**Strengths and Difficulties Questionnaire SDQs**

**Practice Guidance**

**What is the** **Strengths and Difficulties Questionnaire (SDQ)?**

The SDQ is a short behavioural screening questionnaire. It has 5 sections which covers details of emotional difficulties, conduct problems, hyperactivity/inattention, peer relationship problems and pro-social behaviour.

There are three versions of the SDQ: the parent/carer, the teacher, and the self-report scale (completed by 11–17-year-olds), which provide the potential for triangulation of information about a child across the different versions.

Local authorities are required to use the parent/carer version of the SDQ to assess the emotional wellbeing of individual Looked-After Children aged between 4 and 17 years. Understanding the emotional and behavioural needs of Looked-After Children is important so that the relevant support can be put in place and children are given the opportunity to achieve their full potential.

The number of SDQ’s completed by the local authority is reported to the Department for Education annually to demonstrate that social workers and professionals working with Looked-After Children are considering their emotional and behavioural needs.

**When is the SDQ questionnaire completed?**

The approach taken by NCT is that the SDQ must be completed just after the child’s second Looked-After Statutory Review. Young people aged 4-17 are required to have the SDQ completed annually. It is essential that the SDQ is in place 6 to 8 weeks prior to when the child’s Review Health Assessment (RHA) is due, to ensure the scores are relevant and up to date, meaning any emotional/behavioural needs can be fully considered by the Looked-After Children Specialist Nurse and incorporated into their health care plan.

If the child has recently moved to a new placement, social workers will need to judge if the child’s previous carer is better placed to complete the questionnaire.

**Why should carers complete an SDQ questionnaire?**

It is important to routinely assess the emotional wellbeing of Looked-After Children.

Based on national research,these are some of the reasons why:

* The information from the SDQ can help identify the right support for the child,
* To inform statutory health assessments completed by the NHS,
* To inform if the child/young person needs a referral into the local appropriate mental health services for children and young people,
* Evaluating progress against emotional wellbeing outcomes,
* Giving commissioners of services a better understanding of the emotional wellbeing needs of the Looked-After Children population.

**What happens with the completed questionnaire?**

The parent/carer version of the SDQ documents are sent out by LAC Health Pep Admin. The allocated social worker must ensure that the child and their Teacher, complete *their* versions of the SDQ and return them for triangulation, care planning and recording. Once the carer has returned the completed questionnaire to the LAC Health Pep Admin, the scores are placed on to CareFirst and a message sent to the allocated social worker to commence the triangulation process. The Social Worker should authorise the SDQ scores and have a conversation with the foster carer, Teacher and young person about the results. All three elements of the SDQ should be contained within CareStore. The score from the carer should be recorded within CareFirst.

The results will be discussed at the child/young person’s Personal Education Plan (PEP) meeting and Looked-After Child review and will be recorded in the child’s Independent Reviewing Officer’s (IRO) Chair’s report. The Looked-After Children Specialist Nurse should review the SDQ results as part of the child or young person’s RHA.

**Using the SDQ score**

Three bandings have been developed which can help predict children and young peoplewho are likely to develop significant mental health problems, based on their SDQ score. Thebandings classify scores as:

* Low need (0-13)
* Some need (14-16)
* High need (17-40)

These bandings are identified by obtaining the total difficulties score and the scores in each of the scales.

It is important to remember that the SDQ is only a screening tool and should not replace other assessment processes and knowledge about the child and their behaviours. Therefore, Social Workers should not wait for the SDQ to refer to the CAMHS service if the child is already presenting with the signs and symptoms of altered emotional wellbeing or mental health.

**Outcomes, Analysis and Action – What action the scores indicate**

**Low scores**

Where the total SDQ score is Low, this should be recorded on the child’s record. The social worker should have a conversation with foster carer and young person about the results. If the score is unexpectedly low, best practice would be to also have a feedback discussion with the Designated Teacher for Looked-After Children (DT) to explore possible reasons for this, and further action considered. The social worker may want to triangulate the SDQ. The DT will identify who will be the most appropriate person to complete the teacher version of the SDQ.

