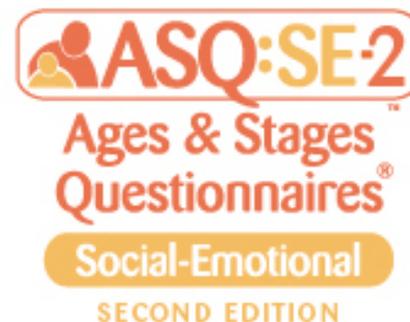


AN INTRODUCTION TO ASQ-3™ & ASQ:SE-2™

Ages & Stages Questionnaires®, Third Edition (ASQ-3™)
and

Ages & Stages Questionnaires®:
Social-Emotional, Second Edition (ASQ:SE-2™)



What are ASQ-3 and ASQ:SE-2?

- Parent- or caregiver-completed screening tools that encourage parent/caregiver involvement
- Series of questionnaires for children ages 1 month to 5 ½ years (ASQ-3) and 6 years (ASQ:SE-2)
- Tools to accurately identify children at risk for developmental or social-emotional delay

ASQ-3 and ASQ:SE-2 Domains

ASQ-3

- Communication
- Gross motor
- Fine motor
- Problem solving
- Personal-social

ASQ:SE-2

- Social-emotional development



Parent Report: Research

- Parent's are highly reliable when reporting on their child's development (Dinnebeil & Rule 1994)
- ASQ-3 research found 93% agreement between parents and professionals
- Many other studies agree that parents are reliable reporters
- **Parents ARE the experts on their child!**

Differences in Parent & Professional Report

Research Indicates:

- Professionals may underestimate a child's skills
- Higher agreement for easily observed behaviors
- Parents report more emerging skills
- Children do different things in different settings



Parental Characteristics that may Affect Accuracy

- Low literacy
- Cultural and language differences
- Impaired mental functioning
- Mental health issues
- Involvement with child protective agencies

Parents with these characteristics will need different levels of support.

Using Parent Completed Tools

- Creates the expectation that parents will be involved
- Conveys the value for and importance of the parent's expertise



True collaboration involves the reciprocal sharing of information between parents and providers

Types of Assessment

- Screening
- Diagnostic
- On-Going
(linked to
curriculum)



What is Screening?

Administration of a brief, accurate (valid) tool that:

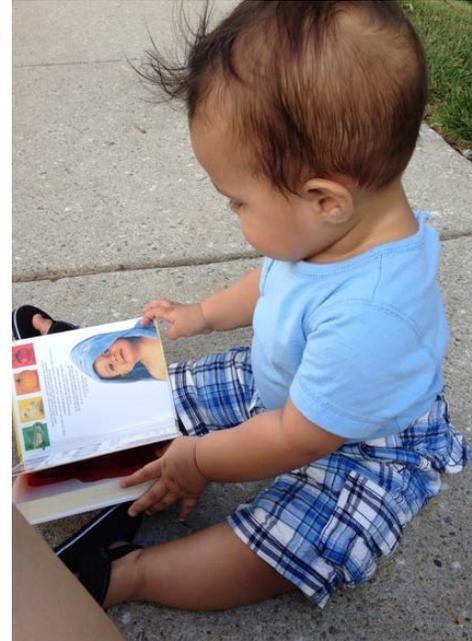
- Identifies children developing on-schedule
- May identify children who would benefit from practice/support in specific areas (e.g., ASQ-3 & ASQSE-2)
- Identifies children **at risk** for developmental delays (DD) who should be referred for further evaluation

Answers: "Does child need an in-depth assessment?"

Keep in mind:

