



Strengths and Difficulties Questionnaire (SDQ)

Lancashire Practice Guidance 2024



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Contents

- 1. Introduction**
- 2. The Thrive Framework**
- 3. How to use this Guidance**
- 4. Key Principles of the Lancashire SDQ Practice Guidance**
- 5. What is the SDQ?**
- 6. Why should carers complete an SDQ?**
- 7. When should the SDQ be completed?**
- 8. Children with Special Educational Needs and Disabilities (SEND)**
- 9. Why it is important for the SDQ to be triangulated**
- 10. Importance of the Impact Assessment**
- 11. Where can you download the SDQ Form?**
- 12. Roles and Responsibilities**
 - i) Role of Health Professionals undertaking Statutory Health Assessments**
 - ii) Role of Local Authority Business Support**
 - iii) Role of the Social Worker**
 - iv) Role of the Independent Reviewing Officer (IRO)**
 - v) Role of Foster Carers, Parents and Residential Support Workers**
 - vi) Role of Education/ Personal Education Plan (PEP)**
 - vii) SCAYT+**
- 13. Summary of the Process**
- 14. The SDQ Score**
- 15. What do the Results mean?**

Appendices

1. Frequently Asked Questions
2. Strengths and Difficulties Questionnaire- For Carers
3. Strengths and Difficulties Questionnaire- Education
4. Strengths and Difficulties Questionnaire- Self
5. SDQ Bandings- Triangulating scores from carer, teacher, young person
6. Information on non- electronic Scoring Criteria



1. Introduction

Evidence suggests that a child in care is nearly five times more likely to have emotional health needs than children who are not in care. 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 this as part of their annual return to the Department for Education. This data is required to be collected by all local authorities through the completion of the Strengths and Difficulties Questionnaire (SDQ). This is completed for individual children and a summary figure for each child (the total difficulties score) forms the overarching outcome measure used for tracking the emotional and behavioural difficulties of children in care at a national level. 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 an extremely useful way in which social workers and others working with children in care can identify their emotional health needs, act upon them accordingly, and review progress and improvement of their overall outcomes. The SDQ should be used alongside other relevant information including qualitative and quantitative data about a child's emotional health and wellbeing.

2. The Thrive Framework

The results of an SDQ can be used within the THRIVE Framework to identify services and interventions that could improve the child's wellbeing. The Framework is needs-led. This means that emotional health needs are defined by children, young people, and families alongside professionals through shared decision making. Needs are not based on severity, diagnosis, or health care pathways.

The THRIVE Framework is for any professionals who seek to promote mental health awareness and help children and young people with mental health and wellbeing needs or those at risk of mental health difficulties (whether staff in educational settings, social care, voluntary or health sectors or others).

The THRIVE Framework conceptualises the mental health and wellbeing needs of children, young people, and families into five needs-based groupings:

Further information about the THRIVE Framework can be located [here](#)



3. How to use this Guidance

Using the information contained within the guidance will inform all participants what their role is and why it is important to facilitate early identification and provision of support for improved emotional health and wellbeing outcomes for children in care. It also outlines how the information is collated as part of the annual DFE SSDA903 return; and how the information should be used to develop strategies to early identify and support children who have emotional and behavioural problems.

4. Key Principles of the Lancashire SDQ Practice Guidance

- The SDQ should be completed at a minimum when a child comes into care and annually. It can also be completed at future timescales as required.
- The SDQ should be completed in line with the health assessment to enable it to be considered as part of the review health assessment.
- The SDQ score and any recommended actions should be included as part of the child's statutory health assessment summary and action plan.
- SDQ scores should be included as part of the PEP process.
- The self SDQ should be completed for children and young people over the age of 11 years.
- The SDQ completion and scores should be included as part of care planning meetings and the CiC review.
- The effectiveness of the support plan in place as identified in result of the SDQ scores should be included as part of discussions held within statutory visits, care planning meetings and the CiC review.
- Roles and responsibilities for all professionals and carers in the relation to completion, scoring and recording should be clearly articulated.
- Whereby an a SDQ score is borderline or elevated this should trigger completion by school to identify an overall score and need for targeted support.
- There should be a clear plan for what to do when an SDQ score is high and what services are in place to support the child both in a home and school setting.

5. What is the SDQ?

The SDQ is not a diagnostic tool but a brief emotional and behavioural screening questionnaire for children and young people which is to be used alongside wider discussions with children and young people regarding their feelings and emotional health. It considers the following attributes: -

- Emotional symptoms
- Conduct problems
- Hyperactivity/ inattention
- Peer relationship problems
- Pro- social behavioural strengths



Whilst the SDQ is effective in the identification of 'externalising' behaviours; it is notable that it is less effective in identifying 'internalising' behaviours and peer problems. It is also important to note that the 'self-reported' questionnaire (i.e., completed by the child/ young person) can be influenced by their emotional wellbeing and individual circumstances at the time of completion.

6. Why should carers complete an SDQ?

It is widely recognised that children in care experience significantly poorer mental health than their peers. (Promoting the health & Wellbeing of Looked after Children 2015) It is important therefore to routinely assess the emotional wellbeing of the children we care for. Understanding the emotional and behavioural needs of our children is important so that the relevant support can be put in place and children are given the opportunity to achieve their full potential. Based on national research, here are some of the other 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 emotional and mental health services
- Children in care often experience attachment difficulties and require therapeutic support.

The completed SDQ can be used in the following ways:

- To inform statutory children in care health assessments
- To inform individual care planning around their emotional health and wellbeing needs being met
- To inform whether the child/ young person needs a referral into emotional and mental health services and early intervention to support them in their homes and educational settings
- To give local health commissioner a better understanding of the emotional health and wellbeing needs of Lancashire's Children in Care

As a minimum statutory requirement, the SDQ must be completed by the child's main carer. For most young people this will either be their foster carer or residential care worker if the child / young person lives in a residential home. However, it is possible for a parent or connected carer/family member to complete the questionnaire if they are looking after the child as their main carer. For those young people who may be in

independent living accommodation; a previous carer, social worker or any other responsible and trusted adult can complete the tool. The only pre-requisite is that they have known the young person for a sufficient period and are able to make an informed judgement regarding a young person's health and behaviour.