**Medium or High scores**

Where the total SDQ score is Medium or High and where the pro-social score is Low or Medium, (the pro-social score is a concern but not in isolation), the social worker should consider how best to meet the emotional needs of the child or young person and ensure that the young person is discussed at the Atlas Panel. The Atlas Panel can be accessed through [Karen.Amos@nhft.nhs.uk](mailto:Karen.Amos@nhft.nhs.uk) . The social worker will also liaise with the Virtual School for Looked-After Children to ensure that a Teacher version of the SDQ is completed and returned to the Virtual School for discussion at the child’s next Personal Education Planning Meeting (PEP).

Discussions should focus on the educational attainment of the child or young person and the possible relationship between this and the child’s emotional health needs. Together, school, Health and the social worker should identify any opportunities within each setting to support the young person. In addition, any other options should be identified to improve the child’s emotional health.

In all cases, the following actions should be taken:

* The Social Worker should discuss the outcome of the SDQ in supervision with their Team Manager. The Team Manager does not need to sign off the SDQ. The Team Manager should decide whether an updated social work assessment is necessary due to significant changes.
* In the event of a medium or higher score, the child should be referred to the Atlas Panel for further discussion.
* Inform the IRO - the information should be shared with the IRO who should consider this with the allocated social worker.
* Emotional wellbeing will always be discussed at the Looked-After Child’s Review and the SDQ should be shared as part of this discussion with the agreement of the young person. The IRO will check that actions are identified and carried out to help improve the child’s mental health.
* Review the PEP and where appropriate seek advice from the Virtual School.
* Consider whether to contact Educational Psychology for advice.
* Consider whether to contact universal health services such as the child’s GP or third sector counselling services.
* Consider whether to contact Child and Adolescent Mental Health Service (CAMHS).
* If you are ever unsure of what action to take, please contact the Specialist Nurse for Looked-After Children.
* All copies should be collated by the child’s social worker for further case planning and discussion. For the SSD903 return process, only the score registered by the main carer is reported, however, for a better-balanced view of the screening process, all three elements of the SDQ should be undertaken.
* The allocated social worker will still need to ensure the SDQ is completed in accordance with guidance. Children placed outside of Northamptonshire will need to access CAMHS through the normal route.

**Appendix 1 - Frequently asked questions**

**What happens to the information on the SDQ?**

The LAC Health Team will ensure that the Total Difficulties Score (TDS) is entered onto the child’s CareFirst record, as well as the scores for the following 5 scales: emotional symptoms, conduct problems, hyperactivity, peer problems, pro-social behaviour. It is imperative that the SDQ document is stored on CareStore for cross-referencing. An impact score is also calculated from the supplement sheet which assesses the impact of the difficulties on the child’s life. The SDQ bandings will also be considered i.e. does the score fall in the “low need”, “some need” or “high need” range.

The most recent SDQ score should be made available to the health professional conducting the child/young person's annual Review Health Assessment. This is in line with Government guidance and allows for recommendations to be incorporated from the child/young person's health professional. Ongoing responsibility for overseeing any necessary action relating to the young person's SDQ score should remain with the Social Worker.

**What happens if the child is placed outside of area?**

The allocated social worker will still need to ensure the SDQ is completed in accordance with guidance. Children placed outside of Northamptonshire will need to access CAMHS through the normal route.

**Is training provided?**

The SDQ is a simple questionnaire that does not require any training and can be completed in between approximately 10 to 15 minutes. If necessary, the Social Worker should be able to explain to the carer what the questionnaire is for and why it is important for them to complete it. Also, the Social Worker should:

* Check that the carer understands what they need to do and by when
* Explain that it is important for the foster carer to be honest in their assessments and that the SDQ is a screening tool to help the child and is not an assessment or reflection of how well the foster carer cares for the child,
* Make sure the carer knows the child well enough to be able to give meaningful insights when responding to questions,
* Ensure the initial SDQ questionnaire is completed and returned by the second looked after child review and then subsequent SDQs are returned prior to Review Health Assessments,
* Make sure the carer knows where to return the completed questionnaire to,
* If the child is placed at a distance, please link with Commissioning to ensure that the provider completes the SDQ.

**What if a child has changed carers?**

For children who have changed carers during the course of the year, social workers should assess which carer is best placed to carry out the assessment.

