



Anglia Ruskin  
University



Cambridgeshire  
Children's Trust

# **The Emotional Wellbeing of Children Identified as in Need of Additional Support in the Transition from Primary to Secondary School**

Jane Akister

Sam Mutty

*Correspondence to:*

*Jane Akister, Social Work, Webb Building, East Rd., Cambridge CB1 1PT*

Contents

<u>1. Research Design</u>	<u>3</u>
<u>2. SDQ scores from Teachers and Parents</u>	<u>4</u>
<u>3. Overall Stress Identified in SDQ scores by Gender</u>	<u>7</u>
<u>4. Reasons for Concern and SDQ scores</u>	<u>8</u>
<u>5. Discussion</u>	<u>14</u>
<u>6. In Conclusion</u>	<u>20</u>
<u>References</u>	<u>21</u>
<u>Appendix 1: Data for each reason for concern against SDQ scores.</u>	<u>23</u>
<u>Appendix 2: The Strengths and Difficulties Questionnaire (SDQ): A brief explanation of its inception, methodology and application</u>	<u>28</u>

## **The Emotional Wellbeing of Children Identified as in Need of Additional Support in the Transition from Primary to Secondary School**

### **1. Research Design**

The study was designed to identify pupils in primary school, year six, where teachers were concerned about how they would fare in the transition to secondary school. 10 primary schools were involved in the study, feeding into 2 comprehensive secondary schools.

For each child of concern the teachers were asked to complete a ***Strengths and Difficulties questionnaire (SDQ)*** and identify the reasons for their concern.

The SDQ was created by Goodman (1997, 2000) as a behavioural screening tool. The SDQ has been used extensively and has good reliability and validity. The questionnaire lists 25 items which give an overall stress rating and has 5 sub-scales:

1. Emotional Distress
2. Hyperactivity
3. Difficulties getting along with other Young People
4. Behavioural Difficulties
5. Kind and Helpful Behaviour

The resulting score can be reliably categorised as normal, borderline or high indicating psychological, social, emotional and behavioural disorders (Goodman, 2000; see Appendix 1 for full details of the SDQ)..

A ***Reason for Concern form*** was also sent with the SDQ. The options listed on the form were:

1. Learning Needs
2. Behaviour
3. Attendance
4. Anxiety
5. Self-esteem
6. Other

Ethical approval was given by the Anglia Ruskin Faculty Research Ethics Panel, and consent was sought from all parents whose children were identified as in need of additional support in the transition for their teachers to complete the SDQ and reason for concern form.

SDQ questionnaires were returned for 49 children (parents, n=43; teachers n=49) with teachers completing 48 reason for concern forms.

The analysis begins with a broad view of the data, looking at the proportion of children with SDQs of normal, borderline or high for each category. Once this has been illustrated, we will examine whether or not there are significant differences in terms of gender and whether there is agreement between the parent and teacher overall stress SDQ scores. This will define the parameters under which we analyse the remaining data and examine the SDQ scores in relation to the reasons for concern.

## **2. SDQ Scores from teachers and parents**

*Table 1: SDQ scores for whole cohort*

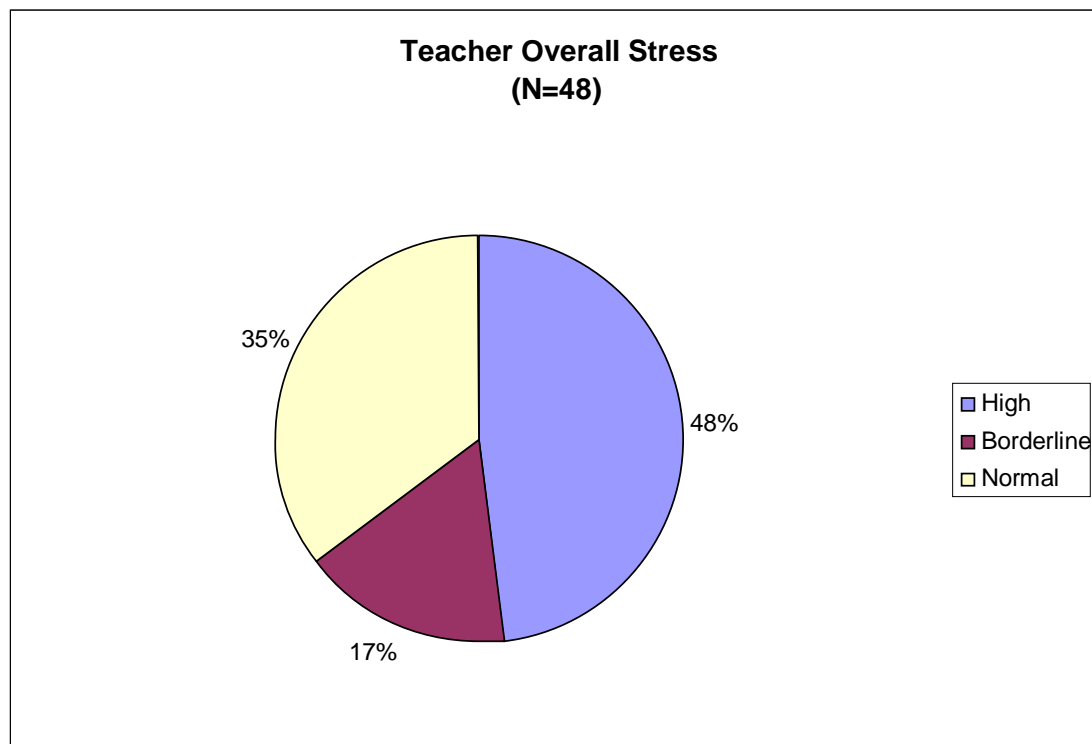
		SDQ Score					
		Normal		Borderline		High	
		Teacher n=48	Parent n=43	Teacher n=48	Parent n=43	Teacher n=48	Parent n=43
SDQ Scales	<b>Overall Stress</b>	<b>17 (35%)</b>	<b>18 (42%)</b>	<b>8 (17%)</b>	<b>12 (28%)</b>	<b>23 (48%)</b>	<b>13 (30%)</b>
	Emotional Distress	25 (52%)	17 (39%)	4 (8%)	4 (9%)	19 (40%)	22 (51%)
	Hyper- activity	18 (38%)	23 (53%)	10 (21%)	3 (7%)	20 (42%)	17 (40%)
	Difficulties getting along with other Young People	31 (65%)	22 (51%)	5 (10%)	5 (12%)	12 (25%)	16 (37%)
	Behavioural Difficulties	34 (71%)	27 (63%)	3 (6%)	8 (19%)	11 (23%)	8 (19%)
	Kind and Helpful Behaviour	27 (56%)	36 (84%)	15 (31%)	3 (7%)	6 (12%)	4 (9%)

