

Guidance on data collection on the emotional health of looked after children

Please read through this guidance carefully. It has been designed in such a way that it should answer most questions that you may have regarding the completion of the Strengths and Difficulties questionnaire and collection of the data.

Local authorities should make sure that the full guidance is disseminated to everyone in the local authority who is involved in the SDQ process. It is particularly important that social workers have copies of the guidance as well as those who are dealing with the data returns so that they have all the background information they need to understand the process.

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Introduction

From April 2008 all local authorities in England were required to provide information on the emotional and behavioural health of children and young people in their care. These data are collected by local authorities through a *Strengths and Difficulties Questionnaire* (SDQ) and a summary figure for each child (the *total difficulties score*) is submitted to the Department for Education through the SSDA903 data return.

This document explains the background for this data collection and provides guidance on how the data are collected. It also provides further information on how the SDQ can be further used to support the emotional and behavioural health of looked after children. Finally there are some “frequently asked questions” that you might find useful.

History of the SDQ collection

The white paper *Care Matters: Time for Change* highlighted the need to improve the mental health of children and young people in care. Foster carers frequently report that there are problems associated with the emotional wellbeing and mental health of the young people in their care. Evidence suggests that looked after children are nearly 5 times more likely to have a mental health disorder than all children.

The Care Matters white paper recommended that a new local government indicator (NI58), focused on the psychological and emotional health of children and specifically on the emotional and behavioural difficulties of looked after children, should be developed. In this way the mental health of children in care was reflected in local authority performance management arrangements. This indicator was withdrawn in 2010 however the Department continues to collect and publish information on the psychological and emotional health of looked after children.

How to use this guidance

The information contained within this guidance needs to be read and thoroughly understood. Using the information contained within the guidance, local authorities will be able to set up a procedure that will; collect the information; inform all participants what their role is and why it is important; collate the information and send it to the DfE as part of the SSDA903 return; and use the information to develop their strategies to identify and support looked after children who have emotional and behavioural problems.

Local authorities that had particular difficulties in previous years in returning reliable data should be satisfied that there are robust systems in place to ensure that this data return is as accurate as it can possibly be.

Action for Local Authorities

Local authorities are required to ensure a short behavioural screening questionnaire (SDQ) is completed for **each of their looked after children between the ages of 4 and 16 inclusive**. The questionnaire should be completed by the main carer, preferably at the time of the child's statutory annual health assessment. The authority will need to distribute and explain how to use the questionnaires to each carer.

The local authority is responsible for;

- the collection of completed questionnaires;
- marking the SDQ;
- storing the data;
- and returning the data to the DfE as part of the SSDA903 data collection.

The authority will need to collect and score each questionnaire in order to obtain a single score (the *Total Difficulties Score*) for each of their looked after children. Scores for looked after children who have been continuously looked after for at least one year should be submitted for each child as part of the SSDA903 return. **Details of what the local authority and the main carer should do are set out in the questions below.** Additionally specific actions are detailed in Appendix A.

What is the Strengths and Difficulties Questionnaire (SDQ)? The SDQ is a short behavioural screening questionnaire. It has five sections that cover details of emotional difficulties; conduct problems; hyperactivity or inattention; friendships and peer groups; and also positive behaviour, plus an “impact supplement” to assist in the prediction of emotional health problems. The SDQ has been internationally validated and is appropriate for all black, minority and ethnic (BME) groups. Alternative language versions of the SDQ can be downloaded from www.sdqinfo.com.

Which element of the questionnaire do I use? Local authorities are required for the purpose of the SSDA903 statistical return to use the 2-page ‘main carer’ questionnaire element of the SDQ, attached at annex A. However, although the results don’t feed into the SSDA903 annual collection, if social workers want to triangulate this with the views of the child or young person and his/her teacher they may want to use the SDQ questionnaires designed for young people and teachers in addition to the one which the main carer should complete.

Which children are included in the data collection? For the purpose of the SSDA903 data collection, local authorities must return a single ‘Total Difficulties Score’, ranging from 0 to 40, for all looked after children aged between four and 16 (inclusive) at the date of their latest assessment and who have been looked after for at least 12 months on 31st March.