**What arrangements do we need to make for completing the questionnaire?**

The allocated social worker will make arrangements for issuing the SDQ to the child’s main carer, although this is physically sent by and returned to the LAC Health Pep Admin. This is accompanied by an explanation of how it should be completed. Carers need to be reminded that completed questionnaires should not be sent directly to the Department for Education (DfE) and this needs to be made clear to carers.

The SDQ requires carers to read a series of statements and judge how well it describes the young person by ticking one of three or four boxes for each question.

NCT should ensure that the carer has sufficient time to complete the questionnaire in advance of the Health Assessment. NCT is responsible for ensuring that the questionnaire is completed and returned for each eligible child or young person.

**What if the questionnaire is not / cannot be completed?**

Completion of the SDQ is straightforward and there should only be rare exceptions where it cannot be completed. Having learning difficulties should not prevent a child from having a questionnaire completed. However, where a looked after child has disabilities which mean that it would not be possible or appropriate to complete a questionnaire, then that should be noted. Where a score cannot be obtained, the data return does contain a field so that NCT can give the reason for this.

Where a score cannot be obtained, the data return does contain a field so that the local authority can give the reason for this. The SSDA903 data collection uses the following codes for this purpose:

* SDQ1 - No form returned as child was aged under 4 or over 17 at date of latest assessment
* SDQ2 - Carer refused to complete and return the questionnaire
* SDQ3 - Not possible to complete the questionnaire due to severity of the child’s disabilities
* SDQ4 – Other
* SDQ5 - Child or young person refuses to allow an SDQ to be complete

**What about the youngest children?**

Children under four years have an Ages and Stages Questionnaire Emotional and Social, completed by the Health Visitor at their Review Health Assessment. This information is not used statutorily but informs an assessment of health and development needs of the youngest children. It is for the allocated social worker to ensure that a copy of this is shared with the service.

**Documents**

* [Parent or Carer 2 to 4 years old](http://northamptonshire-self.achieveservice.com/service/Strengths_and_difficulties_questionnaire__Parent_or_Carer_2_4_year_old_)

* [Parent or Carer 4 to 17 years old](https://northamptonshire-self.achieveservice.com/service/Strengths_and_difficulties_questionnaire__Parent_or_Carer_4_17_year_old_)

* [Young person 11 to 17 years old](http://northamptonshire-self.achieveservice.com/service/Strengths_and_difficulties_questionnaire__Self_assessment_11_17_year_old_)
* [Strengths and difficulties questionnaire (Education 4-17 year old) - Introduction - Online form (achieveservice.com)](https://northamptonshire-self.achieveservice.com/service/Strengths_and_difficulties_questionnaire__Education_4_17_year_old_)

**Appendix 2 - SDQ Process – Completing and Processing the Questionnaires**

**Questionnaire completion**

The following process is carried out by Children’s Services to ensure we meet the statutory requirement of collecting annual data on the emotional and behavioural health of children and young people in our care (age between 4 and 17):

* In accordance with statutory guidance, the social worker, will identify the children who need to be included in the current year’s data collection period for the local authority return. This includes all looked after children aged 4-17 who are expected to have been in care continuously for at least one year on 31st March.
* The social worker will ensure that the SDQ is sent to the placement two months before the child’s LAC Review Health Assessment (RHA) due date. The SDQ questionnaire is completed and submitted via Firmstep. This timescale allows enough time for the carer to complete the SDQ, return it and for the social worker to score the SDQ and send the completed paperwork to the IRO, Virtual School and LAC Health Team.
* SDQ’s are sent, and completed, electronically – links are emailed to access the questionnaire. The email to the carer will explain what the questionnaire is for and why it is important for them to complete it. It will also provide a return date for the questionnaire and outline to whom the completed questionnaire should be returned. The request should be evidenced on the child’s CareFirst file.
* In the case of Looked After Children placed in secure establishments, the questionnaire will be sent by the LAC Health Pep Admin to the appropriate key-worker to complete (as outlined above, links are sent for completion).
* In the case of Looked After Children who are placed with parents the questionnaire will be sent to the primary carer to complete (as outlined above, links are sent for completion).
* In the case of young people who are in independent living placements, the questionnaire will be sent to the primary carer to ensure this statutory requirement is complied with. It may be that the social worker has the best knowledge of the young person and can complete the questionnaire.
* In the case of children who are placed for adoption, the questionnaire will be sent to the Adoption Team for it to be forwarded to the primary carer to complete. Once children are adopted, they will no longer be subject of SDQ’s and will not be on the RHA cohort.

