



## Quality Assurance Framework for Out-of-Home-Care NSW

General Use

# Strengths and Difficulties Questionnaire (SDQ)

Questions for Carers

## Chapter 2

# QAF User Guide

June 2021 Edition

## Strengths and Difficulties Questionnaire – Carers

The Strengths and Difficulties Questionnaire (SDQ) is for carers to complete in relation to the behaviour of a child or young person OOHC and placed in their care. The use of this valid and reliable questionnaire provides a robust way of capturing a child or young person strengths and difficulties over time.

The SDQ is a key component of the Quality Assurance Framework (QAF) which collects key information on how a child is going in OOHC, to ensure we give every child in care the best possible experience.

Carers have first-hand experience of what a child or young person is experiencing and can provide valuable insight into their emotional and psychological wellbeing and social functioning.

It is essential that standardised and tested questionnaires are used to measure wellbeing. Questionnaires measuring wellbeing should be applied consistently, in order to minimise the risk of bias and ensures reliable outcomes.

### What is the purpose of the SDQ?

The intention of the SDQ for carers is to reliably flag a concern that may require further attention through casework and is not a diagnosis of a child or young person's mental health.

This questionnaire gives an opportunity to promote a solution focused approach and build on identified strengths as well as:

- A way to focus on where an intervention might help a child or young person
- Inform Behavioural Support Planning and outcomes
- Provide evidence to support accessing other resources/services e.g. Child & Adolescent Mental Health Services
- Over time results provide valid and reliable evidence of changes in the child's strengths and difficulties rather than relying on anecdotal evidence

### What are the benefits for the carer and child and young person?

Completing the SDQ early in a child or young person care history, will highlight the likelihood that a child or young person either has or could develop mental health issues. This should then assist in accessing appropriate interventions to support a child or young person.

## Strengths and Difficulties Questionnaire (SDQ) Key points

<b>Who completes?</b>	The carer/person with significant relationship to a child/young person in their care																																								
<b>Age range</b>	For a child/young person aged 2-17yrs <ul style="list-style-type: none"> <li>• SDQ for children 2-4 years (non-school attendees)</li> <li>• SDQ for children aged 4-10 years</li> <li>• SDQ for children and young people aged 11-17 years</li> </ul>																																								
<b>Cohort</b>	Children/young people in Out of Home Care in NSW																																								
<b>Delivery method</b>	<ul style="list-style-type: none"> <li>• 30 questions presented in Viewpoint</li> </ul>																																								
<b>First assessment</b>	At 4 to 6 weeks of entry to care or placement change																																								
<b>Frequency</b>	Once every 6 months																																								
<b>Measures</b>	<ul style="list-style-type: none"> <li>• Behavioural/ Emotional/ Hyperactivity Problems</li> <li>• Social (Peer Relationships, Prosocial Behaviour)</li> </ul>																																								
<b>Results</b>	<p>Results are automatically generated in Viewpoint on completion</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="background-color: #90EE90;">Close to Average</th> <th style="background-color: #ADD8E6;">Slightly Raised</th> <th style="background-color: #FFD700;">High</th> <th style="background-color: #FF6347;">Very High</th> </tr> </thead> <tbody> <tr> <td><b>Total Difficulties Score</b></td> <td>0-13</td> <td>14-16</td> <td>17-19</td> <td>20-40</td> </tr> <tr> <td><b>Emotional Problems Scale</b></td> <td>0-3</td> <td>4</td> <td>5-6</td> <td>7-10</td> </tr> <tr> <td><b>Conduct Problem Scale</b></td> <td>0-2</td> <td>3</td> <td>4-5</td> <td>6-10</td> </tr> <tr> <td><b>Hyperactivity Scale</b></td> <td>0-5</td> <td>6-7</td> <td>8</td> <td>9-10</td> </tr> <tr> <td><b>Peer Problem Scale</b></td> <td>0-2</td> <td>3</td> <td>4</td> <td>5-10</td> </tr> <tr> <td><b>Impact on young person's life</b></td> <td>0</td> <td>1</td> <td>2</td> <td>3-10</td> </tr> <tr> <td><b>Prosocial Score</b></td> <td>8-10</td> <td>7</td> <td>6</td> <td>0-5</td> </tr> </tbody> </table> <p>Compare the results to the Decision-Making Pyramid to help you identify what needs to be addressed and what activities need to be undertaken.</p>		Close to Average	Slightly Raised	High	Very High	<b>Total Difficulties Score</b>	0-13	14-16	17-19	20-40	<b>Emotional Problems Scale</b>	0-3	4	5-6	7-10	<b>Conduct Problem Scale</b>	0-2	3	4-5	6-10	<b>Hyperactivity Scale</b>	0-5	6-7	8	9-10	<b>Peer Problem Scale</b>	0-2	3	4	5-10	<b>Impact on young person's life</b>	0	1	2	3-10	<b>Prosocial Score</b>	8-10	7	6	0-5
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<b>Analysis</b>	Review results in case review																																								
<b>Consent</b>	Participation is voluntary and agreement to participate is included in the questions in Viewpoint. For non-participation – select the reason from the drop-down box																																								
<b>Sharing results</b>	Can be discussed where appropriate with the carer, manager, during case planning meetings, with professionals and the child/young person																																								
<b>Results storage</b>	<ul style="list-style-type: none"> <li>• Results will be stored in your agencies casework system using your naming convention.</li> </ul>																																								

