



*“Children first and at
the Heart of all we do”*

Strengths and Difficulties Questionnaire (SDQs)

PRACTICE GUIDANCE & PROCESSES

Target Audience: Social Workers, Dudley Lighthouse Links

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Contents Page

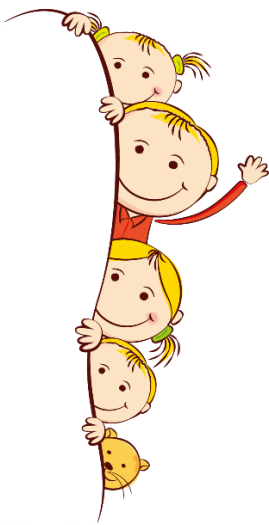
1. What is the SDQ?
2. Why should carers complete an SDQ questionnaire?
3. Summary of the processes.
4. When is the SDQ questionnaire completed?
5. Where can you download the SDQ form?
6. What happen next with the completed form?
7. Using the SDQ Score
8. What do the Scores mean?
9. Consultation with Dudley Lighthouse Links (DLHL)
10. Appendices
 - a. Liquidlogic SDQ Pathway
 - b. Frequently Asked Questions
 - c. The SSDA903 data collection codes



1. What is the SDQ?

Local authorities are required to use the Strengths and Difficulties Questionnaire (SDQ) to assess the emotional wellbeing of individual Children in Care aged 4-16. Understanding the emotional and behavioural needs of Children in Care is important so that the relevant support can be put in place and children are given the opportunity to achieve their full potential.

The SDQ is a brief behavioural screening questionnaire. All versions of the SDQ ask about 25 attributes, some positive and others negative. These 25 items are divided between 5 scales:



1. Emotional Symptoms
2. Conduct Problems
3. Hyperactivity/Inattention
4. Peer Relationship Problems
5. Pro-Social Behaviour

The number of SDQs completed by the local authority for Children in Care is reported to the Department for Education annually to demonstrate that Social Workers and professionals working with Children in Care are considering emotional and behavioural difficulties.

2. Why should carers complete an SDQ questionnaire?

It is important to routinely assess the emotional wellbeing of Children in Care. Based on national research, here are some of the reasons why it is important:

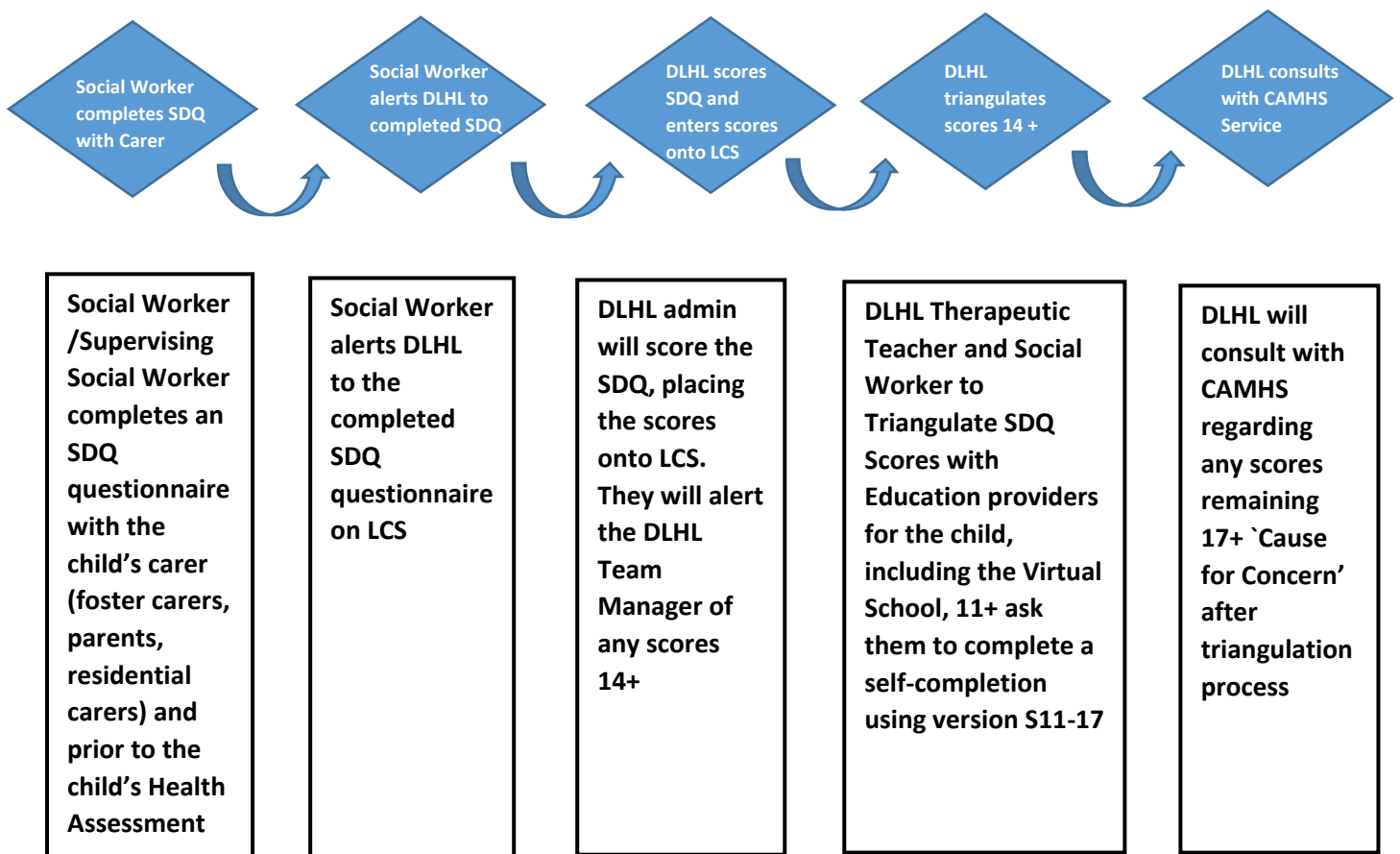
- Children in Care have a higher prevalence of emotional and behavioural issues arising from neglect and abuse.
- Children in Care are more likely to develop mental health problems and require provision from CAMHS.

