Early Childhood System Performance Assessment Toolkit

EC-LINC
An initiative of CSSP

Developed by the Center for the Study of Social Policy
and the EC-LINC Outcomes and Metrics Initiative

Center *for the* Study *of* Social Policy
Ideas into Action

Contents

Please let CSSP know if you use any of the tools in this toolkit, and share your feedback on them, by going to https://tinyurl.com/ECsystemperformance.

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Introduction

EC-LINC (Early Childhood Learning and Innovation Network for Communities) is a networking initiative, sponsored by the Center for the Study of Social Policy, in which early childhood system representatives from across the country collaborate to share expertise and develop recommendations to accelerate the development of effective, integrated, local early childhood systems. The EC-LINC Outcomes and Metrics workgroup, which produced this toolkit, is one of several EC-LINC collaborative workgroups created to further the aims of the EC-LINC initiative.

The EC-LINC communities created the Outcomes & Metrics work group in order to develop measures that could help them, and other interested communities, better understand how their work in developing local early childhood systems was affecting the current status and future prospects of young children and their families. Early on, we divided the work into two parts. The first part involved identifying a short set of desired early childhood outcomes and a companion list of indicators that can be used to measure progress on these outcomes. This work is briefly summarized in the Appendix on page 69. The second part of the project, which is the focus of this toolkit, developed ways to measure the functioning of the early childhood system that supports children and families. (A brief description of early childhood systems appears on page 3.)

We began with a simple question: why should a community have an early childhood system? That is, what additional contribution might the system provide, over and above the contributions of individual service sectors such as pediatrics or early care and education? This led the group to develop four statements that capture the contributions that an early childhood system provides. These statements have been summarized under the labels Reach, Coordination, Commitment, and Equity (see page 5 for further detail). We then asked in what ways we might measure how well the system is doing in each of these areas and, in the process, promote analysis and discussion that can lead to improvements in system performance. In response, the work group developed the system performance measures described in this toolkit.

Purpose of the Toolkit

The purpose of the Early Childhood System Performance Measure Toolkit is to provide:

1. a framework that identifies the key contributions of a well-functioning early childhood system;

2. a set of performance measures to assess those key contributions, either directly or by proxy;

3. new tools, when needed and possible, that enable system stakeholders to measure system performance in areas that have historically not had tools for measurement;

4. guidance for early childhood system stakeholders on how they can implement the performance measures; and,

5. an ongoing research agenda to continue to improve existing system performance measures or tools or to develop tools, where lacking.

The toolkit also offers a sample action planning template to help communities turn their results into actions that will support quality improvement.

This was a challenging undertaking. There are existing sources of routinely collected data for a few of the performance measures. For most measures, however, we had to create and pilot new tools, many of which are designed to support self-assessment. In this regard, there are two important qualifications to convey. First, the tools created are preliminary; they can and should be adapted to local conditions and they will undoubtedly evolve as we gain more experience in using them. We believe, however, that there is value in sharing the tools at this stage and inviting others to use those that meet their needs.

Second, at this early stage of development we are not offering the field validated instruments that support comparison of results across locations. Rather, the tools give system stakeholders ways to assess what they are doing well and where they could do better. As long as they are used consistently within a system, we hope they will prove to be useful aids in self-assessment and quality improvement.

More information about the process used to develop these measures can be found on pages 67-68.

Who should use this toolkit?

The target users of the toolkit are early childhood system conveners or leaders who seek to improve the functioning of their early childhood system and need tools to establish a baseline and ongoing way to measure progress. These conveners or leaders may be representatives of agencies in a system coordination or funding role, representatives of service-providing agencies within the system, parents or other early childhood advocates, and/or elected officials.

What is the level of effort?

Level of effort and "readiness" of a system for using the toolkit will depend on the measure(s) of interest and system resources. The framework allows for a broad assessment of a community's early childhood system performance, but both practical considerations and evaluation interests will determine which measure, or measures, to implement. Some measures require the collection of population-level or agency-level data that may be readily available, while others require engaging with a broad range of stakeholders, and either fielding a survey or hosting convenings to complete an assessment tool collaboratively.

What if we are just starting out?

Users whose early childhood system building efforts are at an earlier stage may find it useful to begin with the *Early Learning Community Action Guide* from CSSP and the National League of Cities. The Action Guide and its accompanying Progress Rating Tool are designed to support communities working to become Early Learning Communities where young children and their families have all the support they need to thrive.
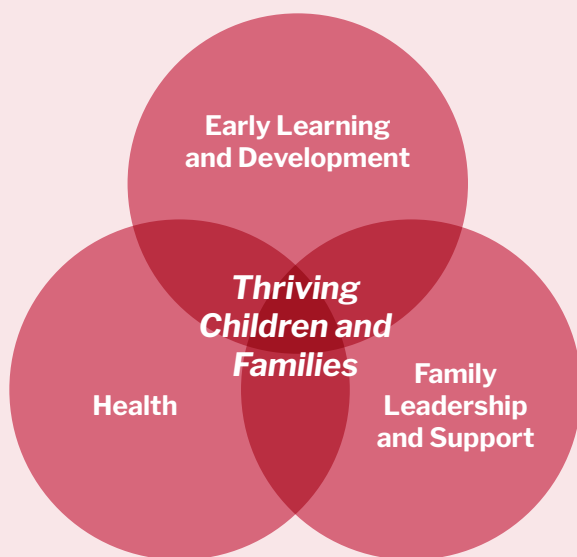
Defining the Early Childhood System