## Caseworker Check List – for completing Questionnaire (Carer – Strengths and Difficulties Questionnaire and Child and Young Person)

Administering Activities		Notes
<b>Before</b> home visit	1. Ascertain the age of the child or young person and questionnaires to be completed: <ul style="list-style-type: none"> <li>• Child and Young Person Questionnaires - aged between 7 and 17 years</li> <li>• Carer Strengths and Difficulties Questionnaire - 2-4 years non-school participation, 4-10 primary school attendees or 11-17 high school and/or alternate education</li> </ul>	
	2. Review fact sheets. Ensure your device laptop, tablet has internet access and is charged	
	3. Test web access <a href="https://www.vptol.com.au/qaf">https://www.vptol.com.au/qaf</a> before the visit and take with you on the home visit. Review the Viewpoint Trouble Shooting Tips.	
<b>During</b> home visit	4. Explain key elements of the questionnaire and its purpose to carers and children/young people. Provide them with the fact sheets or further information as required.	
	5. Explain the use of the questionnaire and how the results will be used to inform case planning.	
	6. Establish whether the child/young person requires support. Some children may need you to define words in the questionnaire.	
	7. Child/young person completes the questions on the device.	
	8. Review the results check for safety, self-harm/suicide for <b>immediate action</b> – high risk answers are highlighted in <b>RED</b> on your screen or printed in colour for paper files.	
	9. Store the Report according to agency protocol.	
<b>After</b> home visit	10. Review results from the questionnaires, refer to the relevant user guide for more information.	
	11. Seek support from manager or psychologist as needed	
	12. Use all of this information to develop actions and inform case planning.	
	13. Discuss information with the carer, child or young person and other relevant agencies to support the best outcomes from child and young person.	

## No internet connectivity at carer residence – paper-based versions

The paper-based version is only to be used when experiencing connectivity issues. If you are unable to access the internet while visiting the carer, paper-based versions are available on the internet go to:

- SDQ Questionnaire – 2 to 4 years – non-school attendee
- SDQ Questionnaire – 4 to 10 years – school attendee
- SDQ Questionnaire – 11 to 17 years old