- Children in Care often experience attachment difficulties and require therapeutic support.

The completed SDQ can be used in the following ways:

- To inform statutory health assessments completed by the NHS.
- To inform whether the child/young person needs a referral into CAMHS
- To evaluate progress against emotional wellbeing outcomes as part of the overall health needs of Children in Care.
- To give commissioners of services a better understanding of the emotional wellbeing needs of Dudley’s Children in Care.

3. Summary of Processes



4. When is the SDQ questionnaire completed?

Young people aged 4-16 are required to have an SDQ completed annually. The SDQ should be completed when children have been Looked After for over 12 months. It is recommended it is completed prior to when the child's health assessment is due, so it can inform the assessment.

5. Where is the SDQ form available?

The form is available on Liquidlogic, (**see screenshots and Appendix 1**). The Social Worker for the young person should complete the form, with the carer, during a home visit. They should ensure that the SDQ forms part of the child's Review Health Assessment. The lead health professional is responsible for checking that appropriate services are involved to meet any requirements/needs identified.

6. What happen next with the completed form – The SDQ Processes?

- a. The worker will arrange a home visit with the carer to complete the SDQ on LCS **6 weeks prior** to the child's Review Health Assessment. Once the carer has completed the SDQ Questionnaire during the home visit, the worker will be required to alert Dudley Light House Links (DLHL) admin via LCS. Please note which worker will be required to complete point 6 a:
 - For external fostering and external residential placements, the child's allocated social worker will complete point 6 a.
 - For internal fostering, the Fostering Supervising Social Worker will complete point 6 a.
 - For internal residential homes, the residential care staff will completed point 6 a.
- b. The DLHL admin staff will score the SDQ and place the scores onto LCS and email a copy of the completed SDQ, with scores to the LAC Health Team: bchft.safeguarding-children@nhs.net
- c. For all scores 14+ (Borderline and Cause for Concern) the DLHL admin staff will also alert the child's allocated Social Worker, DLHL Therapeutic Teacher and the DLHL Social Worker. The DLHL Social Worker will trigger a request for the child's educational provision and / or Virtual School to complete a Teacher (T4-17) form and a self-completion form (11+ years old S11-17) to be completed by the child (either at home or at school).
- d. A Triangulation meeting will then to be arranged between DLHL, the child's allocated social worker, and the child's educational provision and / or Virtual School. A discussion of the findings from the triangulation will occur to inform any DLHL or CAMHS consultations requirements, and to inform the child's Review Health Assessment.

- e. All triangulated 14+ scores should be taken into a DLHL or DLHL and CAMHS consultation by the child's allocated Social Worker.

