

British WISE™

Wellbeing in Schools Evaluation™



B - WISE Information Booklet 2007

If we wish to improve social and emotional wellbeing in any child, then we need to have a reliable and effective means of evaluating and recording the ongoing development of social and emotional wellbeing within that child.

Dr Helen Street, 2003

Why mental health evaluation is so important

All too often we hear about the increasing rates of depression and anxiety within modern western society. We read increasing numbers of articles telling us about the growing number of children and adolescents with behavioural problems, emotional problems and social problems. In the fast paced 21st century parents and teachers across the world increasingly recognise the importance of developing optimal mental health and resilience among all our children.

In line with these concerns schools are spending increasing amounts of time and energy on mental health programs and interventions. **The problem remains one of assessment and evaluation.** The large proportion of these programs have *never* been formally evaluated or assessed in any way. We would never rely on hearsay or anecdotal evidence to assess the literacy and numeracy levels of our youngest generation, and yet so often we accept nothing more than the opinions of others when it comes to assessing mental health.

Experienced teachers understand the dangers of relying on unsubstantiated information to judge something as important as our children's happiness. Anecdotal feedback is useful but cannot be relied on to assess wellbeing or prevent distress.

British WISE™ (Wellbeing In Schools Evaluation) is a valid and reliable social and psychological evaluation service for schools. It is a service that is effective, which works because it relies on hard data, on statistical findings and never on speculation or the well-meaning comments of others. Hard data cannot be argued with, rather it can be used to objectively and positively reduce distress and improve wellbeing in ALL children in a school environment.

At last we are able to use a genuinely affordable evaluation program that is valid, reliable and sustainable. The program has been designed with an understanding of the limited resources and time pressures on teaching staff today. In addition to a full statistical analysis, staff and parents are provided with clear, easy-to-read reports

exploring wellbeing and mental health within their school. All the measures used are reliable and well-validated. Information is vital for the progression and development of good schooling; it also provides hard-working teachers with reliable and validating feedback.

British WISE affords schools the opportunity to find out if their mental health programs and interventions are making a positive, significant difference, and if that difference is sustainable.

I am writing to you in faith that that you are acutely aware of the need to find a way to regularly evaluate and assess mental health in all children in your school. I look forward to hearing from you

Helen Street



Sincerely,

Find out what the facts of mental health really are, or the facts of mental health will get you. And when you get the facts, get them right... or they will get you wrong.

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WHOLE SCHOOL MENTAL HEALTH ASSESSMENT

British WISE has been designed for use in ALL UK schools. It provides detailed information on the mental health status of all students in the school environment.

You can purchase two different services from British WISE:

The Complete Package™ (CP) provides a comprehensive assessment of the overall mental health status of the school. All students are evaluated along a number of different aspects of mental health. Findings are compared to established UK norms.

The High Risk Package™ (HRP) offers an immediate list of ALL high risk students in each of four distinct mental health categories.

Please see our two separate service booklets for more specific information on each of these packages.

British WISE is designed for use in both primary and secondary schools. It offers affordable, user-friendly services

developed to reliably and effectively evaluate the social and emotional wellbeing of ALL school aged children and adolescents.

"Hello Helen, thanks for the evaluation. We found it most useful in affirming that the direction of EQ in schools is one backed by valuable qualitative research. The evaluation covered the all of stakeholders from parents to students to teachers and has given Melrose focused data. Thank You" Kaye Blackburne Head teacher, Melrose Primary School (2006)

"Helen provided our school with much valuable information about all aspects of the children's wellbeing." Suzanne Temple Head teacher, Glendale Primary School (2003)

Teachers recognise the importance of developing wellbeing and reducing social and emotional problems among children of all ages. However they often remain uncertain how to define and

assess wellbeing within the school environment.

British WISE services enable schools to accurately evaluate social and emotional wellbeing among all children within a school environment. Moreover, these services enable schools to assess major psychological problems among children. They allow for the identification of emotionally vulnerable children and for the assessment of changes in both social and emotional health over time.