However, to ensure that data are available for this group of children, the SDQ should be completed **for all** of the authority’s looked after children within this age range (i.e. aged between 4 and 16 inclusive) as it is not possible to predict in advance which children will spend a year or more in care.

Local authorities should:

- **include in the SSDA903 statistical return all young people who were under 17 at the time of their SDQ assessment even though they became 17 between their assessment taking place and 31st March. For example, a young person aged 16 who had the SDQ carer assessment at their annual health review in September and become 17 in the following January.** (However, children who have become 17 by 31 March are not included in the calculation of National Indicator 58 and will not be included in the published statistics. We are collecting the information for this group of children so that we can distinguish between two groups: 1) those who had SDQ assessments during the year and who were still 16 by 31 March; and 2) those who were 16 on the date of their assessment but turned 17 during the year.

Given that the SDQ assessment could be made at any time in the year, it is very possible for a child to be assessed the day before his/her 17th birthday and we would like to capture this information);

- **include in the statistical return children who have recently become 4 (as at the 31st of March) but who have not yet had an SDQ assessment.** They should be recorded as not having a return completed because they were under 4 at the date of the latest assessment (see below);
- **exclude children who are looked after under an agreed series of short term placements.**

Who completes the questionnaire? The questionnaire must be completed by the child's main carer. For most looked after children and young people this will be either a foster carer or their residential care worker where the child is in residential accommodation. However it is possible for the questionnaire to be completed by a parent or other family member if they are looking after the child.

What if a child has changed carers? For children who have changed carers during the course of the year, local authorities should assess which carer is best placed to carry out the assessment.

What training or guidance should social workers offer to carers about completing the questionnaire?

The carers' SDQ questionnaire is designed in such a way that no formal training should be necessary. It is sufficiently straightforward to enable them to complete the questions easily. However, the carer needs to feel confident that they know what they are being asked to do and how to do it. If they are unclear about what they need to do, then this could affect the quality of the data returned. Where a carer has difficulties in understanding or completing the questionnaire the local authority may want to offer assistance, e.g. by discussing the questionnaire with the carer.

Whoever gives the questionnaire to the carer to complete (this will usually be the social worker) should:

- **explain** what the questionnaire is for and why it is important for them to complete it;
- **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.

When is the questionnaire completed? It can be completed at any point during the year. However, to help ensure that the questionnaire is completed and to reduce the administration required by the local authority we recommend that the questionnaire is completed as part of the child or young person's statutory annual health assessment. For those young people who have recently come in to care, the carer will need time to establish a relationship with the child before they will be in a position to carry out the assessment. Local authorities (usually this will be the social worker) will need to make a judgement on a case by case basis. Information is required for the SSDA903 returns for those children and young people who have been in continuous care for at least 12 months (as at 31st March).

What arrangements do we need to make for completing the questionnaire? Local authorities (usually 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 check (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 completed¹.

¹ 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 we expect it to be undertaken with the knowledge of the young person involved.

What does the carer and local authority do with the completed questionnaire? Following completion of the questionnaire by the child's carer, they should return it to the local authority.

The local authority should then calculate the child's *Total Difficulties Score* using the scoring sheet attached at annex B. The *Total Difficulties Score* is generated by totalling the scores of the emotional symptoms, conduct problems, hyperactivity and peer problems sub-scores; **it does not include the pro-social score – do not include this in the calculation.**

Local authorities should first generate the child's score for each of the four relevant sub-score domains (five questions in each) and then generate the *Total Difficulties Score* (between 0-40).

When scoring the SDQ, authorities must take care to ensure that the score awarded matches the correct question from the SDQ. For manual scoring this process is aided by transparent overlays, attached at annex C, which should be printed or photocopied on transparent film.

What help is there with the scoring? Free computer scoring and report-writing software is available for electronic marking of the SDQ. The software is available on request from <http://www.sdqinfo.com/py/sdqinfo/c0.py>. This software uses Microsoft Access and can be used to export results for use on an authority's Management Information System.

What is the end product? Following marking of the SDQ, local authorities must keep a record of the *Total Difficulties Score* (i.e. the overall score ranging from 0 – 40) for each relevant child and submit these as part of the SSDA903 data collection.