An early childhood system has been defined as the "partnerships between interrelated and interdependent agencies and organizations representing physical and mental health, social services, families and caregivers, and early childhood education to develop seamless systems of care for children from birth to kindergarten entry."[1] The graphic at the right displays the Build Initiative model of early childhood systems, showing that they are comprised of the three overlapping sectors of early learning and development, health, and family leadership and support, which collectively support thriving children and families.

Systems are complex and the extent to which they have been developed varies from community to community. For example, some early childhood systems may incorporate many service sectors and have achieved a high degree of coordination; others may be smaller, just starting out, and only beginning to promote meaningful engagement across sectors. In some communities, the coordinating body that convenes system partners may be well established and have substantial resources, while in others, this may be a newer role with fewer resources. The coordinating body may be a service provider or funder. It may have some degree of authority over certain sectors or services within the early childhood system, or it may not. Thus, the specific services and supports in a given system will depend on its size and stage of development, as well as the strength of the coordinating body and what services it provides or funds. A system may incorporate some or all of the following major types of services and supports:

- ‣ Behavioral health (maternal/child)
- ‣ Child welfare/Child protective services
- ‣ Early care and education (Head Start/Early Head Start, Center or family care, Child care subsidy assistance)
- ‣ Early intervention
- ‣ Family resource centers/Parenting education
- ‣ Home visiting/family support services
- ‣ Housing (homeless services, subsidies)
- ‣ Maternal/prenatal health
- ‣ Parenting education and playgroups
- ‣ Pediatrics
- ‣ TANF
- ‣ WIC

Early Learning and Development

Thriving Children and Families

Health

Family Leadership and Support

Results that a Comprehensive Early Childhood System Should Deliver:

Early Learning and Development: Nurturing relationships, environments, and enriching experiences that foster learning and development.

Health: Comprehensive services that promote children's physical, developmental, and mental health.

Family Leadership and Support: Resources, experiences, and relationships that strengthen families, engage them as leaders, and enhance their capacity to support children's well-being.

Source: Build Initiative, The Early Childhood Systems Working Group (www.buildinitative.org)

For definitions of terms commonly used in the toolkit, please refer to the glossary on page 8.

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[1] Health Resources and Services Administration (HRSA), Early Childhood Comprehensive Systems (https://mchb.hrsa.gov/earlychildhoodcomprehensivesystems)

Defining a Well-Functioning Early Childhood System

The EC-LINC Outcomes and Metrics initiative identified four ways in which a well-functioning early childhood system contributes to improved outcomes for young children and their families. The statements below attempt to capture these system-level contributions as distinct from the contributions of individual service sectors.

A well-functioning early childhood system reaches families with the help they need, improves the coordination of services and supports, promotes a climate of support for early childhood, and increases parent engagement and equity.

1 Reach	Young children and families receive services and supports to meet universal and identified needs.
2 Coordination	Sectors within the system are coordinated to provide seamless services, support quality improvement, and avoid duplication.
3 Commitment	Communities make early childhood a priority and act to support children's health, learning, and well-being.
4 Equity	Parents are partners in creating a responsive and equitable early childhood system.

Rationales For The Identified Contributions

Reach

A strong early childhood system can help ensure that all families get the help they need. Some services and supports in the three system domains of health, education, and family support are intended to be for everyone or be universal (e.g., prenatal care and developmental screenings), while others are for those with identified needs (e.g., connecting mothers who have screened positive for depression to appropriate behavioral health supports). Performance measures within this category provide approaches to measuring reach across early childhood system domains.

Coordination

One of the reasons for developing an early childhood system of care in a community is to make it more likely that different services will be integrated and coordinated with one another and, in the process, improve outcomes for children and families. Performance measures within this contribution category address specific aspects of system coordination; for example, what happens when a family needs help that a service provider cannot deliver, or when a family needs help from multiple providers at the same time? These measures are supported by tools that systems can use to assess their own performance with regard to coordination.

Commitment

More than any individual agency, system stakeholders can collectively raise awareness about the importance of supporting young children and their families. They are also well positioned to engage diverse stakeholders, including businesses and faith institutions, and inspire the advancement of a cross-sector early childhood policy agenda. The three performance measures within this category look at the process and outcomes associated with increasing public understanding of the value of early childhood, engaging leaders, and advancing policy changes aligned with communities' goals and values.

Equity

An early childhood system can make an important contribution to ensuring that all young children and their families have what they need to be successful, recognizing that not everyone starts in the same place, has the same experiences, or has the same needs. A system can also improve services and outcomes when they engage parents in the early childhood system of care and better understand the needs and assets of the individuals they serve. System stakeholders can assess system equity by disaggregating data by race, ethnicity, and income, when possible, to highlight inequities and where families may be underserved. The measures within this category provide an additional opportunity to more directly and comprehensively assess how well the early childhood system is advancing equity and parent engagement.