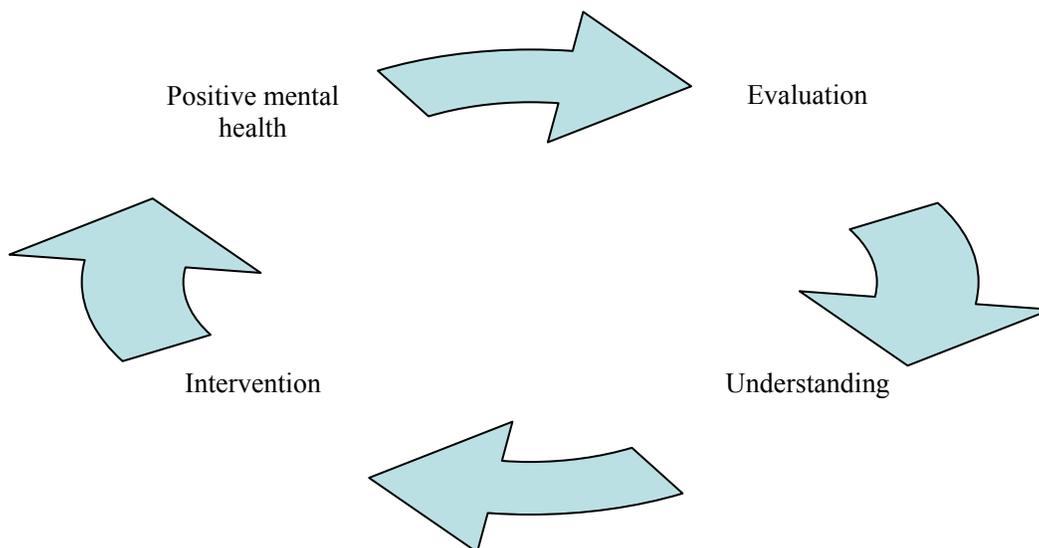
Schools are investing time and money in interventions specifically designed to prevent psychological disorders and improve social and emotional wellbeing among their children. British WISE enables schools to effectively evaluate the effectiveness of their chosen interventions so that they can be secure in the knowledge that their time and money are well spent.

A spiral of evaluation and wellbeing

Evaluation leads to increased awareness and understanding of mental health. This in turn allows schools to develop and implement optimal wellbeing promotion and mental illness prevention programs.

Effective programs lead to improved wellbeing and reduced psychological distress.

These improvements when regularly evaluated result in an upwards spiral towards healthy happy living for all.



Evaluation OUTCOMES for your school (CP and HRP)

OUTCOME	Complete Package	High Risk Package
Valid and reliable data providing objective information about the mental health of ALL students within a school.	☀	☀
Identification of especially vulnerable students who need immediate attention.	☀	☀
Provision of vital information on the overall strengths and weaknesses <i>across ALL students</i> within a school.	☀	
Provision of vital information on the overall strengths and weaknesses <i>across different classes and subgroups</i> within a school.	☀	
Staff who are happy to have spent no more than 2.5 hours completing questionnaires for an entire class.	☀	☀
A full statistical analysis contained in a clear, comprehensive report exploring wellbeing and mental health within the school.	☀	
A detailed discussion of the implications of findings.	☀	
Recommendations for building on strengths and reducing weaknesses identified.	☀	
Data stemming from measures which have been extensively researched and examined in peer-reviewed European, American and Australian journals.	☀	☀
Information that will be vital for the progression and development of good schooling.	☀	☀
Information that provides hard-working teachers with reliable and validating feedback.	☀	☀
Findings that can be used in grant applications developed to secure funding for school based health promotion programs and interventions.	☀	☀

The British WISE Measures



With increasing numbers of children and adolescents experiencing social and psychological distress, the importance of developing positive social behaviour and emotional wellbeing has never been more pressing within our schools.

A description of each construct and assessment measure is described after the following overview of all scales used in the British WISE Complete Package and High Risk Package. Please contact us if you would like to assess psychological constructs that are not specifically mentioned in this section of the booklet.

PRIMARY SCHOOLS Teachers answer questions about children's positive social behaviour, emotional difficulties (primarily depression and anxiety), conduct difficulties, hyperactivity and

British WISE uses a number of well validated and reliable measures to assess wellbeing and common psychological disorders in children and adolescents. Each of the measures used is internationally established.

inattention. The children answer questions about bullying, aggression, separation anxiety, social phobia and general anxiety, depending on their age and ability. It is recommended children also answer questions about school satisfaction.

