Strengths and Difficulties Questionnaires (SDQs)

Practice Guidance for Social Workers, Foster & Residential Carers and Virtual School

What is the SDQ?

Local Authorities are required to use the Strengths and Difficulties Questionnaire (SDQ) to assess the emotional wellbeing of children in care (CIC) aged between 4 and 17 years old, this requirement is contained within Promoting the health and well-being of looked after children 2015. Understanding the emotional and behavioural needs of any child 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 and it exists in three parts: one for the carer, another for the child's teacher and a third part for the child. All versions of the SDQ ask about 25 attributes, some positive and others negative. These 25 items are divided between 5 scales:

- Emotional symptoms
- Conduct problems
- Hyperactivity/inattention
- Peer relationship problems
- 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 the children are considering their emotional and behavioural difficulties. However, SDQs should not be treated solely as a data reporting exercise but should be used as part of the ongoing assessment of the child / young person's needs.

Why should carers complete an SDQ questionnaire?

It is important to routinely assess the emotional wellbeing of children in care for some of the following reasons based on national research:

- 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/CONNECT.
- 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 children in care nurses
- To contribute to the consideration of whether the child/young person needs a consultation / referral into CONNECT
- It will alert the Virtual school and teachers about the likely impact of the child's needs on their learning and educational attainment
- 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 children in care in Suffolk
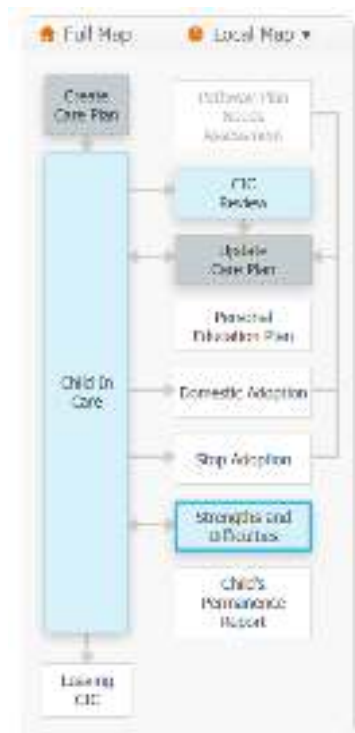
When is the SDQ completed?

The SDQ is sent to carers at 8 weeks of the child coming in care. Subsequent requests are then sent every 9 months of the child being in care.

It is recommended that the SDQ is completed **prior to when the child's review health assessment is due,** so it can inform the assessment and will then be discussed in the next child / young person's review which is chaired by the IRO (Independent Review Officer)

Completing the process in Liquidlogic/via the Portal:

The SDQ will be allocated on Liquidlogic and can be found via the Child in Care Pathway as shown below.

Within the SDQ there are a number of multiple choice questions to answer, along with some free text fields (see figure 1). The SDQ score is automatically calculated as the SDQ is completed. The score can be viewed from the 'Overall Score' tab at the top of the form (see figure 2)

Completing SDQ via template sent by email.

Some carers may have chosen to complete the SDQ using the Microsoft Word template. This is sent to carers to complete, and the expectation is that the carers will send completed form back via email.