7. When should the SDQ be completed?

In Lancashire, a parent/carer SDQ is required to be completed in time to inform the first statutory child in care review. This is to establish a baseline assessment of a child or young person's emotional health and wellbeing. For those young people who have recently come into care, the carer will need to establish a relationship with the child before they are best placed to complete the SDQ with them. Therefore, it may be appropriate for the social worker to complete with the child or young person directly. Children in care aged 4-17 (inclusive) are required to have a parent/carer SDQ completed annually which is a statutory requirement. Best practice is that it is completed to inform the child's annual health assessment. Children aged 11 years and above should also complete the self SDQ which can be completed with them with their social worker.

The SDQ can also be used to support decision making about establishing early links with emotional health services when a child first comes into care or upon any subsequent home moves. If the child has recently moved to a new home, the team around the child will need to judge if the child's previous carer is better placed to complete the questionnaire.

The SDQ can be completed at any time if there are concerns regarding the emotional health and wellbeing of a child in care or if identified as part of their individual health action plan if the child has previously had a high score to determine if the appropriate measures are in place to support the child and their carers as part of wider care planning.

8. Children with Special Educational Needs and Disabilities (SEND)

For children with SEND, particularly children with severe and profound learning disabilities, consideration needs to be given to whether completion of an SDQ will result in a false score and therefore, an incorrect assessment of the child's emotional wellbeing due to the level of the child's needs.

For example:

A child may be considered to score 'Certainly true' for the statement of *'Restless, overactive, cannot stay still for long'* because they have autism which means they need to constantly move and self-stimulate; or *'Gets on better with adults than with other children'* because they have profound and multiple learning disabilities, cannot interact with other children without support and is reliant on adult carers to meet all their needs. A child could be considered to score 'certainly true' for the statement *'Often has temper tantrums or hot temper'* but the behaviour a child is displaying is due to dysregulation and communication about how they are feeling due to severe autism.

A child may be considered to score 'Not true' for the statements *'Helpful if someone is hurt, upset or feeling ill'*, *'Has at least one good friend'* or *'Kind to younger children'* because they have profound autism, cannot understand emotions in others and prefers not to interact with others. Or a child could score 'Not True' for the statement *'Often*

volunteers to help others (parents, teachers, other children)' because they have severe physical and learning difficulties.

In these instances, the SDQ would result in a false score and an inaccurate assessment of the child. The child's emotional needs would be better assessed using other ways such as observations from people who know the child well and can communicate with them or specific communication tools the child uses that should be described in their child and family summary on LCS and their EHCP. The Sheffield Learning Disabilities Outcome Measure tool (SLDOM) is suitable for children with learning disabilities aged between 3-16 years. This is a tool that can be used to measure of parents' perception of their child's symptoms and their ability to cope with their child's symptoms. The tool and further information can be accessed [here](#).

9. Why it is important for the SDQ to be triangulated

Completion of the SDQ version for children allows for the voice of the child to be captured and provides awareness of their level of insight into their difficulties. The knowledge of the child in the school environment needs to be incorporated alongside information about peer relationships to give a more robust measure. This supports a holistic understanding of any difficulties experienced and how best to provide the required support to the child and/or carer.

10. Importance of the Impact Assessment

The SDQ is designed and provides normative data for a general population and is not specifically designed for children in our care. Many of our children will score a consistently high SDQ scores, despite having their complex needs understood and met at home and school, or will have a low score, but still be at substantial risk of having to move to a different home. It is therefore essential that the domain and 'Total difficulties' scores are interpreted alongside the 'Impact assessment' on the reverse of the SDQ form. All the questions provide a context to the difficulties, but where it is identified that the difficulties "Upset or distress the child", "Impact on homelife" or "Put a burden on you or the family as a whole"- either "A lot" or "A great deal", particular attention should be given to the risk that the carers may not be able to meet the child's needs and a situation may arise whereby the child needs to move to a different home.

11. Where can you download the SDQ Form?

The form is available on LCS. CLA business support need to provide carers with the English double-sided version with impact supplement for parent/carers.

Click here www.sdqinfo.org to be directed to the webpage with all English versions, including versions for teachers (T4-17) and the young person's self-completion aged 11+ (S11-17) and for versions in other languages.

12. Roles and Responsibilities

i) **Role of Health Professionals undertaking Statutory Health Assessments**

Good practice guidance states that the SDQ and score should form part of the statutory health assessments for children in care. Once completed the SDQ score and completed questionnaires from when the child is new to care should be sent to the relevant enhanced children in care admin team when completed for sharing with caseload holder within health. This will then be uploaded to child/young person's records by caseload holder team admin and caseload holder to be made aware that this is available to be reviewed.

For review health assessments (RHA) thereafter the SDQ score and completed questionnaires are required to be sent to the relevant Enhanced Children in Care admin team along with the review health assessment request for sharing with the caseload holder. This will then be uploaded to the child/young person's records by the caseload holder team admin and the caseload holder will be made aware that this is available to be reviewed as part of the RHA.

As part of the RHA the caseload holder will review the SDQ score and questionnaire. This will be documented by the caseload holder within the emotional health section of the RHA and reflected in the health plan. Discussion should take place with child/young person and carer around any high scores, any areas of concern, any improvements to the score, unexpected low score, etc-this will then inform the health plan and any subsequent actions such as referrals for emotional health support, liaison with social worker.

If the scores are borderline (14) or high (17-40) and not contextualised further liaison to take place between social worker and caseload holder to ascertain the current plan of support and included as part of the RHA health plan.

If there is no SDQ available to inform the RHA, the nurse completing the health assessment will highlight this as an action within the health plan for the social worker for completion within six weeks as a priority. At the point of quality assurance of the RHA, if there is no SDQ score and this has not been identified as an action in the health plan, the RHA documented to be returned to the case holder to request that this is included.

ii) **Role of Local Authority Business Support**


The Children in Care (CiC) Business Support Team are responsible for requesting and processing all SDQ's.


