

Corporate Parenting Panel report



15 March 2022

STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (SDQ) - MARCH 2022

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What is it?

An SDQ (Strengths and Difficulties Questionnaire) is a globally recognised questionnaire for assessing the mental health status of children and young people. It is an emotional and behavioural screening questionnaire, and the scoring helps provide a brief overview to help detect mental health issues. However, it is not designed to provide a clear and comprehensive formulation of the person's needs.

The SDQ consists of 25 questions, divided into five distinct areas.

1. Conduct problems scale
2. Hyperactivity scale
3. Emotional problems scale
4. Peer problems scale
5. Prosocial scale



This questionnaire is scaled between 0 and 40, and the overall score is taken from the total score of the four primary areas above.

The score is then scaled in conjunction with the parameters below and recorded either directly in the young person's SDQ or within their statutory health assessment.

Main carer completed SDQ	Normal	Borderline	Abnormal
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	0-2	3	4-10

Information
Questionnaire
Consolidation
Overall Score
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Strengths and Difficulties Questionnaire

Form Start Date

15-Nov-2017

Date SDQ Completed

Considerate of other people's feelings	<input type="radio"/> Not True	<input type="radio"/> Somewhat True	<input type="radio"/> Certainly True
Restless, overactive, cannot stay still for long	<input type="radio"/> Not True	<input type="radio"/> Somewhat True	<input type="radio"/> Certainly True
Often complains of headaches, stomach-aches or sickness	<input type="radio"/> Not True	<input type="radio"/> Somewhat True	<input type="radio"/> Certainly True
Shares readily with other children (treats, toys, pencils etc.)	<input type="radio"/> Not True	<input type="radio"/> Somewhat True	<input type="radio"/> Certainly True
Often has temper tantrums or hot tempers	<input type="radio"/> Not True	<input type="radio"/> Somewhat True	<input type="radio"/> Certainly True
Rather solitary, tends to play alone	<input type="radio"/> Not True	<input type="radio"/> Somewhat True	<input type="radio"/> Certainly True
Generally obedient, usually does what adults request	<input type="radio"/> Not True	<input type="radio"/> Somewhat True	<input type="radio"/> Certainly True
Many worries, often seems worried	<input type="radio"/> Not True	<input type="radio"/> Somewhat True	<input type="radio"/> Certainly True
Helpful if someone is hurt, upset or feeling ill	<input type="radio"/> Not True	<input type="radio"/> Somewhat True	<input type="radio"/> Certainly True
Constantly fidgeting or squirming	<input type="radio"/> Not True	<input type="radio"/> Somewhat True	<input type="radio"/> Certainly True
Has at least one good friend	<input type="radio"/> Not True	<input type="radio"/> Somewhat True	<input type="radio"/> Certainly True
Often fights with other children or bullies them	<input type="radio"/> Not True	<input type="radio"/> Somewhat True	<input type="radio"/> Certainly True
Often unhappy, down-hearted or tearful	<input type="radio"/> Not True	<input type="radio"/> Somewhat True	<input type="radio"/> Certainly True
Generally liked by other children	<input type="radio"/> Not True	<input type="radio"/> Somewhat True	<input type="radio"/> Certainly True
Easily distracted, concentration wanders	<input type="radio"/> Not True	<input type="radio"/> Somewhat True	<input type="radio"/> Certainly True
Nervous or clingy in new situations, easily loses confidence	<input type="radio"/> Not True	<input type="radio"/> Somewhat True	<input type="radio"/> Certainly True
Kind to younger children	<input type="radio"/> Not True	<input type="radio"/> Somewhat True	<input type="radio"/> Certainly True

Example of an SDQ questionnaire.

How is it utilised, and why is this important?

The SDQ is either completed by the allocated social worker, an experienced carer or the Looked After Children's Nurse; it is best practice to complete these prior to the Annual Health Assessment so that the outcome of the SDQ can be considered within this. It is a scaling tool that should be taken in context with the young person and their circumstances and triangulated with other information. It should not in itself be considered a definitive view of a child's wellbeing but can provide additional insight into some of the challenges they may be facing.

Every child/young person with a score of over 17 from their SDQ should be considered for referral to CAMHS, or a similar therapeutic service, due to the potential concerns that may be being recognised. However, it is important to triangulate this score by asking the school, and sometimes the young person themselves, to complete a further SDQ, involving a more reflective approach, so that we have a broader insight into the young person's life and to ensure the session when the SDQ was undertaken, or the person undertaking the questionnaire, did not overtly affect the scaling levels.

The SDQ is important for the following reasons:

- To inform statutory health assessments completed by the LAC nurses.
- To consider whether the child/young person needs a referral into the CAMHS or similar service.
- Whilst we look at the overall score in general, focusing on 'high' scores within the four categories can give greater insight into the formulation of the child and what is their 'primary need'.
- Evaluating progress against emotional wellbeing outcomes and the success of any therapeutic interventions.
- Triangulation can help us to look systemically at where the child's needs are having the biggest impact or alternatively to identify a problem system in their life, e.g. overall low score, but a high score in peer relationships.

What is the current narrative of SDQs for children in the care of the council?

The biggest challenge that we have faced over the past twelve months is in relation to the accurate recording of SDQ data. The royalties to the SDQ are owned by an organisation called 'Youth in Mind'.



