the school day and the trained Listener will be a member of school staff.

A questionnaire will be completed at the beginning of the block of sessions and again at the end so that we can monitor the effectiveness of the provision. It may also indicate that further support may be needed.

These sessions are confidential. Information will only be passed on if there are safeguarding concerns. A child who participates in these sessions is free to talk to their parents or carers about the session.

Nurture

Nurture group takes place on 3 afternoons per week and accommodates a group of 6 children. Nurture is an integral part of our school and has their own dedicated nurture building. These small, special classes can support children who display withdrawn, fearful, aggressive or disruptive behaviours. This provision can allow them to succeed in mainstream education. The children continue to have full access to the curriculum as children learn away from the classroom in a calm, welcoming environment that is based on their needs. Planning is prioritised to focus on the holistic development of our children and always ensures that emotional well-being is at the heart.

Therapeutic Story Writing

Therapeutic story writing uses story metaphor to address emotional issues that might be overwhelming for the child if addressed directly. It is particularly useful when supporting children whose emotional difficulties are getting in the way of their learning.

Story holds a magic for children, its symbolic language can seem to convey meaning more powerfully to a child and their own storytelling can engage their attention.

Children with emotional difficulties, who may find it hard to stay on task in the classroom, may find it easier to focus when storywriting. Therapeutic story writing is an opportunity to express their world through story metaphor and re-story their own emotional experiences.

Working in small groups, with a trained adult, the children will write small stories based on a prompt that is provided for them. The children can write their own stories which explore the feelings and emotions of the characters throughout the story scenario.

Referrals to outside agencies

There may be times when a pupil needs more support than we can offer in school and will need a referral to a professional. This may be offered immediately or it may follow an unsuccessful period of in-school intervention. This will be determined by the needs of the pupil and the severity of the difficulties they are facing.

CAMHS

CAMHS (Child and Adolescent Mental Health Services) work with children and young people on a wide range of mental health difficulties. Diagnosis, support and medication for conditions such as ADHD, ADD, ASD, anxiety and depression is available through this service. A referral to CAMHS would be made, with consent, if in-school strategies had not been successful in supporting the child. Or, if the child presented with persistent and significant difficulties. A referral form will be completed by the class teacher with support from senior leaders where required. The PSA may also complete a referral. Parents may also self-refer to CAMHS. Following a referral there may be some questionnaires that staff need to complete. The referral form can be found here:

https://search3.openobjects.com/mediamanager/durham/fsd/files/co_durham_and_darlington_camhs_referral_form.pdf

Educational Psychologist

The Educational Psychology Service offers a range of prevention, assessment and early intervention support to schools delivered by a dedicated team of Educational Psychology practitioners. This support aims to improve the wellbeing and learning of children and young people in schools through a range of activities which can be negotiated individually with schools and in partnership with families, including: School development strategies, Consultation and problem solving in relation to individual children and young people, Training, Psychological assessment of children and young people, Therapeutic interventions with children and young people Mentoring and coaching with school staff and Solution circles for staff. Consent for an Educational Psychologist referral must be obtained.

Dr. Janet Crawford, Principal Educational Psychologist Education Development Centre, Enterprise Way Spennymoor, DL16 6YP Tel. 03000 263 333 Email: janet.crawford@durham.gov.uk

EWEL

The EWEL team supports schools to improve the wellbeing, achievement and resilience of socially and emotionally vulnerable young people and to develop the capacity of schools to effectively meet the needs of all their learners. Support can be offered for individual children, small groups and whole school approaches and staff training.

They have specialists in the following fields: Supporting vulnerable children to develop positive learning behaviours and achieve their potential, Identifying the barriers to learning that can result in inconsistent progress and underachievement, Developing emotional health and psychological wellbeing, Understanding behaviour in context, Mental health and resilience, and the impact of this in a school environment, Therapeutic support and

interventions, including cognitive behavioural approaches, Nurture provision and intervention. Consent for a EWEL referral must be obtained.

Peter Mulholland Tel: 03000 263 324 Email: peter.mulholland@durham.gov.uk

Occupational Therapy

OT works with children and young people from birth up to 19 years of age who have difficulties or a disability which affects their ability to carry out everyday tasks. Occupational Therapists (OTs) help children and young people to carry out the things they need or want to do in areas of self-care, school work and play. If a child or young person has learning, sensory or physical difficulties, their ability to grow, learn, socialise and play can be affected. Referrals can be made by parents and school staff. The referral form can be found here:

<https://www.cddft.nhs.uk/our-services/community-services/children's-services/children's-occupational-therapy/referring-to-occupational-therapy.aspx>

OT email address

cdda-tr.childrensoccupationaltherapy@nhs.net

Emotional Health and Resilience Team

The Emotional Health and Resilience Team nurses in County Durham provides care for young people aged 5-19 years regarding emotional health and well-being. This includes advice and guidance, targeted group work, rolling programmes and staff training. Sessions can be delivered in a one-to-one capacity or in groups depending on the needs of the child/ren. Consent from a parent or guardian must be obtained before a referral is made. Referrals can be made by telephone or email.

Hdft.0-25ehrt@nhs.net

03000 263 53

Counsellor

A referral to the counsellor may be offered if a child has suffered a traumatic event or there has been a traumatic event in the family. There may have been no previous SEMH difficulties or diagnosis which would require long term attention or medication. Referrals to the counsellor can only be made with the consent of a parent or guardian. A referral form should be completed by the class teacher with support from senior leaders where required. A parent or guardian must also sign a consent form. Referral forms and consent forms are available from S Binks.

Support for staff

Supporting staff with their emotional well-being and mental health is important. Mental health and emotional well-being will be discussed during any appraisal reviews. It will also be a frequent topic of discussion during staff meeting sessions. We also hope that, by having a whole school ethos that centres on the importance of good mental health, staff will feel comfortable and confident in speaking to senior leaders in school about any difficulties they may be facing. Senior leaders will always be willing to work with and support staff to the best of their ability. They will also make any referrals that staff would benefit from, with their consent. The mental well-being policy can be found on Sharepoint.