Primary School Questionnaires assess:

- ✓ Observed pro-social behaviour in all children (CP only)
- ✓ Observed emotional difficulties (primarily anxiety and depression) in all children
- ✓ Observed conduct difficulties in all children

- ✓ Observed hyperactivity and inattention in all children
- ✓ Perceptions of bullying and aggression by others in all children
- ✓ Self reported social anxiety, social phobia and general anxiety in children in year three to six (age 8 – 11)
- ✓ Self reported school satisfaction in all children (CP only)

- ✓ Perceptions of bullying and aggression by others in all students
- ✓ Self reported depression and general unhappiness in all students
- ✓ Self reported school satisfaction in all students (CP only)

Description of all constructs corresponding assessment measures are described in the following text:

SECONDARY SCHOOLS Teachers of secondary school students answer questions about student's positive social behaviour, emotional difficulties, conduct difficulties, hyperactivity and inattention. Students answer questions about bullying, aggression, unhappiness and depression. It is recommended that students also answer questions about school satisfaction.

Pro-social Behaviour

Pro-social behaviour may be defined as any action that benefits others, or promotes harmonious relations with others. It has been shown that pro-social behaviour has positive outcomes on achieving success and satisfaction, social competence and academic ability. Children with higher levels of pro-social behaviour tend to be well adjusted, good at coping and self control.

Secondary school Questionnaires assess:

- ✓ Observed pro-social behaviour in all students (CP only)
- ✓ Observed emotional difficulties (primarily anxiety and depression) in all students
- ✓ Observed conduct difficulties in all students
- ✓ Observed hyperactivity and inattention in all students

British WISE uses Rutter and the PBQ to assess prosocial behaviour in children and adolescents. Both have been tested extensively in the UK since their development in the 1980s. They have both been found to be reliable and valid as a test of a wide range of prosocial behaviours. All results are

compared to findings from extensive published research.

Bullying and Aggression

Bullying is defined as negative actions, either physical or verbal, repeated over time, and involve a power differential between the bully and the victim. Bullying is a major problem for schools, affecting a substantial portion of the school population. Frequent teasing during childhood is associated with increased detachment, distrust, anxiety, and poor self-esteem.

British WISE uses the “Life in Schools” checklist to measure perceived levels of bullying and aggression in all students aged four to eighteen. This measure has been widely used in the UK and as such has been shown to provide a valid and reliable assessment of bullying and aggression in British school settings. All results are compared to findings from extensive published research.

Depression

Depression is a psychiatric disorder that is diagnosed by an irritable mood in children and adolescents, along with a number of other signs and symptoms, such as diminished interest, loss of concentration, sleep disturbances and fatigue. Helen found 2-4% of primary

school children suffered depression in 2002. Not only are depressed children sad and hopeless, but there is a trend for the schoolwork to also deteriorate, and a withdrawal from extra-curricular activities. The outcomes of childhood depression include a three-fold increase in suicide attempts, as well as a two-to-three fold increase in adult anxiety or depressive disorders.

The Birlson depression inventory used by British WISE was established in the 1980s. It assesses depression and unhappiness and correlates highly with other established measures of depression such as Kovac's depression inventory. It has been shown to be a reliable and valid means of assessing depression in all secondary school students. All results are compared to UK findings from extensive published research.

Anxiety

Anxiety can be broadly defined as “emotional uneasiness associated with the anticipation of danger”. However, it is different from fear, which is an appropriate response to a known danger. Anxiety is generally considered to be an inappropriate response to a threat that is unknown or vague. Anxiety disorders, including Separation

Anxiety, are one of the most common psychiatric disorders seen in children, with the prevalence in the community being up to 18%. Anxiety symptoms can interfere with the development of self-esteem and peer relationships, and later developmental stages can be affected.

The Spence Anxiety Scales used by British WISE were developed in the 1990s after exhaustive consideration of many earlier scales. They assess separation anxiety, social phobia and general anxiety in older primary school children. They have been found to have good internal and retest reliability as well as concurrent validity when compared to other established measures. All results are compared to UK findings from extensive published research.

Behavioural problems:

Observed emotional difficulties (anxiety and depression) and conduct difficulties, hyperactivity and inattention

Behavioural problems refer to observable conduct and emotional difficulties experienced by students. A problem is defined as a “disturbance of function” in one area of relationships, mood, behaviour or development sufficient to warrant professional

intervention. Once a problem is viewed as severe or multiple problems are identified in one individual, then the term “disorder” is used. The often cited “Dunedin Multidisciplinary Health and Development Study” (1987) suggested that approximately 17% of 11 year olds have some sort of behavioural disorder.