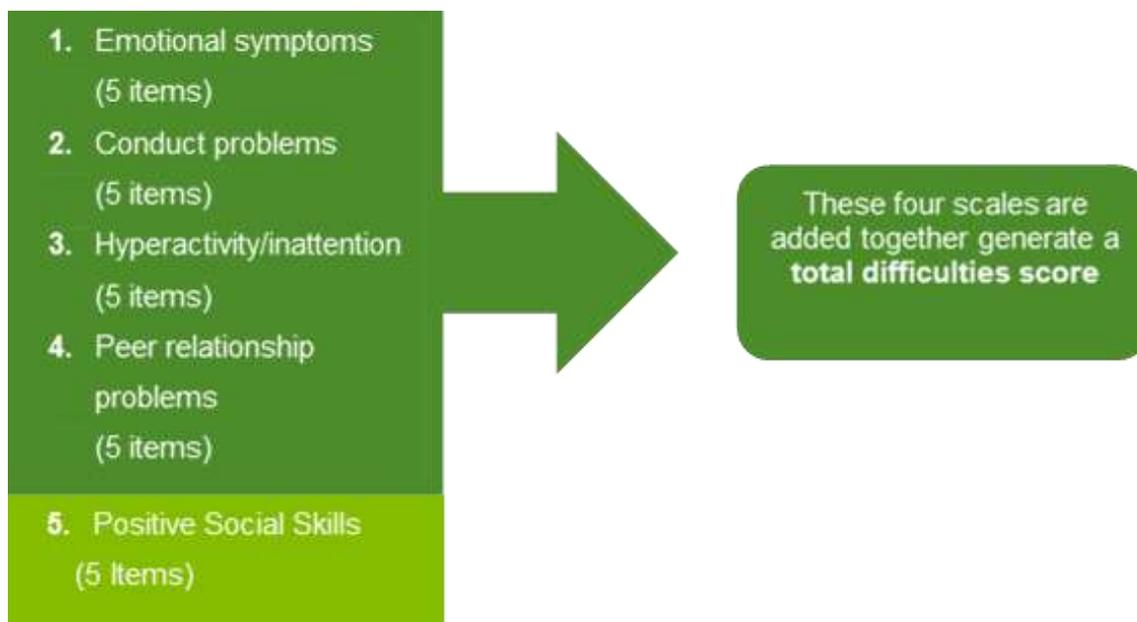
Responses from the paper-based version **will need to be entered into Viewpoint** on your return to the office to obtain SDQ scores.

## Understanding SDQ scoring

At the completion of the SDQ, Viewpoint will automatically generate:

- A total difficulties score
- A score for each of the subscales including prosocial behaviour (positive social behaviour)
- A score for the impact on the child or young person life

There are 5 sections the questions are scored around:





The total difficulties score will read between 0 - 40. On an individual basis:

- A score of 13 or below is within what is deemed to be a normal range
- A score ranging from 14 -16 is considered to be border line
- 17 or above is indicative of a cause for concern.

Each question in the SDQ is rated on a 3-point scale:

- 0 = not true
- 1 = somewhat true
- 2 = certainly true

The total difficulty score is the overall measure of how a child or young person has been going over the six months previous to completion. Each one-point increase in the score corresponds to an increase in the risk of a behavioural/mental health issue.

The SDQ automatically calculates a score based on a broad population sample. The classifications are:

1. Close to average 0 - 13
2. Slightly raised 14 - 16
3. High 17 - 19
4. Very High 20 - 40

This table demonstrates what each score means compared to the **average for all the same age group**.

	Close to average	Slightly raised	High	Very High
Score for Total Difficulties	<b>0-13</b>	<b>14-16</b>	<b>17-19</b>	<b>20-40</b>
Score for Conduct Problems Scale	<b>0-2</b>	<b>3</b>	<b>4-5</b>	<b>6-10</b>
Score for Emotional Problems Scale	<b>0-3</b>	<b>4</b>	<b>5-6</b>	<b>7-10</b>
Score for Hyperactivity Scale	<b>0-5</b>	<b>6-7</b>	<b>8</b>	<b>9-10</b>
Score for Peer Problems Scale	<b>0-2</b>	<b>3</b>	<b>4</b>	<b>5-10</b>
Score for Impact on Young Person's life	<b>0</b>	<b>1</b>	<b>2</b>	<b>3-10</b>

*Please note: the "Impact on Young Person's life" score is not included in the "Total Difficulties" score*

**The Prosocial score is 'Kind and Helpful Behaviour'** and this table shows what each score means to **the average of the same age group**

	Close to average	Slightly lowered	Low	Very Low
Score for Prosocial Scale	<b>8-10</b>	<b>7</b>	<b>6</b>	<b>0-5</b>

*Please note: the "Prosocial Scale Score is not included in the Score for Difficulties*

**The impact supplement** explores whether the perceived difficulties affect the child or young person's functioning and impact on the carer and family. The items on overall distress and interference with everyday life are summed to generate a score ranging from 0 to 10

- Not at all or only a little = 0
- Quite a lot = 1
- A great deal = 2

A high impact score should be discussed with your supervisor and may indicate that the carer needs some additional assistance.

