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

VIRTUAL HEAD TEACHER’S GUIDE

CONTENTS:

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

What is the best practice in terms of:

Completing? …………………………………………….. 3

Scoring? …………………………………………………… 4

Example report ………………………………………………………………. 5

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This indicator was withdrawn in 2010 but data is still formally collected by the Department for Education (SSDA903).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 help 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 awareness of the need to prioritise this as a clinical, rather than administrative task.

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, in the long-term, reduce placement breakdowns etc.

The new processes have now been clearly mapped and your role in this can be seen both on the ‘swim-lane’ Process Map and in this guidance.

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

COMPLETING the SDQ

You may wish to complete Strengths and Difficulties Questionnaires independently of the Local Authority’s commitment to Looked After Children. You may also be requested by the child’s Allocated Case Worker (ACW) to complete the two-sided Teacher-rated SDQ [**T4-17**] on a particular child.

It is very important that the SDQ is completed properly by a teacher who knows the child well. This could be the child’s previous teacher or pastoral worker in the school. **Ideally, this would involve a confidential conversation between school staff who know the child well**.

Accuracy in recording is the most important issue.

The social worker needs to know the information given was considered fully.

The best practice scenario is for the teacher(s) to complete the SDQ from the teacher’s point of view, while being able to discuss any issues raised by items in the questionnaire with a colleague who also knows the child well. The SDQ can then be a useful tool for discussion about the child and the way the child presents within the school.

It is also important for the teacher 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 have on the child and carers.

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

If a request is made for the teacher to complete a ‘follow-up SDQ’ then the two-sided form [**T4-17 follow-up**] should be used.

**Although you may score the forms yourself, you should also return a copy to the ACW for them to ‘triangulate’ scores.**

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

**VIRTUAL HEAD TEACHER’S PROCESS**

**SCORING**

The allocated case worker will be responsible for scoring SDQs using the website “YouthinMind” (which is run by the originators of the SDQ;

Prof. Robert Goodman and Prof. Michael Smith).

This can be found on:

<https://sdqscore.org>

This will generate a score and a report.

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

As mentioned above, you may be asked for a ‘follow-up’ SDQ to be completed on the same child at a later date. The same Best Practice Guidance is applicable.

**®**

**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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