Using the SDQ as a screening tool

For children and young people in new placements, we recommend that the SDQ is used to help decision-making about links with Child and Adolescent Mental Health Services (CAMHS). Referral to specialist mental health assessment and treatment should be considered in the context of the existing assessment of the health, social and educational needs of children and young people as part of placing a child or young person in care.

Social workers should consider the need to make a referral to specialist CAMHS or, where they exist, specialist teams that have been set up in partnership with local mental health providers. Where social workers are unsure of the need for referral, or how to make one, they should seek advice on local care pathways and CAMHS eligibility criteria. CAMHS may also be a useful source of expertise in the use and interpretation of the SDQ. The local CAMHS Partnership will want to be informed of the levels of mental health difficulties in the children in care population. This information is valuable in making thorough local needs assessments.

While children who are looked after under an agreed series of short term placements are excluded from this indicator, social workers may want to consider whether these children might otherwise benefit from having an SDQ assessment. In such circumstances you would need to discuss this with those who have parental responsibility for the child.

The full SDQ also includes a questionnaire for teachers and a self reporting questionnaire for children and young people who are aged 11-16. While these are not required as part of this data collection, local authorities may wish to use these questionnaires to improve their understanding of the needs of their looked after children, particularly to find out how the child or young person feels about his/her own emotional wellbeing. Further information can be found at www.sdqinfo.com.

The SDQ will provide predictions about how likely it is that a child or young person has significant mental health problems – unlikely, possible or probable – to do this it must include the “impact” questions on page 2 of the questionnaire. We recommend that if the *main carer SDQ* suggests a possible or probable problem that an SDQ is completed by a teacher who knows the young person and the young person themselves if they are aged 11 or over. The allocated social worker may wish to discuss any problem areas highlighted by the SDQ with the carer and young person. However, the SDQ is only a screening tool. Where a problem is identified the local authority should use a diagnostic tool such as the Development and Well-Being Assessment (DAWBA) to enable an appropriate intervention to be identified and to consider a referral to local voluntary or statutory mental health services.

Copyright

The SDQ, whether in English or in translation, are copyrighted documents that may not be modified in any way. Paper versions may be downloaded and subsequently copied without charge by individuals of non-profit organisations provided they are not making any charge to families. No one except youthinmind is authorised to create or distribute electronic versions for any purpose. It is therefore free to use in the manner described above for the purposes of this data collection.

Contacts

If you require further assistance please raise a service request via:
<https://www.education.gov.uk/home/schools/adminandfinance/schooladmin/ims/datacollections/requestform>

Appendix A

What is my role in the SDQ process?

LA looked after children health official

Your general role is as the person responsible for administering the completion of the SDQ as described above. However it is up to local authorities to determine exactly who does what.

It is particularly important that the carer feels comfortable with the task they are being asked to do and that they have sufficient knowledge of the young person in order that they can confidently answer the questions. The questionnaire should be accompanied by a note explaining what is required and offering guidance as necessary (e.g. you can use information contained in this guidance) as well as a contact name/number if the carer is experiencing particular difficulties in completing it.

When the SDQ is returned it is important to note that all questions have been completed as missing questions can invalidate the score. One particular problem has been an abnormal number of zero scores. In the general population we would expect an average score of 8.

While it is certainly the case that there are children who will have a zero score these should be few. **If you find you are receiving more of these zero scores than expected then you will need to check that the SDQ is being completed correctly.** From 2009/10 there is a new validation rule in the SSDA903 return that will flag up when an SDQ score of zero has been recorded. The record will be in error but if the local authority is sure that the score is correct, then they can contact the DfE to bypass the error. This will ensure that an SDQ score of zero is recorded only when the score is actually zero as opposed to when a score is not known.

Carer

Completing the Strengths and Difficulties Questionnaire is about assessing the child to see if they have any problems that may indicate a potential emotional/ behavioural difficulty. This is very important as picking up such problems early can mean that support is put in place to help the child.

As a carer you will be ideally placed to answer the questions that the SDQ asks as you have that day-to-day knowledge about the young person. The Questionnaire has been designed to enable it to be answered by all parents/carers. However it does mean that you need to know the young person. If you feel you have not known the young person long enough to provide an answer please tell your LA contact as there may be someone in a better position to complete the questionnaire.