**Processing the Questionnaires**

* The returned SDQ will be inputted onto the child’s CareFirst record.
* The questionnaire will then be scored to derive the Total Difficulties Score (TDS), as well as the scores for the following 5 scales: emotional symptoms, conduct problems, hyperactivity, peer problems, pro-social behaviour. An impact score is also calculated from the supplement sheet which assesses the impact of the difficulties on the child’s life.
* The child’s allocated Social Worker and IRO will receive the completed SDQ form once the carers’ response has been processed, with a covering sheet noting the total difficulties score (TDS) and whether this suggested the child’s needs were ‘low’, ‘medium’ or ‘high’ (please see Appendix 3). Also indicated on the covering sheet is a breakdown of the separate scores for the four domains of difficulty (emotional symptoms, behaviour/conduct, peer problems, hyperactivity / inattentiveness) as well as the Pro-social score and the Impact Score.
* The document outlines the need for social workers to report back to children and their carers the outcome of the SDQ as well as consider any further action that should be taken.
* All completed SDQs are then shared with the child’s responsible Looked After Children Health Team to ensure their SDQ score is incorporated into their Looked After Children Health Care Plan.
* The SDQ data is then returned to the DfE as part of the Looked After Children returns by Intelligence & Analytics. The local authority return is based solely on the completion of the primary carer’s SDQ (gathering triangulated data is optional and not reported on to the DfE).

**Appendix 3 – Letter/email from children’s social workers sent alongside completed SDQ to the IRO and Virtual School.**

Dear Colleague

Strengths & Difficulties Questionnaire (SDQ)

Completed questionnaire returned about: (enter name of child and identity number)

Please find attached the carer’s completed SDQ form for the child indicated above. It is your responsibility to ensure that this is placed on the child’s Care First file.

The grids below give a breakdown of the SDQ scores derived from the carer’s return and gives an indication of level of need indicated in the different domains measured.

|  |  |  |
| --- | --- | --- |
| DOMAIN | SCORE | LEVEL OF NEED INDICATED (low, medium or high) |
| Total Difficulties Score | /40 |  |
| Emotional symptoms | /10 |  |
| Conduct/behaviour | /10 |  |
| Hyperactivity/inattentiveness | /10 |  |
| Peer Problems | /10 |  |
| Pro Social Score | /10 | \* |
| IMPACT SCORE from page 2 | /10 | \*\* |

\*For pro-social scores, the higher the better!

\*\* An impact score of 1 indicates some need, 2 or above suggests high need

What should you do next?

* Feedback the outcome to the child and carer and share with the carer’s support worker.
* Discuss in supervision with your manager
* Refer to the Procedure to help decide any ‘next steps’ you may wish to take, which may include gathering triangulated data from school and young person if 11 or above
* Include SDQ data (current and past) in any referral to CAMHS

The Youthinmind website has helpful information and allows for online completion of the SDQ, if you wanted to replicate responses and receive a report (please do not insert names as this is not a secure website) [www.youthinmind.info/UK](http://www.youthinmind.info/UK)

**Responding to SDQ data.**

**At a glance ‘next steps’ for Social Workers**

Compare current SDQ data with previous SDQ data

Feed back to carer and Looked After Child. Forward SDQ to IRO and Virtual School

Especially if the carer Total Difficulties Score (TDS) is elevated (14+) some further exploration is advisable: how elevated is the TDS? Is this a surprise? Which domains are presenting as problematic (e.g. emotional, conduct, hyperactivity, relationships with peers)? What does the pro-social scale suggest? Dialogue with carer/LAC\* in full/school/other.

Calculate Impact Supplement sheet to see if TD score is supported

If CareFirst data supports TDS, consider getting triangulated data from school and child (if 11+ depending on ability); this will allow for a comparison of data to see if similar difficulties are perceived across settings

Even if a child is already accessing support, it may be worth discussing the findings with relevant professionals

Consideration could be given to accessing support from so far unexplored: e.g. School support involvement, inclusion in extended school activities?