From Table 1 we can see that:

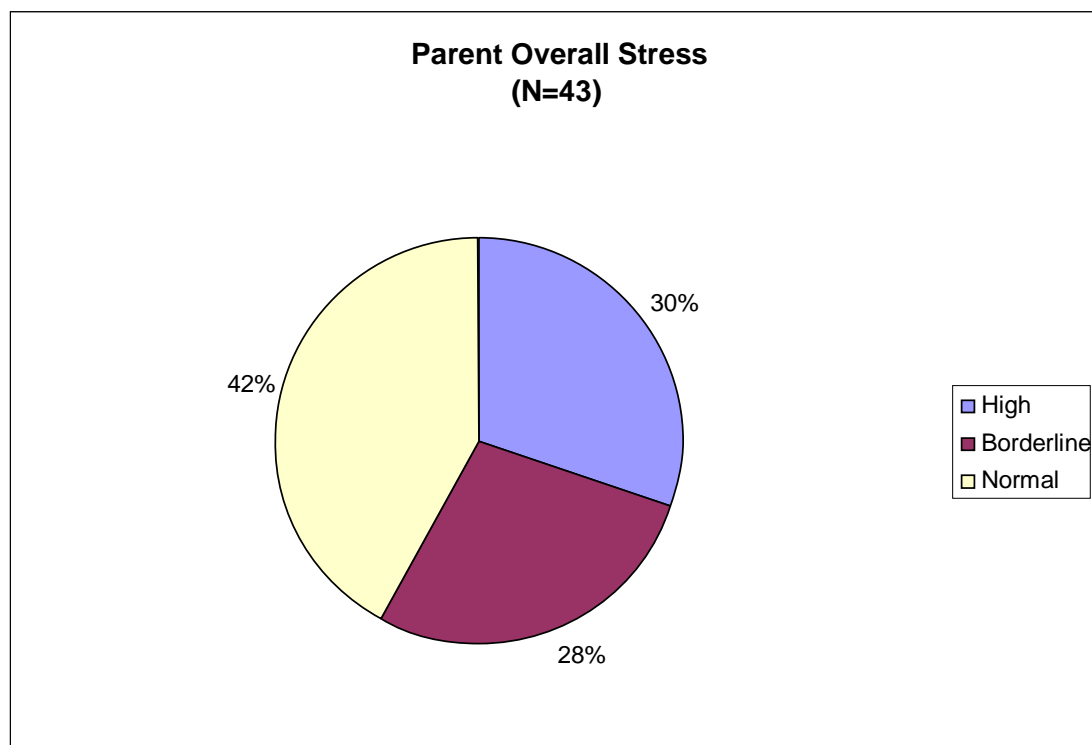
1. Teachers report 48% (n=23) of the sample to have high SDQ scores overall (see Table 1 and Charts 1 and 2). Parents report less high SDQ scores, but still this is 30% (n=13). You would usually expect to find only 10% of the sample in the high category. This suggests that the children identified in need of additional support have higher levels of overall stress than you would expect (see Appendix 2 for details of the SDQ score bandings).
2. With the exception of 'kind and helpful behaviour', the SDQ scores reported by teachers and parents, are higher for all the subscales than you would expect in a population sample.
3. For those identified with high SDQ scores for overall stress, the subscales reported by teachers are particularly raised for emotional distress (40%, n=19) and hyperactivity (42%, n=20). Interestingly, slightly more parents report emotional distress (51%, n=22) than teachers (40%, n=19) in the high category.

As Charts 1 and 2, below, indicate, there is a slightly higher incidence of high and borderline Overall Stress SDQ scores from teachers (65%) than parents (58%). Possibly this suggests that these children are under more stress in the classroom environment with its multiple challenges than in their home environment.

*Chart 1: Teachers ratings of overall stress*



*Chart 2: Parents Ratings of Overall Stress*



### Overall Stress Scores

Having established that there is a greater incidence of high and borderline Overall Stress score reported by teachers than by parents (see Charts 1 and 2), there was a need to establish whether this difference is statistically significant.

Table 2 indicates that no statistically significant difference exists between parent and teacher Overall Stress SDQ scores ( $p>0.05$ ). As a result, we will analyse Reasons for Concern in relation to the Teacher data (N=48) only, because we do not have Parent Reasons for Concern.

*Table 2: Comparing Parent and Teacher Overall Stress SDQ scores.*

	Teacher				
		Normal	Borderline	High	Total
Parent	Normal	6	4	7	17
	High	4	3	5	12
	Borderline	3	0	10	13
	Total	13	7	22	42

(N=42,  $p=0.22$ ,  $\chi^2= 5.7$ )

### 3. Overall Stress in SDQ Scores by Gender

The Overall Stress category gives an indication of whether there are concerns about the child's mental wellbeing. Teachers report 48% of the sample as having high SDQ scores. This is much higher than the 10% you would expect in a population sample.

More boys (n=31) than girls (n=16) have been identified as in need of support in the transition by teachers (see Table 3). This is interesting as the health related behaviour survey of young people in Fenland and East Cambridgeshire suggest that young girls engage in more risk taking behaviour with alcohol and smoking and that young boys report better emotional health and wellbeing than their counterparts in the rest of Cambridgeshire (Health Related Behaviour Survey (Cambridgeshire 2010)).

For the purpose of analysing the SDQ data, the next step in the analysis is to consider whether there are any statistically significant differences in the actual SDQ scores for boys and girls as reported by teachers and parents. If not then we can analyse the sample as a whole.

*Table 3: Teacher Overall Stress SDQ by child's gender.*

<b>Overall Stress SDQ Category (Teacher)</b>				
	Normal	Borderline	High	Total
Girls	4	3	9	16
Boys	13	4	14	31
Total	17	7	23	47

(N=47,  $p=0.51$ ,  $\chi^2 = 1.34$ )

*Table 4: Parent Overall Stress SDQ by child's gender.*

<b>Overall Stress SDQ Category (Parent)</b>				
	Normal	Borderline	High	Total
Girls	8	5	4	17
Boys	9	7	9	25
Total	17	12	13	42

(N=42,  $p = 0.66$ ,  $\chi^2 = 0.82$ )

Tables 3 and 4 indicate that for both teachers and parents reporting, the probability of high overall stress in boys and girls does not differ significantly (teachers,  $p=0.51$ ; parents,  $p=0.66$ ; for statistical significance, we need a  $p$  value of 0.05 or less.). This shows that there are no significant differences between the SDQ scores for boys and girls; therefore there is no need to separate the sample into boys and girls for the remainder of the analysis. Nonetheless we should remember that there are more boys who raise concerns for teachers as they approach the transition to secondary school.