Health Assured

Durham County Council offer free support for all staff members via their Health Assured package. Health Assured's support is designed to help you achieve a healthy work/life balance, with support available online, via an app and over the telephone. Expert advice and compassionate guidance is available to staff and their immediate family members* 24 hours a day, seven days a week, 365 days a year, covering a wide range of issues. You can speak about a range of personal or work related issues.

CBT Online Self-help tools can be valuable in dealing with a range of issues, which is why Health Assured have a range of CBT self-help modules, informative factsheets and invaluable advice videos from leading qualified counsellors.

Telephone – Contact Health Assured on 0800 716 017

Online Wellbeing Portal – Wellbeing resources are available at your fingertips at <https://healthassuredeap.co.uk/> The portal has been designed to quickly inform and assist with a number of common issues ranging from stress to diet. This includes helpful fitness and wellbeing advice, four week self-help programmes, mini health checks and more. To gain access to the portal you'll need to login using the following details:

Username: durham

Password: council

Mobile app – The free Health Assured app offers access to holistic health and wellbeing support at the tap of a finger, anywhere and anytime. Download Health-e-Hub from the Apple or Android app store.

Managers can make a referral to Health Assured on behalf of an employee with their permission. Guidance notes are available in the Extranet document library.

Occupational Health

The Council's Occupational Health Service (OHS) is based at County Hall and is staffed by professionally trained nurses, nurse practitioners and physicians supported by administration.

They provide an independent advisory service that offers employees and manager's advice and guidance on matters relating to the effects of health on work and work on health. Our aim is to contribute to a healthy workplace and workforce by working collaboratively with employers, employees and other relevant parties.

Telephone: 03000268999

Email: occhealthadmin@durham.gov.uk

Supporting Staff Emotional Wellbeing and Mental Health at Sunnybrow Primary School

We actively believe that in order to have happy and healthy children in school, we need to have happy and health staff too! Good staff wellbeing can improve performance and job satisfaction, which in turn can lead to reduced staff turnover, increased productivity and higher levels of staff engagement.

At Sunnybrow Primary school, we have a long-term Continuous Professional Development Plan in place, to ensure that staff are able to extend, revisit and consolidate their knowledge, skills and understanding around emotional wellbeing and mental health each year. Here is an example of the plan for 2021-2022:

There are also a number of policies in place, written by Durham Local Authorities' HR team, to ensure that staff mental health and emotional wellbeing are a top priority. The staff 'Mental Wellbeing Policy' and the 'Stress Management Policy, Procedure and Toolkit for School' are included in the appendices of this document and can also be found on the Extranet.

During every supervision meeting (such as Pupil Progress meetings or staff appraisals), there is a discussion between the supervisor and colleague about emotional wellbeing and mental health. We recognise that this discussion can be quite challenging for some staff, and so we also have our Parent Support Advisor (and trained Counsellor) Julie Bray, who is always available to support staff away from the immediate work place. As a small school, with experienced and skilled staff, the leadership team make it part of their role to ensure that every member of staff has someone they trust and can talk to in school, thus ensuring that there is a solid system of support throughout the working environment.

Staff rewards

We have a number of reward systems in place in school to support staff emotional wellbeing and mental health. Every member of staff gets half a day off school for their birthday. If their birthday falls in the holidays or at a weekend, then they can choose a day in the weeks before or immediately after their birthday. We have a treat morning once every half-term, where the staff room is filled with something tasty at first break. Finally, we run 'You've been mugged' throughout school staff. Every member of staff has picked a person's name out of the hat and throughout the course of the year, they will fill a mug with treats for this person as a random surprise. These reward systems will be altered as time progresses to include other new, fun ideas.

Monitoring and evaluation of the effectiveness of SEMH provision

At the beginning of any in-school intervention, a Boxall Profile or an SDQ will be completed. This will be repeated at the end of the intervention period so that we can determine the effectiveness of the intervention in meeting the needs of the child. This may also indicate whether or not any additional interventions or referrals would be appropriate. By doing this, it will ensure that there is a clear set of outcomes for measuring the impact of the strategy.

The Wellbeing Action Plan will be monitored every half term by the senior leadership team. Progress towards actions will be evaluated and the findings will be shared with all staff.

Each term, there will be a pupil voice activity carried out and questionnaires will be provided for staff and parents to complete. The results will be analysed and feedback acted upon. This will enable us to judge the extent to which the whole school community feels comfortable talking about and taking responsibility for emotional wellbeing and mental health.

Feedback will be gathered from all staff members regarding the quality of support that is in place for their emotional wellbeing and mental health. Any actions that emerge from this evaluation will be acted upon.

Feedback will also be gathered from staff regarding their knowledge and skills to be able to promote emotional wellbeing within their classrooms. Any identified training needs will be addressed.

The school will seek feedback from external agencies / partners regarding any joint working that has taken place in relation to emotional wellbeing and mental health. Appropriate follow up action will be taken where necessary.

Appendices

Appendix A – Boxall Profile

Appendix B – SDQ teacher questionnaire

Appendix C – SDQ parent questionnaire

Appendix D – SDQ scoring

Appendix E – Risk factor grid

Appendix F – Mental Health questionnaire for staff

Appendix G – Mental Health and Emotional Support for Adults in County Durham

Appendix H - Mental Health and Emotional Support for Children, Young People and Families in County Durham