The initial SDQ is sent to carers and young person (aged eleven plus only) within 10 days of a young person coming into care. This will be followed up by the CLA Business Support Team after 5 working days if not returned to inform the initial CLA review. The review parent/carer and young person (aged 11plus only) SDQ, due annually, is sent to carers 12 weeks before the due date. This will be followed up by the CiC Business

Support Team after 5 working days if not returned. This will enable the score to be used to inform the Statutory Health Assessment.

The CiC Business Support Team will electronically score the SDQs once returned, log on LCS and uploaded to the child's CSC record. The SDQ scores and questionnaires will also be provided to Health for the Health Assessment and Virtual School for the Personal Educational Plan. The CiC Business Support Team will also send SDQ's outside of these timescales if requested by the Social Worker or Personal Advisor if indicated.

If there is a score of 14 and above the CiC Business Support Team will send a copy via the allocated school for completion. This will need to be returned via business support who will score and add to LCS and uploaded to the child's record.

Where a child has a CwD flag  on LCS and is open to the children with Disabilities (CwD) social worker, CiC Business Support Team should not follow the usual process but should check with the child's social worker whether an SDQ questionnaire is appropriate for the child, before sending this out.

Where a child has a CwD flag  on LCS but is not open to a CwD social worker, the usual process will be followed and the team around the child will ensure that the impact assessment is fully completed.

iii) Role of the Social Worker

The SDQ should be completed when a child comes into our care. It needs to be ready for the initial child looked after review. Annual SDQs are then required in line with statutory requirements or when the team around the child feels a review is needed.

The SDQ should be completed in line with the process as outlined above. The child's social worker is best placed to complete the young person SDQ with the child. The supervising social worker can support the foster carers if needed.

SDQ score should form part of the PEP process, the Initial Health Assessment/ Review Health assessment, and the care planning process. During each of these, the SDQ score should be discussed, contextualised and a plan agreed on how the child will best be supported and consideration of what is already in place. The child's care plan should be updated to reflect this.

The SDQ and subsequent scores should be used when gathering information for the Child and Family Assessment or Workbook and should be included as part of discussions held within supervisions.

Triangulating SDQ scores for those children who need it allows us to have a greater understanding of the baseline of the child's emotional well-being and identify and ensure that there is the required support in place in their home and school setting. The child's social worker should review all the SDQ scores to have a holistic view of the child's emotional health and wellbeing and consider any differences ensuring the required support is in place.

Where a child has a CwD flag **CWD** on LCS and is open to the children with Disabilities (CwD) social worker, and an SDQ is not appropriate due to a child's disability, the social worker should complete the 'statutory report data' screen under the 'additional' screen on LCS should be completed, selecting the option of '**SDQ3 - Not possible to complete the questionnaire due to severity of the child's disabilities**'. This should be done on the day the child becomes 'CLA' on LCS and then each year to reflect the data return period.

iv) **Role of the Independent Reviewing Officer (IRO)**

At the time of the child's first review, the initial SDQs should have been completed. The review will consider the scoring from this, alongside the child/young person's presentation and their emotional and behavioural needs and health assessment. This will be reflected within the conversations of their initial review, where considering what therapeutic support needs to be identified. Usually at this initial stage, referrals and request for support are being made, therefore direct therapeutic support if required may not be in place.

If the SDQ score suggests the young person needs additional support, the IRO will make a recommendation for this support to be explored/started in an agreed timescale. Following this timescale the IRO will undertake case monitoring, reading the child's file and speaking with the social worker, child, carer, wherever appropriate. If following the completion of the case monitoring the recommendation is outstanding a conversation will be had with the social worker/team manager and where required, this will be escalated via a management alert or outcome resolution. A timescale for the recommendation to progress will be agreed. This will be reviewed again within the reviewing period and discussed further in the review.

Subsequent (minimum annually) SDQ scores will be considered at each review, what this means for the child and services/support required and what is already in place to support the child.

The need to undertake an SDQ at 12 months or following a significant event will also be reflected with child looked after review discussions and within IRO recommendations. If the SDQ is not completed within the agreed and statutory timescale, the IRO will escalate this via the outcome resolution process, alerting the social worker's team manager.

v) **Role of Foster Carers, Parents and Residential Support Workers**

Completion of the Strengths and Difficulties Questionnaire (SDQ) is part of this process of assessing the child or young person to see if they require support for their emotional health and wellbeing. Intervening early means that the right support is put in place at the right time. The SDQ requires you to read a series of simple statements and judge how well it describes the child or young person in your care by ticking one of the three or four boxes for each question. It takes about 5 to 10 minutes to complete, occasionally it may take a little longer. However, it is important that you understand the questions asked within the SDQ and how the child or young person in your care

presents. If you have any problems completing the form, please talk to the child's or your fostering social worker who will talk through any difficulty you may have. If necessary, they can assist you in completing the form, however it is important that you answer the specific questions.

The SDQ should be given or sent back to the LA CiC Business Support Team without delay and in line with the timescales within this process. Once the scoring process has been completed the social worker will discuss the outcome with you. If you have a child in your care who is aged 11 years plus the child's social worker is best placed to support them to complete their own self SDQ, which will be sent via CiC business support.



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%20parents-carers.d

vi) Role of Education/ Personal Education Plan (PEP)

It is a requirement that the SDQ score is included within the Personal Education Plan (PEP) to enable the school/setting and Virtual Head Teacher to understand the child/young person's social and emotional wellbeing and put interventions in place. The SDQ score should be discussed at the PEP meeting that includes all the relevant professionals. They should focus on the child needs and appropriate interventions including social and emotional wellbeing particularly on areas the SDQ has highlighted as a concern.

If a school suspects that a pupil is presenting with emotional and social difficulties, they should put support in place as soon as this need is identified. One way in which schools can act on this is to use the SDQ to assist them in taking an overview and making a judgement about their social and emotional needs and how this might be impacting on their ability and/or readiness to learn. This should be part of the schools planning and should be incorporated into their PEP.

