



Life Skills Progression



An Outcome and Intervention Planning Instrument
for Use with Families at Risk

LINDA WOLLESEN & KAREN PEIFER

Foreword by Deanna Gomby



Paul H. Brookes Publishing Co.

Post Office Box 10624

Baltimore, Maryland 21285-0624

www.brookespublishing.com

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Typeset by A.W. Bennett, Inc., Hartland, Vermont.
Manufactured in the United States of America by
Versa Press, Inc., East Peoria, Illinois.

Library of Congress Cataloging-in-Publication Data

Wollesen, Linda.

Life skills progression™ (LSP) : an outcome and intervention planning instrument for use with families at risk / by Linda Wollesen and Karen Peifer.

p. cm.

Includes bibliographical references and index.

ISBN-13: 978-1-55766-830-1 (paper cover)

ISBN-10: 1-55766-830-2 (paper cover)

1. Maternal and infant welfare—United States. 2. Child welfare—United States. I. Title:
Life skills progression™ (LSP). II. Peifer, Karen. III. Title.

HV699.W64 2005

362.7—dc22

2005020595

British Library Cataloguing in Publication data are available from the British Library.

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Contents of CD-ROM

Life Skills Progression™ (LSP): An Outcome and Intervention Planning Instrument for Use with Families at Risk features a CD-ROM containing printable versions of the following PDF files:

About the LSP

Chapter Five Instructions for Using and Scoring the LSP

Using the LSP

Heading Information

General Scoring Instructions

Basic Data Instructions

Scale Scoring Instructions: Parent Scales

Scale Scoring Instructions: Child Scales

Appendix A Life Skills Progression™ (LSP) Instrument

Parent Scales (pages 1–4)

Child Scales (page 5)

Appendix B Abbreviations Used in the LSP

Appendix E LSP Data Entry Form

Appendix H Cumulative LSP Score Sheet

About the Authors

Linda Wollesen, M.A., RN, LMFT, has focused her 35-year career on public health nursing and collaborative community-based services to low-income and ethnically diverse families. She worked as a nursing visitor in housing projects in East Los Angeles, nursing supervisor in Santa Clara, and program manager in Santa Cruz County, all in California. Her clinical expertise includes services and care coordination for children and infants who have special needs or who are in foster care. Most recently, she supervised a research replication site for the David Olds Nurse-Family Partnership in Monterey County.

In addition to earning a bachelor's degree in Nursing from California State University at Los Angeles, Ms. Wollesen received her master's degree in marriage, family, and child counseling from the University of Santa Clara and is a licensed therapist.

Ms. Wollesen is the author of the Life Skills Progression™ (LSP) instrument and pioneered the reliability and content work for the tool with the support of a fellowship from ZERO TO THREE: National Center for Infants, Toddlers and Families. She is currently the director for Life Skill Outcomes, LLC, which provides LSP training and best practice consultation and developed an LSP database for use by programs using the LSP. She conducts training nationally in the areas of maternal/child outcome data management and clinically for reflective function and other best practice interventions.

Karen Peifer, Ph.D., M.P.H., RN, became the program evaluation coordinator for the San Mateo County Prenatal To Three Initiative soon after finishing her doctorate in public health from the University of California at Berkeley. The Prenatal To Three Initiative is one of the premier multidisciplinary home visitation programs in the state of California that serves high- and moderate-risk low-income families. She directed and coordinated the evaluation efforts of this program. It is from this experience that she started working with Linda Wollesen on the Life Skills Progression™ (LSP) instrument and the writing of this book. She has taught nursing students at San José State University and has taught research methods to students in the Justice Studies Department. Currently, she is teaching graduate student nurses at the University of Colorado in Denver. Her research interests continue to be the social and emotional development of young children and the advancement of nursing in the field of infant mental health.

Foreword

Home visiting programs serve thousands of families annually across the United States for purposes ranging from the prevention of child maltreatment to the promotion of healthy child development and the educational development of parents. Some programs seek to accomplish multiple goals, whereas others seek to achieve just one or two. Some programs focus on first-time, teenage, or low-income parents, whereas other programs are offered to every family in a community. No matter their structure or goals, however, home visiting programs can only benefit children and families if program content is linked to program goals and if the program content is delivered with fidelity and with sufficient intensity by home visitors who know when to persevere with a day's lesson and when to put it aside to help a family handle a sudden crisis.