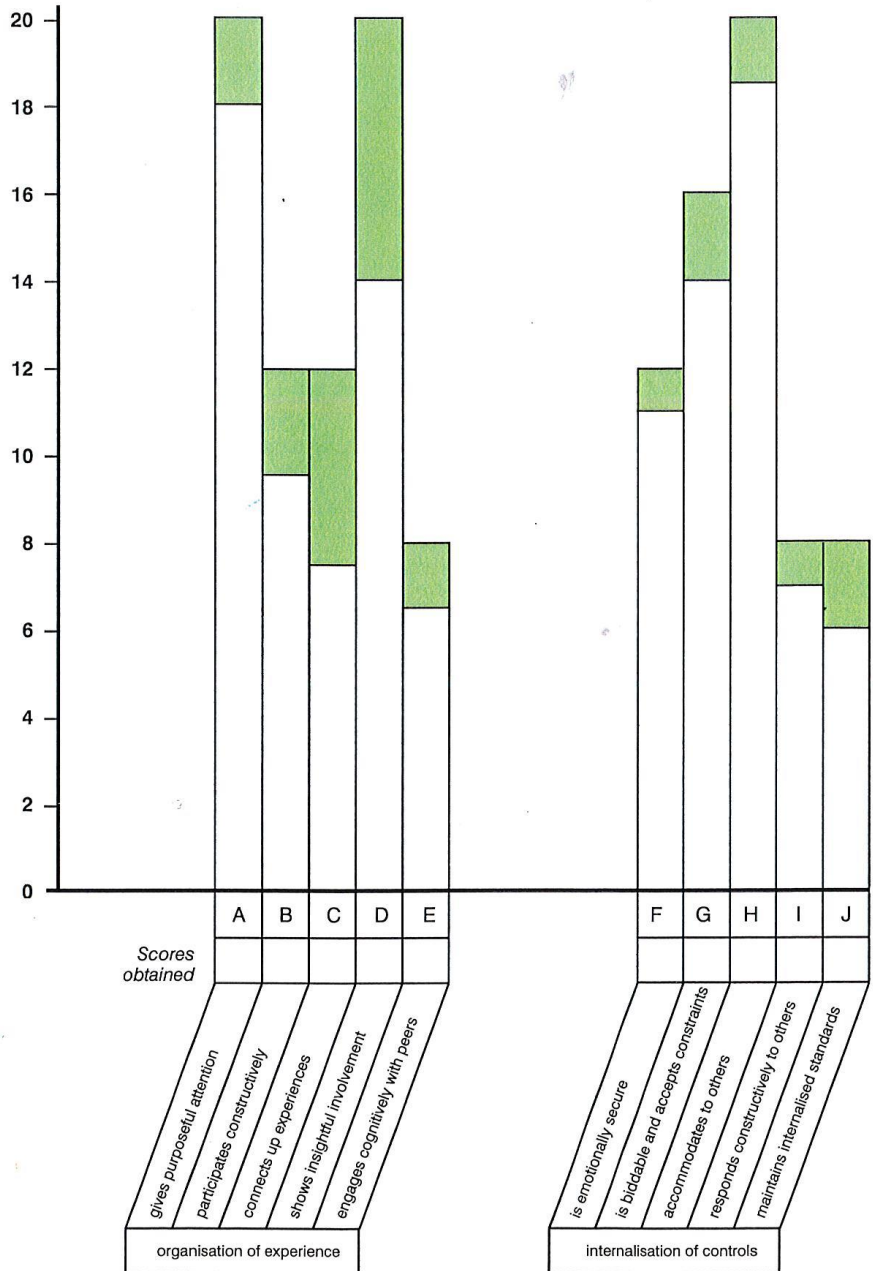
Appendix I - Mental Health and Emotional Support for School and Education Setting Staff in County Durham

Appendix A

Section I DEVELOPMENTAL STRANDS

The scores for the items in Section I are entered in the histogram below in the column indicated by the relevant letter (A, B etc... J). The outline is irregular because the number of items varies from column to column.

The shaded green areas indicate the range of average scores in a sample of competently functioning children in five age groups from 3 years 4 months to 8 years.



Section I DEVELOPMENTAL STRANDS

Enter scores for Section I items in the appropriate column of Section I histogram

Score each item in turn according to the Key below

- 4 Yes, or usually
- 3 At times
- 2 To some extent
- 1 Not really, or virtually never
- 0 Does not arise, not relevant.

(Refer to page 9, 2nd bullet point, of Handbook for discussion).

		Score	column
1	Listens with interest when the teacher explains something to the class		A
2	Takes appropriate care of something s/he has made or work s/he has done <i>investment of feeling in his/her achievement is implied, and self esteem</i>		F
3	Appreciates a joke or is amused by an incongruous statement or situation <i>disregard lack of appreciation of a joke which is at his/her expense</i> <i>disregard amusement that is clearly inappropriate</i>		D
4	Begins to clear up or bring to a close an enjoyable work or play activity when the teacher, with adequate warning, makes a general request to the group <i>score 2 if a personal and specific request is needed</i>		G
5	Makes and accepts normal physical contact with others <i>e.g. when holding hands in a game</i>		H
6	Makes appropriate and purposeful use of the materials/equipment/toys provided by the teacher without the need for continuing direct support <i>disregard repetitive activity which does not progress</i>		A
7	Maintains acceptable behaviour and functions adequately when the routine of the day is disturbed <i>e.g. when there are visitors in his/her class, or the class is taken by a teacher s/he does not know well</i>		H
8	Makes an appropriate verbal request to another child who is in his/her way or has something s/he needs <i>disregard situations of provocation</i>		H
9	Complies with specific verbal prohibitions on his/her personal use of classroom equipment <i>score 2 if s/he complies but often protests or sulks</i>		G
10	Abides by the rules of an organised group game in the playground or school hall <i>interacts and co-operates and continues to take part for the duration of the game</i>		J
11	Accommodates to other children when they show friendly and constructive interest in joining his/her play or game		H
12	Listens, attends and does what is required when the teacher addresses a simple positive request specifically to him/her <i>e.g. to get out his/her work book</i>		A
13	Works or plays alongside a child who is independently occupied, without interfering or causing disturbance		G
14	Shows awareness of happenings in the natural world, is interested and curious, and genuinely seeks explanations		B
15	Of his/her own accord returns to and completes a satisfying activity that has been interrupted <i>e.g. s/he finishes a painting or carries on with a written story later in the day or the following day</i>		C
16	Is adequately competent and self-reliant in managing his/her basic personal needs <i>i.e. clothes, toilet, food</i>		A