Defining System Performance Measures

Based on this working definition of a well-functioning early childhood system, the work group identified a set of performance measures that can be used to assess a community's success within each of the four types of contribution. The measures for each area were selected based on four core criteria: 1) they are relevant to all early childhood systems; 2) they measure system functioning rather than child or family outcomes; 3) taken together, each set of measures captures the major elements of the corresponding contribution (for example, the five measures related to coordination get at all of the essential elements needed for a system to be effective in promoting coordination); and 4) it is possible to generate data, without excessive cost or time burdens, that would enable communities to implement the measure.

There are 18 system performance measures in total. They are not meant to be exhaustive, measuring every aspect of system performance. Moreover, it is unlikely that any community would want or need to begin to use all of these measures at once. Rather, the measures lay out a menu from which communities can choose the items that are important for them to pay attention to, given their current strengths, challenges, and priorities. The purpose of using the measures is to learn and to prompt actions to improve. Most of these measures have been piloted in one or more of the participating EC-LINC communities; those that were developed too late to be piloted prior to the publication of this toolkit are noted as "in development." Young children and families receive services and supports to meet universal and identified needs

❶ Reach

Young children and families receive services and supports to meet universal and identified needs

1.1 Early Prenatal Care: Percentage of pregnant women receiving early prenatal care

1.2 Maternal Depression[2]

    1.2.1 Screening: Percentage of pregnant and postpartum women screened for depression

    1.2.2 Connection to Services: Percentage of pregnant and postpartum women connected to mental health services when indicated *(in development)*

1.3 Child Development

    1.3.1 Screening: Percentage of young children who have received a standardized developmental screening

    1.3.2 Connection to Services: Percentage of young children with identified concerns who are connected to services *(in development)*

    1.3.3 Early Identification: Percentage of children needing selected special education services in kindergarten who were not identified and connected to services prior to kindergarten[3]

1.4 Early Care and Education: Percentage of infants, toddlers, and preschool age children with access to early childhood care and education services *(in development)*

1.5 Home Visiting: Percentage of families with young children with access to home visiting services *(in development)*

Rationales For The Selected Measures For Reach

The work group identified five measures of how well an early childhood system is helping to ensure that families have access to the help they need. Measures *1.1* through *1.3* address universal needs: early prenatal care for all pregnant women (*1.1*); universal screening of new mothers for depression (*1.2.1*) with follow-up to ensure that mothers identified as needing help are connected with services (*1.2.2*); and universal developmental screening of young children (*1.3.1*), again with follow-up to ensure services when needed (*1.3.2*). Measure *1.3.3* Early Identification provides an alternative way to gauge how well the system is screening and intervening early in a child's development, by examining the proportion of children needing special education in the early grades of elementary school whose needs have been identified and addressed prior to kindergarten entry. The remaining two measures address services needed by many, but not all, families. Measure *1.4* tracks the availability of early childhood care and education. Measure *1.5* is intended to gauge how well a system is identifying the need for family support and, when needed, providing that support (using home visiting programs as a proxy for family support as both the potential demand and service capacity are more quantifiable than for other family support services). Several of these measures, notably *1.4* and *1.5*, are still in development and provide early guidance about how communities might examine these issues.

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[2] In selecting maternal behavioral health with a focus on depression over other mental health conditions, the intent is not to exclude paternal mental health or other serious mental health conditions; rather, the intent is to align the measure to existing practices, which are typically focused on maternal depression screening due to the strong link to child outcomes.

[3] While most measures in the toolkit are intentionally framed in positive terms, in this instance we have made an exception; our pilot showed that the measure was more easily understood when framed as the proportion of children the system missed prior to Kindergarten, as opposed as the proportion of children the system identified early, before Kindergarten.

② Coordination

Sectors within the system are coordinated to provide seamless services, support quality improvement, and avoid duplication

2.1 Family Assessment: Level at which service providers understand the full range of family strengths and needs

2.2 System Navagation: Level at which the system helps connect families to the services and supports they need

2.3 Working Together: Level at which the sectors work together when multiple service providers are involved with the same family

2.4 Using Data: Level at which system stakeholders use data, both for improved service coordination at the case level and to support planning and quality improvement at the system level

2.5 Capacity Building: Level at which the system supports professional development and organizational capacity building

Rationales for the Selected Measures for Coordination

The measures for Coordination identify what "integrated and coordinated" systems would look like in practice, providing families with seamless, high-quality services. The measures describe the kind of practice system stakeholders aspire to. Namely, a coordinated and integrated system understands the full range of a family's strengths and needs (*2.1 Family Assessment*), helps families get to the right place so their needs can be met (*2.2 System Navigation*), and works together when multiple service providers are involved with the same family (*2.3 Working Together*). These system coordination activities are supported by the fourth standard, that system stakeholders share data for improved service coordination at the case level (*2.4 Using Data*). The value of aligning and sharing data also includes support for planning and quality improvement at the system level. The fifth measure under Coordination looks at system performance by analyzing support for skill-building, growth, and continuous improvement (2.5 *Building Capacity*) among the organizations and individuals that make up the early childhood system. The tools developed for these five measures support communities assessing their systems' level of achievement based on a 4-point scale, ranging from low to high levels of coordination. Some communities may be interested in assessing all five of these standards together; other communities will begin with only one or two. These tools also give front-line staff an opportunity to share their successes and challenges and, in the process, provide a reminder of the value of coordination and integration to a well-functioning system.