Please note in the supplementary questions section, if the carer answers 'not at all or only a little' to all questions the Score for Impact will not appear on Table 2 in the SDQ report.

The **Decision-Making Pyramid** p.12 below helps to identify actions in relation to each score classification.

### Information for Carers

A **SDQ Carers Fact Sheet** p.13 below helps you explain the value of completing the SDQ for their child or young person in care. Carer participation in the SDQ is voluntary. Viewpoint has a participation page, after you log in, that explains to a carer the reason questions are asked and what happens to the information.

If a carer **does not agree** to participate a list of options will appear in a drop-down box to explain their reason/s for not wanting to complete the questionnaire.

### Possible concerns that a carer may have

Carers may be cautious about sharing information that may impact decisions about the placement or levels of support provided. They may not fully know the child or young person's



history or under report behaviours based on their experiences of caring for other children and young people. Whilst this risk exists research shows that the possibility of under-reporting is outweighed by the benefits that the SDQ identifies. This is particularly true in relation to detecting emotional problems with a child or young person and track changes over time



# Practice Tips and Considerations

## Questions caseworkers may face when completing the Strengths and Difficulties Questionnaire (SDQ)

As with any casework activity there will be questions or issues. Below is a list of issues that may be encountered when completing the SDQ. Work through responses with teams using policies, procedures, practice guidelines and professional judgement.

Some general questions that you may encounter:

Questions	Considerations
<b>When is the SDQ completed?</b>	<p>The SDQ is completed after a child or young person with final orders in OOHC has been placed with the carer for 4 - 6 weeks or following a placement change.</p> <p>In the event of placement changes have a conversation with the new carer about the QAF and provide the carer with information about the QAF and the SDQ process.</p> <p>The SDQ focuses on how the child or young person has been over the past 6 months. Please reinforce this message to the carer and ask that they reflect on the caring experience <b>over the past 6 months</b>.</p>
<b>Which questionnaire do I select for a 4 year old?</b>	Some 4 year old children are school age and some are not, ensure the carer selects the correct SDQ age group ( <i>4-10 years for school aged children</i> ) as the questions for the two age groups are different.
<b>What if the child or young person has a disability?</b>	If the child or young person has been diagnosed with a disability ensure the carer is informed of the child/young person's diagnosis/conditions, treatment plans and any prescribed medications. This is to ensure the carer's answers to the questions are an accurate reflection of the child or young person developmental capacity/needs.
<b>What if the carer is reluctant to complete the SDQ?</b>	A carer may be cautious about sharing information that may impact on the level of support provided or placement. They may not fully know the child or young person's history or under report behaviours based on their experiences caring for other children or young persons. Discuss the concerns with the carer.

