



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 – 2½

The Department of Health is developing an outcome measure of child development at age 2 – 2½ 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 – 2½?

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 two year review or integrated review, where in place (see Q12).

4. Which tool 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 two year reviews from April 2015, as set out in the NHS England health visiting service specification <http://www.england.nhs.uk/ourwork/qual-clin-lead/hlth-vistg-prog/res/#serv-spec>. Further information on using ASQ-3 is available through an e-learning package (see Q9).

5. Why was ASQ-3 chosen?

ASQ-3 was one of two assessment tools identified through research as suitable for use as part of Healthy Child Programme two 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. How will health visiting teams access ASQ-3

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 two year review. ASQ-3 questionnaires are available for children in age ranges around 24, 27 and 30 months.

The CD-ROM does **not** include Ages & Stages Questionnaires®: Social-Emotional (ASQ:SE) and these are not required for the outcome measure at this stage. ASQ:SE will be added at a later date (see below).

7. When and how will ASQ:SE be introduced?

The Department of Health has secured funding to develop a British English adaptation of the latest edition of ASQ:SE (ASQ:SE 2nd edition) and to distribute one copy on CD-ROM to each health visiting provider in England. We expect that health visiting teams will receive the ASQ:SE British English materials in spring 2016 and we are asking all health visiting teams to use ASQ:SE alongside ASQ-3 as part of two year reviews from 1 October 2016, as set out in the Public Health England 0-19 service specification (<https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning>). This reflects the strong evidence that supporting social and emotional development in the early years is important for children's future outcomes, and is not covered in sufficient detail 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 two year review.

From October 2016, ASQ:SE data should be collected and reported alongside ASQ-3 data.

8. 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 two 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: <http://goo.gl/6J7VEd>. The e-learning comprises two 30 minute sessions and is an interactive tool that includes video clips from real-life two year reviews and covers the practicalities of using ASQ-3.

A further e-learning session on ASQ:SE is being developed and will be available in summer 2016.

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

Part 1 of the e-learning (Q8) contains detailed information about the equipment needed to carry out a review using ASQ-3™. 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>

10. What is the timing for collecting data for the outcome measure?

From April 2015 services are asked to collect data on the number of eligible children receiving two 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.

Information about the transfer of commissioning is available at the following links:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/347047/Mandation_factsheet_final_22-8-14.pdf
<http://www.chimat.org.uk/transfer>

From September 2015: it is expected that ASQ data will be collected via the Children and Young People's Health Services (CYPHS) dataset, which is being developed by the Health and Social Care Information Centre (HSCIC). Further information about the CYPHS data set can be found here: <http://www.hscic.gov.uk/maternityandchildren/CYPHS>.

The first submissions to HSCIC 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.

From October 2016, ASQ:SE data should be collected and reported alongside ASQ-3 data.

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 HSCIC enquiry line: 0300 303 5678 or enquiries@hscic.gov.uk

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

There is space on the two 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-3 is only one part of the two 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.

12. 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.

13. Can I build a template to record ASQ-3 answers and/or scores on my IT system (including electronic medical/health/patient records)?

Yes, you can create a template to record ASQ-3 answers and/or scores as long as this does not reproduce the ASQ questionnaire or any portion thereof. Templates may not reproduce the wording of questions or the illustrations, or use shortened versions of the questions. You may identify the questionnaire used, as well as record the question number and the caregiver's answer without recreating the questionnaire itself (for example: ASQ-3 16-month, Fine Motor #1, sometimes). A child's completed ASQ-3 questionnaire may be scanned for the purpose of filing it in the child's electronic file.

14. Will Family Nurses need to report ASQ data?

Data need to be collected for all children aged 2 – 2 ½, so where Family Nurses are undertaking two 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 and ASQ:SE 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 versions of ASQ-3 and ASQ:SE differ 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 adaptations of ASQ-3 and ASQ:SE should be used in FNP.

15. 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. ASQ data for the outcome measure will be collected during the Healthy Child Programme two year review, which is the health element of an integrated review.

16. Should ASQ-3 be used as part of two year reviews for children with an already identified disability/developmental delay?

ASQ-3 should be offered to all children as part of their two 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-3 questionnaire as part of their child's two 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-3.

Where the parent wishes to use the ASQ-3 questionnaire, you should use the appropriate age questionnaire (24, 27 or 30 month) and not an earlier age interval.

Where the parent opts not to use ASQ-3, 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 two 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 two year review guidance document.

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

Where an ASQ-3 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-3 scores.