③ Commitment

Communities make early childhood a priority and act to support children's health, learning, and well-being

3.1 Public Understanding: Level at which early childhood systems effectively engage in efforts to increase public understanding of the importance of early childhood and the public's role in supporting children and families *(in development)*

3.2 Leadership Engagement: Level at which community leadership is engaged in supporting children and families

3.3 Policy Change: Level at which communities identify, advocate for, and achieve policy changes that improve conditions for young children and their families *(in development)*

Rationales for the Selected Measures for Commitment

The measures for Commitment identify and assess the effectiveness of the work communities are doing to: build awareness and support for early childhood among the public (*3.1 Public Understanding*); engage leaders from a variety of sectors in supporting early childhood (*3.2 Leadership Engagement*); and formulate and enact a policy agenda that promotes early childhood, in accordance with local values and preferences (*3.3 Policy Change*). The measurement tools are again self-assessments, taking into account both efforts and impact.

④ Equity

Parents are partners in creating a responsive and equitable early childhood system

4.1 Parent Engagement: : Level at which parents are engaged as partners and leaders in the early childhood system *(in development)*

4.2 Advancing Equity : Level at which attention is paid to ensuring that the early childhood system meets the needs of all young children and their families *(in development)*

Rationales for the Selected Measures for Equity

The measures for Equity identify the extent to which the early childhood system is responsive to, and inclusive of, the families it serves and works to ensure equitable outcomes for all children and families. Measure *4.1 Parent Engagement* helps communities gauge their success engaging parents as partners and leaders, both in the early childhood system and in the programs and services within it. Measure *4.2 Advancing Equity* centers around the promotion and achievement of equity and inclusion. The work group supports disaggregation of data by race and other salient factors on all measures, whenever possible, to clarify the extent to which some groups of children and families may have different results and/or different experiences with the system than others. However, we also came to believe that a stand-alone equity measure was needed to focus appropriate attention on equity and to enable early childhood systems to gauge their efforts and progress in this area. CSSP intends to further develop this measure and welcomes partners who would be interested in developing or piloting a fuller assessment of it.

How to Use the Toolkit

For each system performance measure, the toolkit provides some or all of the following components:

- ▸ **Purpose** of the measure and what communities can expect to learn from implementing the measure;

- ▸ **Definition** of the measure;

- ▸ **Implementation** guidelines, including a sample tool or survey (if one was developed), recommended steps to take, stakeholders to engage, and tips for successful implementation;

- ▸ **Limitations** of the measure;

- ▸ **Opportunites** to further develop measures that are considered preliminary; and

- ▸ **Resources** that may provide helpful context or additional guidance for system assessment and change.

While the measures taken as a whole are intended to provide a comprehensive assessment of a community's early childhood system performance, both practical considerations and research interests will likely mean system stakeholders select a subset of measures to implement, or a single measure, rather than all the measures. To facilitate this selection, each section devoted to one of the four contribution statements begins with a table, which provides an at-a-glance summary of each measure. The table provides, in abbreviated form, the content of each measure, an overview of the investments needed to implement the measure (including human or data resources), system stakeholder engagement needed, and data collection required. It also provides an estimate for the amount of time implementation will take and an overall assessment of level of effort, ranging from low to high, with the caveat that the timeframe is generally dependent on data accessibility. Stakeholders can use these tables to quickly assess their interest in and readiness for implementation of any of the measures. Toolkit users can then refer to the detailed description of each measure and the relevant tools (if applicable) for step-by-step information on implementation.

A few notes and tips for toolkit users:

Customization: Communities are invited to customize the measures as needed to fit their particular needs and circumstances. Most of the measures are not intended to compare performance with other communities; they are offered as self-assessment tools to build system self-awareness and inspire and support quality improvement. Customization of measures that do offer opportunities for cross-community comparison, such as 1.1 Early Prenatal Care, would limit that opportunity.

Frequency: After baseline data collection and assessment, how frequently a community implements the measures—whether quarterly, annually, or using a longer timeframe—will depend on a variety of factors. For example, if the measure is time and resource intensive, a community may prefer a longer time horizon. If a measure is tied to quarterly or annual strategic planning objectives, communities may select a shorter time horizon.