It is precisely this ability of home visiting programs to tailor services for families that constitutes their magic. The exemplary home visitor adjusts his or her plan to take into account the ongoing needs of the family and its needs on the day of the visit, as well as the constraints imposed by community context and home environment. Unlike many other service strategies, home visiting builds an intimacy that allows the home visitor to learn a great deal about families, and it is that wealth of knowledge and extra context that permit home visitors to tailor services most effectively for families.

Nevertheless, too much tailoring of services can sometimes mean that important issues are not addressed. For example, home visitors may shy away from broaching difficult or unpleasant issues such as mental illness, substance abuse, or domestic violence in families—especially if the visitors worry that doing so may result in some families leaving the program entirely. In other cases, home visitors and families may spend a disproportionate percentage of time on one or two issues, and other important issues may not receive the time and attention they deserve. Sometimes, for example, home visitors may find themselves spending more time attending to the problems of the parents than focusing on children's development.

What programs need are tools to ensure that important aspects of family and child functioning are discussed and progress is monitored routinely. That is one of the main purposes of the Life Skills Progression™ (LSP) developed by Linda Wollesen. The LSP should become a useful part of every home visitor's tool chest.

The LSP does not take the place of in-depth screening instruments that home visiting programs use to identify families eligible for services or to determine their levels of functioning and need. Instead, the LSP organizes that information. When used routinely by home visitors and supervisors, it should provide a quick way to see where a family stands on a wide range of family functioning. Undertaking that routine review of family functioning should help program staff align the services they provide with program goals and with family needs. In other

words, the LSP should help home visitors and their supervisors become increasingly thoughtful, reflective, and planful in working with families.

In addition, of course, the LSP may make it easier for home visitors to raise difficult issues with families. If the LSP is used routinely, then perhaps discussions of difficult topics such as domestic violence, family planning, depression, or substance abuse can become just another part of ongoing program services. The LSP will remind home visitors to check if such issues are present, and the routine use of the tool may make it easier to raise the issues with families at a moment when the families are not in crisis. This volume includes a wide range of practical suggestions that indicate how staff and managers in home visiting programs can and should use the LSP regularly to improve program services.

Like most human services programs today, home visiting programs face increasing calls from public and private funders for evidence of effectiveness. Most home visiting programs cannot afford to take on the additional data collection and analysis costs inherent in sophisticated program evaluations. An ideal solution, therefore, is to use measures that are helpful in the delivery of program services as well as in program evaluation. This is precisely how the authors of this book propose the LSP can be used, and they include a wide range of practical recommendations for employing the LSP in evaluation. The LSP can show a family's progress over time on most of the dimensions of family functioning that are part of typical evaluations of home visiting programs. When results are aggregated across all of the families served by a program, those results can show the effects of the program. Seeing results in black and white can encourage families, cheer staff who may sometimes wonder if their efforts are making a difference, and reassure managers and funders that the program is indeed benefiting families.

Sometimes home visiting seems more like an art than a science. However, the LSP and this book suggest that collecting, organizing, and reviewing data and information on an ongoing basis can shift the balance from art toward science—a move that should lead to greater benefits for more parents and children.

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Preface

One fifth of American children live in poverty. And for the last several decades, those of us working with families who live in poverty have fought for funding—our own type of poverty. When did the first budget cuts and hiring freezes happen? The 1960s, I think. I can't remember a time when I didn't spend as much time finding ways to fund services as I spent on ensuring quality of service.

I am still puzzled by why this should be true. As a nation we are a caring people. However, we are more afraid of the sudden violence of terrorists than we are of the slow, ugly effects of poverty. The walls of social isolation between upper- and middle-income families and low-income families render invisible the dangers of poverty. *We* can't understand why *they* can't just do what they need to do to not be poor. . . . Education is free, jobs are available, just go to work and get off welfare. . . . Just say no and stop having children if you can't afford to feed them! Those of us who work in the barrios and ghettos, whose passion is to see low-income parents and their babies find a better way, who *know* how hard it is to climb out of poverty, have been too busy doing the work to successfully advocate for prevention and early intervention services. Our programs continue to lie at the bottom of the federal and state funding priorities as more money is spent on wars than on health and preventive services for our own citizens.