Figure 1. SDQ form in Liquidlogic

Strengths and Difficulties Questionnaire

| Form Start Date | 01-Apr-2019 |
| Date SDQ Completed | |

Considerate of other people's feelings	○ Not True	○ Somewhat True	○ Certainly True
Restless, overactive, cannot stay still for long	○ Not True	○ Somewhat True	○ Certainly True
Often complains of headaches, stomach-aches or sickness	○ Not True	○ Somewhat True	○ Certainly True
Shares readily with other children (treats, toys, pencils etc.)	○ Not True	○ Somewhat True	○ Certainly True
Often has temper tantrums or hot tempers	○ Not True	○ Somewhat True	○ Certainly True
Rather solitary, tends to play alone	○ Not True	○ Somewhat True	○ Certainly True
Generally obedient, usually does what adults request	○ Not True	○ Somewhat True	○ Certainly True
Many worries, often seems worried	○ Not True	○ Somewhat True	○ Certainly True
Helpful if someone is hurt, upset or feeling ill	○ Not True	○ Somewhat True	○ Certainly True
Constantly fidgeting or squirming	○ Not True	○ Somewhat True	○ Certainly True
Has at least one good friend	○ Not True	○ Somewhat True	○ Certainly True
Often fights with other children or bullies them	○ Not True	○ Somewhat True	○ Certainly True
Often unhappy, down-hearted or tearful	○ Not True	○ Somewhat True	○ Certainly True
Generally liked by other children	○ Not True	○ Somewhat True	○ Certainly True
Easily distracted, concentration wanders	○ Not True	○ Somewhat True	○ Certainly True
Nervous or clingy in new situations, easily loses confidence	○ Not True	○ Somewhat True	○ Certainly True
Kind to younger children	○ Not True	○ Somewhat True	○ Certainly True
Often lies or cheats	○ Not True	○ Somewhat True	○ Certainly True
Picked on or bullied by other children	○ Not True	○ Somewhat True	○ Certainly True
Often volunteers to help others (parents, teachers, other children)	○ Not True	○ Somewhat True	○ Certainly True
Thinks things out before acting	○ Not True	○ Somewhat True	○ Certainly True
Steals from home, school or elsewhere	○ Not True	○ Somewhat True	○ Certainly True
Gets on better with adults than with other children	○ Not True	○ Somewhat True	○ Certainly True
Many fears, easily scared	○ Not True	○ Somewhat True	○ Certainly True
Sees tasks through to the end, good attention span	○ Not True	○ Somewhat True	○ Certainly True
Do you have any other comments or concerns?			

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Overall, do you think that this child has difficulties in one or more of the following areas:emotions, concentration, behaviour or being able to get on with other people?

- ○ No
- ○ Yes - minor difficulties
- ○ Yes - definite difficulties
- ○ Yes - severe difficulties

● If you have answered "Yes", please answer the following questions about these difficulties:

- How long have these difficulties been present? ○ Less than a month ○ 1-5 months ○ 6-12 months ○ Over a year

- Do the difficulties upset or distress this child? ○ Not at all ○ Only a little ○ Quite a lot ○ A great deal

- Do the difficulties interfere with this child's everyday life in the following areas?

** HOME LIFE ○ Not at all ○ Only a little ○ Quite a lot ○ A great deal

** FRIENDSHIPS ○ Not at all ○ Only a little ○ Quite a lot ○ A great deal

** CLASSROOM LEARNING ○ Not at all ○ Only a little ○ Quite a lot ○ A great deal

** LEISURE ACTIVITIES ○ Not at all ○ Only a little ○ Quite a lot ○ A great deal

- Do the difficulties put a burden on you or the family as a whole? ○ Not at all ○ Only a little ○ Quite a lot ○ A great deal

Signature:

Relation to Child
- ○ Mother
- ○ Father
- ○ Other (please specify below)

Thank you very much for your help

Figure 2 SDQ score in Liquidlogic

Information   Questionnaire   Overall Score   Delegate   Relations   Completed: 17 Oct 20..   Close