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17	In freely developing activities involving other children s/he constructively adapts to their ideas and suggestions	I
18	Turns to his/her teacher for help, reassurance or acknowledgement, in the expectation that support will be forthcoming <i>disregard occasional normal negativism</i>	F
19	Accepts disappointments <i>e.g. if an outing is cancelled because it is raining, or s/he is not chosen for favourite activity s/he does no more than complain or briefly moan</i>	J
20	Takes part in a teacher centred group activity <i>e.g. number or language work, or finger games score 2 if s/he does no more than try to follow</i>	A
21	Shows genuine interest in another child's activity or news; looks or listens and gains from experience <i>does not intrude unduly; does not take over</i>	B
22	Shows genuine concern and thoughtfulness for other people; is sympathetic and offers help	I
23	Recalls information of relevance to something s/he reads or hears about and makes a constructive link	C
24	Makes constructive and reciprocal friendships which provide companionship <i>score 3 if the friendship is with one child only score 2 if no friendship lasts longer than a week score 1 if the association is fleeting, albeit constructive and reciprocal</i>	D
25	Contributes actively to the course of co-operative and developing play with two or more other children and shows some variation in the roles s/he takes <i>e.g. in the Play House, other free play activities, or improvised class drama</i>	E
26	Is reasonably well organised in assembling the materials s/he needs and in clearing away <i>reminders only are needed</i>	B
27	Communicates a simple train of thought with coherence <i>e.g. when telling or writing a story or describing an event</i>	C
28	Responds to stories about animals and people with appropriate feeling; appropriately identifies the characters as good, bad, funny, kind etc. <i>disregard response to nursery rhymes or fairy stories</i>	D
29	Makes pertinent observations about the relationship between two other people; appropriately attributes attitudes and motives to them	D
30	Engages in conversation with another child <i>an interchange of information, ideas or opinions is implied</i>	E
31	Looks up and makes eye contact when the teacher is nearby and addresses him/her by name <i>i.e. heeds the teacher; does not necessarily pay attention</i>	F
32	Sits reasonably still without talking or causing disturbance when the teacher makes a general request to all the children for their attention	G
33	Gives way to another child's legitimate need for the classroom equipment s/he is using by sharing it with him/her, or taking turns <i>no more than a reminder is needed</i>	H
34	Shows curiosity and constructive interest when something out of the ordinary happens <i>is secure enough to accept a change or the introduction of something new, is alert to the possibilities of the event and gains from it</i>	D

Any additional comments to amend or extend the information provided by the Profile?

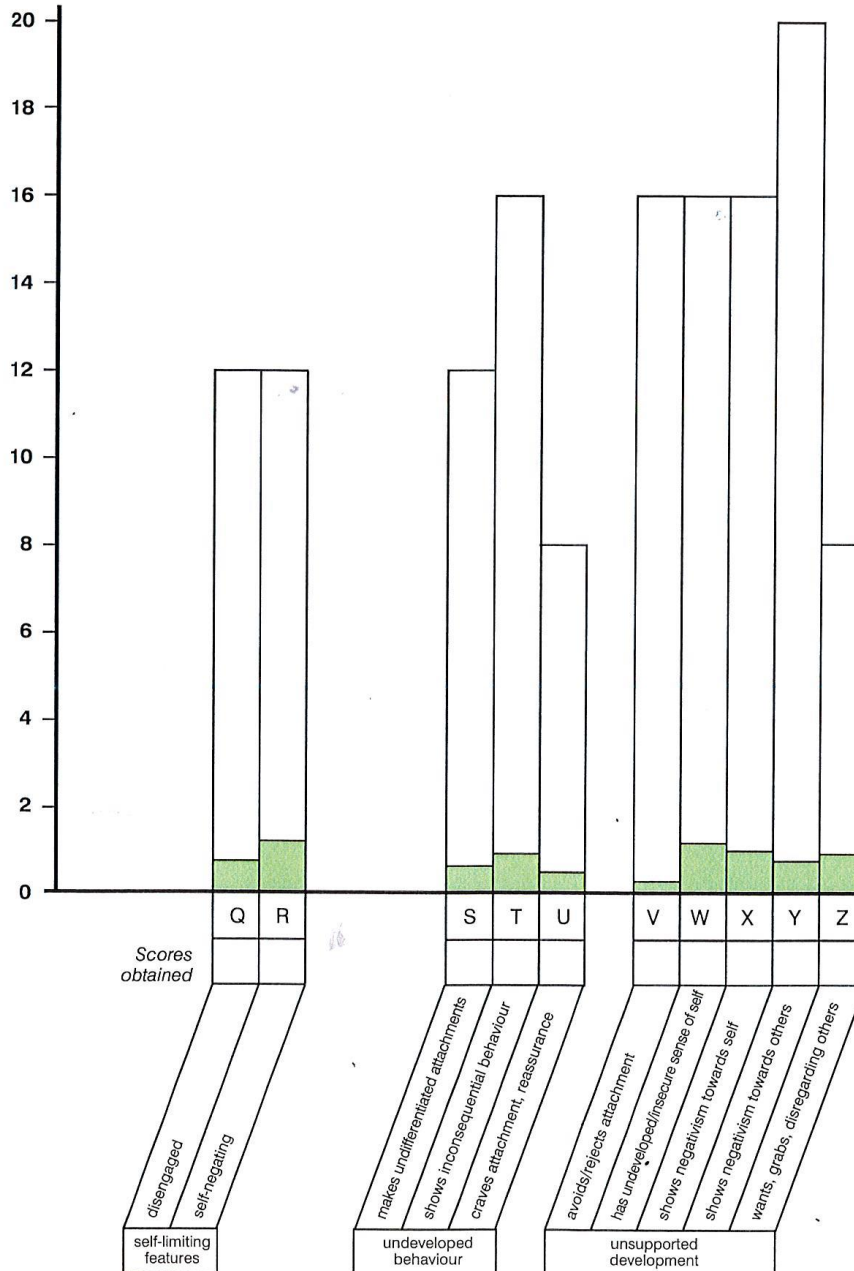
I SECTION I SECTION I SECTION I SECTION I SECTION I SECTION I SECTION

Section II

DIAGNOSTIC PROFILE

The scores for the items in Section II are entered in the histogram below in the column indicated by the relevant letter (Q, R etc... Z). The outline is irregular because the number of items varies from column to column.