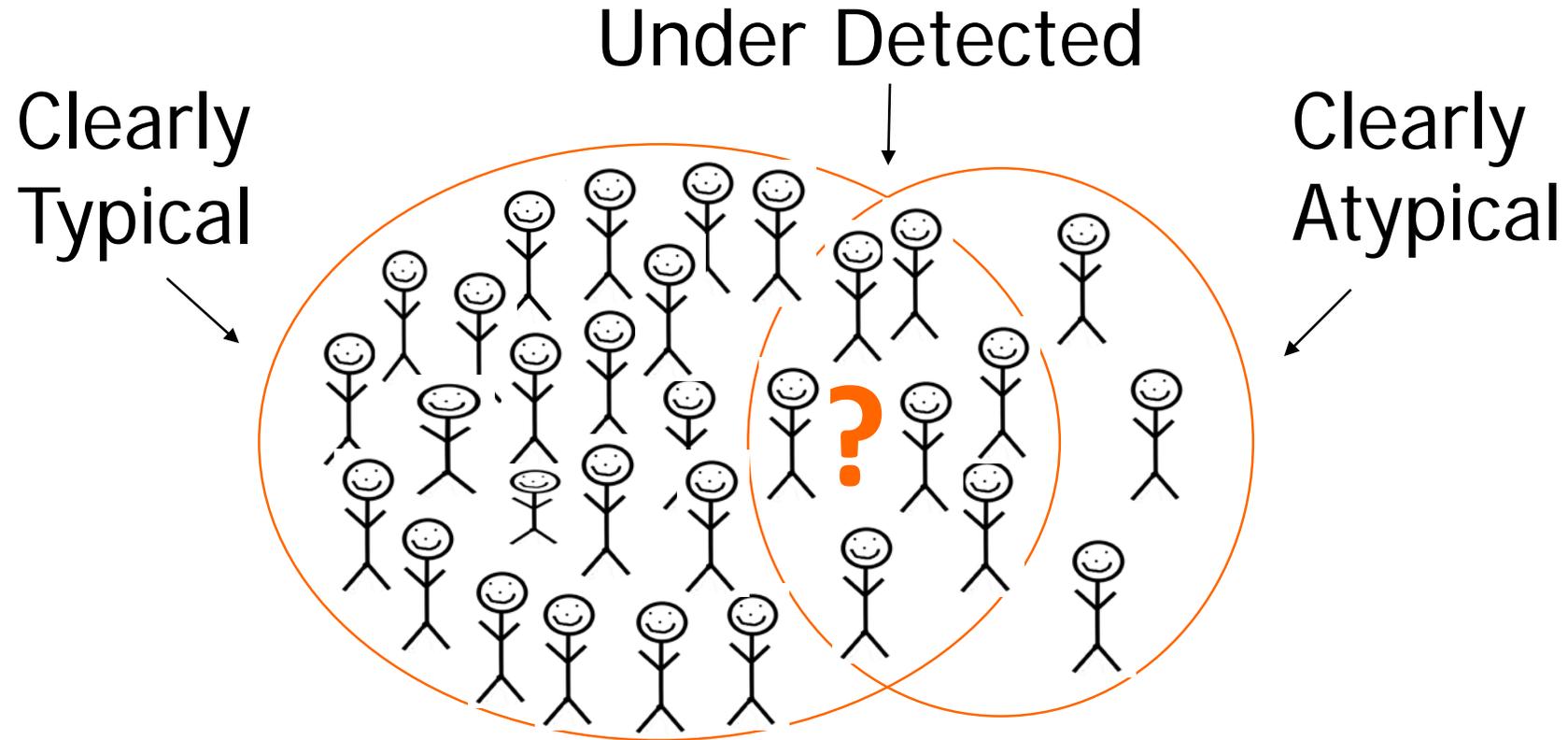
Results of screening will inform you that....

- **Most** children are on-schedule and doing great!
- **Some** children will benefit from practice in specific areas (e.g., Fine Motor) or other family supports
- **A Few** children will need referral for evaluation