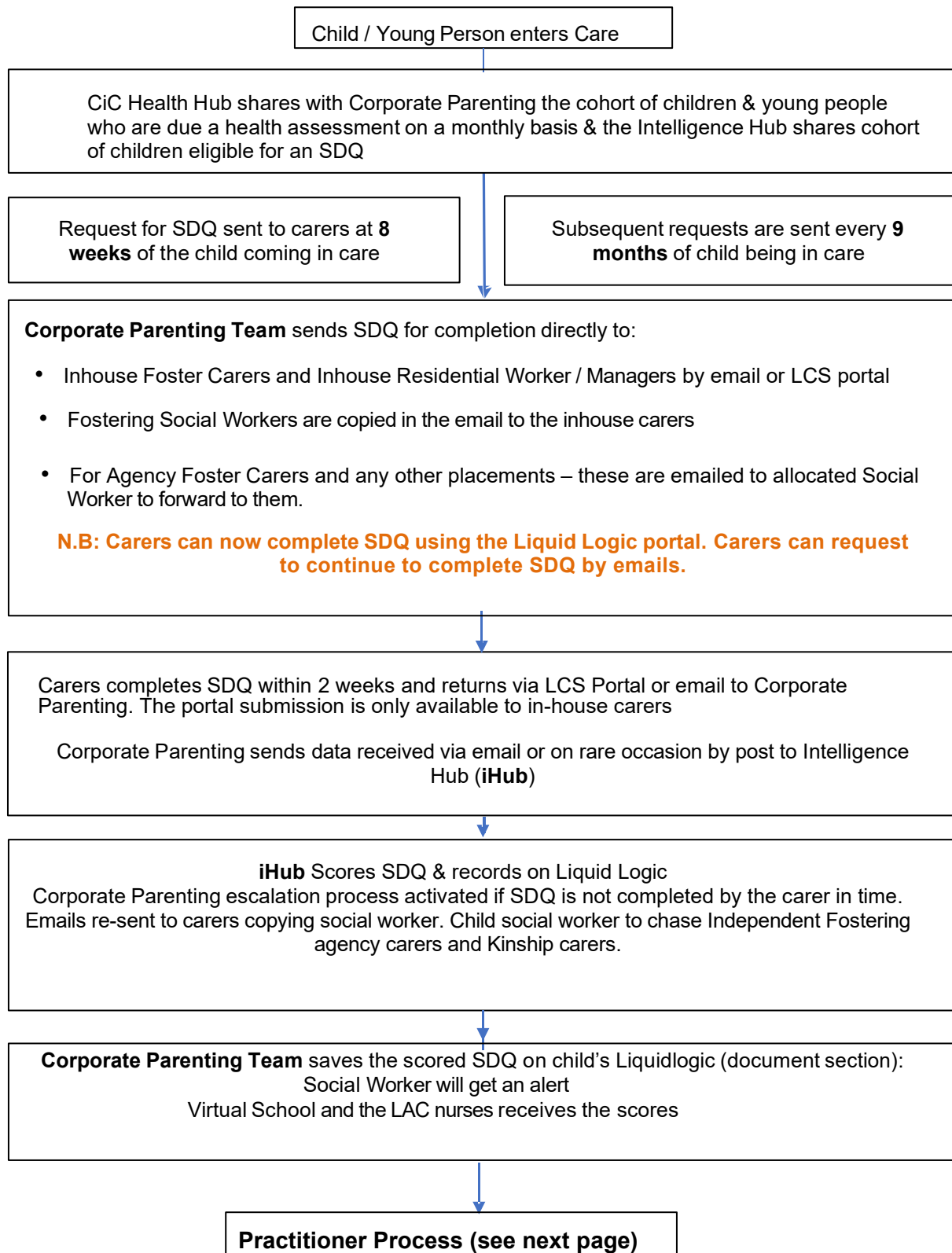Relevant Question

Summary Sheet

Final SDQ Score   1

SDQ Process Map for Children in Care Age 4 – 17 years
(excluding Children placed for adoption)

SDQ Process Map

Child / Young Person enters Care

CiC Health Hub shares with Corporate Parenting the cohort of children & young people who are due a health assessment on a monthly basis & the Intelligence Hub shares cohort of children eligible for an SDQ

Request for SDQ sent to carers at **8 weeks** of the child coming in care

Subsequent requests are sent every **9 months** of child being in care

Corporate Parenting Team sends SDQ for completion directly to:

- Inhouse Foster Carers and Inhouse Residential Worker / Managers by email or LCS portal

- Fostering Social Workers are copied in the email to the inhouse carers

- For Agency Foster Carers and any other placements – these are emailed to allocated Social Worker to forward to them.

  N.B: Carers can now complete SDQ using the Liquid Logic portal. Carers can request to continue to complete SDQ by emails.