#### **4. Reasons for Concern and SDQ scores**

The next question is whether there is any relationship between the reasons for concern and overall stress as reported by the SDQ. That is, if the SDQ scores can give us any insight into the kind of difficulties or stress being experienced by children identified as in need of support for differing reasons.



Table 5 summarises the relationship between the reason for concern and the probability of an high SDQ score for both overall stress and the SDQ subscales. (Full details of the analysis can be found in Appendix 1). Teachers were able to select one or more reasons for concern. So, for example, they may select both attendance and anxiety as their reason for concern.

The results show significant correlations between the SDQ scores and the Reason for Concern in the areas of Attendance, Behaviour, Anxiety and Self-esteem (see Table 5). We will look at each the concern reasons and relevant SDQ scores and subscales.

*Table 5: Teacher reason for concern and high SDQ scores by Category:*

		SDQ Category					
		Overall Stress	Emotional Distress	Hyperactivity	Difficulties Getting Along with other Young People	Behavioural Difficulties	Kind and Helpful Behaviour
Reason for Concern	<b>Learning Needs</b>	14	11	12	7	6	3
	<b>Behaviour</b>	11*	4*	12*	3	10**	4*
	<b>Attendance</b>	7*	7*	1	4 <sup>1</sup>	0	0
	<b>Anxiety</b>	14*	15**	9	9*	5	3
	<b>Self-esteem</b>	18	15	17*	9*	6	4

(N=48; \* p < 0.05; \*\* p < 0.001; <sup>1</sup> p=0.07)

### ***Learning Needs***

Learning Needs was the second most cited reason for concern (31/48), however no correlation appeared between Learning Needs and any of the SDQ categories. This suggests that there is no link between being referred for support in the transition to secondary school for learning needs and the child's

emotional wellbeing. This is a very interesting finding as we had thought that concerns about learning needs might be reflected on other subscales such as behaviour or emotional distress.

### ***Behaviour***

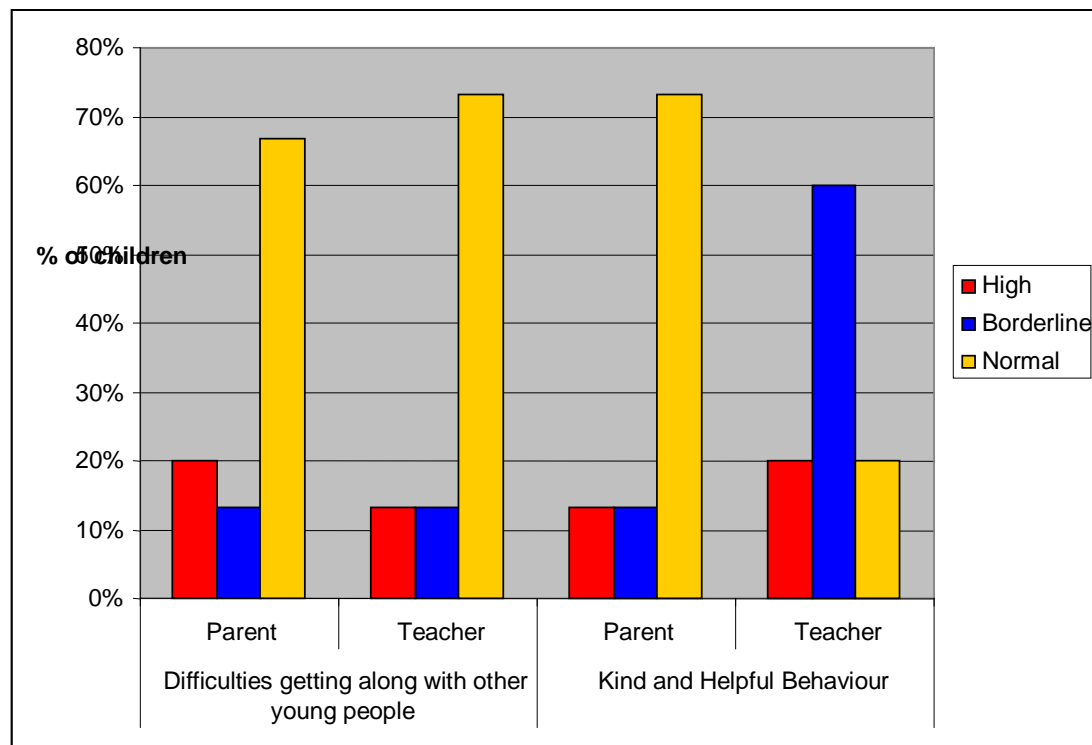
There a significant correlation between children referred by their teacher for behavioural difficulties and their SDQ scores for Overall Stress ( $p=0.05$ ). There are also correlations for children referred for behavioural difficulties and all of the SDQ sub-scales, apart from difficulties in getting along with other Young People (see Table 5).

Of particular interest to note is for those children referred for behavioural difficulties ( $n=15$ ) is their SDQ scores for kind and helpful behaviour and for getting along with peers (see Graph 1):

- 80% have a *teacher* SDQ score of high or borderline for kind and helpful behaviour.
- 73.3% have a *teacher* SDQ score of normal for difficulties in getting along with other young people.
- 26.6% have a *parent* SDQ score of high or borderline for kind and helpful behaviour.
- 66.7% have a *parent* SDQ score of normal for difficulties in getting along with other young people.

*Graph 1: Comparison of Parent/Teacher SDQ scores for children with behavioural difficulties as their reason for concern. % of children with high, borderline and normal SDQ scores for Difficulties getting along with other young people and Kind and Helpful Behaviour.*

(N=15)



According to the teachers, in the school environment, the majority of children with behaviour difficulties as reason for concern have high or borderline scores for kind and helpful behaviour but the majority of these children do get along well other young people. The same children who get along well with their peers apparently struggle to display kind and helpful behaviour in the school environment (see Graph 1).

According to the parents, the SDQs for children with teacher assessed behavioural difficulties indicate that the majority of these children display kind and helpful behaviour and also get along well with their peers. It can therefore be surmised from the difference between teacher and parent SDQ that

children with behavioural problems exhibit different behaviour in the school environment (see Graph 1), in relation to kind and helpful behaviour.

Goodman et al (2000, p. 530) argue that SDQ's from parents are slightly more useful for predicting emotional disorders, whilst teacher SDQ results prove more accurate for conduct and hyperactivity disorders. In the present sample, the parents appear to observe slightly more difficulties in getting along with other young people than the teachers do. However, teachers observe the children in a school environment, where it seems likely that much more interaction with other young people is required than at home. It may be the case that the parent SDQ scores relate more to the child's interactions with siblings and family members, as those are the interactions they are more likely to observe.