Consideration could be given to a multi-agency discussion

Consideration could be given to contacting link CAMHS workers for a professional’s consultation

**NB: This graded response is a guide and does not necessarily need to be worked**

**through before contacting any relevant professionals on behalf of a looked after child.**

**Each case is unique, and the professional judgement of social workers is paramount. This is not an exhaustive range of suggested responses.**

**Appendix 4 - SDQ thresholds:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Carer completed SDQ** | **Low need** | **Some needs** | **High needs** |
| **Total difficulties score** | **0-13** | **14-16** | **17-40** |
| Emotional symptoms score | 0-3 | 4 | 5-10 |
| Conduct problems score | 0-2 | 3 | 4-10 |
| Hyperactivity score | 0-5 | 6 | 7-10 |
| Peer problems score | 0-2 | 3 | 4-10 |
| Pro social behaviour score | 6-10 | 5 | 0-4 |
| Impact score | 0 | 1 | 2-10 |
|  |  |  |  |
| **Teacher completed SDQ** |  |  |  |
| **Total difficulties score** | **0-11** | **12-15** | **16-40** |
| Emotional symptoms score | 0-4 | 5 | 6-10 |
| Conduct problems score | 0-2 | 3 | 4-10 |
| Hyperactivity score | 0-5 | 6 | 7-10 |
| Peer problems score | 0-3 | 4 | 5-10 |
| Pro social behaviour score | 6-10 | 5 | 0-4 |
| Impact score | 0 | 1 | 2-6 |
|  |  |  |  |
| **Self-completed SDQ (aged 11 +)** |
| **Total difficulties score** | **0-15** | **16-19** | **20-40** |
| Emotional symptoms score | 0-5 | 6 | 7-10 |
| Conduct problems score | 0-3 | 4 | 5-10 |
| Hyperactivity score | 0-5 | 6 | 7-10 |
| Peer problems score | 0-3 | 4-5 | 6-10 |
| Pro social behaviour score | 6-10 | 5 | 0-4 |
| Impact score | 0 | 1 | 2-10 |

**Appendix 5 - Local Resources**

<https://point-1.org.uk/>

<https://benjaminfoundation.co.uk/story/emotional-wellbeing-support-from-time-for-you/>

<https://www.gov.uk/government/publications/designated-teacher-for-looked-after-children>

<https://www.gov.uk/government/publications/promoting-the-education-of-looked-after-children>

**SDQ Process for Children and Young People**

LAC Health PEP Admin to send SDQ questionnaires out to carer. Social worker to send SDQ out to school and child. SDQ to be undertaken just after the child’s 2nd LAC Review. Following which, they should be completed annually and be presented at the Review Health Assessment due date.

Social Worker is to review SDQ scores and have a conversation with foster carer and young person about the results.

Results are to be discussed at the PEP, with consent of young person.

Results to be discussed at Looked-After Children review process with consent of young person, and be recorded in IRO chair report.

Looked-After Children Specialist Nurse to review SDQ results as part of RHA.

Social Worker (SW) to compare SDQ score with previous SDQ data (if available)

Completed SDQs to be returned to SW by date requested.

SW to input SDQ onto CareFirst and the child’s Total Difficulties Score (TDS) is calculated.

Results to be shared with Looked After Children Specialist Nurse, IRO and Virtual School.

Total difficulties score 0-13

Total difficulties score 14-16

Total difficulties score 17-40

Have professional curiosity regarding unexpectedly low scoring

Young person can access support through 0-19 Healthy Child Programme core services

SW to consider consultation with GP

Triangulate with school. The designated teacher will identify who will be the most appropriate person to complete the SDQ

Triangulate with young person if aged 11 and over (depending on ability)

Review that the most appropriate services are involved

SW to support carers and young person

Discussion with Looked After Children Specialist nurses

SW to consider contacting CAMHs to discuss the child or young person

Support from school therapeutic services

Consider triangulating SDQ with school and young person if score is elevated compared to previous year/s. The designated teacher will identify who will be the most appropriate person to complete the SDQ

Continue to monitor young person’s emotional well-being as part of Looked After Children plan