Carers completes SDQ within 2 weeks and returns via LCS Portal or email to Corporate Parenting. The portal submission is only available to in-house carers

Corporate Parenting sends data received via email or on rare occasion by post to Intelligence Hub (**iHub**)

iHub Scores SDQ & records on Liquid Logic
Corporate Parenting escalation process activated if SDQ is not completed by the carer in time. Emails re-sent to carers copying social worker. Child social worker to chase Independent Fostering agency carers and Kinship carers.

Corporate Parenting Team saves the scored SDQ on child's Liquidlogic (document section):
Social Worker will get an alert
Virtual School and the LAC nurses receives the scores

Practitioner Process (see next page)

Strengths & Difficulties Questionnaire Process Map for Children in Care Age 4 – 17 years (excluding Children placed for adoption)

SDQ is a screening tool but should not delay a service being obtained if the child's needs indicate intervention is needed prior to receiving the results of an SDQ.

Practitioner Process for all scores:

Social Worker

- Will view SDQ in the child's Liquid Logic record – saved in Forms section (also check documents).
- Consider a discussion with the carer and child to understand the results further and discuss if additional assistance is required.
- Consider if SDQ triangulation is required – social worker can support the child to complete their SDQ (**child's version**) or for the school to complete one (**teacher version**) to compare with the one done by the carer. Both form versions can be completed in Liquidlogic

Booking a consultation with Connect for SDQs scores 17 and above - 01473 237070

An SDQ-based consultation with the Connect duty worker requires the social worker to come with:

1. Total SDQ score
2. SDQ scale scores which are on the SDQ summary sheet
3. A question that they want Connect to help them to think about. Examples of questions social workers might come up with:
   - What sort of service does this child need?
   - Should I refer to Connect?
   - Can you help me think about risk management?
   - How could I support the foster carer of this child?
   - I want help thinking about why this child is not going to school / self-harming / running away / soiling etc.

Social worker should also consider having discussion with carers before seeking a consultation or referring to Connect for Intervention   .

CONNECT

During consultation the Connect duty worker will ask the CYP social worker some questions to help them think about the assistance the child needs e.g., presenting problems, recent changes in their situation, history of trauma, placement history, key relationships, and quality of these. They will offer some thoughts, signposting or reflections and may advise the practitioner to make a referral to Connect for intervention

Health Teams

- Retrieve SDQ scores including summary sheet from Liquidlogic and record on child's file on SystmOne.
- Consider most recent SDQ in Health Assessments as applicable and include any recommendations in the health plan

Virtual School

- Virtual School Office input SDQ held by the Local Authority, into each child's ePEP
- Schools to complete an SDQ once a year; schools enter the school based SDQ onto the ePEP.
- As part of the ePEP the Designated Teacher will include details of additional social, emotional and mental health (SEMH) support and the SDQ completed by the school is uploaded into the document section of the ePEP.
- The Designated Teacher to share SDQ score with school nurse.

Safeguarding / IRO

- Safeguarding Coordinators add the SDQ to CiC Review Chair's packs
- IRO's discuss results with the Social Worker as appropriate and ensure SDQ outcome has led to consultation CONNECT if required.
- Discuss with child, carer and relevant professionals as part of the CiC review process as appropriate.
- Consider whether the right interventions are in place
- IRO's raise concern if SDQ is not available at the relevant review (2nd review for 1st SDQ, subsequent review for yearly SDQ's)

Supervising Fostering Social Worker

- Consider the needs of the carer and their support needs if the child's scoring is high

Link to:
Department for Education Statutory Guidance

Using the SDQ score

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

Main carer completed SDQ	Normal	Borderline	Cause for concern
Total difficulties score	0-13	14-16	17-40

These bandings are identified by obtaining the total difficulties score and the scores in each of the 5 scales.

If the child's total difficulties score is outside the normal range and considered as giving cause for concern, the child may benefit from triangulating the scores from the carer's SDQ with SDQ scores completed by a teacher. Social Workers and the virtual school team should arrange for this to be done to provide more comprehensive information for the health assessment.

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 CONNECT for consultation if a child is already presenting with signs of poor emotional wellbeing or mental health, even if their SDQ score is lower than 17.

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.