A key risk factor for becoming NEET is poor educational achievement (Akister, Burch and Sadler, 2011, p. 8) – a factor which has been consistently linked to negative behaviours in children. Whilst teachers are seeing more positive interactions with other young people, they are also recording significantly less kind and helpful behaviour (50% more high or borderline scores than from parents; see Graph 1).

Due to the fact that there is a documented link between negative childhood behaviours and poor educational achievement, further work needs to be done to develop these results in order to best outline an effective intervention.

### ***Attendance***

From Table 5 we can see that there is a statistically significant relationship between children with attendance problems and Overall Stress ( $p=0.012$ ) and Emotional Distress ( $p=0.002$ ). Additionally the likelihood that they have difficulties getting along with other young people approaches significance ( $p=0.07$ ).

Significant literature on overall attendance problems at this age is sparse, however there is a extensive body of evidence (Margo and Sodha, 2010, Furlong, 2006) that links truancy to poor educational achievement and the risk of becoming NEET. Furthermore, of the seven children with attendance problems, many were also identified by their teacher as having problems with self-esteem, anxiety and learning needs (see Table 6).

*Table 6: Other Reasons for Concern for children with Attendance problems.*

Reason for Concern				
<b>Attendance</b>	Behaviour	Anxiety	Self-Esteem	Learning Needs
<b>Yes</b>	No	Yes	Yes	Yes
<b>Yes</b>	No	Yes	Yes	Yes
<b>Yes</b>	No	Yes	Yes	Yes
<b>Yes</b>	No	Yes	Yes	No
<b>Yes</b>	No	Yes	Yes	No
<b>Yes</b>	No	No	Yes	Yes
<b>Yes</b>	No	No	No	No

Additionally, six of the seven children also have high scores for emotional distress from their parent SDQ. The data therefore clearly indicates that there is a correlation between problems with attendance and emotional distress, which is a risk indicator for becoming NEET; especially in view of the supporting literature (Margo and Sodha, p. 16).

### ***Anxiety***

20 (42%) of the 48 young people in the present sample were referred within the anxiety category. According to Demos (Margo and Sodha, p. 16), in 2010, '59,000 five-year-olds – 10.3% - started school with emotional issues'. The high level of anxiety within our sample and the significant correlations

between teacher recognised Anxiety and Overall Stress ( $p = 0.025$ ) and teacher recognised Anxiety and Emotional Distress ( $p = 0.000$ ) provide evidence to suggest there are much higher levels of anxiety in this group, identified at risk in the transition, than those found in population samples (See Table 5).

Those referred for concerns about anxiety also have difficulties in getting along with other young people ( $p=0.023$ ) (see Table 5 and Appendix 1).

### ***Self-esteem***

Of the sample of 48 young people, teachers gave self-esteem as one of the reasons for concern for 32 young people. Self-esteem is therefore the most cited reason for concern (66.7%). The only statistically significant correlation between self-esteem and the SDQ scores is in the category of hyperactivity ( $p = 0.011$ ), with 53% of children with low self-esteem also having an high SDQ for hyperactivity. However, of the 20 children referred by teachers for concerns about anxiety, 90% were also referred for concerns about self-esteem. This would seem to indicate that teachers are concerned about anxiety, they are also likely to be concerned about self-esteem.

Perhaps there is also a link between hyperactivity and the capacity to make use of the learning environment, thereby leading to lowered self-esteem in the classroom/school environment.

## **5. Discussion**

### ***UK Perspective***

There is a strong body of literature identifying risk factors for becoming NEET. Margo and Sodha conducted an extensive literature review for the Demos

report, published in 2010, which identifies disengagement from education as the core cause of becoming NEET. The risk factors for this are:

- Poor literacy and numeracy
- Poor behavioural development
- Mental health problems
- Low aspirations
- Parenting and the home environment (including who your parents are and what they do)
- Parental expectations
- School factors (emotional quality of the classroom, warmth of adult-child interactions)
- Poverty

O'Toole (2011) argues that the 'process of acquiring NEET status can begin very early on in life' (p. 1), with an association between poverty and low educational attainment, emphasising the importance of prevention and early intervention in relation to those at risk of becoming NEET. Risk factors may include young people experiencing physical and/or emotional abuse at home; young people for whatever reason becoming distanced from professionals at school; young people having drifted to 'marginal' provision such as a Pupil Referral Unit; teenage parenthood; caring responsibilities and poor levels of literacy

Even amongst those who argue that NEET is a pejorative term, with little comparative use and isolating connotations, the cited risk factors remain much the same (Thompson, 2011, p. 793, Roberts, 2011). Akister, Burch and Sadler (2011, p. 5-6) state that the known risks for NEET are poor educational achievement and low socioeconomic status. Current literature supports these two umbrella risk factors; all of the aforementioned factors can fit under one of these umbrellas.. However, there are two other debates that have begun to emerge within the literature fairly recently. The first is about the connotations and usefulness of the term NEET, whilst the second is a call for early intervention.

## **1. NEET: The term itself.**

This term 'NEET' has potential for both international comparison and as a tool to explore social exclusion:

### *a. The possibility of international comparison*

NEET is now an international term, applied in the context of developing nations (Mukherjee, 2012, Becker, 2007), Europe (Issengaard, 2003, Robson, 2008), the Far East (Yuji, 2007, Chen, 2011), Canada (Chin, 2011) and Australia (McGinty, 2011). However, each of these countries employs a different definition of the term. For example, in Japan an unemployed youth would be between the ages of 15 and 34. In Taiwan, the ages are 15 –24 and in the UK and Germany the ages are 16-24. Furthermore, the actual definition of NEET varies depending on country. In Japan there is considered to be a difference between being NEET and being unemployed; NEETs have never, or have stopped, looking for work whilst an unemployed young person is actively seeking employment. The Japanese have also introduced a third relevant term: Freeter (those who freelance between lots of different jobs) (Inui, 2005, p. 244).

Whilst each country develops an idiosyncratic dialogue about its own NEETs, attempts to compare NEET figures internationally tend to focus on 'concrete' risk factors, such as household income and gender (Robson, 2008). Of particular interest is that the risk factors for becoming NEET remain much the same in each country, despite changing definitions. In India, being female (13.8% of girls were NEET in 2004, compared to 12.5% of boys) is a key risk factor (Mukherjee, 2012), however this includes the fact that girls are more likely to have caring responsibilities or teenage pregnancy. This is the same in Europe, the Far East, Canada and Australia. It therefore seems that international comparisons are both useful and possible, however an absolute clarity of explanation about the parameters study are essential to avoid confusion over the definition of 'NEET'.