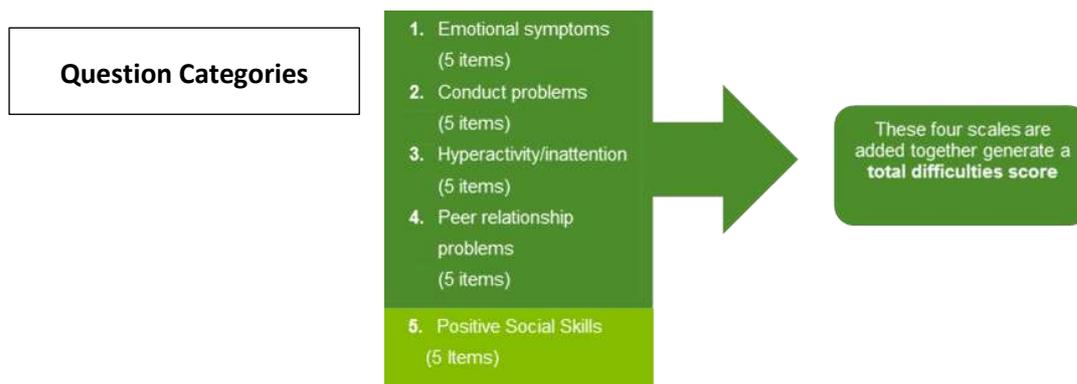


Questions	Considerations
<b>Is consent needed to complete the SDQ?</b>	QAF consent from the carers is required and this is built into the Viewpoint online system.
<b>What happens if the results differ significantly to what I expected?</b>	<p>There may be occasions where the SDQ score does not match your expectations, based on your knowledge of the child or young person. The presence of differing opinions highlights the importance of discussing the SDQ with carers to understand their views and explore the reason behind the differing views. It is recommended to:</p> <ul style="list-style-type: none"> <li>• Check the Pyramid for required actions.</li> <li>• Discuss the SDQ results during supervision. Your supervisor will help explore all aspects of the child or young person’s life and care history to understand why they may have poor behavioural and mental health.</li> <li>• Ensure the SDQ is discussed regularly or as early as possible if risks or concerns are identified in the SDQ outcomes. This will provide analysis and informed discussion to ensure clear actions are identified and completed.</li> <li>• Consider whether to contact specialist health services for advice.</li> </ul>
<b>What do I do if a problem area shows up in the results?</b>	The SDQ is a screening tool and not a diagnostic tool. It is important to discuss problem areas highlighted by the SDQ with the carer or child or young person and your supervisor to identify an appropriate intervention such as a referral to a specialist service.



## Strengths & Difficulties Questions by Category

Questions across the SDQ age brackets are all the same except for Q22 in the 2-4 age group is “Can be spiteful to others” and Q22 in the 4-11 and 11-17 age groups is “Steals from home, school or elsewhere’. Other words may be changed as age appropriateness.



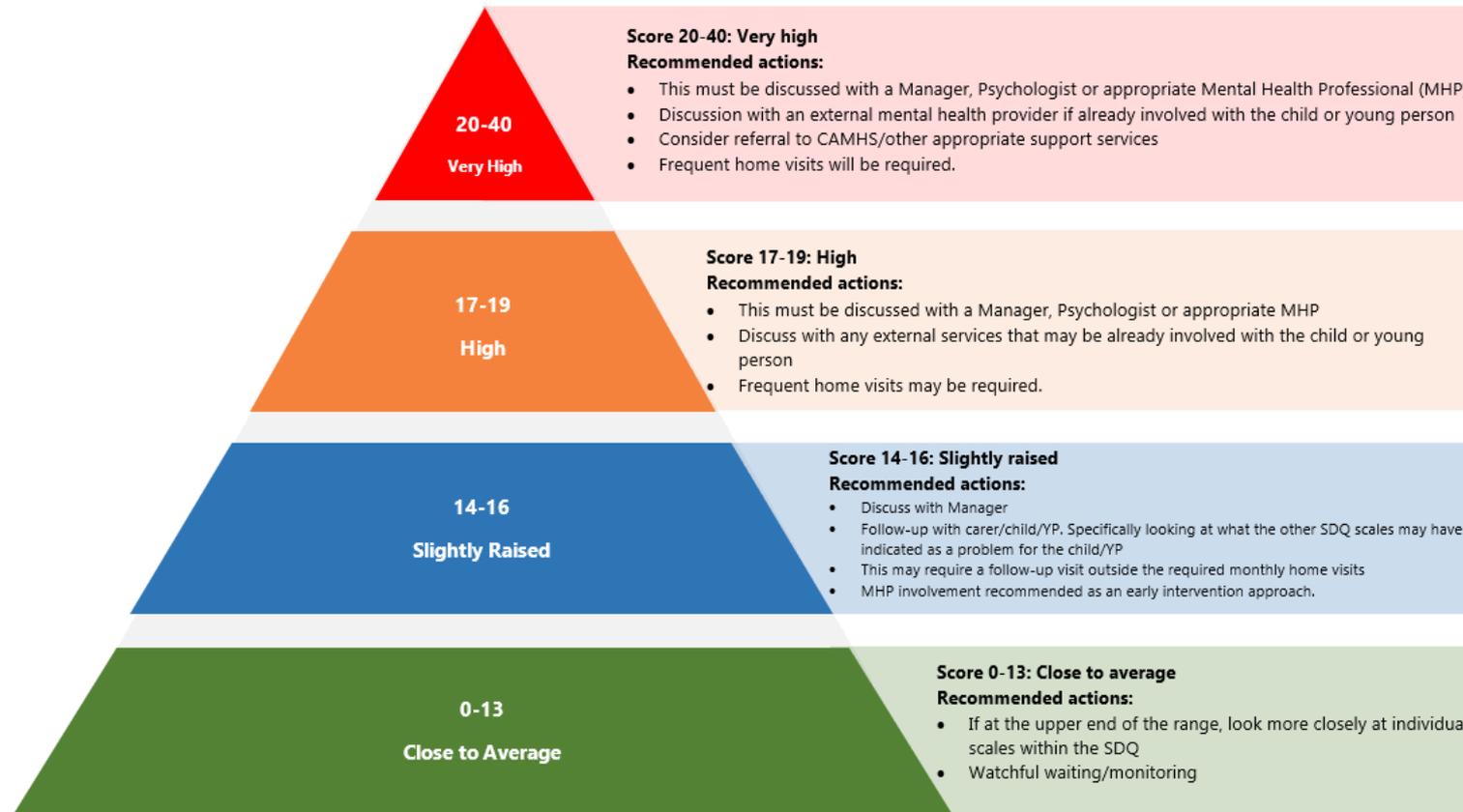
1 - Emotional symptom	2 – Conduct symptoms
Q3 Often complains of headaches, stomach aches or sickness	Q5 Often loses his or her temper
Q8 Many worries or often seems worried	Q18 Often argumentative with adults / Often lies or cheats
Q13 Often unhappy, depressed or tearful	Q 12 Often fights with other children/young people or bullies them
Q16 Nervous or clingy in new situations, easily loses confidence	Q7 Generally, well behaved, usually does what adults request
Q24 Many fears, easily scared	Q22 Can be spiteful to others/Steals from home, school or elsewhere

