

Context

This procedure sets out the requirement for a Strengths and Difficulties Questionnaire (SDQ) to be complete in relation to all children in care. It contains guidance on who should conduct the SDQ, how it should be recorded and how the information gathered should be used to improve health outcomes for the child / young person.

Contents

1. Introduction
2. When to use strengths and Difficulties Questionnaires
3. Process for Children in Care
4. Children Subject to a Child Protection Plan or Public Law Outline Process
5. Recording the SDQ
6. Outcomes, Analysis and Action

1. Introduction

Evidence suggests that a child in care is 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 back to central government on an annual basis. Data is collected by local authorities through the completion of the Strengths and Difficulties Questionnaire (SDQ) on individual children and a summary figure for each child (the total difficulties score) is the 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 a particularly 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 outcomes. The SDQ should be used alongside other relevant information including qualitative and quantitative data about a child's emotional health and wellbeing.

The SDQ has five sections that cover details of emotional difficulties, conduct problems, hyperactivity or inattention, friendships and peer groups and Pro Social behaviour.

The SDQ has been internationally used and accepted and is considered universally suitable. It is available in alternative languages from Strengths and Difficulties Questionnaires website [https://sdqinfo.org/py/sdqinfo/b3.py?language=Englishqz\(UK\)](https://sdqinfo.org/py/sdqinfo/b3.py?language=Englishqz(UK))

The THRIVE Framework

The results of an SDQ will be used within the Thrive Framework to identify services and interventions that could improve the CYP wellbeing. The Framework is needs-led. This means that mental 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: [for more detail see appendix B and [THRIVE-Framework-for-system-change-2019.pdf \(implementingthrive.org\)](#)]



2. When to use the Strengths and Difficulties Questionnaires and who is responsible for ensuring completion

The questionnaires can and should be used as a screening tool as part of the assessment processes to assist with identifying need, analysis, and planning. While there is a requirement to use the SDQ for the circumstances below this does not mean other questionnaires and measures cannot be used as part of any assessment process.

In Dorset, the SDQ must be completed for

- All children in care aged of 4-16 (completed up until their 17TH birthday); the SDQ must be completed by their main carer within 12 months of their coming into care

Personal Education Plans

- It is a requirement that the SDQ score is included within the Personal Education Plan to enable the school and Virtual Head teacher to understand the child/young person's social and emotional wellbeing and put interventions in place.
- 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 Personal Education Plan.

- If the scores are above 14 when completed by the main carer or parent, then an SDQ **must** be sent to the school for them to complete one at least one month prior to the PEP and Child in Care review meeting. The school will need to complete and return one so the analysis can be undertaken.
- The SDQ informs the child's care plan and clearly outlines the interventions required.

Initial Health Assessment

Local authorities are required to use the Strengths and Difficulties Questionnaire (SDQ) to assess the emotional well-being of individual looked-after children. The SDQ score will be reported as part of the Initial Health Assessment

Health assessments ...*The aim of the assessment is to provide a comprehensive health profile of the child, to identify those issues that have been overlooked in the past and that may need to be addressed in order to improve his/her physical and mental health and wellbeing, and to provide a basis for monitoring his/her development while s/he is in care. (2.49 Childrens Act 2015)*

3. Children in Care

3.1 Principles

- a) Children between the ages 4-16 may already have a strengths and difficulties questionnaire (SDQ) that has been completed by the main carer prior to their admission to care. If this is not the case then the foster carer and parent should be asked to complete a questionnaire and this, including the scoring should part of the initial health assessment.
- b) The SDQ should then be completed at a minimum on an annual basis and in line with the health assessment to enable it to be considered as part of the review health assessment.
- c) The SDQ process should be explained to the child/young person and their parents where appropriate. The care giver does not require permission from the child to conduct the SDQ; however, it should be conducted with the child's full knowledge. If the child aged 11 or over objects about the completion of the SDQ, the child's Social Worker should record this. The carer should not discuss and complete the SDQ in front of the child or young person.
- d) If the child/young person is accommodated under s20 of the Children Act then checks should be made that permission has been made through the delegation of consent, if not then consent should be sought. This should be recorded on MOSAIC.
- e) If a child or young person has a disruption or a significant change in their placement, and the SDQ has been completed around this time, best practice would be to carry out the SDQ again to establish a new baseline. Reviewing the SDQ after a period of settling into the new placement can inform the progress of the placement and whether the child or young person is experiencing warm, nurturing care that demonstrates understanding.