*b. 'NEET' as a tool of social exclusion*

A dialogue has developed recently, alongside the UK literature on NEET, around the term's impact on individualisation and scope for social exclusion (Thompson, 2011). Thompson cites NEET within the wider social framework, arguing that the privileged few and everyone else are grouped together whilst NEETs are conceptualised as outsiders – 'different'. Thompson refers to research (p. 795) that shows that truancy and school exclusion are major NEET risk factors, however he argues that this can be as a result of 'low quality provision for those struggling or underachieving whilst the school focuses on A-C pupils' (p. 795).

Daiches, Potier and Rose (2012) argue that 'the 'social inclusion' of young people, particularly those who are NEET, is a contemporary concern in policy discourses' and that social inclusion influences mental health policy and service delivery (p. 256). However, in much the same way that Thompson (2011) argues that NEETs have become 'outsiders', Daiches, Potier and Rose believe that social inclusion is a term 'defined by adults and imposed on young people'. The overall force of both arguments is that using the term NEET creates a need to look for patterns and risk factors for a heterogeneous group. This negates an individual approach, which is needed as NEETs are not a heterogeneous group.

Raising the participation age from 16-18 will alter the focus and patterning of those who become NEET in the UK, and it will be more difficult for young people to become invisible as there will be opportunities to engage with them up to age 18.

## **2. The call for early intervention.**

*'It is a very difficult thing to say but, having mooted the point already, there is an argument that, in the aspirational knowledge-based economy that is the Europe of the future, the young people who are NEET will struggle to*

*find any place in private (and perhaps even public) sector arrangements. The fit referred to above may rarely be achievable. **Should we now bite this awful bullet and think much harder about how we might give those who are 'NEET' (or at risk of it) some alternative hope for their futures through what might be called, drawing on the substance misuse field, a 'harm reduction' model (or public works, social activity and subsidised personal enterprise)?** It may ultimately be better than trying to fob them off with poor and temporary work and training experience that may be more of a revolving door than a clear point of entry into permanent and sustainable employment'* (Williamson, H., 2011, cited in O'Toole).

Professor Williamson's quote, cited above, is a pragmatic view of the 'NEET problem'. It explains the difficulty of trying to reverse NEET status in a 'knowledge based economy'. Sodha and Margo (2010) argue that current policy initiatives are not working, 'predominantly because the interventions are neither evidence-based nor put in place at an early enough stage' (p. 24). This summarises the body of emerging literature (O'Toole, 2011, Sodha and Margo, 2010) which argues for much earlier intervention as a preventative step, thereby negating the risk factors that can lead to NEET status.

#### a. Primary School Level Interventions

There is very limited literature on interventions aimed at primary age children within the UK, and interventions may be school based or home and school based.

##### *School based interventions*

- Circle Time;
- Assertive Discipline;
- Nurture Groups.

*Assertive discipline* seeks to increase time spent on task in classrooms and reduce disruptive behaviours. There have been some small scale studies that have found positive outcomes in terms of lessened disruptive behaviours and increased 'on task' behaviour in relation to assertive discipline (Swinson and Melling, 1995 and Swinson and Cording, 2002). *Circle time* too, has been widely adopted in UK primary schools with an aim to address difficult behaviour in children using solution focused approaches placing pupils at the locus of control. In one study, Kelly (1999) found that whilst circle time did not eradicate difficult behaviour completely, serious incidences did lessen and student's confidence and self reflection on their behaviour improved. *Nurture groups* were introduced to the UK in the 1970's, aimed at providing nurturing relations between children and teachers in light of the perceived poor attachments of children to their caregivers. Nurture groups aim to bring together the home and school life of the child and parental involvement is encouraged (Bennathan 1997).

### *Combined Interventions*

Another early intervention programme that has shown benefit is '**Sallywags**' (Broadhead et al, 2009) aimed at children aged 3-7 exhibiting conduct disorders. Using basic cognitive behavioural approaches, combined with a solution focussed framework, it offers support in both the educational and home setting as well as a behavioural parent-training group. They conclude that children on the scheme show reduced conduct problems, improved social skills and improve self-esteem. The intervention appears to have very successful but there has not been an opportunity to track the long term results into adolescence and adulthood yet.

## **6. In conclusion**

Our data shows that there are:

1. More boys who raise concerns at the transition to secondary school.
2. Those who are identified with learning difficulties are likely to have *normal* SDQ scores (see Table 5).
3. *High* SDQ scores are found in relation all other reasons for concern: behaviour, anxiety, attendance and self-esteem. (For specific patterns, see Table 5).
4. The SDQ scores give us an indication of the areas where a child may be vulnerable and of where interventions might be targeted.
5. There is some literature supporting early intervention. The children in this study were offered a transition to secondary school programme over the school summer holidays, and we will track these children into secondary school to see how they fared in their first year.

## References

- Akister, J., Burch, S., and Sadler, K., (2011), 'Who are the Young People who are Not in Education, Employment or Training? An application of risk factors to a rural area in the UK', Unpublished research paper?
- Becker, S., (2007), 'Global Perspectives on Children's Unpaid Caregiving in the Family: Research and Policy on 'Young Carers' in the UK, Australia, the USA and Sub-Saharan Africa' in *Global Social Policy* 7 (1): 23 – 50.
- Benjet, C., et al., (2012), 'Youth who neither study nor work: Mental Health, education and employment', in *Salud Publica Mexico* 54: 410 – 417
- Burger, H., and Neeleman, J., (2007), 'A glossary on psychiatric epidemiology', in *Journal of Epidemiological Community Health* 61: 185 – 189
- Chen, Y., (2011), 'Once a NEET always a NEET? Experiences of employment and unemployment among youth in a job training programme in Taiwan' in *International Journal of Social Welfare* 20: 33 – 42.
- Chin, P., DeLuca, C., Hill, A., and Versnel, J., (2011), 'International and National Factors Affecting School-to-Work Transition for At-Risk-Youth in Canada: An Integrative Review', in *The Canadian Journal of Career Development* 10 (1): 21 - 30
- Crone, M., et al., (2008), 'A comparison of four scoring methods based on parent-rates Strength and Difficulties Questionnaire as used in the Dutch preventative child health care system', in *BMC Public Health* 8: 106 – 115.
- Daiches, A., Potier, J., and Rose, H., (2012), 'Meaning of Social Inclusion to Young People Not in Employment, Education or Training', in *Journal of Community and Applied Social Psychology* 22: 256-268
- Furlong, A., (2006), 'Not a very NEET solution', in *Work, Employment and Society* 20 (3): 553 - 569
- Furlong, A., (2007), 'The zone of precarity and discourses of vulnerability: NEET in the UK', in *Journal of Social Sciences and Humanities* 381: 101-121
- Gobrial, E., and Raghavan, R., (2012) 'Prevalence of anxiety disorder in children and young people with intellectual disabilities and autism', in *Advances in Mental Health and Intellectual Disabilities* 6 (3): 130-140
- Goodman, R., (1997), 'The Strengths and Difficulties Questionnaire: A Research Note', in *Journal of Child Psychology and Psychiatry* 38 (5): 581 – 586
- Goodman, R., et al., (2000), 'Using the Strengths and Difficulties Questionnaire (SDQ) to screen for child psychiatric disorders in a community sample', in *British Journal of Psychiatry* 177: 534 – 539.
- Goodman, R., Mullick, M., and Renfrew, D., (2000), 'Predicting type of psychiatric disorder from Strengths and Difficulties Questionnaire (SDQ) scores and child mental health clinics in London and Dhaka', in *European Child and Adolescent Psychiatry* 9: 129 – 134.

