

Design Options for Home Visiting Evaluation

LIFE SKILLS PROGRESSION BRIEF:

Information and Guidelines for Use in Meeting MIECHV Benchmarks

Overview

The Life Skills Progression (LSP)¹ is an outcome summary tool that home visitors can use to gather and organize information about family competencies obtained from other data sources. The LSP is not intended to be administered via interview or parent self-report. Instead, a home visitor scores the LSP items by considering in-depth information about the family that has been collected through referral information, interviews and conversation, observations of family functioning, formal assessments, and selected screening tools. This information is used to develop a profile of family strengths and needs, service plans, and monitor progress in outcomes.

Many Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program grantees have proposed to use the LSP to measure progress on one or more benchmark constructs. As part of the provision of technical assistance to funded grantees, the intent of this document is to describe the LSP and outline appropriate uses of the instrument in meeting MIECHV benchmarks. The table on pages 3-6 displays the LSP items that can be used to measure specific benchmark constructs and lists whether additional information from interviews, questions, or screening tools is needed to score the items.

Scales

The LSP describes individual parent and infant/toddler progress using 43 types of life skills, which are grouped into 5 scales:

- Relationships (items 1-11)
- Education (items 12-16)
- Mental health/substance abuse and other risks (items 24-29)
- Basic essentials (items 30-35)
- Infant/toddler development (items 36-43)

The LSP can be used to estimate two aspects of Parental Functional Health Literacy, demonstrated by parents' utilization of health information and services. LSP health-related items have been clustered into two scales: Health Care Literacy and Personal Health Literacy.

Format

The LSP is a 5-page form that takes a trained home visitor between 5 and 10 minutes to complete and is typically filled out directly following a home visit. LSPs are typically completed at intake, every six months, and at case closure. It is important to note that

¹ Wollesen, L. & Peifer, K. (2006). Life Skills Progression. An Outcome and Intervention Planning Instrument for Use with Families at Risk. Baltimore, MD: Paul H. Brookes Publishing Co.

although the LSP was designed primarily to be used with mothers, all of the items can be scored for fathers, with the exception of item 17, *Prenatal Care*.

Scoring

Scoring is informed by information obtained through other data sources. There is no total LSP score; each of the 43 items are scored separately but interrelated clinically. Although there is no total score, most items are influenced by other items. LSP developers recommend using the complete tool to inform practice with individual families and to track cohort outcome progress over time. However, specific items that are not relevant to a particular program may be excluded (e.g., item 16: *Immigration*) and in instances where a single LSP item can appropriately capture a benchmark, it may be used alone (e.g., item 43: *Breastfeeding or Depression/suicide*).

Training

A one-day training course on the LSP is required for all users. For use as a clinical tool, training in use and scoring is needed. Programs can choose to use a certified LSP trainer, find funding to certify their own trainers, or simply train their own staff. For evaluative purposes, training by a certified LSP trainer is strongly recommended. Training includes experiential learning on both the judgment of scoring and the use of the LSP for reflective practice. For more information on training options, please see the links referenced at the end of this document.

Psychometrics

Reliability

- With training, inter-rater reliability for the LSP ranges from 78% to 90% (acceptable to very good).
- Test-retest reliability from one pilot study resulted in an average inter-item correlation score of 0.90 (very good).
- Internal consistency reliability coefficient for the LSP from a second pilot was .74 (acceptable).

Validity

- Construct validity (alpha scores) calculated based on results from two pilot programs ranged from 0.64 to 0.99 (acceptable to excellent). These studies were carried out in community-based home visitation programs in one California county.
- Content validity was determined in 2003 by an expert advisory review panel of five ZERO TO THREE Fellows.

Data Management

Several data management options that allow for entry, tracking, reports, and migration for analysis are available. For more information, please see the LSP links at the end of this document.

Guidelines for using the LSP to meet MIECHV Benchmarks

Benchmark	Construct	LSP Item(s)	Additional Considerations
1: Maternal & Newborn Health			
	<i>Prenatal care</i>	LSP item 17: <i>Prenatal Care</i>	Information related to prenatal care from another source is needed to complete LSP item. Note: item 17 captures participation in prenatal care, but not the quality of care.
	<i>Parental use of alcohol, tobacco, or other illicit drugs</i>	LSP item 24: <i>Substance Use/Abuse (drugs and/or alcohol)</i>	Home Visitors need a reliable and valid way of collecting this information. They may use a screening tool (e.g., ASSIST, etc.) or sufficient in-depth information gathered from an interview or questions related to parental use of alcohol, tobacco, or other illicit drugs.
	<i>Inter-birth intervals</i>	LSP item 19: <i>Family Planning</i>	Information related to family planning or birth intervals from another source is needed to complete LSP item.
	<i>Screening for maternal depressive symptoms</i>	LSP item 26: <i>Depression/Suicide</i>	Home Visitors need a reliable and valid way of collecting this information. They may use a screening tool (e.g., Edinburgh Postnatal Depression Scale, Beck Depression Inventory, etc.) or sufficient in-depth information gathered from an interview or questions related to maternal depression.
	<i>Well-Child visits</i>	LSP items 20, 23: <i>Child Well Care; Child Immunizations</i>	Information related to well-child visits from another source is needed in order to complete these LSP items.
	<i>Breastfeeding</i>	LSP item 43: <i>Breast Feeding</i>	Information related to breastfeeding from another source is needed in order to complete this LSP item.
2: Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of ER Visits			
	<i>Visits for children to ER from all causes</i>	LSP items 8, 21: <i>Safety; Child Sick Care</i>	Information related to emergency department visits from another source is needed in order to complete these LSP items.