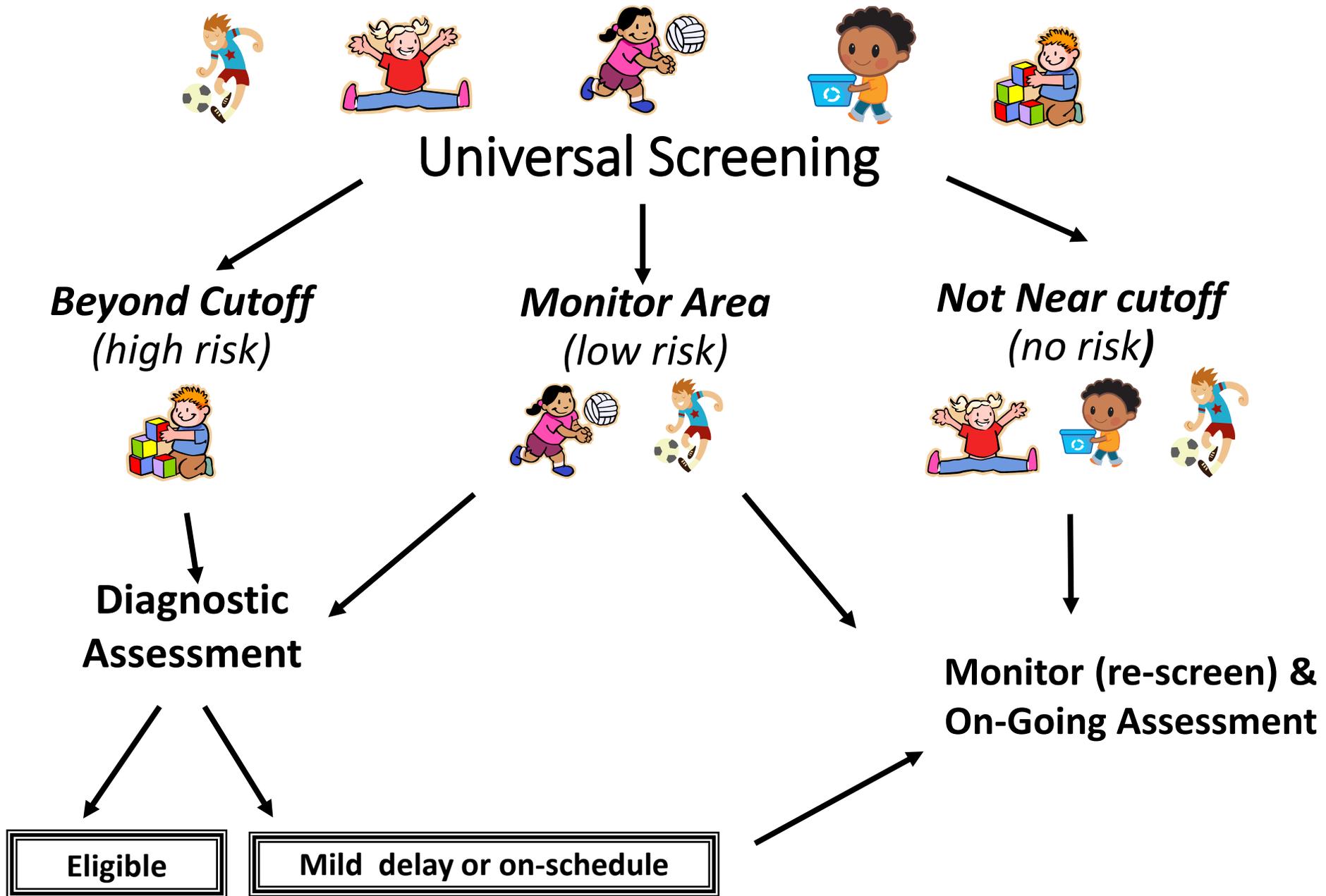


WHY SCREEN?

To prevent us from missing children



Adapted from Macias, M. (2006) D-PIP Training Workshop



Features: ASQ-3 Cultural Adaptability

- Alternative administration methods for individuals from different cultural backgrounds
- Alternative materials for individuals from different cultural backgrounds
- Scoring permits omission of inappropriate items
- Normative sample includes diverse populations

ASQ-3 Information Summary

(Sections 3, 4, & 5)

3. **ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the  area, it is above the cutoff, and the child's development appears to be on schedule.

If the child's total score is in the  area, it is close to the cutoff. Provide learning activities and monitor.

If the child's total score is in the  area, it is below the cutoff. Further assessment with a professional may be needed.

4. **FOLLOW-UP ACTION TAKEN:** Check all that apply.

- Provide activities and rescreen in _____ months.
- Share results with primary health care provider.
- Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- Refer to primary health care provider or other community agency (specify reason): _____
- Refer to early intervention/early childhood special education.
- No further action taken at this time
- Other (specify): _____

5. **OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication	Y	S	Y	S	N	N
Gross Motor	Y	Y	Y	Y	Y	N
Fine Motor	Y	S	Y	Y	N	N
Problem Solving	N	Y	Y	Y	N	Y
Personal-Social	Y	Y	Y	X	Y	S

ASQ-3 Score Interpretation and Recommendation for Follow-Up

Additional Considerations

- Biological / Health factors
- Family and cultural context
 - stressful life events
 - caregiving environment
- Environmental factors
 - opportunity to practice skills
- Developmental history
- Extent and frequency of contact
- Availability of resources

