



Tapawhā, Key Competencies and Strength and Difficulties Questionnaire. From idea to application. “Nō te Whakāro ka mahia, He Tumomo Aromatawai Ko te Arotahi, Ko Ngā Āhua Tapawhā me ngā Pūkenga Matua”

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ABSTRACT

This paper discusses the use of a Strengths and Difficulties Questionnaire (SDQ) in the context of a Youth Justice Residential school setting in New Zealand (NZ). The school does not currently have a method of screening for educational purposes and, more specifically, key competencies.

The use of the SDQ as a tool to support the educational principle was considered in response to professional development at Massey University, and the emergence of Ka Hikitia “Managing for Success” (Ministry of Education, 2008). This paper outlines the institutional setting and the rationale for using the SDQ to support key competencies, provides some examples of research using the SDQ, and finally investigates and illustrates this institutional process of using a strengths-based emotional assessment tool with an individual student. The project, whilst in its infancy, suggests that the SDQ could be a valuable instrument in supporting the development of key competencies for vulnerable young people, as it promotes the young person’s perceptions of their skills and encourages practitioners to view students’ strengths. More extensive research, in practice settings, should be done to develop exemplars that link with key competencies. Further, the SDQ needs to have more extensive piloting and norms developed for New Zealand to promote educational solutions for encouraging student successes and key competencies.

Research paper

Keywords: *Key competencies, strengths and difficulties, youth justice*

BACKGROUND: THE YOUTH JUSTICE SECTOR AND KA HIKITIA PROFESSIONAL DEVELOPMENT AND THE STRENGTHS AND DIFFICULTIES QUESTIONNAIRE

The Youth Justice Setting

Central Regional Health School (CRHS) covers the Lower North Island and is one of three Health Schools. It has three strands - health, mental health, and youth justice. Students in each strand have needs particular to their circumstances but also common needs. CRHS staff demonstrate inclusive practice and are dedicated to achieving success for students irrespective of the challenges the students face. They achieve this through individualised programmes and by having good knowledge of the curriculum, being skilled in the pedagogy of teaching and by building respectful relationships with students, their families and caregivers, which celebrate partnership.

This CRHS setting is fully funded by the Ministry of Education and is governed by a Board of Trustees appointed by that Minister. The Lower North Youth Justice strand operates with nine staff members, a mixture of primary and secondary trained teachers. Student ages range from 14 to 17 years. The CRHS goal is to support student transition back into school, re-engaging in education or a course leading to employment/career.

The number of students who access services through Lower North Youth Justice averages from 150 to 170 annually. Between 1 April 2011 and 23 March 2012, 60 percent of students were Māori, 28 percent European, 5 percent Pacific Island and the other 1 percent African/Middle Eastern ethnicity. A 2012 estimate shows 15 percent to 20 percent of these students were recidivist offenders and would return to Lower North Youth Justice (LNYJ) or transition to other Youth Justice residences nationally¹. However, despite being funded by the Ministry of Education, there were few educational measures within the

¹ Data refers to LNYJ only.

school that linked the curriculum and student strengths. I discuss in this next section how and why I chose the SDQ to support the development of key competencies.

Ka Hikitia

Ka Hikitia (which literally means ‘to step up’; ‘to stride’) was the name given to a professional development programme which aimed to support the enhancement of educational achievement and outcomes of young Māori. A diverse cluster of educational professionals contributed to the group facilitated by Massey University. Professionals included secondary school teachers and myself in an educational role within the Youth Justice system. We were working to improve the underachievement, including social and emotional skills, of particular groups. In this case the focus was improving educational planning for young Māori, using an evidence-based approach – the SDQ - through the use of key competencies (Ministry of Education, 2007). The SDQ was selected as there seemed to be some agreement amongst the group that a link with key competencies could be made by teachers. Further, the tool illustrated student strengths in some of the competencies which I discuss further in this paper.

The Ka Hikitia goal, improving planning using the key competencies, placed pressure on school management teams to develop practical assessment tools to support educational purposes. Behavioural screening tools we are familiar with are largely related to drug and alcohol use, self-harm, suicidal ideation and anger levels. Most of these screening tools show traits of key competencies but did not appear adaptable to educational purposes. Examples of assessment tools currently in use include:

- MAYSI-2 Massachusetts Assessment Youth (Grisso, 2005).
- Gateway Health and Education Assessment and Screening Instrument (Child Youth and Family, 2011).
- CKS Cage Kessler Suicide Screening (Child Youth and Family, 2011).