Inui, A., (2005), 'Why Freeter And NEET are Misunderstood: Recognising the New Precarious Conditions of Japanese Youth', in *Social Work and Society* 3 (2): 244 – 251.

Health Related Behaviour Survey (Cambridgeshire 2010).

Isengard, B., (2003), 'Youth Unemployment: Individual Risk Factors and Institutional Determinants. A Case Study of Germany and the United Kingdom', in *The Journal of Youth Studies* 6 (4): 357 – 376.

Knott, F., Magiati, I., and Ozsivadjian, A., (2012) 'Parent and child perspectives on the nature of anxiety in children and young people with autism spectrum disorders: A focus group study', in *Autism* 16 (2): 107-121

Margo, J., and Sodha, S., (2010) 'A generation of disengaged children is waiting in the wings', Available at [www.demos.co.uk](http://www.demos.co.uk) Accessed 16/08/12

McGinty, S., Stemp, K., and Wilson, K., (2011), 'Re-engaging young people with education and training. What are the alternatives?', in *Youth Studies Australia* 30(4): 32 – 38.

Michael, R. S., (2012), 'Crosstabulation and Chi Square', Available at: [www.indiana.edu/~educy520/sec5982/week\\_12/chi\\_sq-summary011020.pdf](http://www.indiana.edu/~educy520/sec5982/week_12/chi_sq-summary011020.pdf), (16<sup>th</sup> July 2012).

Mukherjee, D., (2012), 'Schooling, Child Labour, and Reserve Army Evidences from India', in *Journal of Developing Societies* 28 (1): 1 – 29.

O'Toole, R., (2011) 'Young People not in Education, Employment or Training', National Assembly for Wales Commission research and policy document [www.assemblywales.org/bus-assembly-publications-research.htm](http://www.assemblywales.org/bus-assembly-publications-research.htm) Accessed 16/08/12

Roberts, S., (2011) 'Beyond 'NEET' and 'tidy' pathways: Considering the 'missing' middle of youth transition studies', in *Journal of Youth Studies* 14 (1): 21-39

Robson, K., (2008), 'Becoming NEET in Europe: A Comparison of Predictors and Later-Life Outcomes', in *presented to Global Network on Inequality Mini- Conference on Feb 22<sup>nd</sup>, 2008, NYC.*

Simmons, R., and Thompson, R., (2011) 'Education and training for young people at risk of becoming NEET: Findings from an ethnographic study of work-based learning programmes', in *Educational Studies* 37 (4): 447-450

Thompson, R., (2011), 'Individualisation and Social Exclusion: the case of young people not in education, employment or training', in *Oxford Review of Education* 37 (6): 785-802

Yuji, G., (2007), 'Jobless Youths and the NEET Problem in Japan', in *Social Science Japan Journal* 10 (1): 23 – 40

Appendix 1: Stata tables for each reason for concern against SDQ scores.

**Learning Needs:**

	Overall Stress SDQ Category (Teacher)				
Learning Needs (Teacher Reason for Concern)		Normal	Borderline	High	Total
	Yes	12	5	14	31
	No	5	3	9	17
	Total	17	8	23	48

p = 0.810

	Emotional Distress SDQ Category (Teacher)				
Learning Needs (Teacher Reason for Concern)		Normal	Borderline	High	Total
	Yes	17	3	11	31
	No	8	1	8	17
	Total	25	4	19	48

p = 0.709

	Behavioural Difficulties SDQ Category (Teacher)				
Learning Needs (Teacher Reason for Concern)		Normal	Borderline	High	Total
	Yes	24	1	6	31
	No	10	2	5	17
	Total	34	3	11	48

p = 0.316

	Hyperactivity SDQ Category (Teacher)				
Learning Needs (Teacher Reason for Concern)		Normal	Borderline	High	Total
	Yes	12	7	12	31
	No	6	3	8	17
	Total	18	10	20	48

p = 0.841

	Difficulties getting along with other Young People SDQ Category (Teacher)				
Learning Needs (Teacher Reason for Concern)		Normal	Borderline	High	Total
	Yes	20	4	7	31
	No	11	1	5	17
	Total	31	5	12	48

p = 0.696

	Kind and Helpful Behaviour SDQ Category (Teacher)				
Learning Needs		Normal	Borderline	High	Total
	Yes	19	9	3	31

# Transitions Project Report

<i>(Teacher Reason for Concern)</i>	No	8	6	3	17
	Total	27	15	6	48

p = 0.580

## Attendance:

	Overall Stress SDQ Category (Teacher)				
<i>Attendance (Teacher Reason for Concern)</i>		Normal	Borderline	High	Total
	Yes	0	0	7	7
	No	17	8	16	41
	Total	17	8	23	48

p = 0.012

	Emotional Distress SDQ Category (Teacher)				
<i>Attendance (Teacher Reason for Concern)</i>		Normal	Borderline	High	Total
	Yes	0	0	7	7
	No	25	4	12	41
	Total	25	4	19	48

p = 0.002

	Behavioural Difficulties SDQ Category (Teacher)				
<i>Attendance (Teacher Reason for Concern)</i>		Normal	Borderline	High	Total
	Yes	7	0	1	7
	No	27	3	11	41
	Total	34	3	11	48

p = 0.185

	Hyperactivity SDQ Category (Teacher)				
<i>Attendance (Teacher Reason for Concern)</i>		Normal	Borderline	High	Total
	Yes	3	3	1	7
	No	15	7	19	41
	Total	18	10	20	48

p = 0.179

	Difficulties getting along with other Young People SDQ Category (Teacher)				
<i>Attendance (Teacher Reason for Concern)</i>		Normal	Borderline	High	Total
	Yes	2	1	4	7
	No	29	4	8	41
	Total	31	5	12	48