Some young people have indicated that their views about how they are feeling are not taken into account enough because the national data collection requires only the main carer element of the SDQ to be completed. **It is important to be clear that the carers' responses to the questionnaire are their assessment of how they see the emotional and behavioural health of the child.** The questionnaire must not be completed in collaboration with the carer – to do so would invalidate the responses. However, any carer completing the questionnaire should be satisfied that at the time they complete the questionnaire they:

- are not basing their answers on the child's behaviour on a particular day(s) which will result in a skewed score that doesn't reflect how the child is most of the time.
- have an understanding of how the child or young person perceives their behaviour and emotional wellbeing
- talk to the child's or young person's social worker or lead health official where they know that their responses to questions differ significantly from what they know to be the child's or young person's views about whether or not the social worker should ask the young person to complete an SDQ if they want to.

The SDQ requires you to read a series of statements and judge how well it describes the young person you look after by ticking one of three or four boxes for each question. Completion should not take too long - about 5 to 10 minutes on average, although it occasionally 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 is feeling. Without knowing how they feel you may find it difficult to accurately answer the questions. If you have any problems completing the form please contact the person in the local authority who sent you the form and 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). There are versions of the SDQ in alternative languages if that would be helpful – please ask your LA contact about this.

The completed SDQ should be sent back to the local authority (they should tell you who to send it back to). Once they have completed the scoring process this information will feed into the annual health review for the child you look after. Any further action will depend on the score obtained and any other information as discussed at the annual health review.

Some Frequently asked questions regarding returning the Strengths and Difficulties Questionnaire (SDQ) score in SDDA903

Isn't this just more internal administrative burden – collecting data for the sake of it? Evidence clearly suggests that looked after children are nearly 5 times more likely to have a mental health disorder than all children. However we currently have no national measure to identify the extent of this. The white paper *Care Matters: Time for Change* highlighted the need to improve the mental health of children and young people in care. The first step in order to make improvements is to identify the scale of the problem and the SDQ is the tool which we will use to obtain this. While this will inevitably mean that there is a degree of administrative burden in obtaining information for this new indicator, nevertheless the benefits in being able to identify problems for these vulnerable children an overriding consideration.

So what will local authorities get out of this? Of primary importance to local authorities (given their role as the corporate parents) is that undertaking an SDQ questionnaire early in a child's care history will quickly highlight the likelihood that the child either has, or could develop significant mental health problems. This should then assist in accessing/ commissioning appropriate intervention to support the child. In addition local authorities will be able to build up management information regarding the scale of the emotional/ behavioural problems of looked after children in their area which will therefore help inform the appropriate levels of service provision. In the longer term, data from SDQ returns will give an indication on how effective the service provision provided is in meeting the needs of looked after children.

How does this link with the Common Assessment Framework (CAF)?

Should there be any particular individual case where a CAF is being implemented for a looked after child, then the SDQ could be one of the tools that will help inform that assessment.

Can the SDQ be used as a commissioning tool? This is a matter for the local authority to decide. Guidance recommends that the SDQ is used to help decision-making about links with Child and Adolescent Mental Health Services (CAMHS). Referral to specialist mental health assessment and treatment should be considered in the context of the existing assessment of the health, social and educational needs of children and young people as part of placing a child or young person in care. Social workers should consider the need to make a referral to specialist CAMHS or, where they exist, specialist teams that have been set up in partnership with local mental health providers. Where social workers are unsure of the need for referral, or how to make one, they should seek advice on local care pathways and CAMHS eligibility criteria.

Why only the parent (carer) assessment? Why not use the young person/teacher assessment as well? For the purposes of obtaining

information to provide data that will inform this indicator (NI58), using the parent/carer questionnaire is sufficient. However this does not mean that LAs cannot use the full range of the SDQ if they so wish and our guidance does recommend that both the teacher (and where appropriate the young person) questionnaire be used if the parent/carer questionnaire indicates that there are concerns.

Should we obtain consent from the young person? One of the options for not completing a questionnaire is where a young person has refused to allow one to be completed. 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 we expect it to be undertaken with the knowledge of the young person involved. How LAs wish to approach this issue is up to them, but a formal "consent" process may be overly bureaucratic. Undertaking the SDQ should be part of the process by which the health and wellbeing of all looked after children are monitored and assessed and most young people will understand the importance of this when it is explained to them.

