

Factsheet: Developing a public health outcome measure for children aged 2 − 2½ using ASQ-3™

## 1. A public health outcome measure for children at age $2 - 2\frac{1}{2}$

The Department of Health is developing an outcome measure of child development at age  $2 - 2\frac{1}{2}$  years, the data for which will be published in the Public Health Outcomes Framework from 2017.

## 2. Why an outcome measure of child development at age $2 - 2\frac{1}{2}$ ?

The measure will help monitor child development across England so that we can observe changes in population health from year to year, and potentially also use the data to track children's outcomes as they grow up. The data will also help to assess the effectiveness and impact of services for 0-2 year olds and support future planning.

## 3. Will the data for the measure be collected as part of a routine assessment?

Data for the measure will be collected during the Healthy Child Programme (HCP) 2 year review or integrated review, where in place (see Q12).

## 4. Which tools will be used to generate data?

ASQ-3 questionnaires are completed by parents and cover five domains of child development: communication, gross motor skills, fine motor skills, problem solving and personal-social development. Health visiting teams will need to be using ASQ-3 as part of HCP 2 year reviews from April 2015, as set out in the NHS England health visiting service specification <a href="http://www.england.nhs.uk/ourwork/qual-clin-lead/hlth-vistg-prog/res/#serv-spec">http://www.england.nhs.uk/ourwork/qual-clin-lead/hlth-vistg-prog/res/#serv-spec</a>. Further information on using ASQ-3 is available through an e-learning package (see Q9).

ASQ:SE questionnaires are completed by parents and cover social and emotional aspects of child development. Health visiting teams will need to use ASQ:SE as part of HCP 2 year reviews from 1 October 2016.

## 5. Why was ASQ chosen?

ASQ was one of two assessment tools identified through research as suitable for use as part of Healthy Child Programme 2 year reviews and to generate data for a population measure of child development at age 2-2½. The research, which reviewed a range of measures of child development, can be found on the UCL website:

https://www.ucl.ac.uk/cpru/documents/review of measures of child development. Further research, exploring the acceptability and understanding of ASQ-3 among parents and health professionals, is also available:

http://www.ucl.ac.uk/cpru/documents/evaluating-the-use-of-a-population-measure-of-child-development-in-the-healthy-child-two-year-review

## 6. What is the timing for collecting data for the outcome measure?

From April 2015 services were asked to collect data on the number of eligible children receiving 2 year reviews which include ASQ-3, as part of the NHS England health visiting service delivery metrics. This is set out in the NHS England 2015-16 National Health Visiting Core Service Specification. On 1 October 2015, responsibility for commissioning for 0-5s moved from NHS England to local authorities, and data collection will continue to be required, as this is a statutory commitment in the Public Health Outcomes Framework. From 1 October 2016, it is expected that Providers and Area Teams will be collecting ASQ:SE in addition to ASQ-3 data.

Information about the transfer of commissioning is available at the following links: <a href="https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/347047/Mandation\_factsheet\_final\_22-8-14.pdf">https://www.chimat.org.uk/transfer</a>

From September 2015: ASQ data will be collected via the Children and Young People's Health Services (CYPHS) dataset, which is being developed by NHS Digital. Further information about the CYPHS data set can be found here: http://digital.nhs.uk/maternityandchildren/CYPHS.

The first submissions to NHS Digital of ASQ-3 data will take place in October 2015 for September data. This data will **not** be required to be backdated to 1 April 2015.

As part of the development process for the CYPHS dataset, system suppliers will be required by the CYPHS data set Information Standards Notice to make changes to their systems to enable health visiting teams to record ASQ scores.

Where organisations experience delayed compliance with the CYPHS dataset then it is expected that data will be collected locally in order to support an ad-hoc national reporting process on an interim basis.

An annex has been added to this factsheet to advise health visitors and IT teams on reporting ASQ scores as part of the CYPHS submissions. Further queries about data submissions should be addressed to the NHS Digital enquiry line: 0300 303 5678 or enquiries@digital.nhs.uk

# 7. Should ASQ scores be recorded in the Personal Child Health Record ('Red Book')?

There is space on the  $2-2\frac{1}{2}$  year review page of the PCHR to record the findings of the review and any action to be taken. It is a local decision whether the ASQ scores are recorded in this section.