In the 1990s, home visitation services were thought to be a promising practice, but studies have continued to show only modest results, with the exception of one program that demonstrated a 79% decrease in child abuse in a longitudinal controlled study. The first time I heard David Olds present his study, I cried with relief that someone had finally proved that what *we* do in home visitation is important, improves outcomes, and saves money. My relief was short-lived, however, because I knew that what he had demonstrated for one nurse visitation program could not be generalized to any other visitation program. There was no *we* linked to the outcomes of his study, even for nursing visitation. When I read the Packard Foundation's *The Future of Children—Home Visiting: Recent Program Evaluations* (Gomby & Culross, 1999) and realized that most of us were not demonstrating significant outcomes—or at least the studies showed we didn't—I frankly didn't believe it. I believed instead that the problem is not our inability to produce outcomes, but our inability to demonstrate the outcomes we produce! My experience in the field didn't reflect “modest outcomes.”

As the Olds Nurse-Family Partnership (NFP) model expanded past clinical trials to other sites, I worked for 5 years to find the 3 million dollars it would take to fund a site in my area. I wanted to see where the magic was in that model, to see what the rest of us weren't doing or didn't know and to see what data were collected. The new funding source that I wanted to tap was California First 5, funded by new tobacco taxes, which required child outcomes. I

needed to find a way to demonstrate child outcomes, but child outcomes depended on parent skills and outcomes. There were no outcome tools that measured individual parent and infant/toddler outcomes, and so my reflective process began and I wrote the Life Skills Progression™ (LSP) outcome tool. The LSP became the outcome instrument for the Monterey County NFP funding.

I began thinking outcomes. *What were the outcomes that we wanted to see for our mothers and infants? What did the family look like when we first met them? What life skills did the parents need to parent well, to move out of poverty, and to benefit from health and social services? What are the discrete steps of progress toward these life skills that we had not described but work with unconsciously all the time?* The thought process that went into the LSP was lengthy, but the time it took to actually write the first draft was amazingly short. One Saturday morning I felt compelled to try to define the main home visitation outcomes for parents and babies, and to capture the sequential steps from “as bad as it gets” to “as good as it can be.” Four intense hours later, the rough format for the LSP was in place. The next day I showed it to a colleague who had been my best source of reflection, and I felt like a child showing my homework: “Look at what I did!”

Because I had the support of the director of nurses within the health agency, funding was found to test the LSP for reliability. It looked very good! That allowed us to pilot the tool within the agency, build the database (a painful experience), obtain the funding for the NFP replication, expand the pilots to other visitation programs, and gain the experience needed to refine the tool. At that point, magic happened: Joy Browne, Ph.D., from the University of Colorado Medical School–NICU, reviewed the LSP and encouraged me to apply for a ZERO TO THREE fellowship, and I was accepted. Kathryn Barnard, Ph.D., became a mentor for the project, and the fellowship provided me with the professional support needed to carry out the content validity review for final refinement. Vicky Youcha, Ed.D., facilitated the application to Paul H. Brookes Publishing Co. Meanwhile, simply by word of mouth, other agencies around the country began asking for training to use the LSP.

What evolved is a utilization-focused outcome evaluation tool for high-risk families with young children that is as useful clinically to the home visitor as it is for collecting cohort outcome data. The LSP is used by the visitor to sort and organize information gathered from visits, screening tools, and observations into a useable summary of a parent’s and child’s status. When completed sequentially in 6-month increments, the LSP makes progress visible. When done for a caseload, intermediate outcomes become available for statistical analysis. Data collected on a caseload can be analyzed to reveal progressive intermediate outcomes when compared with the baseline measure.

It is my dearest wish that the LSP, as it is used across the United States, will show the effective outcomes of home visitation so that policy and budget makers come to understand its value and fund our programs. I hope that the outcomes will prove so compelling that universal visitation, *at least* for families living in poverty, will be funded nationally. My second wish is that visitors and supervisors use the LSP to reflect together in ways that improve and empower interventions. As I train staff in different models (e.g., nursing, social work, parent educator and paraprofessional, national systems, stand-alone community-based organizations), I am aware of the need and potential benefit of learning what works best from the var-

ious service models. Finally, I wish that the LSP will become just the starting place for defining what parent–child outcomes are and what progress toward those outcomes looks like. The LSP’s greatest potential service is its power to change how we think together for the benefit of disadvantaged families and the health of our country.