This organisation came to an arrangement with Liquid Logic, who are the responsible organisation for LCS, the data system that many local authorities use to record their social care work with children, young people, and their families. LCS removed the statutory reporting data for 2021/2022 as part of a system update, and the consequence of this was that the LAC nurses had no way of being able to record the SDQ score in a way that could be tracked by our Performance Team. This didn't have any detrimental impact on children and young people and the SDQ process and expectations around this didn't change, it did however cause challenges for the service.

The LAC nurses use a separate system to record and gather their SDQ information, and this gives a far more comprehensive overview (including specific breakdown of scales in the five unique areas) as opposed to the standard LCS SDQ completed by social workers, which just provides an overall score.

As part of resolving this we came to an agreement with Youth in Mind that ensured payment of their royalties and provided the necessary evidence for Liquid Logic to extend our system to include the SDQ statutory report option and the SDQ score. At one stage we were facing an issue whereby we would have had no way to undertake an SDQ on LCS, just a box to add the score, but as of the 30 November 2021, the new update went live, and we have been working hard to transfer SDQ data from word documents to either the SDQ form or as an individual score on the statutory report data box on LCS. Going forward this will offer a far more efficient approach

As of February 2022 - **74%** of children in the care of the council have had an SDQ completed. This data doesn't incorporate the ongoing process of transferring data from paper Review Health Assessments to LCS, and so the operational figures of SDQ's will be somewhat higher. It also does not factor in young people who have refused an SDQ, or children and young people with complex disabilities for whom it would be inappropriate to complete an SDQ.

We would anticipate that our overall SDQ completion at the end of March should be over 90% and that those children and young people who do not have an SDQ have extenuating circumstances, or clear reasons as to why this was not completed.

What do we do for children and young people with a score of 17 or above?

Primary Mental Health Worker

We had a Primary Mental Health Worker (PMHW) who would often be our first point of contact in our Service, but she left us in December 2021. This post is currently being advertised and interviews are planned for early March. The PMHW is designated to support looked after children and is our day-to-day CAMHS link. The child/young person may initially be referred to the PMHW for a triage assessment and to consider underlying needs on result of a high SDQ score.

Local therapeutic agencies

Referrals to a wide range of therapeutic agencies such as YIS, Arthur Ellis, Ride High, Swallowfield Stud can also take place. Some children also access support through the Adoption Support Fund, but consideration is given as to what may be the preferred support and when this may best be undertaken.

School service provision

Several schools who either have links to, or directly employ, therapists/counsellors. This can be funded through the child or young person's pupil premium, or joint funded by the Children in Care Team, but will be a multi professional decision to ensure that it best meets the children/young person's needs.

Referral to Specialist Assessment and Intervention Team

This is a council team that is part of our Family Assessment and Support Team. We can access a range of assessment tools and therapeutic interventions through this team, and this can, when appropriate, be utilised to ensure we are getting the most appropriate support for our children and young people.

Next Steps Proposed

SDQ forms for teacher and young people

Draft versions of these have been compiled by our LCS team, based on templates approved by Youth in Mind. They need to be formally approved by Youth in Mind and the usage fee paid if this is considered the right way forward. This is proposed to provide a better way of supporting us to triangulate SDQ's. It is anticipated these will be rolled out in the new financial year if on consideration have been found to bring added value to the process.

SDQ Guidance for social workers

There is an SDQ guidance for social workers which has a flowchart of what needs to happen within the process of completing an SDQ and provides a clearer role definition for who is responsible for collating, recording and acting on the SDQ outcome.

Proactive approach to SDQ's

The guidance is that children and young people with an SDQ score of 17 should be referred to CAMHS/alternative therapeutic provision. These are children and young people most at need, where often this 'need' is already having an immediate impact on their day-to-day life. However, for children in the 14-16 overall score cohort, we need to focus more on this and early intervention to avoid their presenting needs deteriorating to a point where specialist intervention is required.

SDQ is one tool in amongst many

It is important that the SDQ isn't seen as the dominant overriding tool for assessing a young person's underlying functioning. It is based on an individual's 'interpretation' at a 'specific time' about what is happening in that child or young person's life. It therefore could be proposed that the SDQ is very subjective, and this outlines the importance of 'triangulation'.

The timing of the SDQ is crucial and should be avoided during times of upheaval/change unless they are being utilised to map change and improvement. They also should not be a single use tool and on a case-by-case basis it could be appropriate to utilise multiple SDQ's throughout the year.

Permanency

A huge part of the support for children and young people is a sense of belonging regarding their identity, that they feel safe and supported in all that they do. As Corporate Parents this is a role that is shared across all members of the council. Permanency can mean many things, it can mean a stable and secure placement, consistent and positive relationships with their birth parents or knowing their story about why they live in care and came to be separated from their parents. The fundamentals of attachment theory are founded on the importance of a 'secure base' and it is this that we work very hard towards replicating for all children and young people in care. This goes hand in hand with supporting children to attain positive outcomes, have aspirational goals for their life and sustain positive mental and emotional well-being.

Conclusion

It is considered that SDQ's can contribute to the understanding of a child/young persons' mental health or emotional wellbeing. We will continue to utilise this scaling tool in collaboration with our LAC Nurses to ensure that we are able to ensure that when support is required, this is implemented at the right time, in the right way and in the best interests of our children and young people.