The shaded green areas indicate the range of average scores in a sample of competently functioning children in five age groups from 3 years 4 months to 8 years.



S **B** N II SECTION II SECTION II SECTION II SECTION II SECTION II SECTION II SECTION II

Section II

DIAGNOSTIC PROFILE

Enter scores for Section II items in the appropriate column of Section II histogram

Score each item in turn according to the Key below

4 Like this to a marked extent

3 Like this at times

2 Like this to some extent

1 Only slightly or occasionally like this

0 Not like this

(If behaviour may exist but has not been observed leave Score blank.

Refer to page 9, 2nd bullet point, of Handbook for discussion).

		Score	column
1	Abnormal eye contact and gaze		V
2	Avoids, rejects or becomes upset when faced with a new and unfamiliar task, or a difficult or competitive situation		R
3	Variable in mood; sometimes seeks and responds to affectionate contact with the adult, at other times rejects or avoids		W
4	Oblivious of people and events; doesn't relate; is 'out of contact and can't be reached'		Q
5	Uncontrolled and unpredictable emotional outburst or eruptions that release and relieve pent-up and endured anger or distress		X
6	Inappropriate noises or remarks, or patterns of behaviour, that are bizarre fragments of no obvious relevance		T
7	Erupts into temper, rage or violence when thwarted, frustrated, criticised or touched; the 'trigger' is immediate and specific		Y
8	Relates and responds to the adult as a baby would; enjoys baby-level pleasures; may happily babble and coo, call out or crawl about, or mirror the others		S
9	Always has to be first, or the best, or have the most attention or get immediate attention		Z
10	Adopts stratagems to gain and maintain close physical contact with the adult		U
11	Lacks trust in the adults' intentions and is wary of what they might do; avoids contact, and readily shows fear		V
12	Self-conscious and easily rebuffed, and hypersensitive to disapproval or the regard in which s/he is held by others		R
13	Contrary in behaviour; sometimes helpful, co-operative and compliant, at other times stubborn, obstinate and resistive, or unheeding		W
14	Repetitively pursues a limited work or play activity which does not progress		Q
15	Spoils, destroys, or otherwise negates the achievement or success s/he has worked for and values		X
16	Gives uninhibited expression to boisterous and noisy behaviour; is not influenced by normal social constraints and expectations		T
17	Reacts defensively even when there is no real threat; is evasive, blames others, finds excuses or denies		Y
18	Over-reacts to affection, attention or praise; gets very excited and may become out of control		S
19	Desperately craves affection, approval and reassurance, but doubts and questions the regard shown; seeks it repeatedly but remains insecure		U

SECTION II SECTION II SECTION II SECTION II SECTION II SECTION II SECTION II SECTION II

20	Can't wait for his/her turn or something s/he wants; plunges in or grabs	Z
21	Functions and relates to others minimally, and resists or erupts when attempts are made to engage him/her further	V
22	Self-disparaging and self-demeaning	R
23	Attention-seeking in a bid for recognition or admiration	W
24	Disparaging attitude to other children; Is critical and contemptuous	Y
25	Listless and aimless; lacks motivation and functions only with direct and continuing support or pressure	Q
26	Sulks when disapproval is shown, or when attention is withdrawn, or when thwarted	X
27	'Is into everything'; shows fleeting interest, but doesn't attend to anything for long	T
28	Remembers a real or imagined offence, bears a grudge and determinedly takes his/her revenge	Y
29	Clings tenaciously to inconsequential objects and resists having them taken away	S
30	Sullen, resentful, and negative in general attitude and mood	V
31	Can't tolerate even a slight imperfection in his/her work and is upset or angry if s/he can't put it right	W
32	Feels persecuted; imagines that others are against him/her, and complains of being 'got at' and left out	X
33	Restless and erratic; behaviour is without purposeful sequence, continuity and direction	T
34	Determinedly dominates or persecutes by bullying, intimidation, or the use of force	Y

Any additional comments to amend or extend the information provided by the Profile?



SECTION II SECTION II SECTION II SECTION II SECTION II SECTION II SECTION II SECTION II

Appendix B

Strengths and Difficulties Questionnaire

T⁴⁻¹⁷

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems dull! Please give your answers on the basis of the child's behaviour over the last six months or this school year.

Child's Name

Male/Female

Date of Birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

Overall, do you think that this child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes-minor difficulties	Yes-definite difficulties	Yes-severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

• How long have these difficulties been present?

Less than a month	1-3 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Do the difficulties upset or distress the child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Do the difficulties interfere with the child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
PEER RELATIONSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Do the difficulties put a burden on you or the class as a whole?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Class Teacher/Form Tutor/Head of Year/Other (please specify:)

Thank you very much for your help

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Appendix C

Strengths and Difficulties Questionnaire

P 4-17

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems dull! Please give your answers on the basis of the child's behaviour over the last six months.

Child's Name

Male/Female

Date of Birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

• How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Do the difficulties upset or distress your child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Do the difficulties put a burden on you or the family as a whole?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Mother/Father/Other (please specify):

Thank you very much for your help

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Appendix D

20 June 2016

1

Scoring the Strengths & Difficulties Questionnaire for age 4-17 or 18+

The 25 items in the SDQ comprise 5 scales of 5 items each. It is usually easiest to score all 5 scales first before working out the total difficulties score. 'Somewhat True' is always scored as 1, but the scoring of 'Not True' and 'Certainly True' varies with the item, as shown below scale by scale. For each of the 5 scales the score can range from 0 to 10 if all items were completed. These scores can be scaled up pro-rata if at least 3 items were completed, e.g. a score of 4 based on 3 completed items can be scaled up to a score of 7 (6.67 rounded up) for 5 items.