7. Using the SDQ Score

A number of bandings have been developed which can help predict children and young people who are likely to develop significant mental health problems, based on their SDQ score. The bandings classify scores as:

- 'normal'
- 'borderline'
- 'cause for concern'

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

Table1: SDQ bandings for questionnaire results – using the score

SDQ Banding	Normal	Borderline	Cause for Concern
Total Difficulties Scoring	0 - 13	14 - 16	17 - 40

If the child's total difficulties score is outside the normal range (see Table 1) and considered as giving cause for concern, the child may benefit from triangulating the scores from the carer's SDQ with those of his or her teacher. A triangulated approach (see Table 2) provides a more rounded picture of the young person and enables a decision to be made about what, if any, further services they may need to address the difficulties identified.

It is important to remember that the SDQ is only a screening tool and should not replace other processes, assessments and/or knowledge of the child and their behaviours. Therefore, social workers should not wait for an SDQ to refer to DLHL for Consultation if a child is already

presenting with signs of poor emotional wellbeing or mental health. An SDQ can be completed at any time should any professional feel this is needed to access services and support for a child/young person. It would be beneficial for an SDQ to be complete if a CAMHS or Counselling recommendation has been proposed.

Table 2. SDQ bandings – for triangulating scores from carer, teacher, and young person self-completed questionnaires. The overall score (classified as 0 – 13, 14 – 16, 17 – 40) with the highest scores being of most concern, and the Pro Social score (classified as 8-10, 7, 6, and 0-5) – with the lowest scores being of most concern)

Parent Carer Complete SDQ	Normal 0 - 13	Borderline 14 - 16	Cause for Concern 17 - 40
Emotional Symptoms Score	0 - 3	4 - 6	7 - 10
Conduct Problems Score	0 - 2	3 - 5	6 - 10
Hyperactivity Score	0 - 5	6 - 8	9 - 10
Peer Problems Score	0 - 2	3 - 4	5 - 10
Pro-Social Behaviour Score	8 - 10	6 - 7	0 - 5
Impact Score	0	1 - 2	3 - 5
Teacher Complete SDQ	Normal 0 - 11	Borderline 12 - 15	Cause for Concern 16 - 40
Emotional Symptoms Score	0 - 3	4 - 5	6 - 10
Conduct Problems Score	0 - 2	3 - 4	5 - 10
Hyperactivity Score	0 - 5	6 - 8	9 - 10
Peer Problems Score	0 - 2	3 - 5	6 - 10
Pro-Social Behaviour Score	6 - 10	4 - 5	0 - 3

Impact Score	0	1 - 2	3 - 6
Self- Complete SDQ (aged 11+)	Normal 0 - 15	Borderline 16 - 19	Cause for Concern 20 - 40
Emotional Symptoms Score	0 - 4	5 - 6	7 - 10
Conduct Problems Score	0 - 3	4 - 5	6 - 10
Hyperactivity Score	0 - 5	6 - 7	8 - 10
Peer Problems Score	0 - 2	3 - 4	5 - 10
Pro-Social Behaviour Score	7 - 10	5 - 6	0 - 4
Impact Score	0	1 - 2	3 - 10

The completed SDQ is to be forwarded to the LAC Health Team prior to the Review Health Assessment. The RHA needs to reference any actions arising from the SDQ in relation to emotional and mental wellbeing of young people and should be included in the updated Care Plan. The Social Worker will need to include the SDQ scores and summary within the Looked After Review report, allowing for oversight by the IRO.

8. What do the Scores mean?

- SDQ scores are grouped into different categories:

Emotional Symptoms

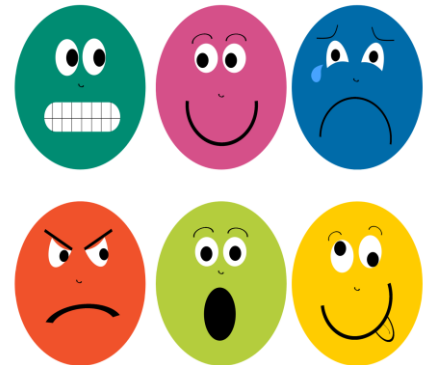
Conduct Problems

Hyperactivity

Peer Problems

Pro-Social Behaviour

Impact Score



- Responses to each category fall in one of four levels of difficulty:

Normal (score: 0 – 13)

Borderline (score 14 – 16)

Cause for Concern (score 17 – 40)

Normal (score: 0 – 13)

If an SDQ score is categorised as being within the 'Normal' range, this should be recorded on the child's LCS, ePEP, and the LAC Health Team being notified. No direct additional intervention is likely to be required. Good practice would dictate that consideration of how to maintain and further enhance wellbeing is discussed at the PEP meeting.