Health visiting teams should ensure that parents are clear that ASQ is only one part of the 2 year review, helping to build a picture of their child's development and to inform the health visitor's professional judgement. Health visitors should also explain how the scores will be reported for the population measure of child development.

Local areas need to have a mechanism for reporting ASQ scores for the population measure, but it is for them to choose whether this will be done via recording them in the PCHR.

## 8. How will health visiting teams access ASQ-3 and ASQ:SE?

ASQ-3 has been adapted from US English to British English in cooperation with the publisher. DH has funded one CD-ROM per health visiting provider, distributed to providers in March 2015. Materials can be copied for health visitors as required under the terms of the accompanying Sub-Licence Agreement for Providers. The CD-ROM includes a full set of the 21 ASQ-3 questionnaires and summary sheets, the ASQ-3™ Quick Start Guide, the Child Monitoring Sheet, the Parent Review Sheet and the 'What is ASQ-3' sheet intended for parents. Health visiting teams will need to make sure they use the correct ASQ-3 questionnaire for each child, depending on the child's age at the time of their 2 year review. ASQ-3 questionnaires are available for children in age ranges around 24, 27 and 30 months.

DH has funded a separate CD-ROM containing Ages & Stages Questionnaires®: Social-Emotional (ASQ:SE) questionnaires which were distributed to providers in April 2016. The CD-ROM includes a full set of the 9 ASQ:SE questionnaires and summary sheets, the ASQ:SE Quick Start Guide, the Child Monitoring Sheet, the Parent Review Sheet and the 'What is ASQ:SE' sheet intended for parents. Health visiting teams will need to make sure they use the correct ASQ:SE questionnaire for each child, depending on the child's age at the time of their 2 year review. ASQ:SE questionnaires are available for children in age ranges around 24 and 30 months.

## 9. When and how will ASQ:SE be introduced?

Health visiting teams will have received an additional CD-ROM with a British English adaptation of the ASQ:SE materials in April 2016, with the intention that they will be **used from 1 October 2016 alongside ASQ-3** as part of HCP reviews or integrated reviews, where in place. This reflects the strong evidence that supporting social and emotional development in the early years is important for children's future outcomes, and that this is not covered adequately in ASQ-3. ASQ:SE includes elements, such as sleep, behaviour and toileting, that health visitors would routinely cover as part of a child's 2 year review.

## 10. What training is available for health visiting teams?

E-learning materials have been developed to support health professionals using ASQ-3 as part of the 2 year review. These are quick and easy to complete and accessible to all practitioners working with young children via the *e-Learning for Healthcare* website: <a href="http://goo.gl/6J7VEd.">http://goo.gl/6J7VEd.</a> The e-learning comprises two 30 minute sessions and is an interactive tool that includes video clips from real-life 2 year reviews and covers the practicalities of using ASQ-3.

A further e-learning session on ASQ:SE has been developed and will be available from September 2016.

## 11. What equipment might be needed to help parents complete the questionnaire?

Part 1 of the ASQ-3 e-learning (Q8) contains detailed information about the equipment needed to carry out a review using ASQ-3<sup>™</sup>. A basic kit for the 2 year review (using the 24m, 27m and 30m questionnaires) might consist of:

- Book with pictures
- Ball
- Clear plastic bottle with lid
- Raisins
- Blocks for stacking
- Large beads/pasta wheels and lace for threading
- Paper and crayons/pencils
- Plastic cup with handle
- Spoon and fork
- Metal mirror with safe edges/wall mirror
- Baby doll

There is also an official 'ASQ-3™ Materials Kit' available to purchase directly at http://goo.gl/vaRPK2

No equipment is required for completion of ASQ:SE.

## 12. Will Family Nurses need to report ASQ data?

Data need to be collected for all children aged  $2 - 2\frac{1}{2}$ , so where Family Nurses are undertaking 2 year reviews they should report data as per Q6 above. The FNP programme

now includes the use of ASQ-3 at 24 months with capacity for recording this data on the FNP Information System.