p = 0.076

	Kind and Helpful Behaviour SDQ Category (Teacher)				
<i>Attendance (Teacher Reason for Concern)</i>		Normal	Borderline	High	Total
	Yes	3	4	0	7
	No	24	11	6	41
	Total	27	15	6	48

p = 0.218



**Behaviour:**

	Overall Stress SDQ Category (Teacher)				
Behaviour (Teacher Reason for Concern)		Normal	Borderline	High	Total
	Yes	2	3	11	16
	No	15	5	12	32
	Total	17	8	23	48

p = 0.055

	Emotional Distress SDQ Category (Teacher)				
Behaviour (Teacher Reason for Concern)		Normal	Borderline	High	Total
	Yes	12	0	4	16
	No	13	4	15	32
	Total	25	4	19	48

p = 0.058

	Behavioural Difficulties SDQ Category (Teacher)				
Behaviour (Teacher Reason for Concern)		Normal	Borderline	High	Total
	Yes	3	3	10	16
	No	31	0	1	32
	Total	34	3	11	48

p = 0.000

	Hyperactivity SDQ Category (Teacher)				
Behaviour (Teacher Reason for Concern)		Normal	Borderline	High	Total
	Yes	2	2	12	16
	No	16	8	8	32
	Total	18	10	20	48

p = 0.004

	Difficulties getting along with other Young People SDQ Category (Teacher)				
Behaviour (Teacher Reason for Concern)		Normal	Borderline	High	Total
	Yes	11	2	3	16
	No	20	3	9	32
	Total	31	5	12	48

p = 0.764

	Kind and Helpful Behaviour SDQ Category (Teacher)				
Behaviour (Teacher Reason for Concern)		Normal	Borderline	High	Total
	Yes	3	9	4	16
	No	24	6	2	32
	Total	27	15	6	48

p = 0.001

### Anxiety:

	Overall Stress SDQ Category (Teacher)				
Anxiety (Teacher Reason for Concern)		Normal	Borderline	High	Total
	Yes	5	1	14	20
	No	12	7	9	28
	Total	17	8	23	48

p = 0.025

	Emotional Difficulties SDQ Category (Teacher)				
Anxiety (Teacher Reason for Concern)		Normal	Borderline	High	Total
	Yes	3	2	15	20
	No	22	2	4	28
	Total	25	4	19	48

p = 0.000

	Behavioural Difficulties SDQ Category (Teacher)				
Anxiety (Teacher Reason for Concern)		Normal	Borderline	High	Total
	Yes	15	0	5	20
	No	19	3	6	28
	Total	34	3	11	48

p = 0.318

	Hyperactivity SDQ Category (Teacher)				
Anxiety (Teacher Reason for Concern)		Normal	Borderline	High	Total
	Yes	8	3	9	20
	No	10	7	11	28
	Total	18	10	20	48

p = 0.702

	Difficulties getting along with other Young People SDQ Category (Teacher)				
Anxiety (Teacher Reason for Concern)		Normal	Borderline	High	Total
	Yes	10	1	9	20
	No	21	4	3	28
	Total	31	5	12	48

p = 0.023

	Kind and Helpful Behaviour SDQ Category (Teacher)				
Anxiety (Teacher Reason for Concern)		Normal	Borderline	High	Total
	Yes	10	7	3	20
	No	17	8	3	28
	Total	27	15	6	48

p = 0.754

**Self-esteem:**

	Overall Stress SDQ Category (Teacher)				
Self-Esteem (Teacher Reason for Concern)		Normal	Borderline	High	Total
	Yes	10	4	18	32
	No	7	4	5	16
	Total	17	8	23	48

p = 0.239

	Emotional Difficulties SDQ Category (Teacher)				
Self-Esteem (Teacher Reason for Concern)		Normal	Borderline	High	Total
	Yes	14	3	15	32
	No	11	1	4	16
	Total	25	4	19	48

p = 0.260

	Behavioural Difficulties SDQ Category (Teacher)				
Self-Esteem (Teacher Reason for Concern)		Normal	Borderline	High	Total
	Yes	24	2	6	32
	No	10	1	5	16
	Total	34	3	11	48

p = 0.618

	Hyperactivity SDQ Category (Teacher)				
Self-Esteem (Teacher Reason for Concern)		Normal	Borderline	High	Total
	Yes	12	3	17	32
	No	6	7	3	16
	Total	18	10	20	48

p = 0.011

	Difficulties getting along with other Young People SDQ Category (Teacher)				
Self-Esteem (Teacher Reason for Concern)		Normal	Borderline	High	Total
	Yes	19	4	9	32
	No	12	1	3	16
	Total	31	5	12	48

p = 0.555

	Kind and Helpful Behaviour SDQ Category (Teacher)				
Self-Esteem (Teacher Reason for Concern)		Normal	Borderline	High	Total
	Yes	17	11	4	32
	No	10	4	2	16
	Total	27	15	6	48

p = 0.792

*Appendix 2:*

The Strengths and Difficulties Questionnaire: A Brief Explanation  
of its Inception, Methodology and Application.

Inception (Goodman, 1997, p. 581):

The SDQ was developed by Goodman on recognising that the two prevalent existing models; the Rutter Questionnaire (Rutter) and the Child Behaviour Checklist (CBCL) could, and needed to, be improved upon. Goodman recognises that the Rutter has 'worn well' but cites it as behind the times in focussing purely on the child's deficits. Furthermore, both the CBCL and Rutter have different versions for parent and teacher and no version for self-evaluation by the child/young person. Goodman's aims in creating the SDQ were therefore as follows:

- it should fit easily onto 1 side of paper
- it should be applicable for children/young people aged 4 – 16
- the same version should be used for completion by parents and teachers
- a similar version should be created for child/young person self-report
- both strengths and difficulties should be well represented
- there should be equal numbers of questions on each of the five dimensions.

Methodology:

1. The SDQ covers common areas of emotional/behavioural difficulties.
  - whether or not the informant (person filling in the questionnaire) thinks the child has a problem in these areas.
  - If so, what, if any, is the resulting distress/social impairment? (Goodman et al., 2000, p. 534)



2. There are 25 items on the SDQ overall, each divided between 5 scales of 5 items (Goodman, Mullick and Renfrew, 2000, p. 129). This generates scores for 5 scales, as illustrated in Table 2. The four difficulties scales are then added to produce an overall number for Total Difficulties or Overall Stress.



3. A computer algorithm creates separate predictions for 3 groups of disorders:

- |  |   |  |
|--|---|--|
| a) conduct-oppositional disorders      | } | each predicted<br>unlikely/possible/probable |
| b) hyperactivity-inattention disorders |   |  |
| c) anxiety-depressive disorders        |   |  |

*NB.* The original algorithm gave a prediction of probable when the relevant symptom scored above the 95<sup>th</sup> centile. A result of this was that the algorithm was predicting a comorbid emotional disorder when a conduct or hyperactivity disorder was present at a far higher rate than clinical assessments agreed with. The algorithm was therefore changed to only predict a comorbid emotional disorder if evidenced by 2 or more informants (e.g. parent and teacher SDQ) (Goodman, Mallick and Renfrew, p. 131).