Buy-in: Some communities that piloted the tools encountered initial reticence on the part of front-line workers to be honest in their assessments and caution among leaders for fear the results would make their agency look bad. However, after stakeholders saw the results and understood the value of the assessment, they were less fearful of the results. These experiences prompted the following recommendations for building buy-in:

- ▸ **Leaders:** Consider convening a planning discussion with the leaders whose organizations will be participating in the self-assessment to review the tools and identify which measures are most critical to assess and why. Also, consider sharing some of the sample results included in the Implementation section of the toolkit; leaders in the pilots had a higher level of comfort after they saw the results and could visualize how the tools could help them be more effective. Assure leaders that the intent is not to cast blame or point a finger at any one agency in the system but rather to find ways to improve overall system functioning to everyone's benefit.

- ▸ **Front-line staff:** Front-line staff were more willing to honestly assess their system functioning when they were given explicit encouragement by their supervisor to participate in the survey and when they were assured that results would be anonymous. A planning discussion with leaders prior to implementing the survey would increase the likelihood that this encouragement would take place.

Overall Ratings: Many of the measures consist of self-rating tools which can be filled out individually as an online survey, completed collaboratively with a group of stakeholders, or both. The tools typically start by walking the respondent(s) through specific practices of a well-functioning system and asking the respondents to rate how well the system performs on that practice (e.g., within measure *2.2 System Navigation,* respondents are asked the likelihood that families will be given a "warm hand off" when referred to another agency). After each of those specific practices are rated, many of the tools then ask respondents to convene to collaboratively rate overall system performance on the measure using a four-level scale (e.g., overall, system stakeholders might rate their system at Level 2 for *2.2 System Navigation* because some sectors usually do a warm hand off, but not all, and none do so consistently). The process of going from ratings of specific practices to an overall rating is necessarily subjective and there is no wrong or right way to go about it. In instances when a survey was fielded among front-line staff, for example, communities may want to average the results of those ratings for specific practices. We suggest, however, that this be seen as a starting point for discussion, not a definitive rating. Some of the specific items may be more important to a community than others. For particularly large groups, communities may want to engage a facilitator skilled in consensus-based decision-making methods. Smaller groups may be able to easily arrive at an overall rating through dialogue. It is important to note that consensus may not be possible or valuable in all circumstances; different perspectives provide an opportunity for a community to explore those differences. The four-level rating is simply a strategy to enable stakeholders to distill many complex aspects of a system's functioning into a result that is easy to understand, communicate, and track. Ultimately, however, it is the assessment process—and the increased understanding and actions that result—that is the priority and will provide the greatest benefit to system quality improvement.

Glossary

Data administrators
Staff that work with or understand an agency's data systems, or in the case of communities with integrated data systems (IDS), staff that work with or understand the IDS. Staff that can work with population-level data. May be trained evaluators.

Front-line staff
The individuals working directly with families and children. This may include: early care and education providers, healthcare providers, family support specialists, home visitors, case managers, eligibility staff, and others.

Parents
This is used inclusively to refer to biological and adoptive parents as well as other caregivers in parenting roles, such as grandparents, legal guardians, foster parents, and kinship caregivers.

Population-level data
These are data that capture all (or nearly all) children and/or families in a community. They are based on representative surveys, vital statistics, or education records.

Program or administrative data
Data sourced to program case records or service counts within an agency or, in the event of integrated data systems, across several agencies. The data generally comprise a subset of all children and families in a community—those receiving services from the agency or agencies that provide the service.

Sector
A type of service within an early childhood system, such as early care and education, health care, home visiting, or child welfare. A sector may include one or more government agencies responsible for funding and oversight and many providers of services.

System
A formal or informal network of interrelated and interdependent agencies and organizations working across sectors to support a particular population—in this instance, young children and their families.

System leaders
Administrators in leadership roles in the convening or "hub" organization of the early childhood system and in the sectors that make up the system, such as executive directors, program managers, and senior staff.

1 Reach

Young children and families receive services and supports to meet universal and identified needs

SYSTEM PERFORMANCE MEASURES FOR REACH

	Measurement	Resources needed	System stakeholder engagement	Data collection requirements	Timeframe / Level of Effort
1.1 Early Prenatal Care					
	System's ability to meet pregnant women's universal need for prenatal care.	• Access to vital statistics data at a regional level • Data administrator	• None, but cross-sector engagement recommended	• Extant population-level data	1 month Low
1.2 Maternal Depression					
1.2.1 Screening	System's ability to ensure all pregnant and/or postpartum mothers are screened for depression.	• Access to population-level data, if available • Access to program data • Data administrator	• Agencies across the system (leaders, data administrators)	• Agency program data	3-6 months Moderate
1.2.2 Connection to Services*	System's ability to connect pregnant and postpartum women to indicated behavioral health services.	• Access to population-level data, if available • Access to program data • Data administrator	• Agencies across the system (leaders, data administrators)	• Agency program data	3-6 month Moderate to High
1.3 Childhood Development					
1.3.1 Screening	System's ability to universally screen infants and young children for developmental delay.	• Access to vital statistics data at a regional level • Data administrator	• Access to vital statistics data at a regional level • Data administrator	• Access to vital statistics data at a regional level • Data administrator	1 month Low
1.3.2 Connection to Services*	System's ability to connect children to indicated developmental services.	• Access to vital statistics data at a regional level • Data administrator	• Access to vital statistics data at a regional level • Data administrator	• Access to vital statistics data at a regional level • Data administrator	1 month Low
1.3.3 Early Identification	System's ability to identify and respond to developmental issues early.	• Access to early intervention and special education data • Data administrator	• None, but cross-sector engagement recommended	• Population-level education administrative data	3-6 months; Low to Moderate
1.4 Early Care and Education*					
	System's ability to provide early care and education for the general population and for families with lower incomes.	• Access to population-level data • Access to program data • Data administrator	• None, but cross-sector engagement recommended	• Extant population-level data • State or local ECE slot data	1-3 months Low to Moderate
1.5 Home Visiting *					
	System's ability to identify the need for family support and, when needed, provide that support.	• Access to population-level data • Access to program data • Data administrator	• Agencies across the system (leaders, data administrators)	• Extant population-level data • Agency program data	1-3 month Low to Moderate