SDQ carer/child scores of 14 or more indicate that there could be significant areas of need, which we would expect to be highlighted within the PEP and actions set to support meeting these needs. In these circumstances the LA CiC Business Support Team will also send a copy of the Teacher SDQ for completion by the school for triangulation purposes which will need to be returned to the LA CiC Business Support Team within five working days. This should be completed by the individual member of school staff who has the most knowledge of the child within the school setting.

vii) SCAYT+

The SCAYT+ (Supporting Carers and Young People Together) is a team of Emotional Health Practitioners, Social Workers, and Clinical Psychologists who work with families and professionals to support the children in our care in Lancashire and living within the boundaries of Lancashire County Council. Their key priority is ensuring they support parents and carers to develop their therapeutic knowledge and skills and to develop

trauma informed practices, strengthening relationships between parents and care givers and their child and gaining a better understanding of their needs and behaviours. They use a range of therapeutic approaches in our work with families and this provides opportunities to increase children's feelings of safety, security, connectedness, shared enjoyment, sense of belonging and permanence within their families.

The SDQ provides a snapshot of a child at a single point in time, and a child's needs will change continually depending on their age, context, ability, and needs. An SDQ assessment is not needed to refer a child for SCAYT+ support, however, completing and reviewing their annual SDQ scores may be a useful time to consider if extra support is needed.

Further Considerations

Where a child scores 0-13 ('Normal' range)

Social worker to review the SDQ impact assessment and individual domain scores. This can be discussed in next multi-agency meeting for the child so that the score can be fully contextualised. If specific concerns or risks in relation to the child's emotional wellbeing or placement stability are identified, consider a referral to SCAYT+. If not, consider how support can be provided to maintain the positive home environment. It is recommended that carers attend the 2 SCAYT+ training days to maintain their trauma informed understanding:

[Introduction to Trauma Informed Care SCAYT + Day 1 \(Formerly known as Therapeutic Caring Day 1\) - FC0089 - Lancashire County Council](#)

[Parenting with PACE \(Formerly Therapeutic Caring SCAYT + Day 2\) - FC0092 - Lancashire County Council](#)

Where a child scores 14-16 (Borderline range) or 17-40 (Elevated range)

Check the impact assessment and individual domain scores. Discuss next multi-agency meeting for the child and consider:

- Has there been a change in score?
- Triangulation of scores from school and young person
- What is the impact on the child's overall wellbeing?
- Does the impact assessment suggest a risk to placement stability?
- Is the child showing a high level of distress (impact assessment)?
- What support is already in place and is it helping?
- What support/training has already been provided?
- Is the carer willing to engage with further support?
- Is the child asking for support?

Depending on the outcome of these conversations the following should be considered:

- Recommend carers attend the two SCAYT+ training days.
- Recommend carers attend the 12-week Therapeutic Parenting with PACE course (available twice a year by referral to SCAYT+)

- SW to seek a one off SCAYT+ consultation for professionals to consider the child's emotional needs (e.g., for life story work, further therapeutic support, or advice around specific concerns).
- SW to seek a referral to SCAYT+ for professionals and carers to come together for an assessment of the child's needs and to explore what SCAYT+ can offer.

Carers can book themselves on to the two training days, all other referrals are made by and LCC professional via LCS.

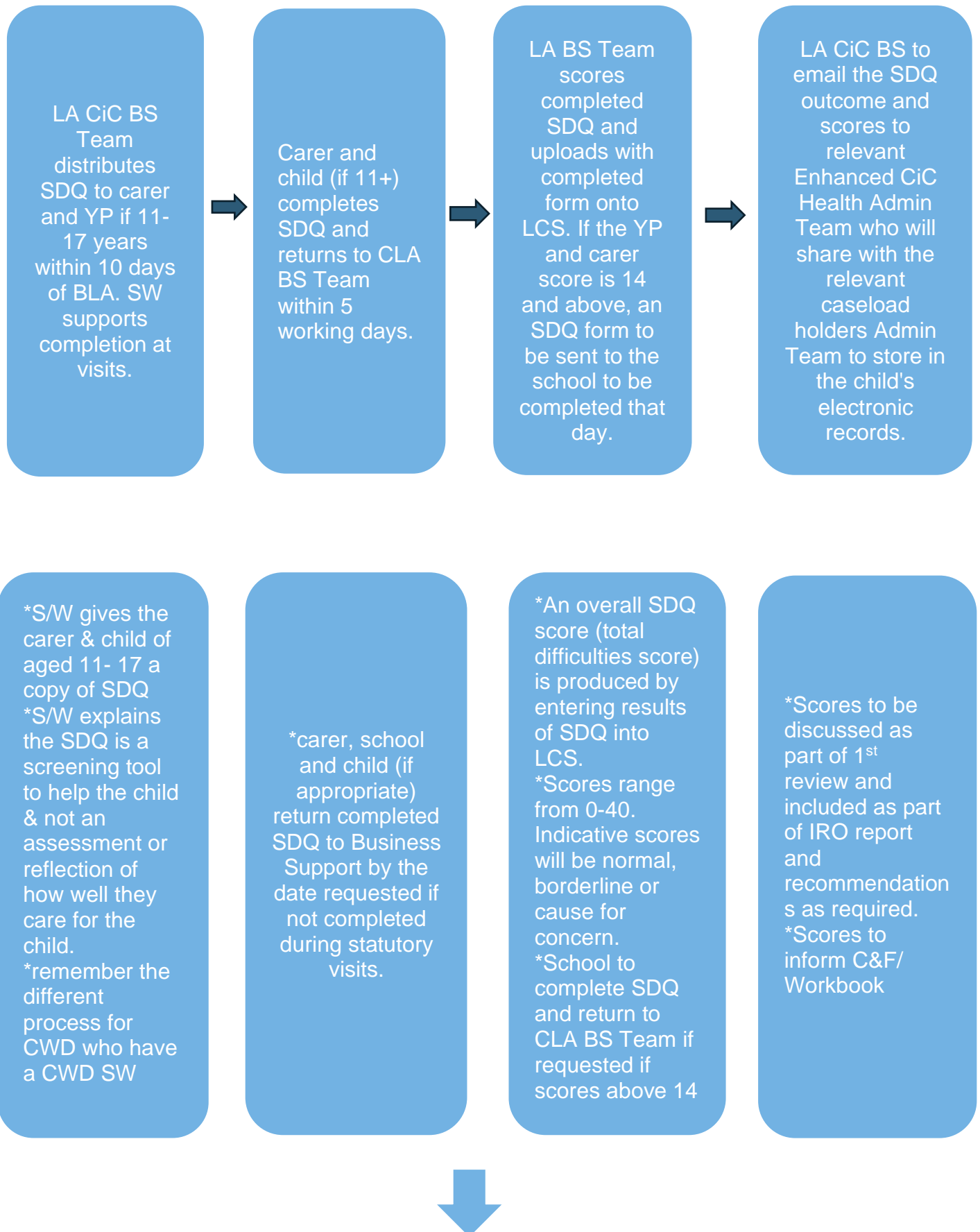
If a referral to SCAYT+ is required, the allocated social worker or supervising social worker will have to complete a 'SCAYT+ Request for involvement' form on LCS under the child's file.