3.2 Completing the SDQ with the main carer

- I. The **foster carer** element of the SDQ should be used in every case as the initial screening to establish a baseline
- II. Completion of the SDQ is now part of a **mandatory** workflow for children and young people when they come into our care
- III. The social worker will receive an alert from **central business support - health assessment central** to start the process.

- IV. The Social Worker starts **SDQ - Social Worker assessment**. The SDQ should be completed by the foster carer as a minimum. The parents should be invited to complete an SDQ too. The social worker will need to check whether one has already been completed recently. If the foster carer has any questions the supervising social worker can be present while they complete the questionnaire. The social worker should not get into a discussion about the child/young person at this stage until the SDQ has been completed.
- V. The **Social worker** is responsible for making the request to the foster carer or residential key worker and parent. The **Social Worker**, records when, or the reason the request has not been made. The request is made by the **Social Worker** to the recipient to the Parent, Carer or Foster Carer are signposted to the portal hub in accordance with the business practice by the **Social Worker**.
- VI. Completed Questionnaire is returned to a central email address **Business Support, Health Assessment DC Virtual worker**.
- VII. **Business Support** resume the work and verify the Child record by matching person record from the submitted SDQ questionnaire. **Business Support, Health Assessment DC Virtual worker** next 'assign' the work to the **Social Worker**.
- VIII. The **Social Worker** reviews the completed assessment. Noting the Assessment date, Score and Band for consideration, these are shown in Section 2 of the form.
- IX. The **Social Worker** resumes the **SDQ - Social Worker assessment**, confirming SDQ completed, if Yes, the SDQ assessment date is entered, together confirming if the Score is 14+.
- X. If Parent, Carer, Foster Carer **Score 14+ is Yes**
 - a. If Score is 14+ then **Child/young person age 11+** is prompted if **Over threshold score of 14 and young person age 11+** is answered **Yes**, the **Self SDQ questionnaire** is prompted
 - b. to be sought. This follows the same process as Parent, Carer, Foster Carer.
 - c. If answered No, the reason is entered.
 - d. If Score is 14+ then **Teacher SDQ questionnaire** is prompted, if not already completed. This follows the same process as Parent, Carer, Foster Carer.

If Parent, Carer, Foster Carer **Score 14+ is No**. The **SDQ - Social Worker assessment** can be completed with the next action of "SDQ Completed" by the **Social Worker**.

If confirming SDQ completed, is **No** a reason must be selected.

3.3 Completing the SDQ with the Child/Young Person Process

Any child aged over 11 should complete an SDQ.

- i The child/young person will be asked who the best person is to support them in completing the SDQ. This person should be someone with a safe trusting relationship with the young

person and who can explore their responses with them as they complete the questionnaire - **social worker/carer/parent/virtual lead/school staff**

- ii The relevant person conducts the SDQ with the child or young person. If the child refuses to take part the relevant person must inform the **social worker** who will need to record this on MOSAIC. The **social worker** must notify the **Child in Care health team and school** if the child/young person chooses not to complete the SDQ

4. Recording the SDQ

Once the SDQ has been completed with the carer, the social worker must ensure that the SDQ scores are recorded on the child or young person's Mosaic record. A 'blank' SDQ form on Mosaic should be started by business support team and the details entered on the form.

The overall score (classified as 0-13, 14-16, 17-19 and 20-40) – with the highest scores being of most concern) and the Pro Social score (classified as 8-10, 7, 6, and 0-5) – with the lowest scores being of most concern) will be generated on the form once each field has been entered.