As Family Nurse Partnership teams already use the ASQ-3 tool, they are not currently included in the licensing agreement for the British English version of ASQ-3 so will not receive a CD-ROM. The British English version of ASQ-3 differs only slightly from the US English version which FNP teams currently use. After the initial data collection has been analysed we will work with the FNP National Unit to consider whether the British English version of ASQ-3 should be used in FNP.

## 13. How does this fit with the development of an integrated review?

From September 2015, services are asked to offer integrated reviews at age 2, bringing together the EYFS progress check and the HCP health review. Data for the outcome measure will be collected during the Healthy Child Programme 2 year review, which is the health element of an integrated review.

# 14. Should ASQ be used as part of 2 year reviews for children with an already identified disability/developmental delay?

ASQ should be offered to all children as part of their 2 year review and is a helpful tool for identifying children with additional needs. However, where a child already has an identified disability or developmental delay, health visiting teams will need to agree with parents whether they wish to complete the ASQ questionnaires as part of their child's 2 year review. Much rests on health visitors' professional judgement and their skill in working sensitively and collaboratively with families to agree the best approach. Local systems should support health visitors to work in partnership with parents to reach a decision about whether to use ASQ.

Where the parent wishes to use the ASQ questionnaires, you should use the appropriate age questionnaire.

Where the parent opts not to use ASQ, health visiting teams may wish to use an alternative tool, such as the Schedule of Growing Skills, to help assess a child's development as part of their 2 year review. It is up to local areas to choose the most appropriate tool, but we would expect this to be an evidence-based, standardised tool, as set out in the Healthy Child Programme 2 year review guidance document.

# 15. How should data be collected for children with an already identified disability/developmental delay?

Where an ASQ questionnaire is used, scores should be recorded as usual. The Children and Young People's Health Services data set (Q6) has the capacity to record Special Educational Needs and identified disabilities and your local CHIS system should enable you to record this at the same time as the ASQ scores.

Where an ASQ questionnaire is not used, you should record a nil return and information about the child's Special Educational Needs or identified disability.

## 16. Is ASQ available in other languages?

The US English version of ASQ-3 is available in Spanish and in French. Translations of the US English version into other languages may be available, but no translations of the British English version are available or underway. Enquiries should be made via <a href="mailto:rights@brookespublishing.com">rights@brookespublishing.com</a>

## 17. Is parents' consent needed to collect and report their child's ASQ scores?

Specific consent for ASQ scores to be collected and reported in the CYPHS data set is not needed. However, it is good practice for health visiting teams to inform parents what will happen to their child's ASQ scores, including how they will be used to build a picture of children's development across the country and to help improve services.

## 18. Further queries

Any further queries can be addressed to <a href="mailto:childrenfamiliesmaternity@dh.gsi.gov.uk">childrenfamiliesmaternity@dh.gsi.gov.uk</a>

#### 19. Useful resources

## The Healthy Child Programme 2 Year Review:

https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/377800/dh\_108329.pdf

## Early Years High Impact Areas – Area 6 – 2 Year Review:

https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/326895/Early\_Years\_Impact\_6.pdf

## **Further information on ASQ:**

www.agesandstages.com

## Institute of Health Visiting Factsheets for Professionals and Parents:

http://www.ihv.org.uk/policy professional/ihv good practice points for health visitors/ag es and stages

http://www.ihv.org.uk/for families/factsheet for parents/ages stages

## ANNEX A: COLLECTING DATA FOR ASQ-3 AND ASQ:SE- A GUIDE FOR HEALTH VISITING TEAMS AND THEIR IT DEPARTMENTS

#### 1. Introduction

From 1 April 2015, health visiting teams have been using the Ages & Stages Questionnaires®, Third Edition (ASQ-3™) to collect data on 2 year olds to feed into a national population measure of child development at age 2. **ASQ:SE should be used in addition** to **ASQ-3 from 1 October 2016.** This guide clarifies what data health visitors should be collecting on ASQ-3 and ASQ:SE and how this should be reported to NHS Digital.