Guidance of what to include on the referral:

- Summary of the child's early life and reasons for entry in to care.
- The current problem for which SCAYT+ support is required (please provide details of any concerning behaviour and frequency).
- Any risks to the child because of these difficulties (e.g., Impact of physical health, emotional well-being, placement stability, educational attainment, etc.)
- Any other risk factors which may affect SCAYT+ involvement.
- What support has already been offered (e.g., SSW provided information and advice about parenting and carers attended SCAYT training).
- What impact the support has had (e.g., helpful in changing carers attitudes, changed carers approach, improved carer/child relationship).
- Information about the future care plan and what support you feel is needed from SCAYT.

13. Summary of the process:

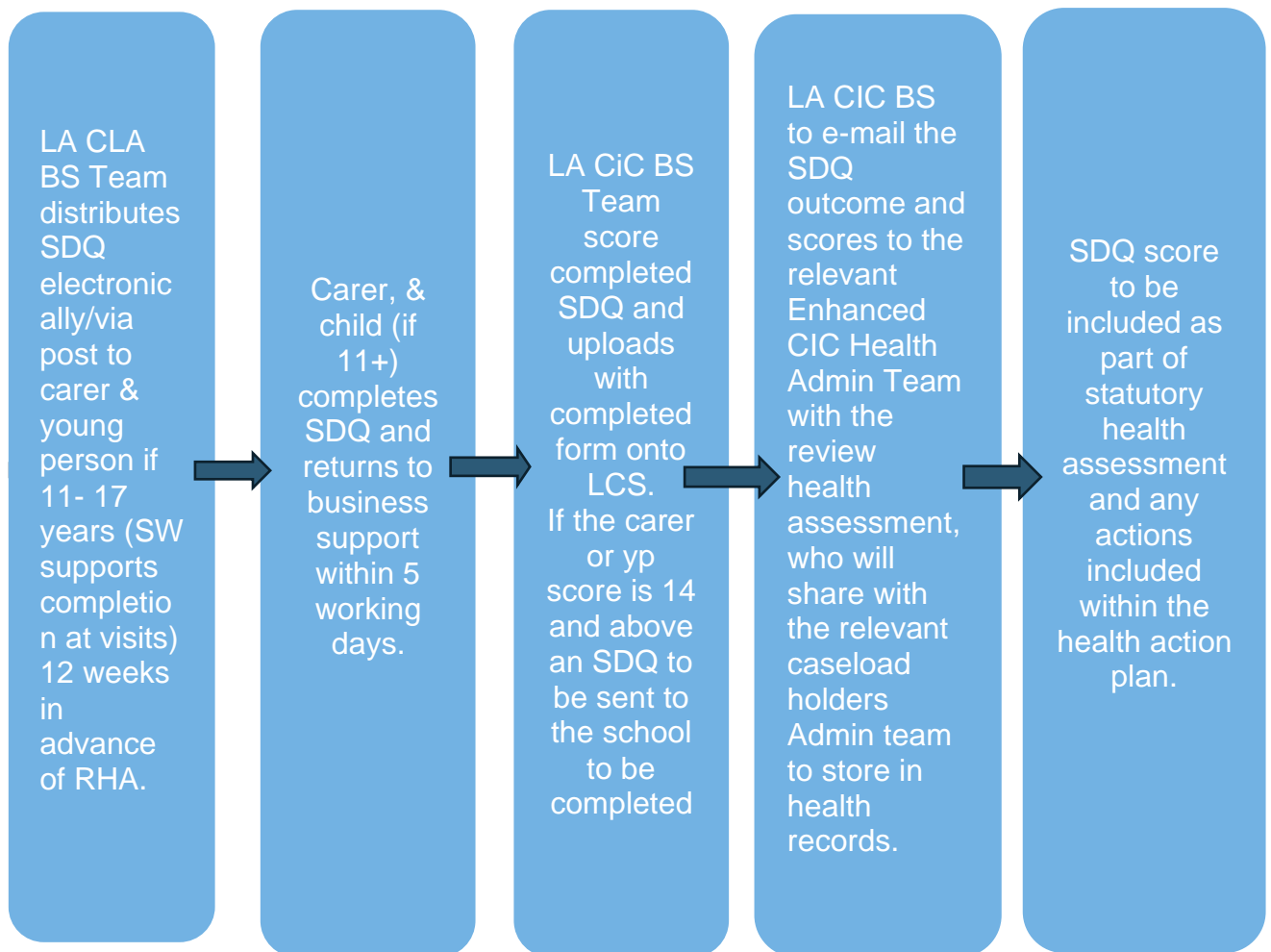
Figure 1. Summary of SDQ completion process when a child **first comes into care.**



Overall stress / total difficulties score (0-40) to be shared with Enhanced Children in Care Health Team in time for next statutory health assessment and stored in electronic health records. SDQ score and form to be uploaded on to LCS to inform care planning processes. SDQ score to be included in PEP.