Social and behavioural problems in children and adolescents have been found to have negative consequences in adulthood. These social behavioural problems in adulthood have a negative impact on the individual and society.

British WISE uses the UK Rutter scales to measure behavioural and emotional difficulties, hyperactivity and inattention in both primary and secondary school students. The Rutter behavioural scales remain some of the worlds most widely used and highly regarded scales to assess conduct difficulties and emotional difficulties (primarily anxiety and depression) as well as hyperactivity and inattention. All results are compared to UK findings from extensive published research.

School Satisfaction (An optional extra)

Children and adolescents with low pro-social behaviour or who suffer from

bullying, depression or anxiety, tend to have few positive classroom experiences and are often stigmatised. These perceptions seemed to be reflected in the frequency and nature of their interactions with other people involving areas of behaviour such as academic engagement, behavioural management, and interpersonal involvement. These students tend to experience problems in later life involving positive interactions with people. These students would reflect these negative behaviours in the classroom through things like declining engagement, lack of enthusiasm, and increased off task behaviours. These behaviours have a negative impact on adolescent development. This indicates that the classroom experience is an important factor in child development.

Helen uses questions on school enjoyment and enjoyment of peer group relationships to provide two indicators of school satisfaction for students of all ages. Results are presented in easy-to-interpret pie charts.

Alternative Aspects of Wellbeing and Distress

If you are keen to examine specific constructs of wellbeing or areas of psychological distress **not** described here, please write to our enquiry line enquiries@britishwise.co.uk and we shall be happy to discuss your specific needs.

The W.I.S.E Team



Dr Helen Street

Having successfully completed a PhD in depression and wellbeing at The University of Sheffield, **Dr Helen Street** conducted research into mental health in the UK before traveling to Australia in 1998. In Australia, Helen worked as a university lecturer in Queensland. She quickly gained international standing as

an expert in psychological aspects of depression and wellbeing. She has published internationally in respected academic journals and presented her work in Europe, North America and Australia. In 1999 Helen was employed by the medical faculty at the University of Western Australia. She became a senior lecturer in 2003 and took over the running of the undergraduate Behavioural Science program in late 2005. Helen began formally evaluating children in school settings in 2000 and quickly gained a reputation as an international advocate of the importance of meaningful and accurate evaluation of wellbeing within our schools. In addition to her many published papers,



Neil Porter

Neil Porter has worked as a research officer in psychology and behavioural science since 2001. He has been actively involved in projects in both the

Helen co-wrote the popular self-help book “Standing Without Shoes” with George Burns in 2003. Standing Without Shoes explores the prevention and treatment of depression through an increased understanding of happiness and wellbeing. The book was endorsed with a foreword by His Holiness the Dalai Lama and has been recently translated into Spanish and Portuguese. Helen currently lives happily between the UK and Western Australia with her husband and two children.

Helen is an adjunct research consultant for the Health department of Western Australia's Centre for Clinical Interventions.

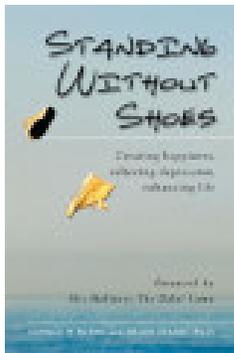
school of Psychiatry at the University of Western Australia and in The School of Psychology at Edith Cowan University in Perth.

Neil is primarily interested in the promotion of positive social behaviour among school aged children and also the prevention of depression through increased understandings of goal directed behaviour. He has also been involved in research investigating psychological causes of depression among cancer patients attending the Sir Charles Gardiner Hospital in Perth, W.A.

In addition to his research interests, Neil has previously worked as an I.T. specialist. He maintains a keen interest in the development and use of computer software and the use of the internet for educational resources and business development.

Dr Helen Street works with research officer **Neil Porter** and an experienced research team to bring your school the best possible evaluation.

Publications



“I believe that the purpose of life is to be happy...In [Standing Without Shoes] the authors have combined their experience to produce a practical guide to achieving happiness and overcoming depression. They show how by increasing our sense of inner peace and happiness we can improve the quality of our own lives as well as those around us” His Holiness

Tenzin Gyatso, the fourteenth Dalai Lama of Tibet

In addition to *Standing Without Shoes*, Helen has a number of publications pertinent to the identification and prevention of psychological problems. Some of these are listed as follows:

Schofield, G., Mummery, W.K., & Street, H.. (2004). Understanding adolescent athletes: conditional goal setting anxiety and depression. New Zealand Journal of Sports Medicine, 31(4), 82-87.