Linda Wollesen

REFERENCE

Gomby, D., & Culross, P. (1999). *The future of children—Home visiting: Recent program evaluations*. The David and Lucile Packard Foundation, retrieved from <http://www.futureofchildren.org>

Acknowledgments

Perhaps the greatest gift we can give to another person is to cause thoughtful reflection. Our profound respect and thanks go to the two people who had the greatest effect on the thought process behind the LSP. First, we thank Deanna Gomby, Ph.D., for her dedication to home visitation research, and particularly for her integrity and honesty in telling us about the “modest” outcomes being demonstrated and for the positive effect the challenge has produced. The field of home visitation is better because of it, and we are more thoughtful and more dedicated to demonstrating outcomes and to identifying successful interventions because of her work. Second, our deep appreciation goes to David Olds, Ph.D., for showing us how to demonstrate significant outcomes through his work with the nursing model. The quality of both the interventions and longitudinal outcomes developed and demonstrated in the Nurse-Family Partnership model has truly set the standard for home visitation services and has given us hope that significant outcomes are possible. We are also grateful for the challenge he has issued the field by raising the question of what type of visitor is likely to produce the best outcomes; the final answer for this is yet to be demonstrated.

For the more concrete supports provided for the development of the LSP, I thank the professionals in several agencies in Monterey County, California, who helped pilot the tool and thought with me all along the way. Special thanks to Lin McCray for all of those creative lunches we had and to Alene Guthmiller, my farsighted Director of Nursing who ran the gauntlet for me many times and was willing take the risk of funding the pilot work. My fondest appreciation to Carole Singley and Jan Paulsen, the colleagues who proved that we are truly “better together.” We are grateful also to the home visitation staff of Monterey Public Health Nursing, Parents as Teachers, and Early Head Start for the use of “one more form,” for their thoughtful comments and questions, and especially for their stories about parent successes. The usefulness of the pilot and national data would not have been possible without the preliminary reliability study and encouragement provided by Brad Richardson, Ph.D., whose wise friendship and dedication made all the difference in the final product.

The piloting of the LSP would not have been possible without the funding windfall created by the actor/filmmaker-turned-child advocate Rob Reiner, who dreamed of the tobacco tax initiative that became the California First 5. The world needs more champions like you! And an outcome tool is only part of the good funded by First 5.

Without the concrete support of ZERO TO THREE; Joy Browne, Ph.D.; the ZTT Fellowship experience; Kathryn Barnard, Ph.D., who was a mentor for the LSP project; Vicky Youcha, Ed.D.; and the wise comments and encouragement from the other 2000 Fellows, the validity study process and final LSP product would not have happened. But the greatest gift from the ZTT Fellowship is the professional friendship with my dearest ally and reflective function partner, Sandra Smith, M.P.H., author of the *Beginnings Guides*. The guidance that friendship

has brought to the clinical usefulness of the LSP just keeps spiraling. Magic happens when nurse–home visitors and health educators think together collaboratively. Some of the most encouraging support and valuable critiques have come from Joanne Martin, Dr.P.H., assistant professor with the University of Indiana University School of Nursing and current ZTT Fellow. Joanne’s work as past acting director of Healthy Families America and her deep knowledge of both public health and home visitation systems continue to add depth to the usefulness of the LSP to the visitation field on a national level.

Finally, my thanks to my co-author Karen Peifer, Ph.D., for her contributions to the evaluation information in the text. As a nurse-evaluator, Karen adds a perspective to the use of the LSP as an evaluation tool that will be helpful to visitation programs. Wally Anderson and Hope Maltz gave their technical expertise in the development of a user-friendly LSP database. Wally Anderson deserves extra applause for his enthusiastic contributions to the development and piloting of the LSP training and trainer materials. So few people speak both technical and program language; his ability to do both well is amazing. The editorial staff at Paul H. Brookes Publishing Co., particularly Jessica Allan and Jan Krejci, have patiently worked their magic to turn the tool into the book. Their support and dedication go beyond polishing a book or marketing a product; they reflect Brookes’s value on the importance of the work with young families.

