

Family Home Visiting Improving Child Development Screenings

This document is a section of the Developmental Screenings toolkit. This document focusing on how home visiting agencies can utilize continuous quality improvement (CQI) methods to improve child development screening practice.

Periodicity

The Minnesota Department of Health (MDH) Family Home Visiting Section recommends universal screening for child development and child's social-emotional growth. Universal screens increase screening rates for hard to reach, vulnerable and under-detected populations. Screening reinforces parent and child strengths and supports the home visitor in strategizing planning for visits and interventions.

MDH FHV recommends that all children, at minimum, are screened at the following times:

- 9 months
- 18 months
- 24 months
- As needed based on previous screens indicating a need for monitoring
- As needed based on home visitor judgement

Home visiting model, agency protocol, and the screening tool used are all considerations when determining when to screen. Best practice screening is to screen as early as possible.

Periodicity and standard of practice for the tools included in this toolkit are based on adjusted age. Adjusted ages accounts for premature birth for infants born three or more weeks early. The Ages and Stages website provides an [Adjusted Age Calculator](https://agesandstages.com/free-resources/asq-calculator/) (<https://agesandstages.com/free-resources/asq-calculator/>). The ASQ calculator is also available for download as a free app.

Child Development Screening Tools

All MIECHV grantees are required to use Ages and Stages Questionnaire (ASQ) screening tools, which have been validated with many different populations of children and have been widely used in the child development field for several decades. These tools have been translated into many different languages and are available for purchase from Ages and Stages. The ASQ, Third Edition (ASQ-3) is used to screen children for developmental concerns. The ASQ Social-Emotional, second edition (ASQ:SE-2) is used to screen children for behavioral concerns. The ASQ-3 and ASQ-SE:2 can be used independently, but it is best practice to utilize both tools to better identify potential concerns. The Minnesota Department of Health provides regular online training for home visiting staff on the [ASQ-3 and ASQ:SE-2](https://www.health.state.mn.us/docs/communities/fhv/asqwebinarinfo.pdf) (<https://www.health.state.mn.us/docs/communities/fhv/asqwebinarinfo.pdf>).

Ages and Stages Questionnaire, Third Edition (ASQ-3)

The ASQ-3 screens components of child development in five areas: communication, gross motor, fine motor, problem solving, and personal-social. There are six questions within each area with response options of “Yes”, “Sometimes”, and “Not Yet”. The ASQ-3 is designed with parents as the experts on their children’s behavior and parents provide all responses, which takes about 10-15 minutes. The ASQ-3 is designed as a self-report tool and can be completed at home, during a visit, or over the phone. The ASQ can be quickly scored by the home visitor who can then immediately identify if a concern has been identified in any of the five areas and if further evaluation is recommended.

The ASQ-3 includes an overall section in which parents have the opportunity to provide written comments on certain aspects of their child’s development. Reviewing this section requires professional judgement by the home visitor to determine if any information the parent provided potentially identifies a concern or a need for a more detailed conversation.

Ages and Stages Questionnaire Social-Emotional, Second Edition (ASQ:SE-2)

The ASQ:SE-2 screens components of child behavior in seven areas: self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people. The number of questions in each area differs depending on the age interval, but will be about 30 per age interval questionnaire. All questions have the same response options of “Often or Always”, “Sometimes”, and “Rarely or Never.” The ASQ:SE-2 is designed with parents as the experts on their children’s behavior and parents provide all responses, which takes about 10-15 minutes. The ASQ:SE-2 is designed as a self-report tool and can be completed at home, during a visit, or over the phone. The ASQ:SE-2 can be quickly scored by the home visitor who can then immediately identify if a concern has been identified in any of the five areas and if further evaluation is recommended.

The ASQ:SE-2 includes an overall section in which parents have the opportunity to provide written comments on certain aspects of their child’s development. Reviewing this section requires professional judgement by the home visitor to determine if any information the parent provided potentially identifies a concern or a need for a more detailed conversation.

The [ASQ:SE2 Algorithm](#)

(<https://www.health.state.mn.us/docs/communities/fhv/asqalgorithmtree.pdf>) for home visitors developed by MDH provides guidance to home visitors for timing of screening, response to a positive screen, and referral follow-up best practices. The algorithm is an example of guidance for home visitors but can be modified to be more representative of the protocols and policies of a home visiting agency.

Child Development Screening Process

Developing a Screening Protocol

A written protocol detailing the screening process should be easily accessible to all home visitors and supervisors. Developing a written protocol with staff input can improve buy-in and standardize practice between home visitors while also ensuring that all children are being screened appropriately. The protocol should contain, at minimum, which screening tools will be used, how often children will be screened, and information on how home visitors will track screenings. The timing of screening should be informed by MDH periodicity recommendations. As MDH requires all MIECHV grantees to use ASQ tools, the protocol should include how staff are trained to use these tools. The ASQ is a widely-accepted validated tool for developmental screening and MDH recommends that all home visiting programs use ASQ tools, but other tools are approved for use in Minnesota. MDH provides a list of other allowed screening tools [All Instruments at a Glance: Developmental and Social-Emotional Screening Instruments for Young Children in MN](https://www.health.state.mn.us/docs/people/childrenyouth/ctc/devscreen/glance.pdf) (<https://www.health.state.mn.us/docs/people/childrenyouth/ctc/devscreen/glance.pdf>).