Street, H. (2004) Childhood wellbeing in the classroom: the importance of a nurturing environment in Smith, L. & Riley, D. (eds) Checking The Pulse. The University of New England, NSW

Street, H., Hoppe, D., Kingsbury, D. & Ma, T. (2004) The Game Factory: Using Cooperative Games to Promote Pro-social Behaviour Among Children Australian Journal of Educational & Developmental Psychology. 4, 86-99

Street, H. Nathan, P. Durkin, K. Morling, J. Dzahari, M. Carson, J. & Durkin, E. (2004) Understanding the relationships between wellbeing, goal-setting and depression in children. Australian and New Zealand Journal of Psychiatry Mar 38(3):155-61

Street, H., (2003) Who will you be when you are happy? The experience of happiness in the treatment and prevention of depression. Psychotherapy in Australia 9 (4) 14-18

Schofield, G, Dickson, G., Mummery, W.K., & Street, H (2002) Dysphoria, linking, and pre-competitive anxiety in triathletes. Athletic Insight-The Online Journal of Sport Psychology. August 4 (2)

Street, H. (2002) Exploring relationships between conditional goal setting and depression in Australian cancer patients Psycho-Oncology 10, 1-10

Street, H. (2002) Exploring relationships between goal setting, goal pursuit and depression: A review. Australian Psychologist 37 (2) 95 – 103

Schofield, G.M, Mummery, W.K., & Street H. (2001). Conditional goal setting anxiety and depression in adolescent athletes. International Society of Sport Psychology (ISSP) 10th World Congress of Sport Psychology 1 286 – 288

Street, H. (2001) Exploring the role of Conditional Goal Setting in depression. The Clinical Psychologist 6 (1) 16 – 23

Street, H., Sheeran, P. and Orbell, S. (2001) Exploring the relationship between different psychosocial determinants of depression: A multidimensional scaling analysis. Journal of Affective Disorders 64 (1) 53-67

Street, H. (2000) Exploring relationships between conditional goal setting, rumination and depression. Australian Journal of Psychology 52, 113

Street, H. (1999) Depression and the pursuit of happiness: An investigation into the relationship between goal setting, goal pursuit and vulnerability to depression. The Clinical Psychologist 4(1)18–25

Street, H., Sheeran, P. and Orbell, S. (1999) Conceptualizing depression: An integration of twenty-seven theories. Clinical Psychology and Psychotherapy 6, 175 – 193

How to carry out an evaluation in your school

In this section “**The Seven Step Process**”. describes how the British WISE process works to assess ALL students in your school

Subsequent sub-sections reiterate how to **place an order** and the process of **making sense of your school’s data**.

If after reading this section you have unanswered queries about the evaluation process, please have a look through the section on “**frequently asked questions**”. You are also very welcome to email or phone us via the **contact details** listed on page 25 of this booklet.

British WISE Wellbeing In Schools Evaluation



Your Secondary school *An assessment of social and psychological health among the students Of Your Secondary school*

*An Evaluation by Dr Helen Street
May 2007*

www.britishwise.co.uk
enquiries@britishwise.co.uk

The seven step process

1. Use the order form in this booklet or download an order form from our website www.britishwise.co.uk Send your completed order form to the address shown with a cheque for the required sum (For example, £480 for up

to 500 children for the Complete Package, £345 for up to 1000 students for the High Risk Package) or email it to us with a request for a tax invoice to be paid upon receipt of materials.

2. We send you templates for all your questionnaires via email. If you have additional queries or specific requests you can easily contact Helen or Neil via the British WISE enquiry email line (enquiries@britishwise.co.uk) or by telephone on 01603 890778.

3. You are provided with easy-to-read **guidelines** to help you through the process of data collection. Print or photocopy your questionnaires directly from the templates. This means you can control the numbers of questionnaires needed and always be sure you have enough copies for all staff and students. Staff complete questionnaires for each child in their class. All questionnaires have been designed with the time pressures of teaching in mind and thus each takes under five minutes to complete. Each child also completes their own questionnaire. Younger children can be encouraged with additional guidance for each question; however, they should not need more than ten minutes to complete all questions. Older children can complete their more detailed questionnaires in ten – twenty minutes.