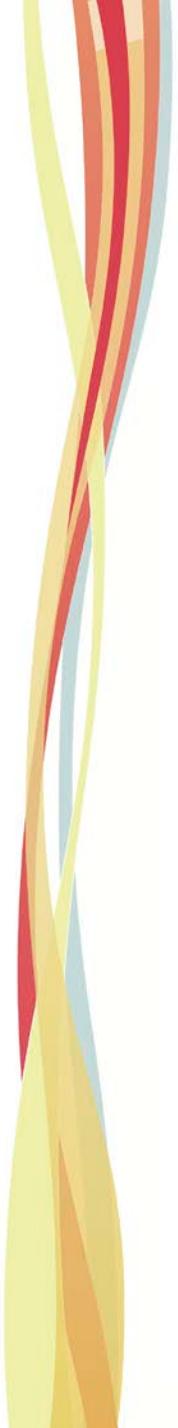


Ages & Stages
Questionnaires®

Social-Emotional

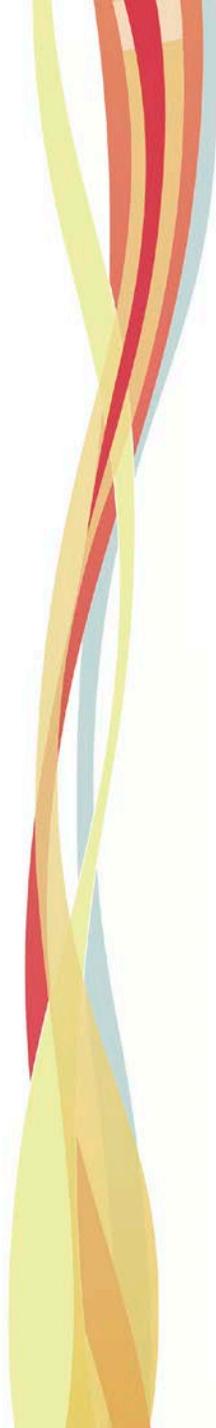
SECOND EDITION





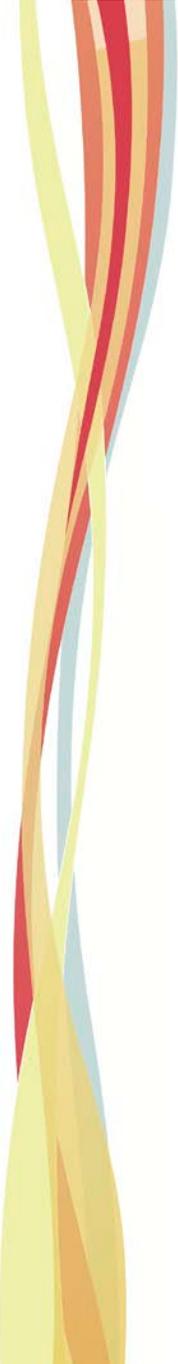
Why Assess Social-Emotional Development?

- Part C of IDEA calls for the Social-Emotional area to be assessed and services provided if necessary
- Programs such as Head Start mandate that this area be addressed in their performance standards
- Research linking earliest social-emotional behaviors with subsequent outcomes



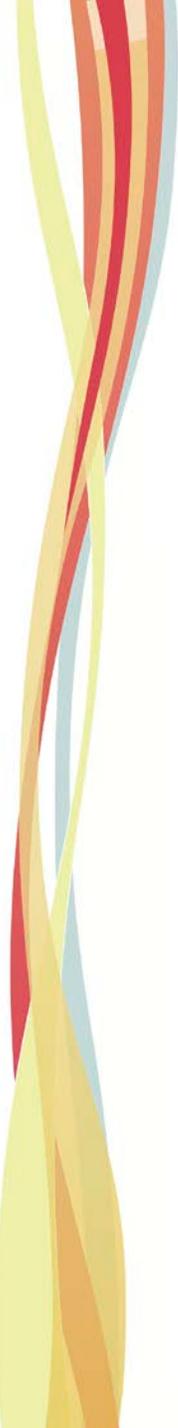
Social-Emotional Research

- Behaviors in infancy, signal the need for intervention
- Links exist between early risk factors, poor outcomes, and violence
- Social and emotional competencies are formed through interactions with primary caregivers.



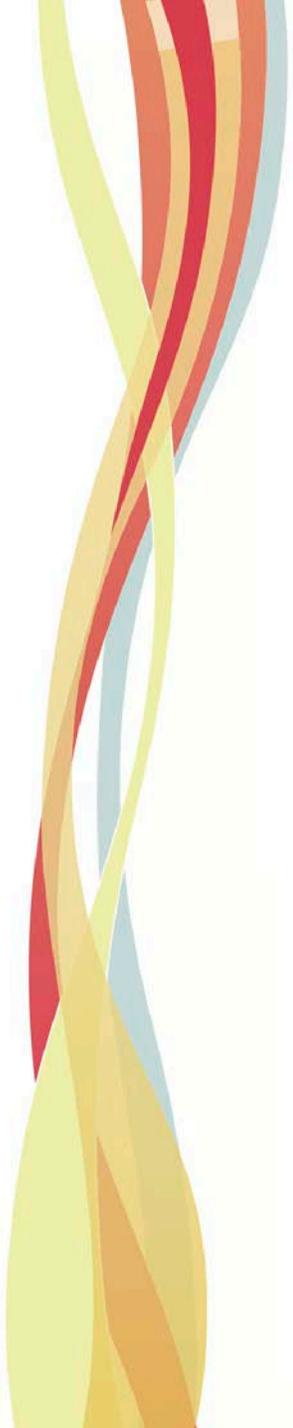
What are our Concerns?

- Aggression
- Anxiety
- Eating/sleeping/elimination problems
- Hyperactivity, Short attention span
- Oppositional, non-compliant
- Social avoidance
- Limited play interests, perseverative play
- Prolonged tantrums, self harming



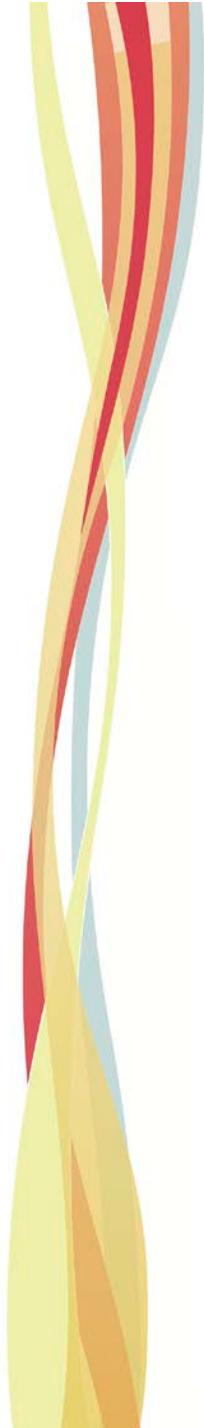
Features of ASQ:SE-2 that Support Cultural Sensitivity