The terminology for the scores within the SDQ guidance is explained below, with the relative score.

Categorising SDQ scores for 4-17 year olds (not validated for 18+)

	Close to average	Slightly raised (/slightly lowered)	High (/Low)	Very high (very low)
<u>Parent completed SDQ</u>				
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
<u>Teacher completed SDQ</u>				
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	6-10	5	4	0-3
Impact score	0	1	2	3-6
<u>Self-completed SDQ</u>				
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

5. Outcomes, Analysis and Action

Close to average scores

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

Slightly raised and high scores

- i Where the total SDQ score is slightly raised (amber) or High (red) and where the Pro Social Score is Low (red) or slightly lowered (amber) (the pro-social score is a concern but not in isolation), the **social worker** should consider how best to meet the emotional needs of the child or young person and take action taking into account the following:
 - a. Where the child or young person is aged 11 and over, the **social worker** should also take into account the score from the SDQ undertaken with the young person, alongside the score from the carer's SDQ.
 - b. Request that the school complete a SDQ and return it to the social worker prior to the first review so this can be entered onto Mosaic to triangulate the responses. The **social worker** should consider this latest information in conjunction with the child's/young person's SDQ, and the questionnaire carried out with the carer.
 - c. Is other information needed such as further specific assessments to identify areas of need to be targeted
- ii The first SDQ score/s could and should be discussed with the **link educational psychologist to the school – locality BS have names of each EP for each school** prior to the first child in care review. The purpose being to support the social worker in interpreting and analysing the SDQ report – **the social worker will take the lead**
- iii The SDQ scores should be discussed at the **Personal Education Plan** meeting that includes all the relevant professionals. They should focus on the child/young person's needs and appropriate interventions including social and emotional wellbeing. Scores from the most recent SDQs should be shared with the other relevant agencies, including the Child in Care healthcare team, prior to the meeting. The **social worker and virtual school lead** will be responsible for ensuring that this activity takes place.
- iv A person-centred PEP with specific targets to address the identified areas of need from the SDQ will be co-produced establishing the baseline and steps to be taken to achieve these. This will form part of the PEP and the **social worker and virtual school lead** will ensure that this activity takes place. During the meeting, the following need to be considered:
 - a. Part of the discussion should focus on the educational attainment of the child or young person and the relationship between emotional and social health needs; are they having an impact on the child's/young person's educational progress and access to the full school curriculum?
 - b. Could the emotional and social needs be due to learning and language gaps?
 - c. Could the emotional and social needs indicate social communication difficulties?
 - d. Together school, health and the social worker should aim to identify if a child is displaying emotional health and wellbeing needs in a particular setting or all

settings and seek to identify any simple changes within each setting to support the young person. In addition, any other options should be identified to improve the child's emotional health.

In all cases, the following actions should be taken:

- v **Discussion /Supervision** with the **social work team manager**. The social worker should discuss the outcome of the SDQ in supervision with their team manager and use the following questions to aide reflection, some of these may have already been answered in the PEP meeting
- vi Are there actions the social worker can take that will improve outcomes for the child/young person?
 - a. Consultation - **Social worker or Team manager** to consult with the link educational psychologist for the child's/young person's school? This should consider whether any of the following actions are necessary:
 - i. What are the views of the child/young person about their wellbeing?
 - ii. Can the Universal health services such as the child's GP or third sector counselling services provide support e.g. Kooth, Dorset Mind Chat Health?
 - iii. Does the school have expertise to provide the appropriate interventions with support and guidance?
 - iv. Do you think the Child in Care CAMHS psychologists or educational psychologists can provide support and advice to the child, carers, and school?
 - v. Would it be appropriate to consult the Wellbeing practitioner in the Child in Care Health care team?
 - vi. Does the child/young person need more extensive specialised goals based intervention request for Core CAMHS intervention
 - b. The underlying principle should be to consider the Thrive Framework which is a needs-led approach to wellbeing and mental health. This means that mental 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. (See Appendix B)
- vii Inform the **Quality Assurance Reviewing Officer** - the information should be shared with the Quality Assurance Reviewing Officer (QARO) who should investigate this with the allocated social worker and what actions are being taken.
- viii Discuss the SDQ in the Child in Care Review - the **QARO** should ensure that the SDQ score, and any actions resulting from it, is included in the care plan review discussion. The **QARO** will challenge actions identified and taken and check, that there is an informed discussion between those involved, that actions are identified and conducted to help improve the child's mental health.
- ix Review the Personal Education Plan (PEP) – the PEP should be reviewed by the **social worker, the virtual school, and the school**. Part of the PEP process should be to consider whether to seek involvement of the Educational Psychology Service or any other appropriate agencies in the relevant locality who is the link for the school.