* Measure is in development (i.e., not piloted) but included due to its importance in measuring system performance.

1.1 Early Prenatal Care

Percentage of pregnant women receiving early prenatal care

Purpose

This measure documents how well the service system is meeting the universal need of pregnant women to receive prenatal health care in the first trimester. Collecting data by income, neighborhood, and race/ethnicity (if available) can illuminate disparities and inform policy responses.

Definition

The percentage of pregnant women who received prenatal care in the first trimester, in aggregate and by race/ethnicity, neighborhood, and/or income, when available.

Implementation

Summary of Steps

1. **Set intention:** Consider community goals, recent efforts, and constraints related to this area as a first step.

2. **Retrieve local data:** Obtain local aggregate and subgroup calendar year data for a 5-10-year period (smaller geographies may need to use 2- or 3-year pooled data for stability or for sufficient data strength to disaggregate by race, ethnicity, or other important categories).

3. **Retrieve comparison data:** For comparison, obtain state and national data. Race and ethnic definitions may vary between state and national data sources.

4. **Analyze and interpret:** Analyze and interpret the data. Consider health equity factors in your analysis if able to access disaggregated data. Consider implications related to sufficiency and adequacy in addition to timeliness if data are available.

5. **Plan:** Determine what action should be taken as a result of the analysis and record in action planning guide.

Stakeholders

This measure can be implemented by a single agency or by a collaborative of early childhood system stakeholders. If results warrant a response, whether through policy changes, service changes, or advocacy, having a collaborative of early childhood stakeholders involved and invested in the measurement may aid the success of those responses. However, single agencies may have the influence and resources to be effective as well.

Data Sources

▸ County-level and state-level data are typically sourced from vital statistics databases maintained by state health agencies. In some states, data are freely available in aggregate and for racial and ethnic subgroups through an online portal. In other states, a special request, and potentially a fee, will be required either through the state directly or through the county public health agency.

▸ National-level data are available from the National Vital Statistics System. Early prenatal care is a National Outcome Measure per the Title V Maternal and Child Health Block Grant.

▸ Another potential data source is post-partum surveillance survey data. A widely used data source is the Center for Disease Control and Prevention's Pregnancy Risk Assessment Monitoring System (PRAMS), which has data on timeliness and adequacy of prenatal care. PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. PRAMS surveillance currently covers 47 states and about 83% of all U.S. births. While these surveillance data produce similar results as the vital statistics sources, and may include data by mothers' income, vital statistics sources are more common and are more available at the community level.

Tips For Successful Implementation

If data are available by zip code, this would provide a more precise view of areas within a community that may benefit from more focused attention or contribute to a more in-depth assessment of what may be affecting the results for that community.

Limitations

This measure analyzes the timeliness of prenatal care, looking at whether a woman accesses any prenatal care in her first trimester of pregnancy. It is neither a measure of sufficiency of care (number of visits), nor is it a measure of adequacy of prenatal care (appropriate content), which has more variation in measurement approaches and lower data availability. Regions may wish to include sufficiency and/or adequacy for their own assessment purposes.

Opportunities

Additional opportunities include the following:

▸ For ongoing work to build adequacy of prenatal care into the measure, users may want to investigate the suitability of the Kotelchuck Index (also called the Adequacy of Prenatal Care Utilization Index), the American College of Obstetricians and Gynecologists Standards (guidelines to perinatal care has member only access), or the Kessner Index methodologies for measuring the adequacy of prenatal care for low-risk pregnancies. User may also look at a combination of content and quantity of visits to assess adequacy.

1.2.1 Maternal Depression: Screening

Percentage of pregnant and/or postpartum women screened for depression

Purpose

Maternal depression has demonstrated negative impacts on not only the mother herself but also on her child and the family overall. The identification of this condition through universal screening is a key contribution that the early childhood system can offer beyond what an individual sector can do. In selecting maternal behavioral health with a focus on depression over other mental health conditions, the intent is not to exclude paternal mental health or other serious mental health conditions; rather, the intent is to align the measure to existing practices, which are typically focused maternal depression screening due to the strong link to child outcomes.

