

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

Introduction

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

The first data return for the 2008-09 financial year will be collected from 1 April 2009. Local Authorities may use the *Care Matters Change Fund*, allocated as part of the Area Based Grant, to support the introduction of this new SSDA903 data item.

This document explains the background for this new data collection and provides guidance on how the data should be 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.

Why an indicator on emotional health?

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, 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 is reflected in local authority performance management arrangements.

The data collected will provide both local and national information on the emotional and behavioural health of looked after children. The data will form the basis of an indicator in the local government National Indicator Set¹. It will provide local authorities with a useful way of assessing the mental health needs of both their overall population of looked after children and of individual children or young people.

Using these data will enable local authority managers to address poor performance and make appropriate changes to their services to improve the

¹ See: <http://www.communities.gov.uk/publications/localgovernment/nationalindicator>

health of looked after children. It will also be used as a basis for improvement targets in local area agreements.

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 aged 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 DCSF 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 in care 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.

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 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 to use the 2-page 'main carer' questionnaire element of the SDQ, attached at annex A.

Which children are included in the data collection? Through 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, who have been in care for at least 12 months on 31st March. 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 as it is not possible to predict in advance which children will spend a year or more in care. Local authorities should:

- include all young people who were under 17 at the time of the assessment but who became 17 between the assessment taking place and 31st March;
- include children who have recently become 4 (as at the 31st of March) but who have not yet had an 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 children and young people in care 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. For children who have changed carers during the course of the year, local authorities should assess who is best placed to carry out the assessment. 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.

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 will need to make a judgement on a case by case basis. Information is required for the 2008-09 and subsequent 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? Local authorities should make arrangements for issuing the SDQ to the child's main carer, accompanied by an explanation of how it should be completed. 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. 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 (this includes where a child or young person refuses to allow an SDQ to be completed²).

While completing this field is optional for the 2008-09 return, it will be compulsory for the 2009-10 collection.

What do I do with the completed questionnaire? Following completion of the questionnaire by the child's carer, the local authority should 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 www.sdqinfo.com/b4.html. 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

² 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.

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 children and young people in care. 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

Further assistance can be provided by:

- Administering the Strengths and Difficulties Questionnaire: Ian Payne, DCSF: ian.payne@dcsh.gov.uk tel: 020 7273 5185
- Completing the SSDA903 return: your usual DCSF contact (Farida Ebrahim, and Don Sault) or Natalie Corke, natalie.corke@dcsh.gov.uk tel: 020 7925 6824

Some Frequently asked questions regarding using the Strengths and Difficulties Questionnaire (SDQ) for National Indicator NI58

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? 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. 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.

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, using the parent/carers questionnaire is sufficient to provide data that will inform this indicator (NI58). 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.

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.