Note that the items listed below are for 4-17-year-olds, but the scoring instructions are identical for the similarly-worded '18+' SDQ

Table 1: Scoring symptom scores on the SDQ for 4-17 year olds

	Not True	Somewhat True	Certainly True
Emotional problems scale			
ITEM 3: Often complains of headaches... (I get a lot of headaches...)	0	1	2
ITEM 8: Many worries... (I worry a lot)	0	1	2
ITEM 13: Often unhappy, downhearted... (I am often unhappy...)	0	1	2
ITEM 16: Nervous or clingy in new situations... (I am nervous in new situations...)	0	1	2
ITEM 24: Many fears, easily scared (I have many fears...)	0	1	2
Conduct problems Scale			
ITEM 5: Often has temper tantrums or hot tempers (I get very angry)	0	1	2
ITEM 7: Generally obedient... (I usually do as I am told)	2	1	0
ITEM 12: Often fights with other children... (I fight a lot)	0	1	2
ITEM 18: Often lies or cheats (I am often accused of lying or cheating)	0	1	2
ITEM 22: Steals from home, school or elsewhere (I take things that are not mine)	0	1	2
Hyperactivity scale			
ITEM 2: Restless, overactive... (I am restless...)	0	1	2
ITEM 10: Constantly fidgeting or squirming (I am constantly fidgeting...)	0	1	2
ITEM 15: Easily distracted, concentration wanders (I am easily distracted)	0	1	2
ITEM 21: Thinks things out before acting (I think before I do things)	2	1	0
ITEM 25: Sees tasks through to the end... (I finish the work I am doing)	2	1	0
Peer problems scale			
ITEM 6: Rather solitary, tends to play alone (I am usually on my own)	0	1	2
ITEM 11: Has at least one good friend (I have one good friend or more)	2	1	0
ITEM 14: Generally liked by other children (Other people my age generally like me)	2	1	0
ITEM 19: Picked on or bullied by other children... (Other children or young people pick on me)	0	1	2
ITEM 23: Gets on better with adults than with other children (I get on better with adults than with people my age)	0	1	2
Prosocial scale			
ITEM 1: Considerate of other people's feelings (I try to be nice to other people)	0	1	2
ITEM 4: Shares readily with other children... (I usually share with others)	0	1	2
ITEM 9: Helpful if someone is hurt... (I am helpful if someone is hurt...)	0	1	2
ITEM 17: Kind to younger children (I am kind to younger children)	0	1	2
ITEM 20: Often volunteers to help others... (I often volunteer to help others)	0	1	2

Total difficulties score: This is generated by summing scores from all the scales except the prosocial scale. The resultant score ranges from 0 to 40, and is counted as missing if one of the 4 component scores is missing.

'Externalising' and 'Internalising' scores: The externalising score ranges from 0 to 20 and is the sum of the conduct and hyperactivity scales. The internalising score ranges from 0 to 20 and is the sum of the emotional and peer problems scales. Using these two amalgamated scales may be preferable to using the four separate scales in community samples, whereas using the four separate scales may add more value in high-risk samples (see Goodman & Goodman, 2009 *Strengths and difficulties questionnaire as a dimensional measure of child mental health. J Am Acad Child Adolesc Psychiatry* 48(4), 400-403).

Generating Impact scores

When using a version of the SDQ that includes an 'impact supplement', the items on overall distress and impairment can be summed to generate an impact score that ranges from 0 to 10 for parent- and self-report, and from 0 to 6 for teacher-report.

Table 2: Scoring the SDQ Impact supplement

	Not at all	Only a little	A medium amount	A great deal
Parent report:				
Difficulties upset or distress child	0	0	1	2
Interfere with HOME LIFE	0	0	1	2
Interfere with FRIENDSHIPS	0	0	1	2
Interfere with CLASSROOM LEARNING	0	0	1	2
Interfere with LEISURE ACTIVITIES	0	0	1	2
Teacher report:				
Difficulties upset or distress child	0	0	1	2
Interfere with PEER RELATIONS	0	0	1	2
Interfere with CLASSROOM LEARNING	0	0	1	2
Self-report report:				
Difficulties upset or distress child	0	0	1	2
Interfere with HOME LIFE	0	0	1	2
Interfere with FRIENDSHIPS	0	0	1	2
Interfere with CLASSROOM LEARNING	0	0	1	2
Interfere with LEISURE ACTIVITIES	0	0	1	2

Responses to the questions on chronicity and burden to others are not included in the impact score. When respondents have answered 'no' to the first question on the impact supplement (i.e. when they do not perceive themselves as having any emotional or behavioural difficulties), they are not asked to complete the questions on resultant distress or impairment; the impact score is automatically scored zero in these circumstances.

Cut-points for SDQ scores for age 4-17: original 3-band solution & newer 4-band solution

Although SDQ scores can be used as continuous variables, it is sometimes convenient to categorise scores. The initial bandings presented for the SDQ scores were 'normal', 'borderline' and 'abnormal'. These bandings were defined based on a population-based UK survey, attempting to choose cutpoints such that 80% of children scored 'normal', 10% 'borderline' and 10% 'abnormal'.

More recently a four-fold classification has been created based on an even larger UK community sample. This four-fold classification differs from the original in that it (1) divided the top 'abnormal' category into two groups, each containing around 5% of the population, (2) renamed the four categories (80% 'close to average', 10% 'slightly raised', 5% 'high' and 5% 'very high' for all scales except prosocial, which is 80% 'close to average', 10% 'slightly lowered', 5% 'low' and 5% 'very low'), and (3) changed the cut-points for some scales, to better reflect the proportion of children in each category in the larger dataset.