Do we include young people who are 16? Yes, guidance says that the SDQ should be completed for all looked after children aged 4-16 inclusive. When compiling returns to the Department include those young people who were under 17 at the time of the assessment but who became 17 between the assessment taking place and 31st March. However children who are 17 by 31 March are not included in the calculation of National Indicator 58. We are collecting the information for this group of children so that we can distinguish between two groups; those who had SDQ assessments during the year and who were still 16 by 31 March; and those who were 16 on the date of their assessment but turned 17 during the year. Given that the assessment could be made at any time in the year, it is very possible for a child to be assessed just before their 17th birthday and we would like to capture this information.

Who should complete the questionnaire if the young person is in independent living? There are a number of options that could be used and would depend on individual circumstances.

1. Ask the previous carer to complete the questionnaire. There may be a number of problems with this, too much time may have gone by (it could be almost a year), there may be a relationship problem between carer and young person (young person may refuse permission to have it completed). However there may be times when this is the most appropriate way forward.
2. Social Worker to complete the questionnaire. Once again this may not be appropriate in all cases but where there is a relationship between social worker and young person that means the SW could reasonably answer the questions then this would be acceptable.
3. Another "responsible" adult (but not a teacher). It may be the case in certain circumstances that a looked after young person has a trusted

adult in their lives other than an ex-carer or social worker that is close enough to the young person to be able to complete the questionnaire. If all are agreed then this could be an acceptable alternative.

If none of these options are appropriate then the questionnaire cannot be completed and a note to that effect should be put on the data return for that young person.

What training do carers need to carry out this exercise? No specific training should be needed in order to undertake this exercise. Foster carers do not require specialised knowledge as the questionnaire was designed so that *all* parents can complete it. Both the set of 25 questions plus the impact questions only require that the foster carer has known the child for a sufficient period of time, and has been responsible for their day-to-day welfare, so that they are able to make an informed judgement regarding any behaviour displayed (much as any parent would of their children). Guidance does suggest that the questionnaire given to the foster carers should be accompanied by an explanation of how it should be completed. Additionally, where a carer has difficulties in understanding or completing the questionnaire the local authority may want to offer assistance, e.g. by discussing the questionnaire with the carer.

What if the carer feels this is an exercise directed at their ability to care for a child? It should be made very clear that the purpose of completing the SDQ is not about monitoring the ability of the carer to care for the child. This exercise is about assessing the child to see if they are presenting with any problems that when taken together may indicate a potential emotional/behavioural difficulty, i.e. this is an assessment of the *child* not the *carer*. It is the carer who is best placed to answer the questions contained in the questionnaire as they have that day-to-day knowledge that others do not. We are collecting this data so that nationally we have an overall indication of the level of difficulty there might be in the looked after population and this data will inform the national indicator.

What does the “total difficulty score” mean in practice? Annex B of the Guidance gives an explanation of interpreting the scores obtained. The scoring range is between 0-40. On an individual basis a score of 13 or below is normal and 17 and above is a cause of concern (between 14-16 is borderline). For local authorities, their overall average score will give an indication of the level of "concern" there is across the local authority. From a strategic point of view a high score will mean that more looked after children are displaying such problems. This is useful management information as it will give an indication of where resources may need to be allocated. Over time it will also give an indication of how effective services put in place are addressing these issues. For individuals, information from the SDQ can lead to considering possible further investigation or intervention. Over time records can show a child's progress - whether difficulties identified remain or, if appropriate interventions have been put in place, whether they have eased.

Can it be used as a pathway for assessing the Personal Education Allowance? It is up to local authorities to determine how they will allocate PEA funding to their looked after children. While the SDQ is mainly a tool to help identify emotional and behavioural concerns, it could also feed into any assessment for PEA if LAs found that useful.

What about 17/18 year olds? The SDQ has been designed specifically for those young people who are aged 4 16 inclusive. However, if the local authority wishes to continue to use the questionnaire for those who are 17 and beyond then that is a decision for them to take. Local authorities will need to consider whether the questions asked continue to be relevant for those who are 17+.