Definition

This measure seeks to track whether all pregnant and/or postpartum mothers are screened for depression at least once, but ideally at recommended intervals over time. Data availability is likely to be a challenge for communities. In the absence of the ideal source – unduplicated patient case records documenting prenatal and postpartum depression screening at the local level – this measure offers alternatives for measurement. An acceptable alternative is a representative self-report survey that asks postpartum mothers whether their health care provider asked them if they were experiencing prenatal or postpartum depression symptoms. While there are representative surveys that ask retrospectively about prenatal care depression screens, as of publication, a reliable survey asking about postpartum screens appears elusive.

Given the lack of universal case data and low availability of population-level data, program-level data provide the most likely source of data for early childhood systems, although these data are likely to be limited. A population-level assessment of maternal depression screening coverage will not be possible with program-level data. When program-level data are sourced to several different programs or practices, and may be duplicated, communities can focus on trend analysis instead of coverage rate.

There are a variety of maternal depression screening approaches which may be included in this performance measure. Localities may use: evidence-based screening tools; screening, brief intervention, referral to treatment (SBIRT) processes; a single question on a provider questionnaire; or a question/brief conversation between providers and patients. We encourage communities to work along two axes in making progress in maternal depression screening: 1) increasing the rigor of the screening tool/process; and 2) increasing the reach of the depression screening tool/process. This measure looks specifically at the reach of screening tools/processes.

The Data Sources and Limitations sections provide more information about the varying data sources.

Implementation

Summary of Steps

1. **Set intention:** Consider community goals, recent efforts, and constraints related to this area.
2. **Assess data availability:** Investigate whether there are maternal depression screening population-level data available in your state or at the local level. If not, consider collecting and pooling data from service providers in your early childhood system. Since duplication is an issue with program-level data from various agencies, data sharing agreements that enable a unique identifier will reduce issues of duplication and greatly improve the value of the results. Since data from private providers or insurance companies are difficult to obtain, the data are likely to be limited to the participating agency's service population. Data may be available from Medicaid.
3. **Engage stakeholders:** For communities that will be using program-level data to measure system performance, engage with agencies from whom you would like to obtain data. Confirm and refine intentions/goals with stakeholders.
4. **Define parameters:** For communities that will be seeking program-level data from a variety of providers, quality results will depend on collectively determining what will count as a screen (e.g., use of a formal tool or a simple question about symptoms), at what intervals, and how to address potential for duplication.
5. **Retrieve or compile data:** From population-level sources, retrieve data. From program-level sources, request data. Request five years of data to enable a trend analysis.
6. **Interpret:** Analyze and interpret the data, considering data limitations such as duplication. Think about data trends and how they may be impacted by related interventions or landscape factors in your community. Consider health equity factors in your analysis if able to access disaggregated data.
7. **Plan:** Determine what action should be taken as a result of the analysis and record in action planning guide.

Stakeholders

Stakeholder engagement may not be necessary for communities that have easily accessible population-level data. For communities which seek to collect program-level data, outreach to the agencies conducting screens will be needed.

Data Sources

▸ **Population-level**

- PRAMS: PRAMS is a CDC sponsored, population-based random sample survey of women who have recently given birth. It provides state-level data on many topics, including maternal depression. The Phase 8 (2016) Standard PRAMS questionnaire asks, "During your postpartum checkup, did a doctor, nurse, or other health care worker talk with you about any of the things listed below?" Options include, "What to do if I feel depressed during my pregnancy or after my baby is born." This question is not on the Core PRAMS questionnaire. Consequently, not all states ask this question. Furthermore, the data are only at the state level and tend to fall short of a screen; this is because PRAMS measures whether a health care worker talked with a mother during a prenatal care visit about what she should do if she feels depressed during or after pregnancy, not whether the health care worker asked if she was

experiencing depression symptoms at the time of the survey (post-partum).

- California's Maternal and Infant Health Assessment (MIHA) or similar: MIHA—an annual statewide representative survey of postpartum women in California—asks whether a health care worker ever asked the mother during a prenatal care visit if she felt depressed. This data source stopped asking this question as of 2014 but added it back in the 2018 survey questionnaire, along with questions about connection to services when indicated by screening or assessment. Non-California based early childhood systems can investigate whether their state or region has a similar survey.

▶ **Program-level:** Client data from programs, agencies/organizations, or systems that conduct maternal depression screens. Program-level data will be more readily available for states implementing the U.S. Department of Health and Human Services, Health Resources & Services Administration's Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program (FL, KS, LA, MT, NC, RI, and VT).

Limitations

While some states will continue to have state-level population-level maternal depression screening data going forward, data at the local level is likely to remain problematic in many states. Current characteristics of data quality include the following:

▶ Program-level data is likely to be duplicated.

▶ Programs included in program-level data may vary across years due to changes in funding, service delivery, and reporting.

▶ Definitions of what constitutes a "depression screen" may vary, from a single question to an entire assessment.

▶ Population-level data use slightly different questions and are mostly only available at the state level.

▶ Population-level data may not offer reliable results, as mothers surveyed after the birth of their child may forget whether they were asked about mental health during a prenatal care visit.