## 2. Inputting data into Child Health Information Systems

Health visiting teams will have different methods for inputting their data into Child Health Information Systems (CHIS) (e.g. Rio, SystmOne-TPP, etc.) Health visitors may input data directly into a CHIS system. They may record data on paper and then pass it to an IT department to enter it into CHIS. They may have a bespoke IT system which then has to be transferred to CHIS. They may be recording data on their own spreadsheets, from which data is transferred to CHIS. Whatever method is being used, this guide should help clarify what needs to be collected and reported to NHS Digital in relation to ASQ-3 and ASQ:SE, and the correct format for this data.

#### 3. What to collect when?

From September 2015 **ASQ-3 scores and some additional information (see tables below)** is collected monthly via the new Children and Young People's Health Services (CYPHS) dataset (see below). The first submissions took place in October 2015 for September data. This data was **not** required to be backdated to 1 April 2015, but NHS Digital is happy to accept ASQ-3 scores which date back to that time, if they have been collected and the local area is able to share these.

The data submission window then opened on 5<sup>th</sup> October 2015 for providers to start submitting the September data i.e. the ASQ scores from all assessments carried out at 2-year reviews in September. The window for September data closed on 31<sup>st</sup> October. It re-opened between 5<sup>th</sup> and 30<sup>th</sup> November for the submission of October data, and will continue to do so on in a monthly pattern.

The Department of Health expects ASQ:SE data to be collected in addition to ASQ-3 data from 1 October 2016.

## 4. Transition of Commissioning of 0-5 Public Health to Local Authorities

From 1 October 2015, responsibility for commissioning for 0-5 public health moved from NHS England to Local Authorities., However, data collection continues to be required, as this is a statutory commitment in the Public Health Outcomes Framework.

Information about the transfer of commissioning is available at the following links: <a href="https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/347047/Mandation\_factsheet\_final\_22-8-14.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/347047/Mandation\_factsheet\_final\_22-8-14.pdf</a> <a href="https://www.chimat.org.uk/transfer">https://www.chimat.org.uk/transfer</a>

## 5. What to collect

Table A sets out the specific data items that health visitors need to collect in relation to the ASQ tool.

Table A

ASQ tool	Information to collect	Description	
ASQ-3	Date of completion of ASQ questionnaire	Day, month and year	
	Which ASQ questionnaire was used?	24, 27 or 30 month questionnaire	
	ASQ-3 Scores	A 2 digit number for each of the domains in the ASQ questionnaire	

ASQ:SE	Date of completion of ASQ questionnaire	Day, month and year
	Which ASQ questionnaire was used?	24 or 30 month questionnaire
	ASQ:SE Score	A 2 digit number

Note: although further data including gender, postcode etc. are listed on the factsheet at the link under 1 above, this data is collected elsewhere and HVs do not need to collect this specifically in relation to ASQ scores

## 6. What is the Children's and Young People's Health Dataset (CYPHS)?

The CYPHS dataset is one element of the Maternity and Children's Data Set (MCDS). It has been developed to create a comprehensive view of the child across multiple settings and help achieve better outcomes of care for mothers, babies and children. The dataset will provide comparative, mother and child-centric data that will be used to improve clinical quality and service efficiency and to commission services in a way that improves health and reduces inequalities. As a 'secondary uses' data set, it reuses clinical and operational data for purposes other than direct patient care.

Data will flow directly from service providers to NHS Digital where it will be validated, collated, analysed and disseminated. Arrangements are being made for all commissioners and providers to have direct access to the benchmarked reports and the

underlying data which relate to their own areas of responsibility. There is additional guidance on the dataset at the following link: <a href="http://digital.nhs.uk/maternityandchildren/CYPHS">http://digital.nhs.uk/maternityandchildren/CYPHS</a>

The CYPHS dataset includes data recording a child's 2-year review and a field for the ASQ scores collected as part of this review.

## 7. How to collect ASQ-3 data for compatibility with the CYPHS dataset

Table B gives further technical information for staff inputting ASQ-3 data into CHIS systems to be sent to NHS Digital for inclusion in the CYPHS dataset (and ultimately for reporting on the indicator of child development at age 2 in the Public Health Outcomes Framework). If data is collected in a format that is as compatible as possible with the CYPHS dataset, it will facilitate input into CHIS systems.