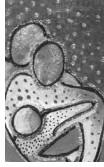
The collaborative contributions of so many colleagues makes this process an exciting and satisfying life experience. I have learned so much from all of you and I am so blessed by your friendships.

Linda Wollesen

I would like to concur with my co-author in thanking the many people who have contributed to our thinking about the many subjects addressed in the book and to the process of birthing this project. A project such as the LSP requires many hands to mold and shape it. My thinking as an evaluator of home visitation programs and my entry into the field came through my work with the Prenatal to Three Program in San Mateo County. Dr. Harriet Kitzman (University of Rochester) and Dr. Teh-wei Hu (University of California, Berkeley) have greatly influenced my professional development in research and program evaluation through working with this program. Sheryl Parker (deceased) and Dr. Maryjo Hansell guided me through the practicalities of conducting a thorough program evaluation with a real-life, ever-changing, and growing program. I hope that the many lessons I learned during those 4 years are reflected in sections of this book. In addition, Dr. Linda Perez and Mary Newman, M.S., helped me understand many of the intricacies of working with high-risk families and cultivated my interest in pursuing further research in this area.

Last and not least, I want to thank Cherleen (Cheri) Pearce, M.A., for her many hours reading and editing early drafts of the book. She gently helped Linda and me with our understanding, or lack thereof, with regard to commas, apostrophes, run-on sentences, as well as organizational issues. Not really understanding the content of the book, she made us laugh when she asked if a “disorganized baby” was one who got in trouble for not putting her toys away and said we were being unfair. Her insights, humor, and assistance were invaluable in the birthing of this project.

Karen Peifer



ONE

An Introduction to the Life Skills Progression™ (LSP)

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*Anyone can count the seeds of an apple, who can count the
apples in a seed?*

Early American proverb

.....

SUPPORTING AND MEASURING FAMILY PROGRESS

This book is about counting both the “seeds” and the “apples” of family change, and reaffirming the belief that change for the good does happen and that it can be facilitated. Societal change for the better does not just accidentally happen; it takes work. Determined parents, wanting a better life for themselves and their children, make positive change happen using the relationships, resources, and information provided by home visitors, friends, family, and other sources accessible to them.

The problems facing low-income families are multiple, complex, and interrelated and often span several generations of family members. Home visits to families during pregnancy and after the birth of the child by nurses, parent educators, and trained community workers have become the method used to build relationships, offer support, and provide information and referrals. Complex lives make it difficult for anyone, family or home visitor, to notice incremental progress in life skills as parents adjust to new parenthood. As a result, the structured measurement of family progress is an even more challenging task.

The conceptual complexity of outcome measurement, and our own confusion as to what the outcomes of home visitation services are, or should be, is the product of diverse interventions and program evaluations focused primarily on long-term outcomes. The “financial feet” of many of our programs are held to the fire of demonstrating whether they have produced fast and significant change in what have been termed *ultimate health*

outcomes (Halfon et al., 2000). These ultimate outcomes include important goals such as the Healthy People 2010 markers (U.S. DHHS, n.d.) and are highly desirable. They target such things as reduced infant mortality, child abuse, teen pregnancy, drug use, and maternal depression. The Rand Corporation and Wellness Foundation publication, the *California Health Report*, described a useful conceptual framework for the “determinants of health and well-being” (Halfon et al., 2000). The report used a modification of the work of Evans and Stoddart (1994) and expands on it. Halfon and associates (2000) described the interlinked chain of structures, processes and outcomes as a “critical pathway” that describes the influences of structural determinants, process determinants, intermediate outcomes, and ultimate health outcomes. How this theory of change and health outcomes fits with what home visitors and parents do is important and will be described in more detail in Chapter 2. However, the critical pathway model helps build a conceptual bridge for how home visitation programs can learn to connect the dots between parental outcomes and the ultimate health outcomes. This connection will not happen unless we focus with more clarity than we have in the past on what constitutes positive parental outcomes. This process includes defining the steps of personal growth for parents, recognizing them in parents, and linking them to the interventions that may have been the significant catalyst for growth.

