

Strength and Difficulties Questionnaires (SDQ's)

Practice Guidance



Target audience: Social Workers

Date effective from: 20th November 2017

Date of review: November 2018

1. What is the SDQ ?

1.1 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.

1.2 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 scales:

1. emotional symptoms
2. conduct problems
3. hyperactivity/inattention
4. peer relationship problems
5. pro-social behaviour

1.3 The number of SDQ's completed by the local authority for LAC is reported to the Department for Education annually to demonstrate that Social Workers and professionals working with LAC are considering emotional and behavioural difficulties.

2. Why should carers complete an SDQ questionnaire?

2.1 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:

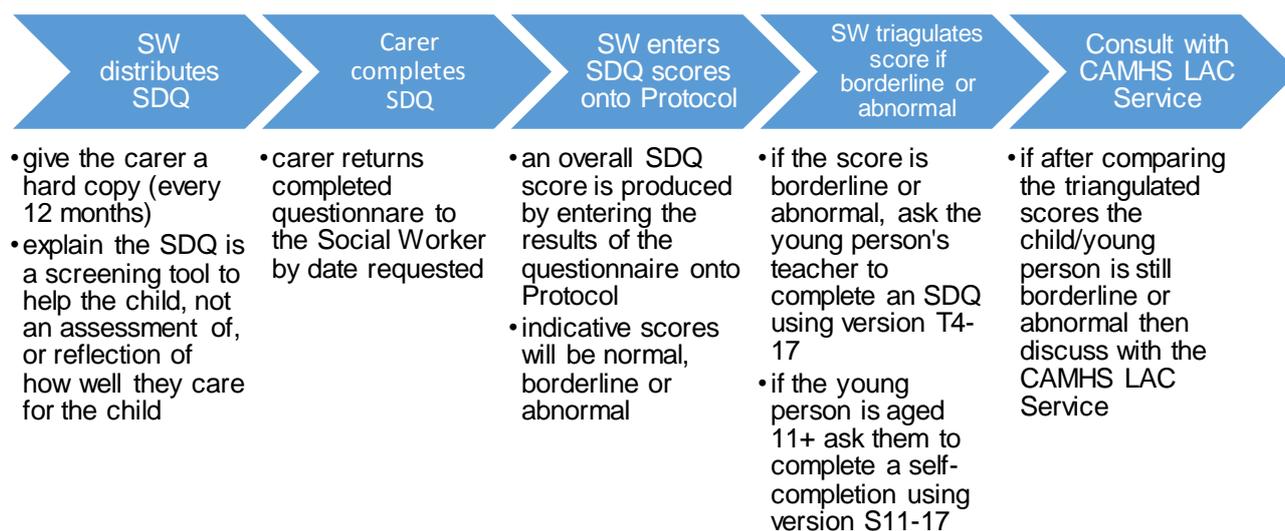
- Almost half of the children and young people in care meet the criteria for a psychiatric disorder
- Young people leaving care in the UK are five times more likely to commit suicide than their peers
- One child's unstable and unsupported experience of care cost £22,415 more per year than another child's stable and well supported care journey

2.2 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 LAC service
- Evaluating progress against emotional wellbeing outcomes
- Giving commissioners of services a better understanding of the emotional wellbeing needs of the Coventry LAC population

3. Summary of the process: What do Social Workers (SW) and carers need to do?

Figure 1. Summary of SDQ Process



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. Where can you download the SDQ form?

5.1 Social Workers need to supply carers with the English double-sided version with impact supplement for parent/carers (P4-17). It is available in appendix 2.

5.2 Click [here](#) to be directed to the webpage with all English versions, including for teachers (T4-17) and the young person's self-completion aged 11+ (S11-17). For versions in other languages, click [here](#). The homepage with background information is www.sdqinfo.com

Figure 2. Screenshot from SDQ website

Double-sided version with impact supplement

- P2-4 - SDQ and impact supplement for the parents of 2-4 year olds
- P4-17 - SDQ and impact supplement for the parents of 4-17 year olds
- T2-4 - SDQ and impact supplement for the educators of 2-4 year olds
- S11-17 - SDQ and impact supplement for self-completion by 11-17 year olds
- T4-17 - SDQ and impact supplement for the teachers of 4-17 year olds
- i18+ SDQ and impact supplement for **informant** report on those aged 18 and over
- s18+ SDQ and impact supplement for **self-report** by those aged 18 and over

6. What does the Social Worker do with the completed questionnaire?

- 6.1 Once the carer has returned the completed questionnaire to the Social Worker; the Social Worker should then ensure the **questionnaire is entered onto Protocol and the total difficulties score is calculated** – below are some example screen shots.