Note that these cut points have not been validated for use with the 18+ SDQ, so we suggest that it is safest to use continuous scores rather than categories for this measure

Table 3: Categorising SDQ scores for 4-17 year olds (not validated for 18+)

	Original 3-band categorisation			Newer 4-band categorisation			
	Normal	Borderline	Abnormal	Close to average	Slightly raised (/slightly lowered)	High (/Low)	Very high (very low)
Parent completed SDQ							
Total difficulties score	0-13	14-16	17-40	0-13	14-16	17-19	20-40
Emotional problems score	0-3	4	5-10	0-3	4	5-6	7-10
Conduct problems score	0-2	3	4-10	0-2	3	4-5	6-10
Hyperactivity score	0-5	6	7-10	0-5	6-7	8	9-10
Peer problems score	0-2	3	4-10	0-2	3	4	5-10
Prosocial score	6-10	5	0-4	8-10	7	6	0-5
Impact score	0	1	2-10	0	1	2	3-10
Teacher completed SDQ							
Total difficulties score	0-11	12-15	16-40	0-11	12-15	16-18	19-40
Emotional problems score	0-4	5	6-10	0-3	4	5	6-10
Conduct problems score	0-2	3	4-10	0-2	3	4	5-10
Hyperactivity score	0-5	6	7-10	0-5	6-7	8	9-10
Peer problems score	0-3	4	5-10	0-2	3-4	5	6-10
Prosocial score	6-10	5	0-4	6-10	5	4	0-3
Impact score	0	1	2-6	0	1	2	3-6
Self-completed SDQ							
Total difficulties score	0-15	16-19	20-40	0-14	15-17	18-19	20-40
Emotional problems score	0-5	6	7-10	0-4	5	6	7-10
Conduct problems score	0-3	4	5-10	0-3	4	5	6-10
Hyperactivity score	0-5	6	7-10	0-5	6	7	8-10
Peer problems score	0-3	4-5	6-10	0-2	3	4	5-10
Prosocial score	6-10	5	0-4	7-10	6	5	0-4
Impact score	0	1	2-10	0	1	2	3-10

Note that both these systems only provide a rough-and-ready way of screening for disorders; combining information from SDQ symptom and Impact scores from multiple informants is better, but still far from perfect.

Appendix E

Area of concern	Tick for yes	Details
Attendance Frequent school changes, exclusions, absence patterns, persistent absentee		
LAC / PLAC		
Medical Birth complications, foetal brain damage, poor physical health, diagnosed medical condition		
Behaviour Poor social skills, lack of parental supervision/boundaries, behaviour support services		
SEND		
Emotional Lack of parental warmth/affection, low self-esteem, poor attachments, bereavement		
Young Carer		
CAMHS		
Police Involvement ASBO, Youth offending service, parental criminality		
Housing Concerns Homelessness, temporary accommodation, poor housing conditions, community issues		
Parental Concerns Mental Health, substance misuse, domestic violence		
Social Services CP, CIN, TAF, First Contact referrals		

Discrimination		
-----------------------	--	--

Racial, gender, homophobic, cultural		
--------------------------------------	--	--

Appendix F

Mental Wellbeing Questionnaire

Please read the following statements and identify those which you feel are having a significant impact on your mental wellbeing, effectiveness or attendance at work. It would also be useful if you could provide further details or examples of the issues that you have indicated as being a major concern in the box provided.

Once you have completed the form, please return it to your Headteacher or line manager, who will arrange a meeting to discuss your responses and formulate an action plan to address the issues raised. If you would prefer your responses to be considered by somebody other than your manager, please raise this with them, your trade union representative or a member of the HR Advice and Support Team.

Employee name		School	
Job title		Headteacher or line manager	

	Possible stressors	Major concern	Examples
Demands	Different people at work demand things from me that are hard to combine		
	I have unachievable deadlines		
	I have to work very intensively		
	I have to neglect some tasks because I have too much to do		
	I am unable to take sufficient breaks		
	I feel pressured to work long hours		
	I feel I have to work very fast		
	I am under unrealistic time pressures		
Control	I am not able to decide when to take a break		
	I don't have a say in the speed I have to undertake work		
	I am unable to decide how I do my work		
	I do not have a say in what work I do		
	I am unable to choose the way in which I do my work		
	My work time is not flexible		
Support	I am not given enough supportive feedback on my work		

	I cannot rely on my manager to help me with a work problem		
	I cannot talk to my manager when something upsets or annoys me at work		
	My manager does not support me through emotionally demanding work		
	My manager does not encourage me at work		
Support (Peers)	If work gets difficult my colleagues do not help me		
	I do not get the help and support I need from colleagues		
	I do not receive the respect at work I deserve from colleagues		
	My colleagues are not willing to listen to my work-related problems		
Relationships	I am subject to personal harassment in the form of unkind words or behaviours		
	There is friction or anger between colleagues		
	I am subject to bullying at work		
	Relationships at work are strained		
Role	I am not clear what is expected of me at work		
	I do not know how to go about getting my job done		
	I am not clear what my duties and responsibilities are		
	I am not clear about the goals and objectives of the school		
	I do not understand how my work fits into the overall aims of the school		
Change	I do not have sufficient opportunities to question managers about change at work		
	Staff are not always consulted about changes at work		
	When changes are made at work, I am not clear how they will work in practice		

Is there anything else happening at work or home that may have made it harder to cope with demands at work?

--

Signed (Employee)		Date		Date received by Headteacher or line manager	
--------------------------	--	-------------	--	---	--

Appendix G



Mental Health & Emotional Support

for **Adults** in County Durham

This is a **great starting point** to help you **access support**

Advice and Self Help

NHS | www.nhs.uk

Stressed, anxious or depressed? Or just want to feel happier your NHS is here to help

NHS Every Mind Matters | www.nhs.uk/oneyou/every-mind-matters

Find expert advice and practical tips to help you look after your mental health and wellbeing

The Recovery College Online | www.recoverycollegeonline.co.uk

Providing a range of online courses and resources

Mind | www.mind.org.uk

Resources from Mind can help find what's right for you and your family

Rethink Mental Illness | www.rethink.org

Offer online support and some local groups

Helplines and Webchats

Shout | www.giveusashout.org

Anxious? Worried? Stressed? Get 24/7 help from our team of Crisis Volunteers. Text 85258

Samaritans | 116 123 | www.samaritans.org

The Samaritans are there to listen. 24 hours a day 365 days a year

SANE | 07984 967 708 | www.sane.org.uk

Sane and the SANEline offers one-to-one support for those times you feel you need it most

Calm: Campaign against living miserably | 0800 58 58 58

Access the helpline to talk and find support. 5pm-Midnight 365 days a year

www.thecalmzone.net

TEWV Crisis line | 0800 0516 171 | www.tewv.nhs.uk

24 hour service for young people experiencing a mental health crisis

Remember **GPs** are **available to help**.

