



Children's Social Care

Strength and Difficulty Questionnaire (SDQ) Guide 2021

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1. Introduction

Since April 2008 all local authorities in England have been required to provide information on the emotional and behavioural health of children and young people in their care, and to report back to central government on an annual basis. Data is collected by local authorities through the completion of the Strengths and Difficulties Questionnaire (SDQ) on individual children. A single aggregated score for the cohort is then provided based on the scores for each child (the total difficulties score) and submitted to the Department for Education through the SSSA903 data return each year.

The SDQ is not merely a data collection tool. When used consistently and, when outcomes for each child or young person are analysed, the SDQ is a very useful way in which social workers and others working with Children Looked After can identify their emotional health needs, act upon them accordingly and review progress and improvement of outcomes.

The SDQ has been internationally used and accepted and is considered universally suitable. It is available in alternative languages from Strengths and Difficulties Questionnaires website. <https://www.sdqinfo.org/py/sdqinfo/b0.py>

2. What is the SDQ?

2.1 Local authorities are required to use the strengths and difficulties questionnaire (SDQ) to assess the emotional wellbeing of individual looked after children (LAC) aged 4-16. Understanding the emotional and behavioural needs of LAC is important so that the relevant support can be put in place and children are given the opportunity to achieve their full potential.

2.2 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 sections, covering details of:

Emotional difficulties, conduct problems, hyperactivity or inattention, friendships and peer groups and Pro Social behaviour

3. Why should carers complete an SDQ questionnaire?

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

- Evidence suggests that Child Looked After are nearly five times more likely to have emotional health needs than children who are not in care.
- Almost half of the children and young people in care meet the criteria for a psychiatric disorder
- Young people leaving care in the UK are five times more likely to commit suicide than their peers
- One child's unstable and unsupported experience of care cost £22,415 more per year than another child's stable and well supported care journey

3.2 The completed SDQ can be used in the following ways:

- To inform statutory health assessments completed by the NHS
- To inform if the child/young person needs a referral into the CAMHS service
- Evaluating progress against emotional wellbeing outcomes

- Giving commissioners of services a better understanding of the emotional wellbeing needs of the Waltham Forest LAC population

4. When is the SDQ questionnaire completed?

4.1 Young people aged 4-16 are required to have an SDQ completed annually. It is recommended it is completed prior to when the child's health assessment is due so it can inform the assessment.

4.2 For those young people who have recently come into care, the carer will need to establish a relationship with the child before they are in a position to carry out the SDQ. 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.

5. Using the SDQ score

5.1 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:

- 'Low'
- 'Medium'
- 'High'

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

5.3 If the child's total difficulties score is in the medium to high 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 and (if the child is in the relevant age bracket) the child. Social Workers and Virtual School Heads should arrange for this to be done in order to provide more comprehensive information for the health assessment.

Table 1. SDQ bandings for parent/carers questionnaire results – using the score Main carer completed SDQ Low, Medium or High

Main Carer Completed SDQ	Low	Medium	High
Total difficulties	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

5.4 It is important to remember that the SDQ is only a screening tool and should not replace other processes and knowledge of the child and their behaviours. Therefore, Social Workers

should not wait for an SDQ to discuss with PMHW or refer to CAMHS if the child is already presenting with the signs and symptoms of poor emotional wellbeing or mental health.

6. Outcomes, Analysis and Action – What action the scores indicate

6.1 Low scores

Where total SDQ score is Low, this should be recorded on the child's record and no further action is required.

6.2 Medium scores

Where a total SDQ score is Medium to High scores this is to be discussed with Team Manager during supervision. The social worker on receipt of the score should initially record on the child's file the present support in place and what needs to be considered – Social worker also to raise an alert to the team manager to enable case discussion or consider progression to Practice Support Group (PSG).

6.3 High scores

All high scoring SDQ scores the social worker will discuss the young person's case in Practice Support Group where further actions will be discussed for example:

- SDQ to be completed by school
- SDQ to be completed by the young person
- Referral to be made to CAMHS
- Professionals meeting to be arranged

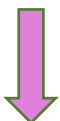
Primary Mental Health Workers (PMHW) are part of practice support group and they will also receive a separate notification of high scoring SDQ's via business support.

- PMHW to liaise with CAMHS regarding young people with High SDQ score
- PMHW to arrange a consultation with the SW/CAMHS

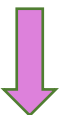
7. Summary of the process: What do Social Workers (SW), carers and Business Support Officers (BSO) need to do?

7.1 Process for completion of SDQ Questionnaire and actions following completion.

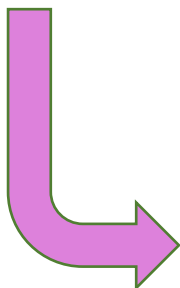
SDQ questionnaire to be sent to foster carer and service providers for completion by BSO



Completed SDQ are returned to BSO by foster carers and service providers



BSO score the completed SDQ: High, Medium, and Low



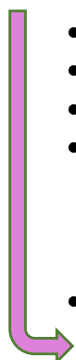
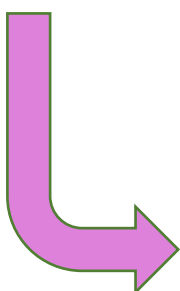
- BSO Send case alert to SW on Mosaic with the outcome of the scores High, Medium and Low
- BSO send email to PMHW – email inbox
- BSO send all completed SDQ scores to the LAC Health Team

Actions following scores:

Low Score: no actions

Medium Score: SDQ to be discussed as part of case supervision. SW to complete a case note highlighting what support is provided at this stage and what needs to be considered.

High Score: SW to discuss young person's case in PSG where further actions will be discussed for example:



- SDQ to be completed by school
 - SDQ to be completed by the young person
 - Referral to be made to CAMHS
 - Professionals meeting to be arranged
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- PMHW to liaise with CAMHS regarding young people with High SDQ score
 - PMHW to arrange a consultation with the SW/CAMHS