Where an ASQ-3 questionnaire is not used, you should record a nil return and information about the child's Special Educational Needs or identified disability.

18. What information is available for parents/carers about ASQ-3?

The ASQ-3 British English materials include a document "What is ASQ-3?", designed to be shared with parents/carers. The Institute of Health Visiting has also developed an information leaflet for parents, available on their website -

http://www.ihv.org.uk/for_families/factsheet_for_parents/ages_stages

19. Are ASQ-3 and ASQ:SE available in other languages?

The US English version of ASQ-3 and ASQ:SE is available in Spanish. 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 rights@brookespublishing.com

20. Further queries

Any further queries can be addressed to childrenfamiliesmaternity@dh.gsi.gov.uk

21. Useful resources

The Healthy Child Programme Two Year Review:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/377800/dh_108329.pdf

Early Years High Impact Areas – Area 6 – Two Year Review:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/326895/Early_Years_Impact_6.pdf

Further information on ASQ-3:

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/ages_and_stages

http://www.ihv.org.uk/for_families/factsheet_for_parents/ages_stages

ANNEX A: COLLECTING DATA FOR ASQ-3 - 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. This guide clarifies what data health visitors should be collecting on ASQ-3 and how this should be reported to the Health and Social Care Information Centre (HSCIC).

2. Inputting data into Child Health Information Systems

Health visiting teams will have different methods for inputting their data into Child Health Information Systems (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 HSCIC in relation to ASQ-3, and the correct format for this data.

3. What to collect when?

From April 2015, as an interim arrangement ahead of the CYPHS dataset being available (see below), health visiting services have been asked to collect data **on the number of eligible children receiving two 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.

This guide deals with the data to be collected from September 2015. From September 2015 **ASQ-3 scores and some additional information (see tables below)** will be collected monthly via the new Children and Young People's Health Services (CYPHS) dataset (see below). The first submissions will take place in October 2015 for September data. This data will **not** be required to be backdated to 1 April 2015, but HSCIC will be 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 will open on 5th October 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 will close on 31st October.

The data submission window will then re-open between 5th and 30th November for the submission of October data, and so on in a monthly pattern.

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

From 1 October 2015, responsibility for commissioning for 0-5 public health will move 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.

Information about the transfer of commissioning is available at the following links:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/347047/Mandation_factsheet_final_22-8-14.pdf

<http://www.chimat.org.uk/transfer>

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

Information to collect in relation to ASQ-3	Description
Date of completion of ASQ questionnaire	Day, month and year
Which ASQ questionnaire was used?	24, 27 or 30 month questionnaire
ASQ-3 Scores <ul style="list-style-type: none"> • Communication • Gross Motor • Fine Motor • Problem Solving • Personal Social 	A 2 digit number for each of the domains in the ASQ questionnaire

Note: although further data including gender, postcode etc. were 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-3 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), which 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 re-uses clinical and operational data for purposes other than direct patient care.

Data will flow directly from service providers to the Health and Social Care Information Centre (HSCIC), from 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: <http://www.hscic.gov.uk/maternityandchildren/CYPHS>

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 HSCIC 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? <i>This will be shown by the SNOMED code used, as the SNOMED codes are specific to the different 24, 27 and 30 month questionnaires</i>					
Communication	An2	ASQ DOMAIN SCORE - COMMUNICATION	Numerical score from the communication skills dimension of the ASQ-3 assessment	C612910	CYP612 Coded Scored Assessment (CONTACT) <i>see section below on SNOMED codes</i>
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) <i>see section below on SNOMED codes</i>
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) <i>see section below on SNOMED codes</i>

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) <i>see section below on SNOMED codes</i>
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) <i>see section below on SNOMED codes</i>

8. SNOMED Codes

ASQ scores for each of the 5 domains of the questionnaire will be recorded against a specific SNOMED code. 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.

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. 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 HSCIC.

<http://www.snomedbrowser.com/Codes/ConceptList?term=asq&type>

24 months	communication	953211000000100
	Fine motor	953221000000106
	Gross motor	953231000000108
	Problem solving	953241000000104
	Personal social	953251000000101
27 months	communication	953261000000103
	Fine motor	953271000000105

	Gross motor	953281000000107
	Problem solving	953291000000109
	Personal social	953301000000108
30 months	communication	953311000000105
	Fine motor	953321000000104
	Gross motor	953331000000102
	Problem solving	953341000000106
	Personal social	953351000000109

9. Further information

For any further information, please contact HSCIC's enquiry line on **0300 303 5678** or enquiries@hscic.gov.uk