Best Practice Guidance for completing, scoring and responding to the data from Strengths and Difficulties Questionnaires

INDEPENDENT REVIEING OFFICER’S GUIDE

CONTENTS:

Why we are introducing this Best Practice Guidance ……… 2

What is the best practice in terms of:

 Completing …………………………………………….. 3

 Scoring …………………………………………………… 4

 Responding ……………………………………………. 5

Example report …………………………………………………………….. 6

Appendix ………………………………………………………………….... 7

Why we are introducing this Best Practice Guidance

Care Matters: Time for Change (2007) highlighted the need to improve the mental health of young people in care.

‘Looked after’ children are 4-5 times more likely to have a mental health disorder than those living at home.

Recommended a new local government indicator (NI58) be used to show emotional well-being of children in care.

This indicator was withdrawn in 2010 but data is still formally collected by the Department for Education (SSDA903).

We want to make the best use of the information we are collecting about the young people in our care, which means collecting the information sensitively and accurately. It also means understanding what the information is really telling us about that child in their current situation. Finally it means using the data to make the best decisions we can about how we respond to each child’s needs, both in terms of the supports they need themselves and the systemic response to the changing needs of our Looked After Children population.

This development requires an organised approach, commitment and good will, particularly from those social workers to whom Looked After Children are allocated. The IROs role is crucial as they will drive the process through initiating the first SDQ completion and chair later discussion about how the child has progressed through any adapted / additional supports.

The child should be at the centre of everything we do, their mental health is paramount to us, and getting it right could reduce stress, promote stability and save money long-term by reduced placement breakdowns etc.

The new processes are clearly mapped and can be largely completed within the existing pattern of contact a social worker will have with carer and child.

To help the process keep on the right track, the following pages explain the Best Practice in terms of collecting the data, scoring the data and responding to what the data means.

COMPLETING the SDQ

It is very important that the SDQ is completed properly by a carer who knows the child well. This should be the main carer (foster carer or residential care worker), **following a conversation with the child’s social worker** at, or near the time of completion.

It is possible that the parent, or a previous foster carer, is the best person to complete the form (if the child has just gone into care, or changed care placement).

Accuracy in recording is the most important issue.

Forms should not be ‘sent out’ to carers as the social worker needs to know the information given was considered fully.

*The best practice scenario is for the social worker and carer to complete the SDQ from the carer’s point of view,* ***while they discuss the issues raised by items in the questionnaire****. The SDQ can be a useful tool for discussion about the child and the way they present to the world.*

It is also important for the carer completing the SDQ to keep in mind they are describing the child’s behaviour **over the past six months.** This can be tricky if they have been through a very challenging time in the last few days, which can tend to skew the answers on the basis of just one or two incidents.

SDQs should be fully completed, both front and back. The ‘impact’ score is highly important because it indicates how much effect the difficulties are having on the child and carers.

Even while having a conversation around the SDQ, completion should only take about 15 to 20 minutes.

**SDQ RECORDING FOR CHILDREN WHO HAVE BEEN IN CONTINUOUS LOCAL AUTHORITY CARE FOR 12 MONTHS+ AND ARE BETWEEN 4 AND 17 YEARS OLD**

**INDEPENDENT REVIEWING OFFICER’S PROCESS**

The Allocated Case Worker (ACW) should ensure that an SDQ (P4-17) is completed after the child has had a chance to settle into placement (about a month after the placement begins).

Therefore, ***within the first LAC Review meeting the IRO should ask if the SDQ (P4-17) has been completed and, if not, request that this is done within 10 days***.

**SCORING**

Scoring, via “SDQscore.org” will produce a ‘score report’ (see example below).

The ACW and their manager will then discuss the initial “SDQ Outcome Statement”. The report and the Outcome Statement are placed the child’s record.

If the statement indicates that more support is needed for the child the ACW will arrange for two further SDQs to be completed (by school and by the young person themselves) and will ‘triangulate’ this data, leading to agreement (preferably within a multi-agency meeting) about the supports needed.

The progress of the adapted / additional supports will be measured and presented in the second LAC review meeting (see below).

**RESPONDING to the child’s needs**

**After allowing 30 days for the extra supports to have some effect, the ACW will arrange for “follow-up” SDQs to be completed prior to the second LAC Review.**

Therefore, in the second LAC Review, the IRO, along with others, will discuss the follow-up SDQs score reports and consider the scoring progression (have scores increased / decreased / been unaffected due to extra supports?) **so that further amendments may be made to the child’s care plan.**

From this point, SDQ completion will revert back to annual data collection of the Parent-rated (P4-17) SDQ only, unless scoring reports indicated SDQ Outcome Statement (C). The SDQ Outcome Statement will normally be agreed annually within subsequent LAC Review meetings.

**®**

**SDQscore.org ‘score report’:**

**Strengths and Difficulties Questionnaire**

IID:321451508201513 11 Female

**Parent SDQ for 4-17 year olds, informant ="FC", completed 14th August 2017**

Score for overall stress 24 **(20 - 40 is VERY HIGH)**

Score for emotional distress 7 **(7 - 10 is VERY HIGH)**

Score for behavioural difficulties 6 **(6 - 10 is VERY HIGH)**

Score for hyperactivity and concentration difficulties 5 (0 - 5 is close to average)

Score for difficulties getting along with other young people 6 **(5 - 10 is VERY HIGH)**

Score for kind and helpful behaviour 5 **(0 - 5 is VERY LOW)**

Score for the impact of any difficulties on the young person's life 6 **(3 - 10 is VERY HIGH)**

**Diagnostic predictions**

Any disorder **HIGH risk**

Emotional disorder (anxiety, depression etc.) **Medium risk**

Behavioural disorder **HIGH risk**

Hyperactivity or concentration disorder Low risk

**Caution**

If you think this report has missed the point, whether by exaggerating or underestimating the

difficulties, you may be right. A brief questionnaire obviously isn't the same as an individual

assessment by an expert. Perhaps both are needed.

**© YouthinMind**

APPENDIX

SDQ Outcome Statements:

 **(A) “No concerns from the SDQ scorecard / report – therefore repeat SDQ next year”;**

**(B) “Some concerning scores but, on balance, the child is thought to be sufficiently supported within their placement – therefore repeat SDQ next year”;**

**(C) “Some concerning scores and, on balance, the child is not thought to be sufficiently supported at present – therefore further SDQ data should be gathered / multi-agency meeting to be held to discuss the most appropriate ways to support this child”**