3 – Hyperactivity Inattention	4 – Peer Relationship problems
Q2 Restless, overactive, cannot stay still for long	Q6 Rather solitary, prefers to play alone/ Would rather be alone than with other young people
Q10 Constantly fidgeting or squirming	Q11 Has at least one good friend
Q15 Easily distracted, his or her concentration wanders	Q14 Generally liked by other children/young people
Q25 Good attention span, sees play activities out to the end/see chores or homework through to the end	Q19 Picked on or bullied by other children/young people
Q21 Can stop and think things out before acting/ Thinks things out before acting	Q23 Gets along better with adults than with other children/young people

5 – Prosocial Social Skills
Q1 Considerate of other people’s feelings
Q4 Shares readily with other children e.g. toys, treats, pencils – young people e.g. games and food
Q9 Helpful if someone is hurt, upset or feeling ill
Q17 Kind to younger children
Q20 Often offers to help others (parents, preschool, staff, children)



## The Quality Assurance Framework SDQ Total Difficulty Score – Decision Making Pyramid



Disclaimer: The Strengths and Difficulties Questionnaire (SDQ) is to be used as a screener for mental health difficulties in children or young people. It is always important to consider the context of the scores in this report and seek further advice from managers, psychologists and/or mental health professionals if there are concerns that are not reflected in these scores.

Note: This pyramid is intended only as a guide



## Carers Fact Sheet Strengths and Difficulties Questionnaire (SDQ)

### What is the QAF?

Children and young people need to thrive, to feel safe and have stability and permanency in their lives. Looking after children and young people in OOHC is one of the most important jobs and hearing a carer's voice is equally important.

Your insights into the emotional and psychological wellbeing of a child or young person in your care will help caseworkers provide support when needed. The QAF is not a reflection on your care rather it is to identify if a child or young person is experiencing any difficulties. Identifying problems early means that the right services can be put in place at the right time.

### What is my role in the QAF?

- Each 6 months you will be asked to complete an online questionnaire in Viewpoint, an online app provided by your

caseworker, which can take up to 20 minutes.

- You will be asked to respond to different statements and how well it describes the child or young person in your care.
- You will press 'Yes' in Viewpoint if you want to complete the questionnaire or 'No' if you choose not to participate and add reason for your decision.

### What happens to the information I provide?

Information collected for the QAF is confidential and will be stored securely and used to provide services to the child in accordance with the law. The *Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002* protects your information.

### For more Information

If you would like more information on the questionnaire or the QAF please contact your caseworker or visit

<https://www.facs.nsw.gov.au/about/reforms/children-families/QAF>.

**Thank you for taking the time to complete the questionnaire and supporting the child or young person in your care.**