Summary of the Process (continued)

Figure 2- Summary of SDQ completion process for the **annual submission, or when required.**



*S/W gives the carer & child of aged 11- 17 a copy of SDQ
*S/W explains the SDQ is a screening tool to help the child & not an assessment or reflection of how well they care for the child
*Remember the different process for CWD who have a CWD SW

*Carer, school & child (if appropriate) returns completed SDQ to S/W by date requested if not completed during statutory visits

*An overall SDQ score (total difficulties score) is produced by entering results of SDQ into LCS.
*Scores range from 0-40. Indicative scores will be normal, borderline or cause for concern. *
School to complete SDQ and return to CLA BS Team if requested if scores above 14

*Copy of completed SDQ and score to be shared with RHA request by LA CiC BS Team

*Scores to be discussed as part of CiC review/care planning meetings and included as part of IRO report and recommendations as required.
*Scores to inform C&F/ Workbook



Overall stress / total difficulties score (0-40) to be shared with Enhanced Children in Care Health Team in time for next statutory health assessment. SDQ score and form to be uploaded on to LCS by the BS CiC team to inform care planning processes. SDQ score to be included in PEP.



The Social Worker, together with the child's multi-agency team should ensure that appropriate services are involved to meet any emotional / mental health needs identified.

A few 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 (0-13)
- Borderline (14-16)
- Elevated /Cause for concern (17-40)

14. Using the SDQ Score

The score should be discussed at the next meeting for the child where the multi-agency team around them can talk about what needs to happen. Next steps, the responsibility of any actions and the timescales agreed should all be noted and added to the child's care plan.

15. What do the Results mean?

The SDQ results provide a total difficulty score (between 0-40), and a further breakdown of these results into four areas (emotional distress, behavioural difficulties, hyperactivity and attention difficulties and difficulties getting along with other children).

These results are not a judgement of a young person's mental health, but they can provide predictions of the likelihood that a young person's emotional health and wellbeing is under strain.

Professionals are asked to pay particular attention to the total difficulties score (which can range from between 0-40).

A score of 0-13 is within the 'normal' band. Young people falling into this band have a range of responses which would be expected of their peers.

A score of 14-16 is considered to be within the 'borderline' band. Young people with a borderline score fall slightly outside the expected range of responses. It is likely that their mental health and wellbeing is under strain.

A score of 17 and above is considered to be within the 'abnormal' band'. The SDQ score falls considerably outside the range of expected responses. It is highly likely that the emotional health and wellbeing of young people falling into this band will be under considerable strain.

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

If the child's **total difficulties score** is outside the normal range and considered as 'borderline' or 'giving cause for concern,' this is when the questionnaire would benefit from being repeated in line with the timescales depicted in pathway/flowchart 2.

Main Carer completed DQ	Normal	Borderline	Cause for concern
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

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. Social Workers should not wait for an SDQ to refer to services / consult with CAMHS/ SCAYT Service if the child is already presenting with the signs and symptoms of poor emotional wellbeing or mental health.

Pathway

Main carers and YP (aged 11+) SDQ to be completed in time for consideration at first Statutory Review and 12 weeks before the Statutory Health Assessment is due for all children aged 4 and above (up to 17 years). School to be requested to complete if scores are 14 and above.

Normal Score- under 14

Contextualise (see table 1)

- No reports of emotional distress, suicidal thoughts, or self-harm
- Stable home
- No professional / carer concerns identified.
- Low risk of emotional health difficulties

Plan

SDQ will be completed in time for the next Statutory Health Assessment and shared with Health Team

If concerns are raised in the interim:

- SDQ to be undertaken & score triangulated (child's carer, school & child if age appropriate)
- Advice available from SCAYT service if scores become elevated and concerns about the child / young person's presenting difficulties continue.

Score of 14 – 16

Contextualise (see table 1)

- SDQ to be completed by school.
- Consider previous SDQ scores. Has there been a significant change from previous scores?
- Any recent / ongoing life events that may be having an impact which may contextualise the score?
- Any Reports of emotional distress, suicidal thoughts, or self-harm
- Does the child have any existing needs e.g., ASD,ADHD, LD
- Unstable home
- Professional or carer concerns
- Medium to high risk of emotional health difficulties

Plan

- If any of the SDQ total scores fall within this category, further triangulated SDQ to be completed in 8 weeks.

• If open to emotional health & wellbeing services

E.g., CAMHS (both in borough and out of borough); liaison to take place with named worker. SDQ score and any areas of concern to be shared and plan agreed regarding monitoring.

• If not already open to services

- If score remains elevated, for children living in borough, consider whether a consultation with SCAYT Service should take place. Consider onward referral if appropriate.

Score of 17 – 40

Contextualise (see table 1)

- SDQ to be completed by school
- Consider previous scores. Has there been a significant change from previous scores?
- Any recent / ongoing life events that may be having an impact which may contextualise the score?
- Any Reports of emotional distress, suicidal thoughts, or self-harm
- Does the child have any existing needs e.g., ASD,ADHD, LD
- Unstable home
- Professional or carer concerns
- Medium to high risk of emotional health difficulties

• Plan

- If any of the SDQ total scores fall within this category, then SDQ repeated within 4 weeks.

• If open to emotional health & wellbeing services E.g., CAMHS (both in borough and out of borough); liaison to take place with named worker, SDQ score and concerns to be shared and plan agreed.

• If not already open to services:

- If score remains elevated, for children living in borough, consider whether a consultation with SCAYT is required but this should not delay any onward referral if appropriate.
- If placed Out of borough, then referral to local CAMHS service to be considered.

Liaison should take place between Social Worker and lead health professional (HV, SN, Specialist Children in Care Nurses) where concerns are recognised.

Table 1:
Other Issues to Consider

Contextualise & Analyse Score
Consider for example:

- Previous SDQ scores
- Has there been any significant change from previous scores?
- Impact on carers/home stability
- Moving homes
- Impact of family time / non-family time
- School related issues
- Exam stress
- Issues around transition to other services
- Peer or friendship issues
- Bullying



Appendices

Appendix 1

Frequently asked Questions

Who completes the SDQ and when?

The SDQ must be completed by the child / young person's main carer. For most cared for children this will be the foster carer or residential worker and preferably in readiness for the child's annual statutory health assessment.

Should we obtain consent from the young person?