Health theorists, evaluators, and epidemiologists look at population data, trends, and ultimate outcomes. The home visitor looks at individual parents, at her caseload, at program goals, and at the community in which she works. Then she asks how to get to the ultimate outcomes from individual parent and program outcomes. Outcomes have not generally focused on the skills or progress of individual parents. As a result, many individual parental intermediate outcomes have not been well defined, and have not been tracked over time or tallied to describe caseload characteristics and cohort progress over time. The Life Skills Progression (LSP) fills the gap in intermediate outcome measurement by defining and quantifying periodic pictures of parent and child outcomes. With this tool, a profile of parent and cohort progress begins to emerge and can be mapped over time.

The LSP measures a parent’s life skills. The definition of a life skill is an ability, behavior, or attitude needed to achieve and maintain a healthy and satisfying life for families. The LSP describes individual parent and infant/toddler progress using 43 individual categories of life skills that reflect the array of basic skills needed to live and parent well. The LSP tracks important infant developmental and regulatory outcomes. Only when we capture the complex interrelationships of life skills and parental progress in achieving them will we truly understand what influences the long-term outcomes of families living in poverty.

The information summarized in the LSP provides clinically useful and succinct outcome information about individual parents and entire caseloads to home visitation and social service programs. Some families can independently identify their needs, utilize new information, and locate needed community resources. Many cannot. Home visitation programs generally target the most challenged families in our country in order to support the parents’ need to master life skills.

Home visitors encounter parents struggling with the concurrent challenges of parenting and the effects of poverty. Issues of immigration, acculturation, and language often complicate those associated with poverty. Health care disparity (limited access to health care services, varying standards of care, and ineffective health education) has an impact on intermediate and ultimate health and birth outcomes. Social isolation, less than a high school level education, poor employment skills and job options, and limited child care all add to the burden of life and to poor ultimate outcomes.

While a variety of scales have been available to assess family risk, until the LSP, there has not been a broad-based parent/child outcome tool available to track progress of high-risk, low-income parents and their young children ages 0–3 years. The LSP can measure change needed for the results-based accountability and utilization-focused evaluation type of outcomes required by funding sources and administrators (see Chapter 2). If supporting a parent's process toward a final positive outcome is the art and craft of home visitation, then measurement of incremental parent/child life skills progress is what is needed in order to document progress toward ultimate goals.

POVERTY AND POOR OUTCOMES

Families, and especially children living in poverty, have an impact on the health, education, welfare, justice, and psychosocial systems because of the long-term consequences and related costs associated with poverty. *According to the National Center for Children in Poverty (NCCP), almost one fifth of children in the U.S. live in poverty (18% in 2000), including 2.1 million children younger than age 3. These children face a greater likelihood of impaired development associated with impoverished environments.* Impaired developmental experiences and relationships affect infants' and toddlers' brain development, ability to form attachment relationships to a primary caretaker, and ability to regulate moods. These neurological and chemical responses can be permanent. Family stress affects the stress level of the baby and stress inhibits the parent's ability to create a nurturing environment (National Center for Children in Poverty, 2002). Children who live and grow in an impoverished family environment have a greater likelihood of experiencing poor nutrition, environmental toxin exposures, maternal depression, substance use, family violence, and child abuse/neglect. Each of these factors can inhibit typical development (Gavin & Lissy, 2000). Diminishing child care resources, poor quality care, and prohibitive costs for good child care services add another environmental risk. These factors all combine to increase the likelihood of unintended and profoundly negative outcomes to the family, to the child, and to society.

Even in light of the compelling data regarding the effects of poverty, home visitation programs constantly face challenges including

- maintaining or increasing funding and political support for the model
- identifying and utilizing the most effective interventions
- demonstrating positive parent/child outcomes and long-term cost effectiveness

Unlike most economically advanced countries, the United States does not fund universal home visitation services for new parents. The preventive home visitation services that do exist for identified high-risk families are frequently under-funded in most states and communities. The lack of adequate funding can be attributed in part to the fact that one-on-one home visitation services are expensive, and by the fact that the short- and long-term effects of programs are seldom seen by those who pay for the services. A study of the cost effectiveness of case management and home visitation done by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) supports the short- and long-term benefits and probable cost effectiveness of positive home visitor relationships with vulnerable mothers and their children (Gavin & Lissy, 2000). It is difficult to imagine that visitation services are not cost effective given that the long-term costs of not providing them spread across so many service systems.