- Flexible administration
- Ability to reframe/omit items
- Balance of strengths as well as problem behaviors
- **Subjectivity** is a critical part of assessment data
- Adaptations in multiple languages



Recommended Follow-up

- Above Cutoff
 - Refer to EI/ECSE
 - Refer for behavioral/mental health evaluation
 - Refer to primary health care provider
 - Refer to local community agencies
 - Feeding clinic
 - Faith based groups
 - Community groups, YMCA, Birth to Three
 - Parenting groups
 - Early Head Start



Infant Mental Health Intervention

1. Assess basic needs and provide support to access (i.e., food, housing)
2. Emotional support
3. Developmental guidance
4. Parent/Child relationship support
5. Advocacy
6. Parenting Strategies
7. Positive Behavior Supports
8. Parent Child Interactional Therapy
(Requires a trained mental health professional)

ASQ:3 Results

- Looking at zip codes noted ECCS Impact Grant
- ASQ:3
 - Communication: 1216 children above cutoff: 94.7-%
 - 68 children below cutoff: 5.30%
 - Statewide: 5073 children above cutoff: 96.33%
 - 193 children below cutoff: 3.67%
 - Gross Motor Skills: 1228 children above cutoff : 95.64%
 - 56 children below cutoff : 4.36 %
 - Statewide: 5073 children above cutoff: 96.33%
 - 193 children below cutoff: 3.67%

ASQ: 3 Results Continued

- Fine Motor Skills: 1189 children above cutoff: 92.60 %
 - 95 children below cutoff : 7.40 %
- Statewide: 4953 children above cutoff : 94.06%
 - 313 children below cutoff: 5.94 %
- Problem Solving : 1213 children above cutoff : 94.47 %
 - 71 children below cutoff: 5.53 %
- Statewide: 5049 children above cutoff : 95.88%
 - 217 children below cutoff: 4.12%

ASQ:3 Results Continued

- Personal Social Skills: 1223 children above cutoff: 95.25 %
 - 61 children below cutoff: 4.75%
- Statewide: 5067 children above cutoff: 96.22%
 - 199 children below cutoff: 3.78%

ASQ:SE:2 Results

- ASQ :SE:2 : 127 children above cutoff: 9.54% (concerns)
1141 children below cutoff: 85.73%
- Statewide: 326 children above cutoff: 6.84 % (concerns)
- 4256 children below cutoff: 89.32 %
- Monitoring: 63 children 4.73%
- Statewide: 183 children: 3.84 %

Interesting Data Information

- Statewide numbers have lower number of concerns than those within the impact grant area.
- Areas of greatest concern to lowest concern: ASQ:3
 - Fine motor 7.40%
 - Problem Solving 5.53%
 - Communication 5.30%
 - Personal Social 4.75%
 - Gross Motor 4.36%

	Communication Below Cutoff				Gross Motor Below Cutoff				Fine Motor Below Cutoff		
Zip	No	No %	Yes	Yes %	No	No %	Yes	Yes %	No	No %	Yes
19703	85	97.70%	2	2.30%	86	98.85%	1	1.15%	79	90.80%	8
19720	241	94.51%	14	5.49%	246	96.47%	9	3.53%	238	93.33%	17
19801	153	96.23%	6	3.77%	151	94.97%	8	5.03%	144	90.57%	15
19802	178	97.27%	5	2.73%	181	98.91%	2	1.09%	173	94.54%	10
19804	83	87.37%	12	12.63%	88	92.63%	7	7.37%	84	88.42%	11
19805	322	93.06%	24	6.94%	324	93.64%	22	6.36%	319	92.20%	27
19806	39	95.12%	2	4.88%	37	90.24%	4	9.76%	41	100.00%	0
19809	115	97.46%	3	2.54%	115	97.46%	3	2.54%	111	94.07%	7
Total for Selected Zips	1216	94.70%	68	5.30%	1228	95.64%	56	4.36%	1189	92.60%	95
DE Total	5073	96.33%	193	3.67%	5073	96.33%	193	3.67%	4953	94.06%	313
	# Overall Areas Concern										
Zip	0	1	2	3	4	5	6				
19703	52	20	7	3	2	3					
19720	156	61	25	8	3	2					
19801	119	23	11	5	1						
19802	141	22	12	3	2	2					
19804	50	24	9	5	4	2	1				
19805	221	66	27	12	10	8	2				
19806	24	9	5	1	1	1					
19809	77	21	14	4	1	1					
Total for Selected Zips	840	246	110	41	24	19	3				
DE Total	3252	1141	486	212	106	54	10				

