

FURTHER INFORMATION ON SLDOM (Sheffield Learning Disability Outcome Measure)

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Background

This measure was developed by Dr Evette Girgis and made available through a think tank that CORC facilitated, which asked which measures for children with learning disabilities were the most appropriate to use in routine outcome evaluation. The recommendations from the think tank were for the Nisonger CBRF (Child Behaviour Rating Form) and the SLDOM to be piloted. The following information has been provided by Dr Evette Girgis based on her experience of the SLDOM.

Available measures have limitations when used to evaluate services for children and adolescents with a severe/profound degree of learning disability. Most measures reflect a symptom behaviour change as an outcome measure. However, services may affect changes in the way carers gain confidence in understanding and managing the child's behaviour which is valued by parents as good outcome. Also, a better understanding of the child's behaviour helps towards a closer child-parent relationship. Carers of children/adolescents with severe learning disability and complex neurodevelopmental problems may have negative views about the future. Services that help carers and families to have a more positive view will be working towards better outcomes.

In Sheffield, the Dual Diagnosis Team has developed a three part questionnaire to capture some of the themes that emerge during therapeutic interventions. Progress in areas such as the carer's understanding of child's behaviour and gaining confidence in dealing with their child are reflected in the questionnaire.

Description

The questionnaire has 3 parts. Part 1 is designed to be completed at Time 1 and Time 2 (6- 8 months after Time 1), whereas the whole measure (Parts 1-3) should be completed at discharge.

Part 1

- Eight questions in relation to understanding the child's behaviour look at the relationship between carer/parent and child, level of confidence and views about the future.
- These questions use a five point likert scale, where 5 is strongly agree –1 strongly disagree and 0 is not applicable. Questions 1.2, 1.4 and 1.7 are reverse-scored (so 1 is strongly agree and 5 strongly disagree).
- The maximum score possible is 40, minimum score possible is 8

Part 2

- Ten questions ask about how the team works and how the service is delivered. It is useful for services that offer an outreach provision into people's homes and are not necessarily clinic based.
- These questions use a five point likert scale. 5, strongly agree –1 strongly disagree and 0 is not applicable
- Reversed scores for Questions 2.2, 2.4, 2.7 and 2.10 (so 1 is strongly agree and 5 strongly disagree).

- The maximum score possible is 50, the minimum score possible is 10

Part 3

- Captures qualitative feedback as free text.
- These questions ask about:
 - a) The positives for the child and for the family
 - b) The negatives for the child and the family
 - c) Any suggestions that parents have for the improvement to the service they had received

Frequently Asked Questions

When should the SLDOM be used?

Part 1 - Eight questions

At Time 1 – assessment phase

At Time 2 – six to eight months follow up/discharge

At yearly intervals until discharge

Part 2 - Ten questions

In addition to Part 1 at closure/discharge

Part 3 - Three qualitative questionnaires

In addition to Part 1 and 2 at closure/discharge

What if the parent found it too much to complete the questionnaire?

Part 1 takes between 2- 5 minutes to complete and parents usually find it easy. Professionals take about 1 min to score it. The whole questionnaire of Part 1, 2, 3 takes ten to twelve minutes to fill in and it is easy to complete.

What if parents/carers worry that some items may reflect poorly on them?

Current advice is that you enquire at the assessment about any issues raised by completing the questionnaires and address these as it will help in the overall management and to achieve a positive outcome.

How can I score the SLDOM?

Part 1 out of 40

Current advice is positive outcomes for scores obtained at 25 or above

Part 2 out of 50

Current advice is positive outcomes for scores obtained at 30 or above Part 3 Positive comments – or negative help in developing the service according to user's feedback

Can I use the whole questionnaire part 1, 2 & 3 at six month intervals?



Yes you can, however some questions may feel as if it is at the end of an intervention.

Do I have to use other measures as well?

Depending on the severity of learning difficulties for the child/young person:

- For mild learning difficulties– you can also use the SDQ
- For moderate, severe and profound learning difficulties – you can use any of the following:-
 - NISONGER
 - DBC

For all children and young people it is appropriate to also use:

- CHI-ESQ
- CGAS or HONOSCA
- Goal Based Outcomes Measure

A good combination for children/young people with learning difficulties is to use NISONGER, SLDOM and the Goal Based Outcomes Measure or any combination of the above as you see appropriate to your service.