You are **not alone**, we can get through this **together**.

Connecting to Local Services

Wellbeing for life | www.wellbeingforlife.net | 0800 876 6887

Helping you find what's around you and how to make the most of it. Call free for expert advice

ManHealth | 01388 320023 | www.manhealth.org.uk

Offering advice, peer workshops and a place to talk

Talking Changes | 0191 333 3300 | www.talkingchanges.org.uk

A self-help, counselling and talking therapies service designed to help anyone with common mental health problems

Time to Change Hub | www.time-to-change.org.uk

A local social movement aiming to change the way people think and act about mental health

Durham Locate | www.durhamlocate.org.uk

Durham County Council | www.durham.gov.uk

Helping you find support locally

Accessing Specialist Services

NHS | 111 | www.nhs.uk/service-search/mental-health

Answer questions about your mental health and find your support locally

County Durham Together Hub | 03000 260 260 | www.durham.gov.uk

Help when self-isolating/how to volunteer

Community Floating Support Teams | 03000 269 071

Offering services for people with mental health issues who do not have a social worker or care coordinator to access support

www.durham.gov.uk/cfs

Crisis Resolution and Intensive Home Treatment Team

Providing specialist treatments and assessments with a range of professionals 24/7

03000 200 317 | www.tewy.nhs.uk


County Durham
Clinical Commissioning Group

Tees, Esk and Wear Valleys 
NHS Foundation Trust

County Durham
Care Partnership 



Appendix H



Mental Health & Emotional Support

for **children, young people & families** in County Durham

This is a **great starting point** to help you **access support**



Local Support

One Point | 03000 261 111 | www.durham.gov.uk/OnePoint

Advice and practical support across all aspects of family life

Education & SEND Support | www.countydurhamfamilies.info

Support for children with special educational needs or disabilities

Humankind | 01325 731 160 | www.humankindcharity.org.uk

Health and wellbeing support for LGBT young people aged 15-24 years

Investing in Children | www.investinginchildren.net

A children's rights organisation, creating spaces to be heard

Rollercoaster Parent Support | 07415 380 040

Helping parents to support children with mental health issues

DurhamWorks | 03000 262 930 | www.durhamworks.info

Supporting 16-24 year olds not in education, employment or training

Recovery College Online | www.recoverycollegeonline.co.uk

Educational resources for people experiencing mental issues

County Durham Together Hub | 03000 260 260

Help when self-isolating/how to volunteer

www.durham.gov.uk/covid19help

Children's Social Care First Contact

Report a concern about a child's welfare

www.durham.gov.uk/FirstContact

CAMHS - Single Point of Access | 03001 239 296

Community mental health teams for children

www.tewv.nhs.uk

TEWV Crisis line | 0800 0516 171 | www.tewv.nhs.uk

24 hour service for young people experiencing a mental health crisis



National Support

KOOTH | www.kooth.com

Free, safe, anonymous online support for young people aged 11+

Anna Freud Centre for Children and Families | www.annafreud.org

Self-care to look after our own mental health

Charlie Waller Memorial Trust | www.cwmt.org.uk

Resources for schools and families

Childline | www.childline.org.uk

A free, private and confidential service where children can talk about anything

Headspace | www.headspace.com

Free tools around mindfulness and meditation

NHS Every Mind Matters | www.nhs.uk/oneyou/every-mind-matters

Resources to support children and young people's mental health

MindEd | www.mindedforfamilies.org.uk

Safe and reliable advice about young people's mental health

Young Minds | www.youngminds.org.uk

Support for mental health during the pandemic

NHS 111 | www.nhs.uk

Get medical help near you

Remember your **local school** and **GPs** are **available to help**.

You are **not alone**, we can get through this **together**.



County Durham

Clinical Commissioning Group

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County Durham
Care Partnership 



Appendix I



Mental Health & Emotional Support

for **schools and education setting staff** in County Durham

This is a **great starting point** to help you **access support**

Getting Advice and Self Help

Qwell | www.qwell.io

Free, anonymous, confidential, safe, online mental health and emotional wellbeing community
Qwell offers counselling, advice, and community forums for school based professionals

Durham Locate | www.durhamlocate.org.uk

Helping you to find support locally

Time to Change Hub

Working in County Durham to support people to change how they think and act about mental health

www.time-to-change.org.uk/hub/time-to-change-durham

Anna Freud

Self-care to look after your mental health

www.mentallyhealthyschools.org.uk

NHS | [Your Mind Plan](#)

Developing a Mind Plan

Helplines and Web Chats

Qwell | www.qwell.io

Free, anonymous, confidential, safe, online mental health and emotional wellbeing community
Qwell offers counselling, advice, and community forums for school based professionals

Mind | www.mind.org.uk

Provide advice and support to empower anyone experiencing a mental health problem

Samaritans | 116 123 | www.samaritans.org

The Samaritans are there to listen 24 hours a day 365 days a year

Cruise North East | www.crusenortheast.org.uk

Cruise offer counselling and support to adults, children and families

Calm: Campaign Against Living Miserably | www.thecalmzone.net

Access the helpline to talk and find support

ManHealth | www.manhealth.org.uk

Offering advice, peer workshops and a place to talk

Talking Changes | 01388 320023 | www.talkingchanges.org.uk

A self-help, counselling and talking therapies service designed to help anyone with common mental health problems

Connecting to Local Services

Wellbeing for Life | www.wellbeingforlife.net

Helping you find what's around you and how to make the most of it

Emotional Wellbeing Locality Forums | 0191 3077030

Advice for Durham schools and wider partners about the support available to professionals working with children and families in relation to mental health and emotional wellbeing

www.investinginchildren.net

Durham County Council Employee Assistance Programme

Support to help deal with any personal or professional problems which could be impacting on health and wellbeing

www.gateway.durhamschools.org.uk

County Durham Together Hub | www.durham.gov.uk/covid19help

Help when self-isolating/how to volunteer

Remember **GPs** are **available to help**.

You are **not alone**, we can get through this **together**.