

Policy implications for Best Start in Life: Addressing inequity in early years developmental screening using the Ages and Stages Questionnaire (ASQ-3)

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Background

The Healthy Child Programme includes the Ages and Stages Questionnaire (ASQ-3) for routine monitoring of child development at the 2-year-visit. Recent research has shown outcomes on the ASQ-3 can predict a 'Good Level of Development' (GLD) on the Early Years Foundation Stage Profiles (EYFSP) at age 5 [1]. The ASQ-3 could also assist in identifying children in need of additional support, but only if it is delivered equitably to all families. However, reduced health visiting investment and workforce capacity have potentially caused national variation in ASQ delivery.

Key findings

We investigated if the ASQ is an acceptable, implementable and equitable tool for understanding early child development in an ethnically diverse and socioeconomically disadvantaged population. Our mixed methods study combines Born in Bradford's Better Start (BiBBS) cohort health visiting data, with qualitative interviews with 16 health professionals delivering the ASQ across Bradford [2].



A. ASQs are not being implemented equitably or consistently across the service, and some groups are more likely to receive an ASQ than others.



B. There were several barriers to implementing the ASQ successfully. It was perceived as repetitive time-consuming, and it is not available in other languages.



C. Practitioners are adapting the ASQs to overcome implementation barriers. The inconsistencies in administration could impact our understanding of local child development.



D. Whilst the shift to implementing the ASQ-3 in a clinic setting increased assessment capacity, some practitioners reported that clinics felt rushed, lacked privacy, and reduced opportunities for children to practice skills in advance.

4 in 10

BiBBS children were missing an ASQ record



↑ higher than the national average, approximately 1 in 10

"I think that it could be a lot shorter. I think the questions could be made a lot simpler. I think sometimes they don't make any sense"

2 in 10

BiBBS children are at risk of poor development



↑ higher risk than the national average, approximately 1 in 10

"I just think it's a bit like a conveyor belt and you're not giving that personal service to the families. They can't always talk freely"

Recommendations

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1. Standardised guidance should be co-produced to improve implementation, including for specific groups such as children with disabilities, and families who don't speak English.

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2. Refresher training on the ASQs could be delivered for all staff to reiterate the purpose of the questionnaire and implementing it consistently with all families.

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3. ASQs should be validated for other languages and cultures, and efforts should be made to ensure **professional interpreters** are present during administration of the ASQs.

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4. To pilot a way to improve equitable implementation, the ASQs could be posted in advance of both home and clinic appointments.

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5. Ultimately, more investment in health visiting is needed to support equitable implementation of child development screening.

Key findings in detail

What influences receiving a 2-year review?



- 80% of BiBBS mothers had a visit recorded. Practitioners noted reduced resources to deliver visits.
- Ethnicity was the only sociodemographic factor associated with review receipt, where Pakistani, South Asian, White British and Other ethnic groups were more likely to have a 2-year review than White Other ethnic groups.
- Practitioners perceived that parents' prior experiences and/or expectations regarding services can influence their willingness to engage with the health visiting service. In some cases, this was perceived to be due to different cultural experiences in early years services.

"I think a lot of countries don't have health visitors, so they're not really sure who we are, why we're visiting, what we do [...] like they might have had other children already in other countries and didn't have these people come into their house and they can't, they think, why are these people here? What am I doing wrong? What do they think I'm doing?"



What influences receiving an ASQ-3?

- 35%, or approximately **4 in 10 families** with visits were **missing ASQs**. The ASQ missing rate was higher than the national average, which is approximately 1 in 10.
- Parents with the highest ASQ completion rates were parents who spoke English as their first language, and parents who spoke it very well, parents with more educational qualifications and parents of Pakistani, White British, and Other South Asian ethnicity (in comparison to Other and White Other ethnicities).
- Practitioners reported limited language translations and access to face-to-face interpreters as barriers to implementing the ASQs.
- Some practitioners perceived that parental cultural views of child development and standardised testing influence ASQ completion.
- Practitioners suggested that the ASQ-3 was repetitive and time-consuming, and parents often require practitioner support for completion.
- Practitioners reported divergent accounts regarding how the ASQ is implemented for children with disabilities. While some practitioners feel it is inappropriate to administer the ASQs in these cases, others suggest that they can provide reassurance to parents about their child's development.

4 in 10
BiBBS children
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"But then you also get parents that are sort of very negative towards [the ASQs]... You do get parents that just refuse to complete it altogether because they don't agree with sort of standard, standardised testing, that kind of thing. But I think overall it's generally more or less well received"

Differences in children's outcomes on the ASQ3 and ASQ:SE



2 in 10
BiBBS children
are at risk of poor
development

- 20%, or **2 in 10 children were at risk of poor development** using the ASQ-3 'Good Level of Development' (GLD) score. This is **higher risk than the national average**, which was closer to 1 in 10.
- Children of female sex had higher GLD rates on the ASQs, as well as children born to parents born outside the UK (in comparison to parents born in the UK).

- Practitioners perceived that some children do not have the opportunities to demonstrate the skills being tested by the ASQ. For example, they suggested some families keep toys out of sight during home visits, due to cultural norms, which makes it more challenging to complete the ASQs.
- Several participants noted that the ASQs can be particularly challenging for families with lower levels of education or who have learning disabilities, as the language is not accessible or understandable for those families.
- Practitioners perceived that use of an interpreter and/or family member to translate the ASQ could potentially lead to inaccurate representations of the child's development, due to the potential altered meaning of items through translation.
- These challenges could impact on the accuracy of the ASQs and our understanding of child development in the Bradford area.

"this can be quite cultural – they'll take you into the best room where none of the toys are. All the toys are in the child's bedroom upstairs."

"I do it with my hands. Or I'll say, you know, like we walk up the stairs, we just walk like this, don't we? So you're trying to tell the interpreter to say that, but you don't know if they are saying that, do you?"

Practitioners' confidence in the usefulness and validity of the ASQ



- Practitioners reported a frequent mismatch between what parents were reporting and their professional observations. This has led to inconsistencies in implementation and scoring of the ASQ-3 across the service.
- For example, where practitioners felt the ASQ did not reflect the child's development, some described using their own judgement to score the ASQs or rephrasing questions to support parents' completion of the questions.
- Whilst some participants noted that ASQ provides a useful guide to understanding a child's development, others perceived several issues with the ASQ, including the lengthy format and confusing questions, that affect a parent's ability to complete the ASQ. This impacted their confidence in the validity of the ASQ scores.

"So parents might tick every box and say that they're doing really well, but actually what we're seeing might not be matching that."



Spotlight on the clinic

"Especially when we don't send the ASQ's out now in advance. That's a massive barrier for us... these children may not have even seen a threading lace with the things on before, and to have to ask them to do it and make a judgement on whether they can or they can't or mark them down is not very fair. They've needed that two to three weeks to spend with their parents practising"

- Practitioners reported that whilst the shift to clinic appointments allowed for some children to access toys that may not be available in their home environment, they also described these appointments as rushed and lacking privacy.
- Several barriers for families accessing a clinic visit were noted by practitioners, such as geographical location, parent social anxiety, mental health, and family commitments.
- Practitioners reported that children who receive home visits are provided with the ASQs in advance, whereas children attending a clinic visit are not. This may disadvantage scores for those attending a clinic, as they are unable to practice skills in advance.

Relevant references

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