As one can see, the above tools focused on health outcomes rather than educational outcomes. Further, the medical tools above were largely related to deficit approaches to viewing the students. The SDQ tool presented to the Ka Hikitia group seemed to offer a suitable link to meeting the overall goals for the project, providing some evidence of key competencies to inform teacher-planning and teaching, as well as providing students with some say in their perception of their strengths.

Between 2009 and 2011 the school management team developed an Individual Learning Plan (ILP) whereby key competencies were central to the development of learning. The ILP also formed part of the Individual Education Plan (IEP). The IEP has a key competency focus as well as summarising numeracy and literacy, and the students’ academic abilities i.e. the student is below, at, or above expected norms. The ILP concept is a holistic planned pathway with traits of Tapawhā - Taha Tinana (health and well-being), Taha Hinengaro (mental well-being), Taha Whanau (family well-being) and Taha Wairua (spiritual well-being) - as the vehicle to manage an individual as a whole person. Key competencies, cognition, using language, symbols and text, managing self, relating to others, participating and contributing sit under Tapawhā (2011) as the over-arching umbrella. They were intended to motivate teachers to think differently about the role of students in their learning. Use of the SDQ was thought to add strength to the ILP process, to improve student self-perception as well as potentially influencing the teacher use of key competencies within their planning.

In addition, as an internationally norm-referenced tool most frequently used in multi-agency team settings for young people, I hypothesised the SDQ could be attractive to our multi-agency partners, particularly health. In addition, as parents/caregivers have a role in completing the SDQ, and they unintentionally observe key competencies in action, having a tool that triangulated and summarised this information easily and quickly seemed to be useful in developing this Ka Hikitia project.

In summary, the collegial approach of the Ka Hikitia group in encouraging a trial using the SDQ, the clear links I felt we could make with the key competencies to support ILP planning, and the potential to enable multi-agency partners to develop more positive perspectives on students, seemed a sound basis for testing the tool to support key competencies. I discuss the literature on the SDQ in this next section.

THE STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (SDQ) TOOL

The SDQ is a multi-informant (student, parents and teacher/staff) psychological screening tool originally designed to detect emotional and behavioural difficulties, particularly for mental health issues (Goodman, n.d.). The questions relate to twenty-five psychological, emotional, hyperactivity, conduct, peer and pro-social positive and negative attributes. An advantage of the SDQ seemed to be that it provided for strengths to be

identified as well as areas for development and therefore potentially enabled teachers to promote key competencies in students. In New Zealand the tool is used by the Department of Health as well as Child Youth and Family before school diagnostic assessments (Ministry of Health, 2011). Identifying student strengths is an important aspect of the Ka Hikitia approach and, as noted above, potentially provided our teachers with a new way of viewing students.

The SDQ is used extensively in the United Kingdom in multi-agency teams, including some educational settings, to support clinical mental health teams and individual practitioners to illustrate participants' perceptions of social emotional well-being (Goodman, n.d.) and to illustrate perceptions of progress over time (Rose & Nash, 2009). A New Zealand health study of secondary school students identified the need to develop norms in the SDQ in relation to, and applicable for, our culture (Whyte & Campbell, 2008). However, New Zealand research into use of the tool has been confined to the early years health sector and is reported in Black, Pulford, Christie & Wheeler (2010). The SDQ tool has been developed worldwide, and translated into a large number of international languages. In this Youth Justice setting it seemed worthwhile trialling the links with educational purposes and the key competencies.

This case study illustrates the use of the SDQ in the Youth Justice sector with the intention of identifying student strengths to develop educational programmes around the implementation of key competencies in teacher planning. Our unique setting allowed for a multi-agency approach operating in the best interest of the student, patient, client or young person. Inter-agency planning may be similar, overlap or inter-weave depending on agency role or context. The challenges we were faced with ranged from extreme behaviour, health issues, mental health problems and cognitive issues to other behavioural problems. Using a tool like the SDQ, which has international recognition and validity, seemed a way of supporting our multi-agency remit as well as developing the educational functions through key competencies.

Remedial learning issues were common amongst our student population. There was little point in trying to teach numeracy or literacy if the student did not have enough skill to engage, relate to others, or communicate successfully enough to participate or contribute to their education programme. The SDQ seemed to give us clues to developing more socially-literate programmes, using the key competencies, and providing the

student with some voice in the discussion. The next section describes the student case, his profile and the outcomes from the project.

The case study: Tapawhā/key competencies and the SDQ

The case study describes my experience with using the SDQ. I consulted with my colleagues in the Ka Hikitia project, and Dr Gwen Gilmore, on the use of the SDQ, administration of the SDQ and the analysis. The data below has been anonymised.