Figure 3. Protocol screenshots

Information	Questionnaire	Consolidation	Overall Score	Delegate	Revisions
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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

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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:

7. Using the SDQ score

7.1 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:

- 'normal'
- 'borderline'
- 'abnormal'

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

7.3 If the child's total difficulties score is outside the normal range (see table 1) and considered as giving cause for concern, the child may benefit from triangulating the scores from the carer's SDQ with those of his or her teacher 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. See above where to download Teacher (T4-17) and self-completion (S11-17) SDQ and Table 2 in frequently asked questions for a summary of teacher and self-completion scores.

Table 1. SDQ bandings for parent/carer questionnaire results – using the score

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 score	0-2	3	4-10
Pro-social behaviour score	6-10	5	0-4
Impact score	0	1	2-10

7.4 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 refer to the CAMHS LAC service if the child is already presenting with the signs and symptoms of poor emotional wellbeing or mental health.

8. Consultation with the CAMHS LAC Service

8.1 CAMHS stands for Child and Adolescent Mental Health Service. Coventry has a specialist CAMHS LAC team that is dedicated to working with Coventry LAC. The aim of the CAMHS LAC service is to improve the mental and emotional health of LAC and consequently improve the stability of their placement and relationships.

8.2 If the triangulated scores confirm the carer's score i.e. is in the borderline or abnormal range, then consultation with the CAMHS LAC service should take place to understand if a full mental health assessment or intervention is required.

8.3 The service is co-located within the Looked After Children Social Work Team and operates as a team around the child with the Social Worker and other professionals who work with LAC and identifies referrals through day to day working. Formal referrals are also accepted via

- CAMHS Single Point of Entry, Ground Floor Paybody Unit, C/o City of Coventry Health Centre, 2 Stoney Stanton Road, Coventry, CV1 4FS. Tel: 0300 200 2021, Fax: 024 7696 1579

Note: If the child is placed outside a 20 mile radius of Coventry, and needs referral to a CAMHS service then follow the process in Appendix 3.

Appendix 1 - Frequently asked questions

Who completes the SDQ and when?

The SDQ must be completed by the main carer; for most LAC this will be the foster carer or residential care worker and preferably in readiness for the child's annual statutory health assessment, or if have been looked after for 12 months and not had a questionnaire completed yet.

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

What happens to the information on the SDQ?

Social Workers need to ensure that completed questionnaires are input into the child's record on Protocol and that scores are considered i.e. does the score fall in the 'normal', 'borderline' or 'abnormal' range.

The SDQ score should be used to inform the child/ young person's statutory health assessment, and where the score has been triangulated with school (and if of relevant age, the young person's self-completion) it should trigger a social work consultation with the CAMHS LAC service.

What happens if the child is placed outside of area?

The CAMHS LAC service work with young people placed in a 20 mile radius of Coventry. For any young people placed outside of a 20 mile radius, refer to the flowchart for children placed out of area (appendix 3).

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. Also the Social Worker should:

- Check that they 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 of or reflection of how well they care for the child.
- Make sure the carer knows the child well enough to be able to give meaningful insights in responding to questions
- Agree a completion and return date for the questionnaire
- Make sure the carer knows to whom the completed questionnaire should be returned.

What if a child has changed carers?

For children who have changed carers during the course of the year, Social Workers should assess which carer is best placed to carry out the assessment.

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

The Social Worker should make arrangements for issuing the SDQ to the child's main carer. This should be accompanied by an explanation of how it should be completed and who within the authority it should be returned to (**completed questionnaires should not be sent directly to the DfE and this needs to be made clear to carers**).

The SDQ requires carers to read a series of statements and judge how well it describes the young person by ticking one of three or four boxes for each question. Completion should take between 5 to 10 minutes.

Local authorities should ensure that the carer has sufficient time to complete the questionnaire in advance of the health assessment (we recommend one month). Local authorities are responsible for ensuring that the questionnaire is completed and returned for each eligible child or young person.

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 debar a child from having a questionnaire completed that relates to them. However where a looked after child has disabilities which mean that it would not be possible or appropriate to complete a questionnaire then that should be noted (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 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

What are the thresholds for SDQs?

Table 2. SDQ bandings – for triangulating scores from carer, teacher and young person self-completed questionnaires

<u>Parent/carers 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 2 – Strengths and Difficulty Questionnaire – For Carer

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

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Appendix 3 - Process flowchart: Referral to CAMHS for Looked After Children placed outside Coventry and Warwickshire locality (Coventry City Council & Coventry and Rugby Clinical CCG - April 2016