The SDQ is a screening tool to assess whether the child or young person has, or may develop, emotional or behavioural difficulties. Whilst the primary carer SDQ does not require input from the child or young person to complete this it would be an expectation for it to be undertaken with the knowledge of the young person involved and its purpose and that this will be discussed as part of their individual care planning processes, PEP and their statutory health assessment. Should a young person not wish to complete their self SDQ this should be clearly documented within their LCS record and evidenced that they have had the required information to enable them to make an informed decision.

What happens to the information on the SDQ?

Social Workers need to ensure that completed questionnaires are inputted into the child's record on LCS by the CiC business support team and that scores are considered i.e., does the score fall in the 'normal,' 'borderline' or 'elevated / cause for concern' range? The social worker should review the score and completed questionnaire and impact assessment to inform care planning.

The SDQ score and questionnaire should be shared with the relevant children in care enhanced health team to inform the child/ young person's statutory health assessment and included as part of their personal education plan.



Triangulation of SDQ Scores

Any scores of 14 or above should trigger completion of the SDQ questionnaire by the child's school; triangulation of the SDQ scores completed by the parent, school, and young person should be undertaken by the child's social worker to identify if any additional support needs be offered via the multi-agency team as part of care planning discussions.

What happens if the child is placed outside of area?

Those children and young people placed outside of Lancashire will be able to access emotional and mental health services in the area they reside through their GP or via a direct referral to local services by their social worker or lead health professional.

On requesting health assessments (RHA) for cared for children placed out of the area, the Enhanced Children in Care Health Team will provide the SDQ score/completed questionnaire to the out of area Health Team as part of the health assessment request.

Is training needed to complete the questionnaire?

No specific training is required, but, if necessary, the Social Worker should be able to explain to the carer and young person what the questionnaire is for and why it is important for them to complete it together. The Social Worker and or supervising fostering 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.

What if a child has changed carers?

For children who have moved homes during the year, Social Workers should assess which carer is best placed to complete the SDQ.

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

The first SDQ should be undertaken in time for the 1st Statutory Review overseen by the IRO. This should assist the child / young person to access appropriate intervention at the earliest opportunity.



The Social Worker should also ensure that the SDQ is completed as part of discussions or visits to the placement. The social worker should also support child eligible in completing their SDQ and is recorded on LCS in line with the above process.

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 has disabilities which mean that it would not be possible or appropriate to complete a questionnaire then that should be noted and recorded on LCS. 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 completed.



Appendix 2

Strengths and Difficulties Questionnaire- FOR CARER

SDQ and impact assessment for foster carers/ Residential Workers/ Parents if placed under Placement with Parents Regulations 4-17 year olds.

Strengths and Difficulties Questionnaire

p 4-17

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months.

Child's Name

Male/Female

Date of Birth

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

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side



Overall, do you think that your 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Do the difficulties upset or distress your child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Mother/Father/Other (please specify:)

Thank you very much for your help

Appendix 3

Strengths and Difficulties Questionnaire- Teacher/ Education

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best as you can, even if you are not certain, or the item doesn't seem relevant.

Please give your answers on the basis of the child's behaviour over the last six months or this school year.

Child's Name _____

Male/ Female _____

Date of Birth _____

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

Any other comments or concerns?

Overall, do you think this child has difficulties in one or more of the following areas; Emotions, concentration, behaviour or being able to get on with other people? Please indicate below.

No	Yes- Minor difficulties	Yes- Definite difficulties	Yes- Severe difficulties

If you have answered 'YES', please answer the following questions about these difficulties.

a) How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year

b) Do the difficulties upset or distress the child?

Not at all	Only a little	Quite a lot	A great deal

c) Do the difficulties interfere with the child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
Peer Relationships				
Classroom Learning				

d) Do the difficulties put a burden on you or the class as a whole?

Not at all	Only a little	Quite a lot	A great deal

Signature _____

Position Held _____

Date _____

Appendix 4

Self

For each item, please mark the box Not True, Somewhat True or Certainly True. It would help us if you answered all the items as best as you can, even if you are not absolutely certain or the items seem daft! Please give your answers on the basis of how things have been for you over the last six months.

Your Name _____ Date completed _____
Date of Birth _____ Male/ Female _____

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings			
I am restless, overactive, cannot stay still for long			
I get a lot of headaches, stomach aches or sickness			
I usually share with other people (food, games, pens etc)			
I get very angry and often lose my temper			
I am usually on my own. I generally play alone or keep to myself			
I usually do as I'm told			
I worry a lot			
I am helpful if someone is hurt, feeling ill or upset			
I am constantly fidgeting or squirming			
I have one good friend or more			
I fight a lot. I can often make people do what I want			
I am often unhappy, downhearted or tearful			
Other people my age generally like me			
I am easily distracted. I feel it difficult to concentrate			
I am nervous in new situations. I easily lose confidence			
I am kind to younger children			
I am often accused of lying or cheating			
Other children or young people pick on me or bully me			
I often volunteer to help others (parents, teachers, other children)			
I think before I do things			
I take things that are not mine from home, school or elsewhere			
I get on better with adults than with people my own age			
I have many fears. I am easily scared			
I finish the work I am doing. My attention is good			

Do you have any other comments or concerns?

Overall, do you think that you have difficulties in one or more of the following areas; Emotions, concentration, behaviour or being able to get on with other people? Please indicate below.

No	Yes- Minor difficulties	Yes- Definite difficulties	Yes- Severe difficulties

If you have answered 'Yes', please answer the following questions about these difficulties.

a) How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year

b) Do the difficulties distress you?

Not at all	Only a little	Quite a lot	A great deal

c) Do the difficulties interfere with everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
Peer Relationships				
Classroom Learning				
	Not at all	Only a little	Quite a lot	A great deal
Home life/ Friendships				
Classroom Learning				
Leisure activities				

d) Do the difficulties make it harder for those around you (family, friends, teachers etc)?

Not at all	Only a little	Quite a lot	A great deal

Signature _____

Appendix 5

SDQ Bandings- For Triangulating scores from Carer, Teacher and Young Person self- completed questionnaires.