According to the concepts of Tapawhā, student needs are emotional, social, spiritual and mental health, and family orientated. One example was of a student, age 14, who identified as Māori Cook Islander, who had a diagnosis of ADHD, was medicated and a recidivist offender. His literacy and numeracy were considered normal for his age; his writing was basic primary level and slightly below his expected level.

At the time of administering the SDQ he was on his third visit in four months. His first admission involved an in-depth interview by the relevant agencies. He was re-admitted and re-interviewed. The interview process differed each time he was readmitted.

- Educational personnel interviewed the student, administering diagnostic assessments to gauge his numeracy and literacy levels, interests, aspirations and possible future career pathways. His family, culture and spiritual beliefs were acknowledged and supported where possible as well as his emotional and health needs. Data gathered in his ILP and IEP were shared at the multi-agency team meeting.
- Child Youth and Family interviewed the young person, gathering specific offence-related data and giving feedback when appropriate. The data gathered related to the young person's family situation, court appearance, offending, specialist intervention, pastoral care whilst in residence and transition process post-residence e.g. placement/bail address. All relevant information was shared with the appropriate agencies in his ICP. Very little of this data related to educational achievement, goals or ambitions.
- Health team staff interviewed the student, administering a thorough health check by both a doctor and nurse. Other health professionals may include ear, nose and throat specialist, dentist or optometrist. In most cases mental health specialists or drug and

alcohol counsellors are engaged to deal with trauma or addiction issues. Data was gathered and an individual health care plan (IHCP) was drawn up and shared as appropriate i.e. impacts on school/teaching programme or residential care.

His second and third admission gave an opportunity for all agencies to update and review planning and programming (past, present and future) e.g. what had worked, what did not work, and what needed to change, from each agencies perspective.

It was during his third admission that he agreed to revisit questions as to why and how his transition plan had failed again. He was asked questions with an emphasis on finding solutions to deal with the transition gaps outside of the Youth Justice programme. He was asked if he felt that our school had supported his transition plan. His answer; "Yes, the school in residence kept me busy, occupied and away from crime and not offending." "On the outs though. I had no one to make me go to school so I just did what I wanted to do." "I was bored and wasn't at school." "The (home placement) school had nothing to do with my offending. It was just easy for me to go out drinking and offending with my crew."

I seized the opportunity to ask if he would participate in a strengths and difficulties questionnaire. Why this student? Because of the recidivist offending and the number of multi-agency transition plan failures. What were we missing? How might our teachers be able to reframe their key competencies planning around his perception of his strengths, for example? Perhaps the SDQ could shed some light on the answer or on something that we may have overlooked or anecdotally reaffirm his apathy to following directives and instructions.

The student, the teacher and the parent (or caregiver) also completed the SDQ questionnaire and an analysis/SDQ report enabled the teacher to consider perspectives on the questionnaire dimensions. I illustrate the SDQ report feedback below.

SDQ report feedback and programme example

Areas of interest from the report linked to key competencies identified by student, teacher and caregiver were:

1. getting along with others. Thus, linked to
2. kind and helpful behaviour.

The SDQ report found links to other areas of concern and assessment. The focus in this paper was the use of the SDQ and key competencies for this particular student, although the case study will illustrate the impact of the SDQ on other aspects of this student's programme, where appropriate, to key competencies and positive planning for students in a Youth Justice setting. The programme took place over a month and the action plan below illustrates the type of programme and focus we took for this student. The programme was in marked contrast to previous approaches to planning whereby the student followed a less holistic, medically-focused and punitive approach based on his deficits.

Action plan for the student from analysis of the SDQ

Getting along with other young people (make better choices when relating to others. Actively participate and contribute to his restorative process).

Teacher planning to incorporate tasks/activities is designed to elicit decision-making skills when working with peers, groups or working independently. Developing interaction tasks or independent activities required responses, verbal or written; also the completion of activities from start to finish (give latitude on time-frame completion then stipulate time frame once he's familiar with task). The focus was to see tasks through to their conclusion - something he hadn't had a lot of success with outside of residence.

Physical education programmes were to include team sports, peer sport and passive programmes ensuring interaction with others. The teacher was to focus on giving him roles of responsibility which would emphasise the key competency of getting along with others e.g. refereeing to create emotional pressure where he needed to make decisions, or to make decisions where he was responsible for others. Peer activity on a one-to-one basis; teacher planning could consist of strategies to deal with failure as well as success. Sulking had become a habitual response to difficult situations and was no longer an option as he now had a positive role in the programme. We offered support by giving him time and space to gather himself and to resolve his issue internally.

