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

MANAGER’S GUIDE

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This indicator was withdrawn in 2010 but data is still formally collected by the Department for Education (SSDA903).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

**MANAGER’S PROCESS**

**SCORING**

The allocated case worker will present you with a scoring report, generated from the website “SDQscore.org” (which is run by the originators of the SDQ; Prof. Robert Goodman and Prof. Michael Smith).

This should be the two-sided version: Parent-rated SDQ [**P 4-17**]

An example (IID:321451508201513) is attached at the end of this guide.

You will need to follow the procedure below to agree the SDQ Outcome Statement.

**RESPONDING**

**WHAT TO DO NEXT:**

**The report gives an interpretation of the scores and guidance about what that might mean in terms of mental health / wellbeing.**

**ALLOCATED CASE WORKERS SHOULD DISCUSS ALL SCORES WITH YOU**

**WITH THE AIM OF REACHING A REASONABLE CONCLUSION:**

**SDQ OUTCOME STATEMENT**

**WITH YOUR MANAGER, ANSWER THE FOLLOWING QUESTION BASED ON THE SDQ REPORT:**

**Your discussion should consider the following questions:**

**“Is the ‘TOTAL DIFFICULTIES SCORE’ (overall stress score) rated as ‘HIGH’ or ‘VERY HIGH’?”**

**“Is the ‘TOTAL DIFFICULTIES SCORE’ unusually low given the child’s current circumstances?**

**“Are any of the ‘difficulties’ sub-scores {emotional; behavioural; hyperactivity and concentration and; problems getting along with people} rated as ‘HIGH’ or ‘VERY HIGH’?”**

**“Is the STRENGTHS score (kind and helpful behaviour) rated as ‘LOW’ or ‘VERY LOW’?”**

**“Is the IMPACT score above ‘2’?**

**If the questions above are all answered “NO”, then you will tend towards SDQ OUTCOME STATEMENT (A), below.**

**If the answer to any of these questions is “YES”, then there are ‘concerning scores’.**

**You will need to consider the report guidance and what supports are already in place for the child.**

**If the supports are, in your view, sufficient for now (perhaps you want to wait longer before deciding if a current support is working, or you want to allow longer time to settle in placement, etc.) then you may be satisfied with a ‘wait and see’ response. [SDQ OUTCOME STATEMENT (B)]**

**If the concerning scores are unexpected or the supports are insufficient, in your view, then you will tend towards the SDQ OUTCOME STATEMENT (C), below.**

**(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 discussion to be held regarding the most appropriate ways to support this child”**

If SDQ Outcome Statement (C) is agreed then the ACW should:

- contact the Virtual Head Teacher for Looked After Children and request that a Teacher-rated SDQ [T4-17] is completed in the next 10 working days and returned to you so that you can score their form using the ‘SDQscore.org’ tool.

- support the young person to complete a Self-rated SDQ [S11-17] (see guidance on completing an SDQ) within 10 working days and then score this form, again using the ‘YouthinMind’ tool.

**Within 5 working days** you will meet again with the ACW to discuss the three score reports

the Parent-rated SDQ [**P4-17**] and;

the teacher-rated SDQ [**T 4-11**] and;

the Young Person’s Self-rated SDQ [**S11-17**],

(triangulating the data) so that a more complete picture of the child emerges. This meeting may benefit from the attendance of others (multi-disciplinary meeting / meeting with carer / school etc.) to review the SDQ Outcome Statement – (A), (B) or (C).

In this case, Outcomes (A) and (B) will still have the same response (repeat SDQ process in 12 months). Outcome (C) will be more likely to involve additional supports.

The ACW will make referral to any additional supports (or request changes to existing interventions) and allow 30 working days for the supports / changes to have taken effect.

In the week before the next LAC Review, the ACW will ensure that the:

**P4-17 follow up ; T4-17 follow up and; S11-17 follow up**

[Parent (carer)-rated follow-up SDQ, the Teacher-rated follow-up SDQ and the Self-rated follow-up SDQ] are all completed **so that they can be discussed in the next LAC review meeting**.

From this point, SDQ completion will revert back to annual data collection of the Parent-rated SDQ only, unless scoring reports indicate SDQ Outcome Statement (C).

The SDQ Outcome Statement will normally be agreed annually within subsequent LAC Review meetings.

**®**

**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.

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