Information for carers of children in care

What is my role in the SDQ Process?

Whether a child has been in your care for a short period or longer we believe you know how the child or young person presents on a day to day basis and are well placed to give a baseline assessment which can be reviewed as the young person becomes settled. The DfE also think that you are best placed to complete the SDQ. It will help us know what support you need to support the child or young person in your care too and to track progress. We will ask you to complete an SDQ for a child who has been in care for 12 months or longer.

Your responses to the questionnaire are your view of how you see the emotional and behavioural health of the child or young person. It **must not** be done in collaboration as this would invalidate the responses. When completing the questionnaire, you must reflect on how the child or young person is overall, rather than how they are on particular day or time.

What is the SDQ?

Since April 2008, all local authorities in England have been required to provide information on the emotional and behavioural health of children and young people in their care, and to report back to central government on an annual basis.

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 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 social work team without delay. Once the scoring process has been completed the social worker will discuss the outcome with you.

THRIVE Framework

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



Getting Advice

This group includes both those with mild or temporary difficulties AND those with fluctuating or ongoing severe difficulties, who are managing their own health and not wanting goals-based specialist input. Information is shared such that it empowers young people and families to find the best ways of supporting their mental health and wellbeing.

Getting Help

An intervention is any form of help related to a mental health need in which a paid-for professional takes responsibility for input directly with a specified individual or group. The professional may not necessarily be a trained mental health provider but may be a range of people who can provide targeted, outcomes-focused help to address the specific mental health issue. Interventions are characterised by an explicit shared understanding from the outset of:

- what a successful outcome would look like
- how likely this is to occur by a specific date
- what would happen if this were not achieved.

Getting More Help

This grouping also comprises those children, young people and families who would benefit from focused, evidence-based interventions, with clear aims, and criteria for assessing whether these aims have been achieved. There are no fixed rules as to who needs More Help, but the following are frequent indicators:

- the child or young person is completely unable to participate age appropriately in daily activities in at least one context (e.g. school, home, with peers)
- they may even be unable to function in all domains (e.g. staying at home or in bed all day without taking part in social activities)
- they need constant supervision (due to their level of difficulties they are no longer managing self-care) and experience distress on a daily basis.

This grouping might include children with a range of overlapping needs that mean they may require greater input, such as the coexistence of autistic spectrum disorder (ASD), major trauma or broken attachments.

Getting Risk Support

This grouping comprises those children, young people and families who are currently unable to benefit from evidence-based treatment but remain a significant concern and risk. This group might include children and young people who routinely go into crisis but are not able to make use of help offered, or where help offered has not been able to make a difference; who self-harm; or who have emerging personality disorders.

This grouping also comprises those children, young people and families who would benefit from focused, evidence-based interventions, with clear aims, and criteria for assessing whether these aims have been achieved. There are no fixed rules as to who needs More Help, but the following are frequent indicators:

- the child or young person is completely unable to participate age appropriately in daily activities in at least one context (e.g. school, home, with peers)
- they may even be unable to function in all domains (e.g. staying at home or in bed all day without taking part in social activities)
- they need constant supervision (due to their level of difficulties they are no longer managing self-care) and experience distress on a daily basis.

This grouping might include children with a range of overlapping needs that mean they may require greater input, such as the coexistence of autistic spectrum disorder (ASD), major trauma or broken attachments.