OTHER FINDING

A further finding from the use of the SDQ in relation to the use of key competencies was the link with multi-agency partners. Using the SDQ enabled us to strengthen the CYF individual care plan to explicitly and specifically include

developing relationships with parents, caregivers, adults and peers. An example of this would be developing positive communication skills in addition to accommodating CYF expectations during the transition process e.g. acting responsibly post-residence (making better choices when challenges arise). All agency planning should complement each other regardless of ICP, IEP or IHCP outcomes, hence the purpose of multi-agency team meetings for the benefit of the young person. In the past, with the emphasis on more medical approaches, we had not been able to do so.

IMPLICATIONS FROM THE USE OF THE STRENGTHS AND DIFFICULTIES QUESTIONNAIRE LINKED TO KEY COMPETENCIES

For the purposes of designing a programme for this student, where he had some role and voice in identifying his strengths, the SDQ was key-competency sensitive. It highlighted areas where teachers could plan more educationally using student strengths and therefore enabled us to meet one of the goals for Ka Hikitia in promoting student success. The case study above illustrated, for example, that the student was capable of kind and helpful behaviour and that when this competency was incorporated into his educational programme the plan seemed to be more successful.

The further value of the SDQ was that by including the student, parent/caregiver and teacher it gave us a wider range of perspectives than previous medically-focused tools had done. Thus, for managers planning transition back to schools or other settings, it enabled review and reflection and a more positive reframing of the student's needs. The interview above, where the student identified a need for more support in ensuring engagement between the school with his parent, enabled a more useful transition plan to be developed.

The SDQ is age-specific to children, students, patients or clients junior to adolescent, and thus can be used with a range of students. Whilst the norm referenced measuring tool is used globally:

- The SDQ can be used as a bench mark, snapshot or before and after assessment.
- The SDQ is Tapawhā-sensitive – the tool illuminates behavioural issues the teacher can give consideration to when planning the education programme.
- The SDQ can be used as evidence to support intervention needs or multi-agency planning/funding request for specialist involvement, education, health or mental health needs indicator.

Even better if:

- the SDQ was Māori- or culture-specific
- the SDQ was developed further and normed for the New Zealand/Aotearoa context
- some exemplars could be developed to illustrate the links with SDQ.

Next steps with the SDQ and key competencies

I have completed the initial student interviews using the SDQ and illustrated how the tool could be linked with key competencies and so emphasise the educational elements of a Youth Justice programme. We, the teachers, will continue to examine the student programmes to ensure that key competencies are developed and worked into their programmes within the residence and as part of their transition programme out of residence. This process will feed back into the Ka Hikitia group who may offer other suggestions and support.

As identified in the literature, the SDQ does not have New Zealand norms or culturally-appropriate language in some questions. As an institution where a significant proportion of our students are of Māori and/or Pacific Island ethnicity we need some urgent work with the originators of the SDQ to enable us to use the tool with more cultural sensitivity and validity.

Finally, I suggest that some exemplars, perhaps developed with the Ministry or other appropriate group, would support the educational functions and purposes of institutions like the Youth Justice settings.

CONCLUSION

The SDQ has some valuable dimensions; it enables a student to voice their perspective on a particular problem and enables a teacher to plan accordingly using key competencies that flow from the analysis. The dimensions, student participation and key competencies will add more of an educational element to our current planning framework. An unintended outcome has been that Child Youth and Family have requested SDQ reports for all young people on admission. However, I would like to see sound reasoning and judgement behind any request as I do not believe that this tool is just an exercise to put a 'tick in a box'. Utilisation of the SDQ will continue as long as I am able to correlate key competencies and the SDQ. Use of the SDQ may be refined over time and it is my hope that teachers will appreciate the use of a tool like the SDQ, with the refinements suggested above, to authenticate anecdotal observations of key competency.

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Nā Hohepa Waru

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“Nā te whakāro kotahi ka puta mai ngā hua o ngā rangatahi, Mā te mōhio ko marama, mā te marama ko matau”.

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Ko Horouta tōku waka
Ko Hikurangi tōku maunga
Ko te Waiapu me te Uawa ngā awa
Ko Te Aowera, ko Puketawai ngā marae
Ko Ngati Porou, ko Te Whanau Apanui, ko Rongomai Wahine ngā iwi
Ko Hohepa Waru tōku ingoa.

Hohepa is a primary and intermediate trained school teacher. He has had five years experience in bilingual, total immersion and mainstream units, and some experience in secondary schools. Hohepa took some time out from teaching to pursue a diploma in science. During this time he was approached by a former colleague who asked if he was up for a new challenge, and subsequently took up the challenge of working for UCOL inside Youth Justice Residence. He is currently working for Central Regional Health Schools (another educational provider). Hohepa has eight years experience in the Youth Justice system working in a multi-agency team environment.

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