Borderline (score 14 – 16)

If an SDQ score is categorised as being within the 'Borderline' range, they are likely to need additional support to enhance their wellbeing. Triangulation of the score will be required, and consultation with DLHL and CAMHS to target strategies to support.

Cause for Concern (score 17 – 40)

If an SDQ score is categorised as being within the 'Cause for Concern' range, they are likely to need additional support to enhance their wellbeing. Triangulation of the score will be required, and consultation with DLHL and CAMHS to target strategies to understand if a full mental health assessment or intervention is required.

9. Consultation with Dudley Light House Links

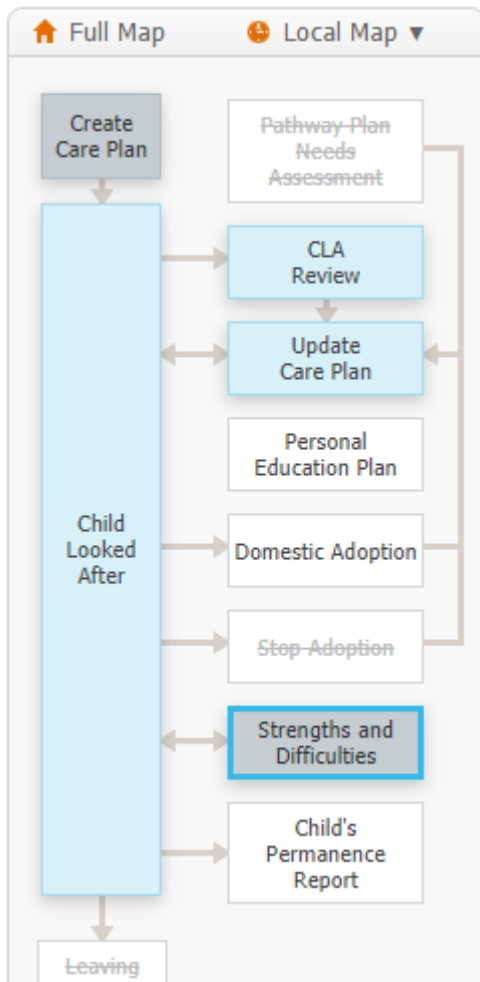
Dudley has a specialist multi-professional team that is dedicated to working with Dudley's Children in Care and Care Leavers. The aim of the DLHL service is to improve the mental and emotional health and wellbeing of Children in Care and consequently improve the stability of their placement relationships and other aspects of their life as they move towards adulthood.

If the triangulated scores confirm the carer's score i.e. is in the borderline or cause for concern range, then a consultation with the DLHL service should take place. These consultations can also be completed in conjunction with both DLHL and CAMHS to support an earlier support plan to be put in place.



APPENDICES

a. Liquidlogic SDQ Pathway



b. Frequently asked questions

➤ Who completes the SDQ and when?

The SDQ must be completed by the main carer; for most Children in Care this will be the foster carer, family and friend's carer, residential worker and preferably in readiness for the child's annual statutory health assessment, when they have been looked after for 12 months. Each looked after child must have a questionnaire completed within the last 12 months.

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

Social Workers need to ensure that completed questionnaires are input into the child's record on Liquidlogic. The SDQ score should be used to inform the child/ young person's statutory health assessment, and where the score has been triangulated with school it should trigger a social work consultation with the DLHL service.

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

Dudley CAMHS and DLHL services work with young people placed within a 20-mile radius. Those placed outside of the 20-mile radius will need to access CAMHS through the child's GP. Social workers would need to complete an SDQ score for every Child in Care, regardless of where they live. On requesting health assessments (RHA) for Children in Care placed out of the area, the LAC Health Team will provide the SDQ score to the out of area LAC Team.

➤ **Is training provided?**

No training is required, but 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 together. The Social Worker should:

- Check that all carers understand what they need to do and by when.
- Explain that it is important 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 they care for the child.
- Make sure the carer knows the child well enough to be able to give meaningful insights in responding to questions.
- Agree a completion date of the questionnaire with the social worker.
- Complete the SDQ on Liquidlogic as part of the child's record.

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

For children who have changed placements 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 Social Worker should ensure that the SDQ is completed as part of discussions or visits to the placement in preparation for the Review Health Assessment and is recorded on Liquidlogic. 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. Local authorities should ensure that the social worker with the carer completes the questionnaire in advance of the health assessment.

➤ **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 exclude a child from having a questionnaire completed that relates to them. 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 and recorded on Liquidlogic (see SDQ3 below). Where a score cannot be obtained, the data return does contain a field so that the local authority can give the reason for this.

C. 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 completed