Table B is more detailed than Table A, and sets out where the individual data items can be found within the CYPHS dataset, as well as relevant codes and data item descriptions.

Table B

Information to collect in relation to ASQ-3	Format	Data item name	Data item description	Xml schema element name	Data table
Date of completion of ASQ questionnaire	An10 ccyy-mm-dd	Care Contact Date	The date on which a care contact took place	C201020	CYP201
Which ASQ questionnaire was used? This will be shown by the SNOMED code used, as the SNOMED codes are specific to the different 24, 27 and 30 month questionnaires for ASQ-3					
Communication	An2	ASQ DOMAIN SCORE - COMMUNICATION	Numerical score from the communication	C612910	CYP612 Coded Scored Assessment (CONTACT)

			skills dimension of the ASQ-3 assessment		see section below on SNOMED codes
Gross Motor	An2	ASQ DOMAIN SCORE – GROSS MOTOR	Numerical score from the gross motor skills dimension of the ASQ-3 assessment	C612910	CYP612 Coded Scored Assessment (CONTACT) see section below on SNOMED codes
Fine Motor	An2	ASQ DOMAIN SCORE – FINE MOTOR	Numerical score from the fine motor skills dimension of the ASQ-3 assessment	C612910	CYP612 Coded Scored Assessment (CONTACT) see section below on SNOMED codes
Problem Solving	An2	ASQ DOMAIN SCORE – PROBLEM SOLVING	Numerical score from the problem solving dimension of the ASQ-3 assessment	C612910	CYP612 Coded Scored Assessment (CONTACT) see section below on SNOMED codes
Personal Social	An2	ASQ DOMAIN SCORE – PERSONAL- SOCIAL	Numerical score from the personal- social skills dimension of the ASQ-3 assessment	C612910	CYP612 Coded Scored Assessment (CONTACT) see section below on SNOMED codes

Information to collect in relation to ASQ:SE	Format	Data item name	Data item description	Xml schema element name	Data table
Date of completion of ASQ questionnaire	An10 ccyy-mm-dd	Care Contact Date	The date on which a care contact took place	C201020	CYP201
Which ASQ questionnaire was used? This will be shown by the SNOMED code used, as the SNOMED codes are specific to the different 24 and 30 month questionnaires for ASQ:SE					
ASQ:SE second edition questionnaire score (total)	An2	ASQ:SE TOTAL SCORE	Numerical score from the ASQ:SE assessment	C612910	CYP612 Coded Scored Assessment (CONTACT) see section below on SNOMED codes

## 8. SNOMED Codes

After health visitors have collected the scores, either the IT department, or a built in algorithm, will use the correct SNOMED code to record scores in the dataset, under the CYP612 Coded Scored Assessment field. Not everybody uses SNOMED codes yet. If your IT system does not yet use them, data will have to be extracted and manipulated before sending it in to NHS Digital. http://www.snomedbrowser.com/Codes/ConceptList?term=asg&type

## ASQ-3

ASQ-3 scores for each of the 5 domains of the questionnaire will be recorded against a specific SNOMED code. There are 15 relevant SNOMED codes: one for each of the 5 ASQ domains within each of the 24, 27 and 30 month questionnaires. These can be found in the attached link and are also reproduced below.

24 months communication 953211000000100

Fine motor	953221000000106
Gross motor	953231000000108
Problem solving	953241000000104
Personal social	953251000000101
communication	953261000000103
Fine motor	953271000000105
Gross motor	953281000000107
Problem solving	953291000000109
Personal social	953301000000108
communication	953311000000105
Fine motor	953321000000104
Gross motor	953331000000102
Problem solving	953341000000106
Personal social	953351000000109
	1054011000000104
	1054021000000105
	Gross motor Problem solving Personal social  communication Fine motor Gross motor Problem solving Personal social  communication Fine motor Gross motor Gross motor Problem solving

## 9. Further information

For any further information, please contact NHS Digital's enquiry line on **0300 303 5678** or <a href="mailto:enquiries@nhsdigital.nhs.uk">enquiries@nhsdigital.nhs.uk</a>