

# Introducing the Parent Completed Ages and Stages Questionnaire-3







### **Session Objectives**

- Understand what ASQ is and what it is not!
- Understand why and how the ASQ will be used in all Two Year reviews
- Roles and responsibilities relating to use of ASQ in the 2 year review
- Know the features of ASQ







# Importance of early identification and prevention-Brain Hero DVD

http://developingchild.harvard.edu/index.php/resources/multimedia/videos/brain\_hero/







### **Current policy**

 Revised Early Years Foundation Stage requiring A Progress Check at Two

(EYFS Statutory Framework, Department for Education, 2014)

 Well being and development of the child aged 2-2.5 year old review (integrated review) and support to be ready for school

(One of the '6 High Impact Areas' Early Years High Impact Area 6. Department of Health ,2014)

- Child health population measure (utilising ASQ-3 TM) to be collected via the HCP 2 year review.
- National Integrated Review roll out September, 2015 (24-30 mths)







### **ASQ-3 Development**

- ASQ initiated in 1980 at the university of Oregon
- ASQ skills selected were:
  - easily observed
  - or elicited by parents in the home
  - Good, 'discriminators'







### What is ASQ?

- Parent-or-caregiver completed questionnaire (developed in America as a monitoring tool)
- Questionnaires cover the range 1 month-5 yrs.
- Questionnaire is scored by a professional
- Administration is flexible e.g. by mail; at clinic; in home; at EY setting
- The ASQ should be completed for all 2-2.5yr olds as part of their review. (NHS England)

### What ASQ-3 isn't!

 Not to be used as a 'screening/monitoring tool' in UK (Used to provide information for a 'population measure')

Not a 'pass' or 'fail' outcome







### ASQ-3 Key Features The 5 Domains

- Communication
- Gross Motor
- Fine Motor
- Problem solving
- Personal-social







# ASQ-3 Key Features Age specific

- 24 month questionnaire-
- 23 months 0 days through 25 months 15 days
- 27 month questionnaire
- 25 months 16 days to 28 months 15 days
- 30 month questionnaire
- 28 months 16 days to 28 months 15 days







#### **ASQ-3 Features**

- Age specific (administration window)
- Each questionnaire covers 5 domains
- Each domain has 6 questions in it
- The 6 questions run in hierarchical order (they get progressively difficult)
- Caregiver responses: Yes; sometimes; Not yet







### ASQ-3 Features 3 Questions

Lets look at Communication on the 30 month questionnaire.







### ASQ-3 Features 4 Overall Section

- Captures qualitative information that may not be picked up on the quantitative items
- Should be taken into consideration when considering whether to refer or not

N.B. Does not include any nutrition questions or request weight information.







### ASQ-3 Features Summary Sheet

- Each ASQ has a unique summary sheet
- The summary sheet has 5 sections:
- -Child/family information
- -Bar graph with cut offs
- -Overall section
- -Follow up action section
- -Optional section (must completed if sharing summary with another agency To be agreed)







### Roles and responsibilities



health professional



child & parents



healthy child champion/keyworker







### Roles and responsibilities

- Health professionals -the lead professionals for the ASQ and are responsible for ensuring accurate completion
- Parent-to complete the questionnaire before the meeting and bring it to the review.
- Healthy Child lead –ensure the parent brings the fully completed ASQ-3 to the Integrated Review meeting







#### **Documentation**

The key priority is that ASQ is to be completed and scored accurately and fully.

# Conducting the review (Using ASQ-3)

 ASQ-3<sup>™</sup> and the 2 Year Child Health and Development Review - Part 1-Page 10

#### Aims of the Integrated Review

- Identify the child's progress, strengths and needs in order to promote positive outcomes in health and wellbeing, learning and development.
- Facilitate appropriate intervention and support for children and their families, where progress is less than expected.
- Generate information which can be used to plan services and contribute to the reduction of inequalities in children's outcomes(public health outcome measure)

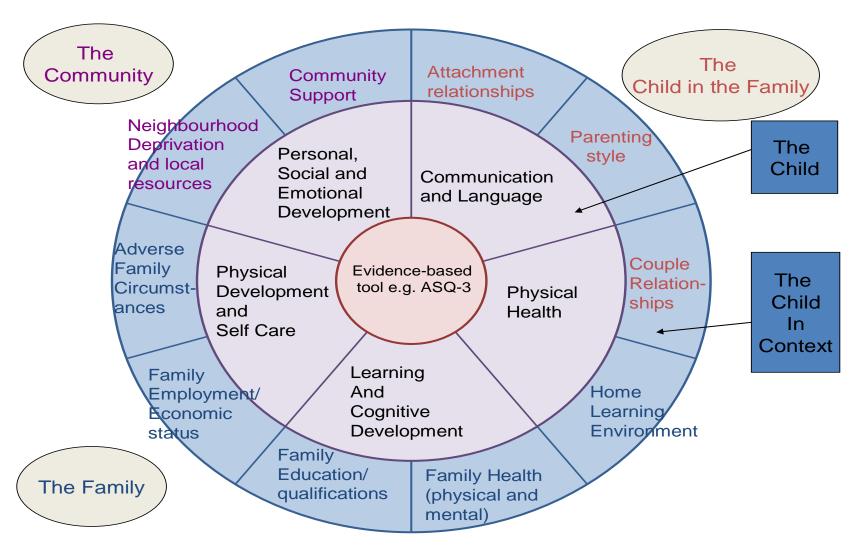
Source: Implementing Integrated Reviews in health and early years, at age 2 (Slide Pack), slide 4, Department for Education and Department of Health, 2014)







### **Integrated Review Content**



Source: Implementing Integrated Reviews in health and early years, at age 2 (Slide Pack), slide 15, Department for Education and Department of Health, 2014)

### Holistic Approach

E-learning part 1, video clip 3

# ASQ-3 Features Cultural Adaptability

Alternative administration methods need to be used for families with differing cultural back grounds
Alternative materials need to be used for children from different cultural backgrounds

Scoring permits omission of inappropriate items e.g. A child that does not have access too or plays with a ball would not be able to demonstrate this aspect of gross motor development e.g. kicking so we can leave this section out

Normative sample covers all cultural backgrounds