The service costs estimates for the six largest U.S. visitation programs run between \$1,300 and \$5,000 per family per year. One federally funded intensive intervention program, Early Head Start (EHS), has costs for one site estimated at \$11,500 per family per year; costs may be lower, depending on labor costs for a given area (Gomby, 2003). Categorical funding streams and continuous under-funding have contributed to the inability of programs to demonstrate positive outcomes and cost effectiveness with solid evidence. This is particularly true when multiple funding sources are necessary in order to sustain a program. For example, one moderate-sized parent education program in a mid-sized California county that is an LSP pilot site survives because of, and in spite of, 17 different funding sources. Each funding source has different outcome requirements, and data and quarterly reports must be done separately for each funding cohort.

Although evaluation services are valuable, they constitute added expenses for programs that have to maximize service delivery to needy families. As a result, many programs do not conduct evaluations unless they are required to do so. Unfortunately, a formal evaluation is sometimes experienced as extra work, as a threat, or is considered an impediment to providing services, instead of being seen as an essential element for success. This may be related to the lack of utilization focused evaluation concepts or the lack of a common frame of reference between the program and the evaluator. The type and amount of data required from staff that is already required to manage large amounts of paperwork has a very real impact on whether a program welcomes evaluation. It is in this context that the LSP may be able to provide valuable and time-efficient outcome data for programs and in ways that will ultimately preserve home visitation services for low-income families.

CHAPTER OVERVIEWS

This book provides background material and instruction on the use of the LSP for individual assessment, for intervention and program planning, and for data analysis to capture caseload progress. The secondary purpose of this book is to describe the “best practice” factors that are most likely to produce significant positive change in high-risk

families so that programs can determine what intervention changes they might want to incorporate in order to improve their effectiveness.

Chapter 2 summarizes the struggle over the last 25 years to describe the outcomes that are unique to the home visitation field. The executive summary of home visitation outcomes in *The Future of Children* report (Gomby and Culross, 1999), stated that only “modest” results should be anticipated from visitation programs. The report generated the need for programs to find or create tools that measured the outcomes that were actually occurring because of visitation work with families and to improve interventions.

Chapter 3 summarizes current thinking on what constitutes best practices for home visitation programs and what is likely to produce measurable and significant results.

Chapter 4 supplies important background information about the development and field-testing of the LSP, including the reliability and validity work. It also describes the purpose of the LSP and what it does and does not cover.

Chapter 5, Instructions for Using and Scoring the LSP, explains how to use the LSP within the context of a home visitation program. This chapter is the training manual for staff and is provided on a CD-ROM for on-site printing so that each visitor can have his or her own set of instructions for easy reference. Training of staff in use and scoring is required to ensure inter-reliability. The chapter contains instructions for completion of heading data, and gives criteria to determine a parent’s score for each of the 43 scales.

Because the LSP is a summary of visitor information and perceptions about a parent and child, the use of other screening and assessment tools is expected and encouraged particularly for child developmental and maternal depression. The concept of a *target score* for each scale is introduced and examples given of how to use target scores to show outcome progress. Target scores are the behavior descriptions listed in the columns that are the acceptable or desirable outcomes. Confidentiality and issues related to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) are also included.

Chapter 6 suggests how to use the individual parent’s LSP in reflective supervision, for intervention planning, and for family-centered case plans. Instructions on how to compare sequential LSP scores and examples are provided. This chapter is also included on the compact disc to copy for staff training.

Chapter 7 is about program evaluation, process evaluation, and outcomes-based evaluation. It is written specifically for use by clinical program staff who need to understand and plan evaluation and who do not have evaluator training. The reasoning and methodology for doing evaluation of any program is outlined and the use of the LSP data discussed in detail with illustrations.

Chapter 8 describes some of the implementation steps and planning necessary to begin use of the LSP within a single site, a program with multiple sites, or a large state or national system.

At the end of the book, the **Appendix section** contains checklists and forms to be used with the LSP. A sample case, with forms filled in, is provided (Appendix F) to illustrate the LSP. Appendix A, the LSP instrument, as well as Appendix B (Abbreviations Used in the LSP), Appendix E (LSP Data Entry Form), and Appendix H (Cumulative LSP Score Sheet), are included on the accompanying CD-ROM, along with Chapter 5, Instructions for Using and Scoring the LSP.