NOTE: For the entirety of this table, “another source” may include information from family interviews and conversation, referrals, observations of family functioning, formal assessments, or selected screening tools.

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	<i>Information provided or training of participants on prevention of child injuries</i>	LSP item 8: <i>Safety</i>	Note: LSP item 8 captures the parent’s ability to seek and use safety information. It does NOT capture safety training/information given by home visitors.
	<i>Incidences of child injuries requiring medical treatment</i>	LSP item 8: <i>Safety</i>	Information related to child injuries from another source is needed in order to complete this LSP item.
3: School Readiness & Achievement			
	<i>Parent support for child’s learning and development</i>	LSP item 7: <i>Support of Development</i>	Home Visitors need a reliable and valid way of collecting this information. They may use a screening tool (e.g., HOME, KIPS, Protective Factors Survey, etc.) or sufficient in-depth information gathered from an interview or questions related to parent support for child’s learning and development.
	<i>Parent knowledge of child development and their child’s developmental progress</i>	LSP item 7: <i>Support of Development</i>	Home Visitors need a reliable and valid way of collecting this information. They may use a screening tool (e.g., HOME, KIPS, Protective Factors Survey, etc.) or sufficient in-depth information gathered from an interview or questions related to parent knowledge of child development and their child’s developmental progress.
	<i>Parenting behaviors and parent-child relationship</i>	LSP items 4 - 8: <i>Attitudes to Pregnancy; Nurturing; Discipline; Support of Development; Safety</i>	Home Visitors need a reliable and valid way of collecting this information. They may use a screening tool (e.g., HOME, KIPS, Protective Factors Survey, etc.) or sufficient in-depth information gathered from an interview or questions related to parenting behaviors and the parent-child relationship.
	<i>Parent emotional well-being or parenting stress</i>	LSP items 26, 28: <i>Depression/Suicide; Self-Esteem</i>	Home Visitors need a reliable and valid way of collecting this information. They may use a screening tool (e.g., Edinburg Postnatal Depression Screening, Protective Factors Survey, etc.) or sufficient in-depth

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Benchmark	Construct	LSP Item(s)	Additional Considerations
			information gathered from an interview or questions related to parent emotional well-being or parenting stress.
	<i>Child communication, language and emergent literacy</i>	LSP item 36: <i>Communication</i>	Home visitors need to use a child development screening tool (e.g., ASQ-3, DIAL-3, etc.) to collect this information. ²
	<i>Child's general cognitive skills</i>	LSP items 36, 39 – 42: <i>Communication; Problem Solving; Personal-Social; Social-Emotional; Regulation</i>	Home visitors need to use a child development screening tool (e.g., ASQ-3, DIAL-3, etc.) to collect this information.
	<i>Child's positive approach to learning including attention</i>	LSP items 36, 39 – 42: <i>Communication; Problem Solving; Personal-Social; Social-Emotional; Regulation</i>	Home visitors need to use a child development screening tool (e.g., ASQ-3, DIAL-3, etc.) to collect this information.
	<i>Child's social behavior, emotion regulation, and emotional well-being</i>	LSP items 40-42: <i>Personal-Social; Social-Emotional; Regulation</i>	Home visitors need to use a child development screening tool (e.g., ASQ: SE, DECA, BITSEA, etc.) to collect this information.
4: Crime or Domestic Violence			
	<i>Screening for Domestic Violence</i>	LSP items 1-2: <i>Family/Extended Family; Boyfriend, FOB, or Spouse</i>	Home Visitors need a reliable and valid way of collecting this information. They may use a screening tool (e.g., DOVE, CTS-R, etc.) or sufficient in-depth information gathered from an interview or questions related to domestic violence.
5: Family Economic Self-Sufficiency			
	<i>Household income and benefits</i>	LSP item 34: <i>Income</i>	Information related to household income from another source is needed in order to complete LSP item.

² All benchmark constructs shaded in gray require the use of a child development screening tool to complete the appropriate LSP item.

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Benchmark	Construct	LSP Item(s)	Additional Considerations
	<i>Employment or education</i>	LSP items 13 - 15: < 12 th grade education; Education; Employment	Information related to employment and education from another source is needed in order to complete these LSP items.
	<i>Health insurance status</i>	LSP item 33: Medical/Health Insurance	Information related to health insurance from another source is needed in order to complete this LSP item.
6: Coordination and Referral for Other Community Resources and Supports			
	<i>All constructs</i>	LSP items 10-11: Use of Information; Use of Resources	Note: LSP items 10-11 capture a parent's ability to use information. It should NOT be used to capture information/referral outputs of home visitors.

NOTE: For the entirety of this table, “another source” may include information from family interviews and conversation, referrals, observations of family functioning, formal assessments, or selected screening tools.

- For more information about the Life Skills Progression instrument, please access the website links below:

<http://www.lifeskillsprogression.com/home/index>

<http://www.brookespublishing.com/store/books/wollesen-8302/>

- Additional DOHVE TA resources are available at:

http://www.mdrc.org/dohve/dohve_resources.html

- For more information about using the Life Skills Progression instrument to measure the MIECHV benchmark constructs, please contact a DOHVE³ TA Liaison at:

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