4. A specially prepared Excel spreadsheet is provided for your data entry. This can be completed in under 10 hours of employee time for an

average sized school. **Please note:** We have designed the seven step process to ensure that British WISE offers an affordable evaluation and assessment service for your school. If you would like additional help and support with data collection and/or data entry we are happy to arrange this for you.

5. Email your completed spreadsheet to British WISE at your convenience.

6. Analyses of all data is then personally completed by Dr. Helen Street. Your school's data is checked for accuracy, reliability and completeness. It is then analysed in detail using the latest statistical software.

7. If you have ordered a Complete Package (CP), your schools detailed analyses are incorporated into a comprehensive easy-to-read report. Each report is tailor-made specifically for your school. It highlights and discusses the significance of all findings. It includes suggestions for building on strengths and addressing weaknesses identified within different classes, years and sub-groups of children, as well as for the school as a whole. It incorporates a summary for easy reference as well as a detailed discussion of each construct

being assessed (e.g. bullying, depression etc). Your school receives an electronic version of the report so that you can print and circulate copies among staff and other interested parties. Please note that to protect the privacy of individual students and staff, the identities of individuals are not revealed in the final report.

Separate information concerning the names of vulnerable students is given in confidence to your head teacher or other designated staff member.

If you have ordered a High Risk Package (HP) Your school is provided with a confidential list of students indicating clinical levels of mental health problems for each of the constructs assessed. This list is emailed to a designated contact in confidence FIVE working days from receipt of your completed data entry sheet.

Placing an order

Order forms can be downloaded from the website, completed electronically then returned by email. Alternatively you can use the order form in this booklet and either post it to us or scan it and email it to us. Once you have placed an order we will send you all

materials by email. We email you the materials as an attachment so that you can photocopy or print out as many copies of the questionnaires as you need. We also send you guidelines for completing questionnaires and collating data.

Making Sense of the Data

Using a wide variety of statistical techniques we provide you with results which provide accurate and unbiased information about the mental health of all students in your school. When data

sets are compared from one evaluation to the next, it becomes possible to see if there have been significant changes and improvements in the children's social and emotional wellbeing across time.

Frequently Asked Questions

When is the best time to conduct a first evaluation?

Purchase all of your materials as early as possible, to ensure current prices. You can then use your materials at a time that suits you best in 2007. To gain the most from your evaluation, we recommend collecting data after a

minimum of eight weeks student contact time. This means that staff will have had the chance to get to know the students they are reporting on, and students will have generally settled into the school year.

How long will the questionnaires take to complete?

Teaching staff should take 2 to 5 minutes to complete each questionnaire and will generally not have more than 25 to 30 questionnaires to complete in total. Depending on age and ability, most students will take between 10 and 20 minutes to complete their individual questionnaires. The majority of students should be able to do this at the start of a class with a teacher's supervision (to ensure answers are not discussed etc). The youngest children will need the most guidance in

completing the individual questions. They may need a teacher or other responsible adult to sit with them and assist them in filling in the responses. If this occurs, the helper should make sure that they do not lead the child to choose certain answers. Although it is suggested that older students are still led through the questionnaire one page at a time, they should be able to successfully complete all questions on a page once the instructions have been made clear.

Is there any parental involvement?

No parental involvement is required

Are the measures valid and reliable?

All measures are valid and reliable. All have been researched extensively in peer reviewed published papers.

Please see the section on The British WISE measures for more information.

How long will it take to receive the final report?

Once we have received your completed data spreadsheet, it will take approximately **six weeks** to analyse all

data and produce your final comprehensive report.

Will you let us know the names of students at risk?

Yes, in **both the CP and the HRP** we identify all high risk students who require attention. To ensure that we preserve anonymity we include the

names of all vulnerable students in a confidential document which we send to a designated contact (usually the head or deputy head teacher).

How much will an evaluation cost our school?

Please see the price list and order form at the back of this booklet for details of prices. If you have a request for an

evaluation without a specified price, please email or phone us and we will provide a personalised quote.

When is the best time to carry out a second or third evaluation?

We recommend making evaluation a regular part of your schools curriculum and re-evaluating every six to twelve months. This means that in addition to the specified outcomes listed in this booklet, you can assess the

effectiveness of any intervention program or curriculum structure you implement in your school. Although anecdotal evidence is valuable it is often coloured by a desire to see results. Moreover, many psychological problems

are often difficult to assess through observation alone and need careful reliable assessment. Often a re-evaluation can establish the strengths and weaknesses of a program and allow for tailoring of that program to ensure it is of maximum value to the school. For

example, we have often found that the programs established in schools sometimes enhance strengths rather than necessarily tackle weaknesses as they are chosen with the school's most salient values in mind.