	Problem Solving Below Cutoff				Social Below Cutoff			
Yes %	No	No %	Yes	Yes %	No	No %	Yes	Yes %
9.20%	82	94.25%	5	5.75%	84	96.55%	3	3.45%
6.67%	251	98.43%	4	1.57%	247	96.86%	8	3.14%
9.43%	151	94.97%	8	5.03%	148	93.08%	11	6.92%
5.46%	175	95.63%	8	4.37%	178	97.27%	5	2.73%
11.58%	86	90.53%	9	9.47%	85	89.47%	10	10.53%
7.80%	318	91.91%	28	8.09%	328	94.80%	18	5.20%
0.00%	37	90.24%	4	9.76%	37	90.24%	4	9.76%
5.93%	113	95.76%	5	4.24%	116	98.31%	2	1.69%
7.40%	1213	94.47%	71	5.53%	1223	95.25%	61	4.75%
5.94%	5049	95.88%	217	4.12%	5067	96.22%	199	3.78%

All ASQ 3 Results
1/1/2015- 10/20/2016
For Zips: 19703,19720,19801,19802,
19804,19805,19806,19809

	% of De Total Represented by Selected Zips	25.83%	21.56%	22.63%	19.34%	22.64%	35.19%	30.00%				
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Zip	Above Cutoff	% Above Cutoff	Below Cutoff	% Below Cutoff	Monitoring	% Monitoring
19703	2	2.17%	85	92.39%	5	5.43%
19720	17	7.33%	210	90.52%	5	2.16%
19801	11	6.04%	163	89.56%	8	4.40%
19802	21	10.14%	181	87.44%	5	2.42%
19804	20	29.41%	48	70.59%		0.00%
19805	48	12.90%	290	77.96%	34	9.14%
19806		0.00%	42	97.67%	1	2.33%
19809	8	5.93%	122	90.37%	5	3.70%
Total	127	9.54%	1141	85.73%	63	4.73%
DE Total	326	6.84%	4256	89.32%	183	3.84%
% of De Total Represented by Selected Zips	38.96%		26.81%		34.43%	

All ASQ 2
1/1/2015-10
For Zips: 19703, 197
19804, 19805, :

Results	
0/20/2016	
720, 19801, 19802, 19806, 19809	

Help Me Grow Delaware

Advancing Developmental Promotion, Early Detection
& Linkages to Services



Help Me Grow – A National Model

- **What is Help Me Grow**
- Children at risk for developmental and behavioral problems are too often eluding early detection
- HMG is an effective system that helps to identify children with potential developmental and behavioral problems, then helps families find community-based programs and services.

- **Why is it important?**

CDC reports:

- 14% of children 3-18 years have developmental-behavioral disabilities or delays
- High school drop out rates average 16% nationally but rates can reach 40% higher among at risk children
- Most of these students did not receive the benefits of early intervention.



Detection/Enrollment Rates

In the US, Centers for Medicaid and Medicare require:

- Payment/reimbursement
- Deployment of accurate screening test; most common are:
 - Parent Evaluation of Developmental Stages (PEDS)
 - Ages and Stages Questionnaire (ASQ)
- Enrollment rates in programs funded through the Individuals with Disabilities Education Act (IDEA) for Part C (birth to three years) are 7%



Help Me Grow - An Evidenced-based Model

CORE COMPONENTS

- Healthcare Provider Outreach
- Family & Community Outreach
- Centralized Access Point
- Data Collection & Analysis

STRUCTURE REQUIREMENT

- Organizing Entity
- Strategy for Statewide Expansion
- Continuous Quality Improvement (CQI)