<u>Parent/carer completed SDQ</u>	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 score	0-2	3	4-10
Pro-social behaviour score	6-10	5	0-4
Impact score	0	1	2-10
<u>Teacher completed SDQ</u>			
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
<u>Self-completed SDQ (aged 11+)</u>			
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 6

Information on non- electronic Scoring Criteria

Scoring the Strengths & Difficulties Questionnaire

The 25 items in the SDQ comprise 5 scales of 5 items each. It is usually easiest to score all 5 scales first before working out the total difficulties score. 'Somewhat True' is always scored as 1, but the scoring of 'Not True' and 'Certainly True' varies with the item, as shown below scale by scale. For each of the 5 scales the score can range from 0 to 10 if all items were completed. These scores can be scaled up pro-rata if at least 3 items were completed, e.g. a score of 4 based on 3 completed items can be scaled up to a score of 7 (6.67 rounded up) for 5 items.

Table 1: Scoring symptom scores on the SDQ for 4-17 year olds

	Not True	Somewhat True	Certainly True
<u>Emotional problems scale</u>			
ITEM 3: Often complains of headaches... (<i>I get a lot of headaches...</i>)	0	1	2
ITEM 8: Many worries... (<i>I worry a lot</i>)	0	1	2
ITEM 13: Often unhappy, downhearted... (<i>I am often unhappy...</i>)	0	1	2
ITEM 16: Nervous or clingy in new situations... (<i>I am nervous in new situations...</i>)	0	1	2
ITEM 24: Many fears, easily scared (<i>I have many fears...</i>)	0	1	2
<u>Conduct problems Scale</u>			
ITEM 5: Often has temper tantrums or hot tempers (<i>I get very angry</i>)	0	1	2
ITEM 7: Generally obedient... (<i>I usually do as I am told</i>)	2	1	0
ITEM 12: Often fights with other children... (<i>I fight a lot</i>)	0	1	2
ITEM 18: Often lies or cheats (<i>I am often accused of lying or cheating</i>)	0	1	2
ITEM 22: Steals from home, school or elsewhere (<i>I take things that are not mine</i>)	0	1	2
<u>Hyperactivity scale</u>			
ITEM 2: Restless, overactive... (<i>I am restless...</i>)	0	1	2
ITEM 10: Constantly fidgeting or squirming (<i>I am constantly fidgeting...</i>)	0	1	2
ITEM 15: Easily distracted, concentration wanders (<i>I am easily distracted</i>)	0	1	2
ITEM 21: Thinks things out before acting (<i>I think before I do things</i>)	2	1	0
ITEM 25: Sees tasks through to the end... (<i>I finish the work I am doing</i>)	2	1	0
<u>Peer problems scale</u>			
ITEM 6: Rather solitary, tends to play alone (<i>I am usually on my own</i>)	0	1	2
ITEM 11: Has at least one good friend (<i>I have one good friend or more</i>)	2	1	0
ITEM 14: Generally liked by other children (<i>Other people my age generally like me</i>)	2	1	0
ITEM 19: Picked on or bullied by other children... (<i>Other children or young people pick on me</i>)	0	1	2
ITEM 23: Gets on better with adults than with other children (<i>I get on better with adults than with people my age</i>)	0	1	2
<u>Prosocial scale</u>			
ITEM 1: Considerate of other people's feelings (<i>I try to be nice to other people</i>)	0	1	2
ITEM 4: Shares readily with other children... (<i>I usually share with others</i>)	0	1	2
ITEM 9: Helpful if someone is hurt... (<i>I am helpful if someone is hurt...</i>)	0	1	2
ITEM 17: Kind to younger children (<i>I am kind to younger children</i>)	0	1	2
ITEM 20: Often volunteers to help others... (<i>I often volunteer to help others</i>)	0	1	2



Total difficulties score: This is generated by summing scores from all the scales except the Prosocial scale. The resultant score ranges from 0 to 40 and is counted as missing if one of the 4 component scores is missing.

'Externalising' and 'internalising' scores: The externalising score ranges from 0 to 20 and is the sum of the conduct and hyperactivity scales. The internalising score ranges from 0 to 20 and is the sum of the emotional and peer problems scales. Using these two amalgamated scales may be preferable to using the four separate scales in community samples, whereas using the four separate scales may add more value in high-risk samples (see *Goodman & Goodman. 2009 Strengths and difficulties questionnaire as a dimensional measure of child mental health. JAm Acad Child Adolesc Psychiatry 48(4), 400-403*).

Generating impact scores

When using a version of the SDQ that includes an 'impact supplement', the items on overall

distress and impairment can be summed to generate an impact score that ranges from 0 to 10 for parent- and self-report, and from 0 to 6 for teacher-report.

Table 2: Scoring the SDQ impact supplement.

	Not at all	Only a little	A medium amount	A great deal
<u>Parent report:</u>				
Difficulties upset or distress child	0	0	1	2
Interfere with HOME LIFE	0	0	1	2
Interfere with FRIENDSHIPS	0	0	1	2
Interfere with CLASSROOM LEARNING	0	0	1	2
Interfere with LEISURE ACTIVITIES	0	0	1	2
<u>Teacher report:</u>				
Difficulties upset or distress child	0	0	1	2
Interfere with PEER RELATIONS	0	0	1	2
Interfere with CLASSROOM LEARNING	0	0	1	2
<u>Self-report report:</u>				
Difficulties upset or distress child	0	0	1	2
Interfere with HOME LIFE	0	0	1	2
Interfere with FRIENDSHIPS	0	0	1	2
Interfere with CLASSROOM LEARNING	0	0	1	2
Interfere with LEISURE ACTIVITIES	0	0	1	2

Responses to the questions on chronicity and burden to others are not included in the impact score. When respondents have answered 'no' to the first question on the impact supplement (i.e. when they do not perceive themselves as having any emotional or behavioural difficulties), they are not asked to complete the questions on resultant distress or impairment; the impact score is automatically scored zero in these circumstances.

References

DFE & DOH (2015) *Promoting the health & Wellbeing of Looked after Children – Statutory Guidance for Looked After Children, clinical commissioning groups and NHS England*. Gov.uk

Law, D & Wolpart, M (2014) *Guide to using outcomes and feedback tools with children, young people and families*. UK Press CAMHS