British WISE Service Summary

The <i>British WISE</i> COMPLETE PACKAGE™ (CP)	The <i>British WISE</i> HIGH RISK PACKAGE™ (HRP)
<p>Includes:</p> <ul style="list-style-type: none"> ✓ Templates of all measures <ul style="list-style-type: none"> ○ Pro-Social behaviour ○ Bullying ○ Aggression ○ Conduct disorders ○ Emotional Disorders ○ Hyperactivity/inattention ○ Social Phobia (primary schools) ○ Separation Anxiety (primary schools) ○ General Anxiety (primary schools) ○ Depression (including vulnerability to depression) (secondary schools) ✓ Spreadsheet for data entry ✓ Instruction sheet and guidelines for data collection and entry ✓ Data checking and ALL analyses ✓ Completion and delivery of FINAL COMPREHENSIVE REPORT and details of high risk students ✓ Additional support and discussion via phone and email (as required) <p>We also recommend the inclusion of an additional school satisfaction scale</p>	<p>Includes:</p> <ul style="list-style-type: none"> ✓ Templates of all measures <ul style="list-style-type: none"> ○ Bullying ○ Aggression ○ Conduct disorders ○ Emotional Disorders ○ Hyperactivity/inattention ○ Social Phobia (primary schools) ○ Separation Anxiety (primary schools) ○ General Anxiety (primary schools) ○ Depression (including vulnerability to depression) (secondary schools) ✓ Spreadsheet for data entry ✓ Instruction sheet and guidelines for data collection and entry ✓ Data checking and ALL analyses ✓ Completion and delivery of DETAILS OF ALL HIGH RISK STUDENTS ✓ Additional support and discussion via phone and email (as required)

British WISE™ (wellbeing in schools evaluation)
7 St Marys Close, Horsham St Faith, Norwich, NR10 5HP

Price List and Order Form (British WISE™ 2007)

School/Institution _____

Primary/Secondary _____

Contact Name _____

Address _____

Town/City _____ County _____ Postcode _____

Phone _____ Email _____

No. Students	Item	Price *	Quantity	AMOUNT
0 - 50	British WISE COMPLETE PACKAGE and school satisfaction scale	Price on enquiry		
51 - 500	British WISE COMPLETE PACKAGE	£480		
0 - 500	British WISE (additional) school satisfaction scale	£40		
0 - 500	British WISE High Risk Package	£195		
501 - 1000	British WISE COMPLETE PACKAGE	£640		
501 - 1000	British WISE (additional) school satisfaction scale	£80		
501 - 1000	British WISE High Risk Package	£345		
1001 - 1500	British WISE COMPLETE PACKAGE	£800		
1001 - 1500	British WISE (additional) school satisfaction scale	£120		

No. Students	Item	Price *	Quantity	AMOUNT
1001 - 1500	British WISE High Risk Package	£495		
1501 - 2000	British WISE COMPLETE PACKAGE	£960		
1501 - 2000	British WISE (additional) school satisfaction scale	£160		
1501 - 2000	British WISE High Risk Package	£645		
2001 +	British WISE COMPLETE PACKAGE and school satisfaction scale	Price on enquiry		
0 – 2000+	British WISE individual measures <ul style="list-style-type: none"> ✓ Pro-Social behaviour ✓ Bullying ✓ Aggression ✓ Conduct disorders ✓ Emotional Disorders ✓ Hyperactivity/inattention ✓ Social Phobia ✓ Separation Anxiety ✓ General Anxiety ✓ Depression (including vulnerability to depression) ✓ School satisfaction scale 	Price on enquiry		
0 – 2000+	Specific Requests (e.g. comparisons between specific groups and/or additional measures)	Price on enquiry		
	TOTAL			£ _____

Method of Payment

___ Cheque or Money order made payable to Dr Helen Street, enclosed with this order

___ Order Number _____ (Goods will be shipped with a tax invoice)

British WISE, 7 St Marys Close, Horsham St Faith, Norwich, NR10 3HP
 Tel. 01603 890778
enquiries@britishwise.co.uk
www.britishwise.co.uk

Contact Details

British WISE

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B - WISE *with* British WISE

Make evaluation a regular part of your curriculum