To adhere to periodicity recommendations, home visitors could explore different methods for tracking and reporting when screenings need to be completed. These methods could include using a monthly worksheet or chart or utilizing notes features in electronic health records systems. Public Health agencies can use their Follow along Program software. The [ASQ Visit Date Calculator](https://agesandstages.com/free-resources/asq-calculator/) (<https://agesandstages.com/free-resources/asq-calculator/>) can be used to determine when specific age interval visits should occur and can be helpful to plan screenings.

Supporting the Home Visitor

Staff discomfort with using screening tools could be related to desire for more training or support around how to introduce screening tools to families. Incorporating discussions of screening practices into **reflective supervision** can support continued learning with screening tools, maintenance of screening rates, and resolving barriers to screening completion. The Alliance for the Advancement of Infant Mental Health has compiled [Best Practice Guidelines for Reflective Supervision](https://mi-aimh.org/wp-content/uploads/2019/01/Best-Practice-Guidelines-for-Reflective-Supervision-and-Consultation.pdf) (<https://mi-aimh.org/wp-content/uploads/2019/01/Best-Practice-Guidelines-for-Reflective-Supervision-and-Consultation.pdf>).

The Minnesota Department of Health provides regular online training for home visiting staff on the [ASQ-3 and ASQ:SE-2](https://www.health.state.mn.us/docs/communities/fhv/asqwebinarinfo.pdf) (<https://www.health.state.mn.us/docs/communities/fhv/asqwebinarinfo.pdf>). These trainings cover **guidance and tips** on how to discuss screening tools with families to help home visitors become more comfortable with introducing and explaining the value in using screening tools. The trainings also cover sharing results of screenings with caregivers and Ages and Stages has provided a tip sheet for home visitors [Sharing Screening Results with Families](https://agesandstages.com/wp-content/uploads/2015/03/Sharing-Results-with-families1.pdf) (<https://agesandstages.com/wp-content/uploads/2015/03/Sharing-Results-with-families1.pdf>).

Brookes Publishing Ages and Stages has developed [How to introduce the questionnaires in ways that ease parents' concerns](https://agesandstages.com/wp-content/uploads/2017/03/How-to-introduce-the-questionnaires-in-ways-that-ease-parents-concerns) ([https://agesandstages.com/wp-content/uploads/2017/03/How-to-introduce-the-questionnaires-in-ways-that-ease-parents-](https://agesandstages.com/wp-content/uploads/2017/03/How-to-introduce-the-questionnaires-in-ways-that-ease-parents-concerns)

[concerns.pdf](#)) and [What is ASQ-SE:2 \(https://agesandstages.com/wp-content/uploads/2015/10/ASQSE_What-is.pdf\)](https://agesandstages.com/wp-content/uploads/2015/10/ASQSE_What-is.pdf).

Resources

- [MDH Home Visiting Program and Practice Child and Teen Checkups \(https://www.health.state.mn.us/docs/people/childreneyouth/ctc/devscreening.pdf\)](https://www.health.state.mn.us/docs/people/childreneyouth/ctc/devscreening.pdf)
- [Minnesota Interagency Developmental Screening Task Force \(https://www.health.state.mn.us/people/childreneyouth/ctc/devscreen/index.html\)](https://www.health.state.mn.us/people/childreneyouth/ctc/devscreen/index.html)
- [Follow Along Program \(https://www.health.state.mn.us/people/childreneyouth/fap/index.html\)](https://www.health.state.mn.us/people/childreneyouth/fap/index.html)
- [Help Me Grow \(http://helpmegrowmn.org/HMG/index.htm\)](http://helpmegrowmn.org/HMG/index.htm)
- [MinnesotaHelp \(https://www.minnesotahelp.info/public/\)](https://www.minnesotahelp.info/public/)
- [CDC Developmental Monitoring and Screening \(https://www.cdc.gov/ncbddd/childdevelopment/screening.html\)](https://www.cdc.gov/ncbddd/childdevelopment/screening.html)
- [CDC Learn the Signs, Act Early \(https://www.cdc.gov/ncbddd/actearly/index.html\)](https://www.cdc.gov/ncbddd/actearly/index.html)
- [Zero to Three \(https://www.zerotothree.org/\)](https://www.zerotothree.org/)
- [ASQ Training Portal \(https://agesandstages.com/resource/training-portal/\)](https://agesandstages.com/resource/training-portal/)
- [Just in Time Parenting \(https://jitp.info/\)](https://jitp.info/)
- [Wilder Research Home Visiting Engagement and Retention \(https://www.wilder.org/wilder-research/research-library/home-visiting-engagement-and-retention\)](https://www.wilder.org/wilder-research/research-library/home-visiting-engagement-and-retention)

Contact

If you have questions regarding this toolkit or continuous quality improvement efforts within the MDH Family Home Visiting Section, please email health.fhvcqi@state.mn.us.

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