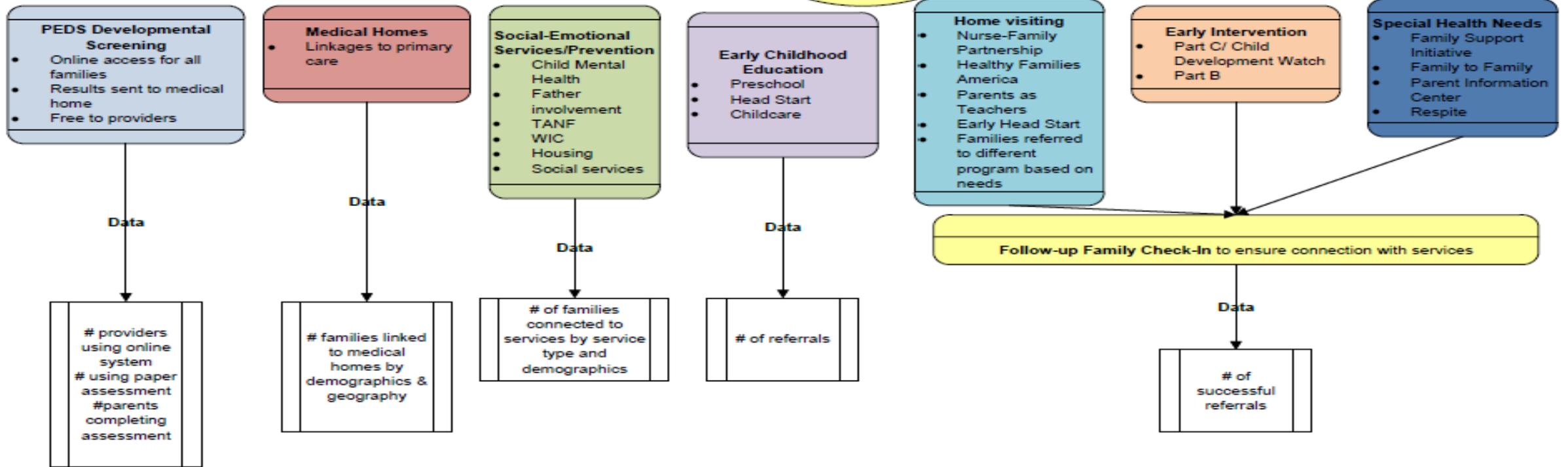
A framework that supports an integrated early childhood system where children, birth to 8 are supported to achieve optimal wellness

Delaware Help Me Grow Conceptual Model

2/10/12

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
MATERNAL AND CHILD HEALTH BUREAU

Help Me Grow is a framework that supports an integrated early childhood system where children birth to 8 and their families are supported to achieve optimal wellness.





Help Me Grow Delaware

Assist Primary Care Providers

- The Division of Public Health adopted PEDS On-line because of its accuracy, compliance with AAP policy on early detection, brevity and focus on primary care.
- PEDS on-line is a web-based service that enables providers to complete 1 or more screening tests. Tests are automatically scored, results rendered, and the site generates referral letters, take home parent summary reports and supports billing and payment reimbursement.
- PEDS also retains a database of each physician practice.

Child Development Watch and Help Me Grow/2-1-1 are able to view results and assist providers with referrals.





Help Me Grow Delaware

Findings from PEDS On-line

- In 2014, more than 18,000 children between 0-8 years of age received screening through primary care clinics
- Among all children screened in 2014, 13,356 screens were administered in the 0-3 years range.
- Of the 13,356 screens mentioned, 79% passed all screening tests administered, while 3% met DE referral algorithm criteria for high risk (indicating a need for a CDW referral) and 18% were at moderate risk (showing a need for HMG referral)



The Last Five Years

2012

- 2Q Delaware 2-1-1 becomes the Home of Help Me Grow
- Call workflow, Performance Measures (including Indicators and targets) established
- Child Development Specialist hired & trained; **300 requests for assistance**

2013

- Quality Assurance standards set
- HMG promoted as “go-to” place for services for children birth to eight
- Education of Physicians and Practitioners

2014

- PEDS screening tool used by major Healthcare Systems
- Referrals to Child Development Watch, Child Find, Home Visiting, etc. increase
- **2668 requests for assistance**

2015

- 4Q model shift to increase care coordination
- Strengthen collaboration with targeted partners (e.g. FQHCs)

2016

- 2H HMG conducts PEDS and PEDS DM screenings over phone
- Navigation and care coordination to support low, medium and high-risk pathways





Help Me Grow Delaware

Care Coordination & Management

- Child Development Specialist to conduct PEDS Screenings at targeted outreach events and over the phone
- Risk algorithm established to ensure parent/caregiver is connected to a medical home and other services
- Data collection methodology improved to strengthen linkages between PEDS, ASQ and Delaware 2-1-1/Help Me Grow repository of resources.
- Follow up calls and care coordination continue until child and families needs are met.





Help Me Grow Delaware

Engagement Strategies

- Increase Partner Engagement to strengthen relationships and identify shared opportunities to educate caregivers and providers.
- Increase Community Engagement to increase awareness on available “wrap-around” resources and care coordination services from birth to eight.
- Dedicated Child Development Specialist for New Castle County
- Collaborate to execute Delaware 2-1-1 Resource Summits statewide



Help Me Grow Delaware – Outcomes



Community

- Potential development delays are detected early and services are provided to improve a child's future.
- Caregivers have knowledge of and easy access (dial 2-1-1) to services through a statewide system.

Partners

- Pre-screened referrals to community-base services from Physicians.
- Providers are focused on children who need more support.

United Way of Delaware

- Children are more prepared for school and life long learning.





**SMALL ACTS,
WHEN MULTIPLIED BY
MILLIONS OF PEOPLE,
CAN TRANSFORM THE
WORLD**



Questions?