The completed SDQ is to be forwarded to the LAC Health Team prior to the Review Health Assessment (RHA). 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. This all needs to be included in the child in care review with the oversight of the IRO

Consultation with CONNECT

CONNECT is a specialist team that is dedicated to working with Suffolk children in care and Care Leavers. The aim of the CONNECT service is to improve the mental and emotional health and wellbeing of CiC and consequently improve the stability of their placement relationships and other aspects of their life as they move towards adulthood.

Triangulation is encouraged as can help a social worker to think about what is going on for a young person, e.g. are they struggling more at home or at school? Who in the child's network is seeing their difficulties? If the triangulated SDQ score is in the borderline or cause for concern range, then a consultation with the CONNECT service should take place to understand if a full mental health assessment or additional therapeutic support is required. The duty Connect clinician will offer some thoughts for the social worker and the carer to consider. The clinician may also advise that a Connect referral should be made for the child.

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. Each child in care must have a questionnaire completed within the last 12 months.

What happens to the information on the SDQ?
Social Workers, health and school workers need to consider whether the score falls in the 'normal', 'borderline' or 'cause for concern' range and then reflect on what it means for the child. This may require further discussions with virtual school, the carer or a consultation with CONNECT if the score is above 17 (cause for concern)

What happens if the child is placed outside of area?
CAMHS/CONNECT service work with young people placed inside of Suffolk. Those placed out of county will need to access CAMHS through their GP. Social workers would still need to ensure the SDQ was completed in accordance with the guidance. On requesting health assessments (RHA) for a child in care placed out of the county, the LAC Health Team will provide the SDQ score to the out of area LAC Team.
(We are going to check this and if we weren't we will set up a process to ensure this happens)

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 Supervising and Child 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 and can complete the SDQ on Liquidlogic as part of the child's record. Or use the email template.

What if a child has changed carers?
For children who have changed placements during the course of the year, it is the carer who is living with the child as of when the SDQ is due that will get the request to complete the questionnaire. The carer can have a discussion with the social worker if they feel unable to complete it because the child has just come live with them.

What arrangements do we need to make to complete the questionnaire?
The SDQ Admin Team will send the SDQ's out for completion via the LCS Portal (and /or via email). They will chase carers for uncompleted SDQs, copying the social worker and the fostering social worker. Social Worker should ensure that SDQ is completed as part of their discussions with carers in preparation for the RHA (Review 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 child in care 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.

The DfE SSDA903 data collection uses the following codes for this purpose:

SDQ1	No form returned as child was aged under 4 or over 18 at date of latest assessment
SDQ2	Carer(s) 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

What are the thresholds for SDQs?

SDQ bandings – for triangulating scores from carer, teacher and young person self-completed questionnaires

SDQ Scale	Close to Average (80% pop)	Slightly raised (/lowered) (10% pop)	High (/Low) (5% pop	Very high (/very low) (5% pop)
Parent/Carer completed SDC				
Emotional problems score	0-3	4	5-6	7-10
Conduct problems score	0-2	3	4-5	6-10
Hyperactivity score	0-5	6-7	8	9-10
Peer problems score	0-2	3	4	5-10
Prosocial score	8-10	7	6	0-5
Externalising score	0-7	8-10	11-13	14-20
Internalising score	0-3	4-7	8-10	11-20
Total difficulties score	0-13	14-16	17-19	20-40
Teacher completed SDQ				
Emotional problems score	0-3	4	5	6-10
Conduct problems score	0-2	3	4	5-10
Hyperactivity score	0-5	6-7	8	9-10
Peer problems score	0-2	3-4	5	6-10
Prosocial score	6-10	5	4	0-3
Externalising score	0-5	6-10	11-12	13-20
Internalising score	0-3	4-8	9-10	11-20
Total difficulties score	0-11	12-15	16-18	19-40
Self-completed SDQ				
Emotional problems 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
Prosocial score	7-10	6	5	0-4
Externalising score	0-5	6-10	11-12	13-20
Internalising score	0-4	5-8	9-10	11-20
Total difficulties score	0-14	15-17	18-19	20-40