This document is part of the NCB Integrated Review: Experiences of Practice series. This series is intended to support practitioners who are reviewing young children's health, learning and development at age two to two-and-a-half.

Overview
The Ages & Stages Questionnaires (ASQ-3™) is a validated tool enabling public health services to gather population-level information on children's development during the integrated review. This tool is used during the integrated review and involves a parent-completed questionnaire, providing information about what children can normally do at home. It acts as a starting point for wider discussion about a child's development between health practitioners, early years practitioners and parents during the integrated review.

Research
NCB carried out research in the London Borough of Islington and in Warwickshire in summer 2015. Both authorities had taken part in early pilots of the integrated review. During the research, participants were asked a number of questions about their own experiences of the integrated review and how it is being carried out in their local area. Participants included the leaders and managers of health and early years services, practitioners and parents.

This series of documents is mostly based on the findings of that research, with the intention of illustrating the different ways in which local areas are implementing the review and the experiences of the individuals involved. Where relevant, examples are also drawn from the NCB and ICF GSK implementation study of the integrated review in the five pilot areas (2014).

Guidance
In using the Ages & Stages Questionnaires (ASQ-3™) with parents it is recommended that health and early years practitioners clearly communicate that:

- The questionnaire is an evidence-based tool that will be used as a starting point for further discussion during the review
- It provides an opportunity to reflect on what children can do, their strengths and areas where they may still be developing
- The questionnaire is part of a wider holistic review of the child's health, learning and development; numerical scores are recorded for public health purposes but they are not the whole picture
- It is not a test and there is no expectation that children must already be able to do all the things described
- The questionnaire will also be used to gather anonymous public health information about all children's development.

Guidance is drawn from The Integrated Review: Supporting Materials for Practitioners (NCB):

The Integrated Review: follow-up report on practice in two local authorities:

Implementation study: Integrated Review at two to two-and-a-half years:
https://www.gov.uk/government/publications/integrated-review-at-age-2-implementation-study

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Experiences of practice
Experiences of using the Ages & Stages Questionnaires (ASQ-3™) were influenced by the different integrated review models adopted in each local area.

- In Islington, families attend a joint meeting with their health visitor and early years practitioner, either their key person or childminder.
- In Warwickshire, parents attend a separate meeting with their health visitor, passing on paper-based information from their child’s key person or childminder.

In both areas, health practitioners had responsibility for the administration and scoring of the ASQ-3™. In Warwickshire, early years practitioners were not directly involved in the usage of the ASQ-3™. In Islington early years practitioners had some involvement in the usage of the questionnaires due to their role in the joint meeting and the pathway of the integrated review process.

Training and development
Health practitioners in Islington were trained to use the ASQ-3™ via a mix of Department for Health e-learning modules and small-group training from the locality manager for health visiting. While early years practitioners in Islington were not responsible for administering the ASQ-3™, they did value opportunities to become more familiar with the content and scoring of the questionnaires. This included informal peer-support from practitioners who were more experienced in the integrated review process, for example by observing integrated reviews or by working through and discussing previously completed questionnaires. In Warwickshire, an integrated review steering group arranged sessions for both health and early years practitioners, involving opportunities to examine the ASQ-3™ and other tools being used in the review.

Communicating with parents
Providing a face-to-face opportunity for parents to ask questions about the ASQ-3™ was found to be particularly helpful during research in the pilot areas for the integrated review. In Islington, the ASQ-3™ was given to parents by their child’s key person within their early years setting, along with a letter inviting them to attend the integrated review. This face-to-face contact gave early years practitioners an opportunity to reassure parents about the integrated review and in particular the status and usage of the ASQ-3™ within the process.

‘Just by explaining that ASQ-3™ is not the only piece of the review. It’s something to go with the review we’ve written or that the health visitor has observed or parent has observed.

It’s not a test. It’s something that is quite broad, and not something to feel really anxious about as an individual piece.’

Early Years Practitioner, Islington

In Warwickshire, health practitioners send the ASQ-3™ to parents, along with an appointment letter explaining what the integrated review involves.

Concerns or areas for development
Some respondents, including parents themselves, expressed uncertainty around the accuracy of responses to the parent-completed questionnaires.

‘I was looking at the questionnaire quite honestly. I erred on the side of caution and my health visitor was encouraging me to be more positive.’

Parent, Islington

One health practitioner suggested that there might be a disparity between parents’ responses to the questionnaire and what they might say about their child in person, for example that ‘... some parents will tick that their child can do everything when they’ve already told you they are not talking’ (Community Nursery Nurse, Warwickshire). However, during the pilot studies, all areas found it valuable to adopt a ‘conversational assessment’ model to review meetings, offering parents the chance to discuss the ASQ-3™ and their responses. Integrated review guidance materials also give support on the use of the ASQ-3™ responses as a starting point for the observation and discussion carried out during the review.

Feedback
In the original five pilot areas of the integrated review, the use of the Ages & Stages Questionnaires (ASQ-3™) was found to be helpful in engaging and structuring input from parents in the integrated review. Although some early years practitioners were concerned that the approach of the questionnaires was philosophically ‘at odds’ with early years practice, others also valued the questionnaires as a means of gathering the parents’ views of their child at home and as offering a shared language for discussion. One early years practitioner commented that ‘It’s put focus on parents looking at the development...it’s given them a voice to say that this is, this is their child, this is what they know about their child’. A number of parents described the activities within the questionnaires as enjoyable and giving them a greater understanding of their child’s development:

‘It was interesting to consider my son’s progress, mark the point in time. It made me even more aware of how much he can do and is learning at this stage.’

Parent, pilot area

Further information on the use of the ASQ-3™ can be found by following the links below.

Training modules on ASQ-3™, including an open-access route, are available at: http://www.e-lfh.org.uk/programmes/asq-3-and-the-two-year-review


Information on the outcome measure of child development at age two to two-and-a-half: https://www.gov.uk/government/publications/measuring-child-development-at-age-2-to-25-years

Further information on ASQ-3™ is available at: http://agesandstages.com/