**Wilmington Education Improvement Commission
Meeting the Needs of Students in Poverty Committee**

Opportunities for “Early Win” Impact Projects and “Immediate” Action Steps

Overview

In order to ground its work, the Meeting the Needs of Students in Poverty (MNSP) Committee of the Wilmington Education Improvement Commission collected and analyzed feedback from parents, school principals, and other community stakeholders on addressing the “real” needs of students living in Wilmington. During the period from May to October 2016, parents, caregivers, and other community stakeholders participating in two Wilmington community education events were surveyed; and school principals from seven elementary schools in Wilmington were interviewed. The data collected from both groups of participants were aggregated and analyzed for common themes and reported as findings. These findings were further analyzed to recommend opportunities for “early win” impact projects and “immediate” actions to be undertaken by the MNSP Committee. Finally, the MNSP Committee reviewed the recommendations and suggested additional opportunities for consideration in formulating its work plan for 2016-2017.

Opportunities for “Early Win” Impact Projects and “Immediate” Actions Categorized by Findings from Needs Analysis

The opportunities for “early win” impact projects and “immediate” actions categorized by finding are summarized below:

1. Better integration of services and linkages between schools and community

Better integration of services and linkages between school and community such as community schools and co-location of services in schools, including connection of families to State and community services available to help them address basic needs and employment, and a formal process and support for transitioning children from childcare centers to kindergarten

“Immediate” Action Steps

- Work with schools to include the name of the pre-school or child care center the child last attended on school registration forms and to request cumulative folders from the identified child care providers on the children enrolled
- Conduct a campaign to encourage families to register their children for school early, such as having a Fire Engine from the Wilmington Fire Department to travel around the city in the summer promoting school registration
- In collaboration with the fifth grade teachers in the Wilmington public schools, help with outreach to encourage more parents to enroll their children transitioning from the fifth to the sixth grade in the Summer Youth Transition Academy sponsored by the City of Wilmington
- Assist the schools with resources to support the engagement of more mentors for their students, such funds to pay for background checks

Updated 11/2/16

- Link the schools with the Historically Black Colleges and Universities Sororities and Fraternities for college and career opportunities and mentoring
- Link schools with community resources that could help students to capture their stories on paper and get them published, such as the Kid Authors Program
- Link the schools to organizations that would be willing to provide turkeys for distribution to families for the holidays
- Conduct training for all Wilmington schools on accessing 211 Helpline resources
- Host community resource fairs for all schools, including resources from the City of Wilmington and Wilmington Police Department

“Early Win” Impact Projects

- Improving the integration of services, including facilitating better transitioning of young children to kindergarten and 5th graders to middle school, enhancing channels for rapid access to information about services and resources and for networking, and encouraging more co-location of community services and programs in schools such as joint summer programming and workforce development
- Work with decision-makers to change the policy to permit more flexibility in the documentation required to register children for school, including expanding access to obtaining birth certificates for children
- Advocate with decision-makers to better integrate in - school and out- of- school state and community services to better support children and families
- Partner with United Way on promoting early literacy through the My Very Own Library Program

2. More social work, early intervention, and behavioral health services and resources

More social work, early intervention, and behavioral health services and resources for students and families in school and out of school, such as family crisis therapists, social workers, and counselors; and support for addressing trauma

“Immediate” Action Steps

- Help schools to foster stronger connections to the Division of Family Services to better support the children who are active with DFS in the school settings

“Early Win” Impact Projects

- Increasing behavioral health supports for children and families through training and support for use of trauma informed practice in schools and community organizations and through policy advocacy and other efforts to provide more behavioral health services on site in schools and in community settings
- Work with Readiness Teams to conduct outreach to encourage families to have their young children screened using the “Ages and Stages” tool or the PEDS tool for developmental milestones to promote healthy growth and development
- Advocate for greater follow up with families on the referrals to services they receive for their children who screen positive for signs of developmental needs

Updated 11/2/16

- Advocate with decision-makers to encourage the use of restorative practices to reduce school suspensions

3. More emphasis on cultural competency, trauma-informed practice, and impact of poverty

More emphasis on cultural competency such as bi-lingual staff and training for staff and administrators on trauma-informed practice and working with children and families living in poverty

“Early Win” Impact Projects

- Increase the emphasis on cultural competency through providing training and developmental opportunities to staff and administrators, including training on working with children and families living in poverty and those who have experienced trauma

4. More family engagement

Need for more family engagement starting in early childhood and throughout K-5 and beyond, including helping families to realize the need for education for their children and be able to support their child’s learning

“Immediate” Action Steps

- Partner with the WEIC Family Engagement Committee for work in this area
- Support schools with a campaign to encourage getting to school on time and reduce tardiness
- Host training for parents and student on positive use of social media
- Encourage more schools to use pre-recorded blast phone calls to parents to share information about school activities and relevant community events
- Encourage the use of the Parents As Teacher home visiting model among schools to develop relationships with parents

“Early Win” Impact Projects

- Strengthening family engagement through efforts to encourage more communication and stronger relationships between teachers and parents
- Leverage the family engagement component of the My Very Own Library Program to implement the literacy activities in the curriculum
- Provide training to parents on trauma-informed practice