3. All of 1 + 2 combined = overall prediction for the presence/absence of psychiatric disorder.

*NB.* Information from parents is slightly more useful for predicting emotional disorders and vice versa for conduct and hyperactivity disorders (Goodman et al. p. 538). Furthermore, diagnostic predictions from the SDQ are more useful

when based on multiple SDQ informants. The most affected is diagnosis of behavioural disorders, for example ADHD, which can only be diagnosed if present in two or more setting and are often highly situational.

Table 1: How the SDQ is scored (Goodman, 1997, p. 582)

<b>Scale</b>	<b>Item</b>	<b>Score</b>		
		<u>Not true</u>	<u>Somewhat true</u>	<u>Certainly true</u>
<b>Hyperactivity</b>	Restless, overactive, cannot stay still for long.	0	1	2
	Constantly fidgeting or squirming	0	1	2
	Easily distracted, concentration wanders	0	1	2
	<i>Thinks things out before acting</i>	2	1	0
	<i>Sees tasks through to the end/good attention span</i>	2	1	0
<b>Emotional Symptoms</b>	Often complains of headaches, stomach ache or sickness	0	1	2
	Many worries, often seems worried	0	1	2
	Often unhappy, downhearted or tearful	0	1	2
	Nervous or clingy in new situations, easily loses confidence	0	1	2
	Many fear, easily scared	0	1	2
<b>Conduct problems</b>	Often has temper tantrums or hot tempers	0	1	2
	<i>Generally obedient, usually does what adults request</i>	2	1	0

	Often fights with other children and bullies them	0	1	2
	Often lies or cheats	0	1	2
	Steals from home, school or elsewhere	0	1	2
<b>Peer problems</b>	Rather solitary, tends to play alone	0	1	2
	<i>Has at least one good friend</i>	2	1	0
	<i>Generally liked by other children</i>	2	1	0
	Picked on or bullied by other children	0	1	2
	Gets on better with adults than other children	0	1	2
<b>Pro-social</b>	Considerate of other people's feelings	0	1	2
	Shares readily with other children	0	1	2
	Helpful if someone is hurt, upset or feeling ill	0	1	2
	Kind to younger children	0	1	2
	Often volunteers to help others (parents, teachers, other children)	0	1	2

The totals from the five items in each scale are added to give an overall scale score of 0 – 10. The scores for hyperactivity, emotional symptoms, conduct problems and peer problems are summed to create a total difficulties score ranging from 0 – 40.

'The pro-social score is not incorporated in the reverse direction into the total difficulties score since the absence of pro-social behaviours is conceptually

different from the presence of psychological difficulties'. (Goodman, 1997, p. 582).

Table 2: Banding of SDQ Scores

(Taken from Appendix B, Goodman, 1997, p. 586)

*'These bands, which are not adjusted for age and gender, have been chosen so that roughly 80% of children in the community are normal, 10% are borderline and 10% are high'.*

	<b>Normal</b>	<b>Borderline</b>	<b>High</b>
<b>Parent completed</b>			
Total Difficulties Score	0 - 13	14 - 16	17 – 40
Emotional Symptoms Score	0 - 3	4	5 – 10
Conduct Problems Score	0 - 2	3	4 – 10
Hyperactivity Score	0 - 5	6	7 – 10
Peer Problems Score	0 - 2	3	4 – 10
Pro-social Behaviour Score	6 - 10	5	0 – 4
<b>Teacher completed</b>			
Total Difficulties Score	0 - 11	12 - 15	16 – 40
Emotional Symptoms Score	0 - 4	5	6 – 10
Conduct Problems Score	0 - 2	3	4 – 10
Hyperactivity Score	0 - 5	6	7 – 10
Peer Problems Score	0 - 3	4	5 – 10
Pro-social Behaviour Score	6 - 10	5	0 - 4



### Application

The SDQ has been evaluated in several different countries<sup>1</sup>. For the purposes of the present, brief, report the focus will be on its use in Dhaka (Bangladesh) and The Netherlands. This provides an interesting comparison in terms of the very different cultural contexts in each country.

#### **Dhaka:**

Goodman et. al (2000) began testing the SDQ in a child psychiatric clinic in London (p. 130). Having established its validity, after slightly modifying the algorithm in response to preliminary results, there was the need to assess how robust the predictive properties of the SDQ were when measured outside of the original context. The questionnaire was therefore very carefully translated and checked for cultural sensitivity, it was then administered routinely as part of an initial assessment at a multidisciplinary child mental health clinic in Dhaka. The details are as follows:

Location	Sample Size	No. male (%male)	Sample mean age (SD)
Dhaka	89	36 (62%)	12.4 (3.5)
London	101	80 (79%)	10.3 (3.2)

According to Goodman (p. 129), *'The level of chance-corrected agreement between SDQ prediction and independent clinical diagnosis was substantial and highly significant (Kendall's tau b between 0.49 and 0.73;  $p < 0.001$ ). A probable SDQ prediction for any given disorder correctly identified 81 – 91% of the children who definitely had that clinical diagnosis'*.

---

<sup>1</sup> These include Australia, Sweden, Finland, Germany and the United States. Crone et al., (2008) provide an extensive list in their references.

Furthermore, there was a particular pattern of comorbidity between conduct disorder and hyperkinesis in both Dhaka and London.

### **The Netherlands:**

The Netherlands runs a Preventative Child Healthcare System (PCHS) which Crone et al., (2008, p. 106) cite as 'the most important low-threshold service for the early identification of emotional and behavioural problems in children'. The PCHS uses validated questionnaires for early identification of behavioural/psychological disorders in children but does not have an effective one to apply to children aged 7-12 years. By directly comparing the SDQ to the Child Behaviour Checklist - the 'gold standard' (Crone et al., p. 161) – Crone et al establish the validity of the SDQ in the specific context required.

The SDQ and CBC were given to parents to fill in prior to their child's assessment. These were then returned and passed to researchers without being opened. The assessment was carried out by a professional who was blind to the questionnaire responses. The professionals were then asked three questions to establish their assessment. The study found high overall correlation between the SDQ and CBC, with the highest coefficient between the total difficulties/overall stress ( $r = 0.77$ ).

There was a high response rate (711 of 814 children), and the authors recommend the adoption of the SDQ as a good tool. Indeed, the 'psychometric properties and validity of SDQ have already been shown to be good in a number of countries' (Crone, p. 107).