

	Action/Date
Title/Status-	Guidance
New document or revised	Revised
Date approved SMT	Nov 2016
Responsible Head of Service	HOS Virtual school, children in care, fostering and Adoption
Date next review	December 2023

Leicestershire

Strengths and Difficulties Questionnaire (SDQ)

Guidance for use and interpretation with Looked After Children

What is the Strengths and Difficulties Questionnaire (SDQ)?

The Strengths and Difficulties Questionnaire (SDQ) is a short behavioural screening questionnaire used for 3-16 year olds and is available in over 40 different languages. It is used within research, evaluating treatment outcome and as part of clinical assessment in order to examine a child's mental well-being. This standardised questionnaire has good psychometric properties (McPherson et al., 2006) and has been used with Looked After Children (LAC) (Mason, Chmelka & Thompson, 2012).

It helps social and mental health workers to make decisions quickly and acts as a guide when planning treatment. In a review by the Department of Health, feedback from social workers included that the questionnaire 'gave a more in-depth look at the young person' and that it could be a 'springboard for therapeutic action' (Department of Health, pp. 2b).

Note: As the SDQ is self-report in nature, the validity of the tool is not always ensured, and should therefore be considered as part of a wider assessment process and not as a standalone tool.

Where do you get the SDQ?

All versions of the SDQ are available free of charge on the *Youth in Mind* website (See link below)

[http://www.sdqinfo.org/py/sdqinfo/b3.py?language=Englishaz\(UK\)](http://www.sdqinfo.org/py/sdqinfo/b3.py?language=Englishaz(UK))

NOTE: As per Best Practice Guidelines, Foster carers, Teachers and, if possible, the Young Person themselves should be administered the SDQ in order to improve the validity of results.

How to use the SDQ?

Use the **Double Sided Version** of the SDQ and ensure the right version (carer/teacher/child) is administered. The double sided version includes a Psychological Attributes Component and an Impact Supplement-

- a. Psychological Attributes Component- The SDQ examines 25 attributes, divided between 5 scales:
 - Emotional problems
 - Conduct problems
 - Hyperactivity and inattention
 - Peer relationship problems
 - Prosocial behaviours (Excluded from Total Difficulties score)

The administration of the Psychological Attributes Component varies according to the age or demographics of children or Young People being tested. The self-

report version of the SDQ is suitable for young people aged between 11-16, however this may need to be used with caution if you have concerns about the young person's level of understanding.

- b. Impact supplement - The impact supplement examines the nature of a young person's problems, completed by parents and teachers. Information collected includes "burden to others", social impairment, chronicity and distress related to a reported problem.

How does the scoring work?

Once completed, the SDQ can be scored using the Fast SDQ Scoring Site on the *Youth in Mind* website (See link blow).

<http://www.sdqscore.org/Amber>

Input the results from the questionnaire into the online system and a set of final scores will be generated, along with a categorisation for that score (close to average, slightly raised, high or very high).

Further information about scoring the SDQ manually is available on the *Youth in Mind* website (See link blow).

<http://www.sdqinfo.org/py/sdqinfo/c0.py>

How do you interpret the results?

A **total difficulties score** is calculated using the SDQ, which ranges from 0-40. Each 1 point increase in the total difficulties score corresponds with an *increase in the risk* of developing a mental health disorder.

Scores are also provided for each of the 5 scales. Looking at the profile of scores is particularly useful in terms of making decisions about the appropriate type and level of support, particularly is a child is scoring significantly higher in one area.

The following categories are used in order to assess whether a child's score is close to average, slightly above average, high or very high when compared to children of their age:

Table 1: Categorising SDQ Scores for 4-17 year olds (Not validated for 18+)

	Close to average	Slightly Raised	High	Very High
Parent completed SDQ				
Total difficulties score	0-13	14-16	17-19	20-40
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
Impact score	0	1	2	3-10
Teacher completed SDQ				
Total difficulties score	0-11	12-15	16-18	19-40
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	8-10	5	4	0-3
Impact score	0	1	2	3-6
Self- completed SDQ				
Total difficulties score	0-14	15-17	18-19	20-40
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
Impact score	0	1	2	3-10

Note that these scores only provide a rough and ready way of screening for disorders. Combining information from SDQ symptom and impact scores from multiple informants is better, but still far from perfect.

What do you do next?

SDQ scores are useful when making decisions about how best to meet the needs of a child or young person in care. The total difficulties score provides a broad overview of difficulties. Table 2 (below) provides an outline of possible options to consider for support depending on a child or Young Person's Total Difficulties score. You will also need to:

Consider the score profile

This is particularly important if there is an elevated score in one scale, indicating a particular difficulty in that area, regardless of the overall total score. It is important to consider this to focus on ways to target support to help the young person with these difficulties.

e.g. If the Hyperactivity score is elevated and there are concerns regarding ADHD then a referral to CAMHS (or community paediatricians for children under the age of 9) should be considered even if the Total score is not particularly high.

If the Peer Problems score is elevated then a consultation with school, involvement of a Youth Worker, involvement of a local Youth Group or work to improve social skills should be considered. However, if there are concerns regarding ASD in conjunction with an elevated Peer Problems score then a referral to CAMHS (or community paediatricians for children under the age of 9) should be considered even if the Total score is not that high.

Consider all other available information (including your professional judgement)

The SDQ is a screening tool to aid decision making, it is not a diagnostic tool. It is better at picking up certain difficulties (such as ADHD, behavioural problems and depression) than others, e.g. the SDQ is not particularly sensitive at detecting difficulties such as specific anxiety disorders or eating disorders. The SDQ should therefore be used as part of your assessment.

Consider the prosocial score

Although not used in the calculation of the Total score, this scale provides information about a young person's strengths and can provide us with areas and options to develop their emotional resilience.

Table 2: What to do next

Total Difficulties Score	Score Category	Options for support
Parent: 0-13 Teacher: 0-11 Self-report: 0-14	Close to Average	<ul style="list-style-type: none"> • Watchful waiting • Monitoring • Care as usual
Parent: 14-16 Teacher: 12-15 Self-report: 15-17	Slightly Raised	<ul style="list-style-type: none"> • Professionals involved in care to monitor and providing additional support • Social worker support to carers • YPT training for carers • CIEPS service (City only)- referral through educational psychology • School Nurse- direct request for involvement/drop-in's /text message service • Educational Psychology • School counsellor / Counselling services • LAC nurses • Seek advice from Therapeutic services • Universal services/Self- help (please see appendix for details of local and national services)
Parent: 17-19 Teacher: 16-18 Self-report: 18-19	High	<ul style="list-style-type: none"> • Therapeutic services e.g. The Child and Family Support Team (CFST) • Joint assessment clinic CAMHS and CFST(city only) • Consultation with CAMHS – Through PAS Line (295 5048) • Consultation with CAMHS – Through YPT consultation clinics (provided in city, county, Rutland and statutory homes) or referral for consultations into the team.
Parent: 20-40 Teacher: 19-40 Self-report: 20-40	Very High	<ul style="list-style-type: none"> • Consider a direct referral to CAMHS or Community pediatricians depending on profile of score