Opportunities

Additional opportunities include the following:

▶ Analyze program data from Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program grantee states.

▶ Research recommended intervals (e.g., prenatal, in-hospital, postnatal to 6 months, etc.) and/or intervals for which there are commonly data. Use this research to define the measurement timeframe. The Bright Futures/AAP Periodicity Schedule recommends maternal depression screening during well baby checks by 1 month and at 2, 4, and 6 months (see Resources above).

▶ Consider whether prenatal screens should be included in the measure, or if the measure should focus on postpartum screening.

▶ In a growing number of states, postpartum maternal depression screening may be conducted and covered under the child's Medicaid, regardless of the mother's insurance status; in these states, Medicaid data may provide a rate of screening for mothers, though it would be for lower-income women only.

▶ Test adding postpartum depression screening questions to the Ages and Stages Questionnaire (ASQ), or otherwise connect maternal screening to well-baby checks.

▶ Advocate for local level depression-screening data, such as adding maternal screens to existing immunization or developmental screening registries.

▶ Research which states or localities have maternal and infant health survey's similar to the MIHA, which ask about depression screening based on PRAMS or similar surveys.

Resources

▶ Screening for Perinatal Depression, the American College of Obstetricians and Gynecologists

▶ Patient Health Questionnaire (PHQ-9), Substance Abuse and Mental Health Services Administration

▶ Bright Futures/AAP Recommendations for Preventative Pediatric Health Care (Periodicity Schedule), which includes recommended intervals for maternal depression screening.

▶ Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice, Earls, MF. and The Committee on Psychosocial Aspects of Child and Family Health. Pediatrics, November 2010, volume 216, issue 5.

1.2.2 Maternal Depression: Connection to Services

Percentage of pregnant and postpartum women connected to mental health services when indicated

THIS MEASURMENT IS IN DEVELOPMENT

Purpose

While screening is a necessary first step, its value can only be realized if mothers with an indicated need are successfully connected to services that can help them and, by extension, their children. This measure provides communities an opportunity to look at how frequently pregnant and postpartum women access needed behavioral health services once the need has been identified. This can open up important conversations about how care is coordinated when screenings and assessments indicate the need for behavioral health care, how data are shared between provider types/systems, whether there are variations in access to care in particular geographic areas or among population groups, and the impact on women's and children's outcomes.

Definition

Maternal connection to mental health services is defined by dividing the number of pregnant or postpartum women with young children who are connected to services for depression (the numerator) by the number of women with identified needs for such services (the denominator). *Indication of need* is defined as those who score at-risk for depression on a screening tool or are recommended by a health care professional to seek care. What is considered "at risk" will vary by screening tool. *Connected to services* is defined as the completion of the initial in-person contact that includes the completion of intake and written consent of services.

Limitations

Most of the data limitations discussed in the previous maternal depression screening measure apply to this measure as well. Data are generally only available at the program level and may be duplicated. In 2018, California's Maternal and Infant Health Assessment (MIHA) survey added questions to assess connection to behavioral health services for pregnant and postpartum women. Similar statewide surveys may increase the availability of population-level data for this measure.

Opportunities

Additional opportunities include the following:

- Analyze program data from Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program grantee states.

- Strengthen definition of what qualifies as connection to services, including the timeframe and whether the verification of connection to services will be more passive (some level of confirmation from client) or more active (confirmation with a service provider).

- Analyze the full process of screening, referral to treatment, connection to services, and completion of services to better understand system performance.

- Investigate opportunities with state-level surveys to collect population-level data for this measure.

1.3.1 Child Development: Screening

Percentage of young children who have received a standardized developmental screening

Purpose

Early identification of developmental delays through universal screening at recommended intervals is a key contribution that the early childhood system can offer.

Definition

This measure is the count of children who have received a developmental screening at a determined age, divided by the number of children that age to provide a rate of screening coverage. Similar to maternal depression screening, the ideal source would be unduplicated patient case records for all children documenting developmental screening at the appropriate intervals. Since this source is not available in many communities, this measure offers alternatives for measurement. First, communities may want to investigate the availability of Medicaid data; this would not offer a universal assessment, but it would be a strong source for screening rates among lower income children.[4] Second, population-level survey data that measure whether a child has ever been screened is an option for communities that have this type of survey (see next paragraph). Finally, program-level data are an option. Program-level data are generally limited to counts (there is no denominator to calculate a rate) and they can be sourced to several different programs or practices. As a result, if the agencies do not have data sharing or alignment agreements, the counts may be duplicated. Where an unduplicated rate is not possible, communities can measure change in the number of screenings administered (rather than the number of children screened).

Population-level data are based on survey data, presented as rates of children screened, and reflect varying age ranges and universes of children. For example, the denominator for the National Survey of Children's Health, which is the source for the Title V Child and Maternal Health National Performance Measures, is "Children age 10 months through 71 months who had a health care visit in the past 12 months." The California Health Interview Survey asks parents of children ages 1 year or older (with the ability to retrieve data limited to children ages 1-5) whether the child's "doctor, other health providers, teachers or school counselors" ever asked the parent to fill out a checklist.

There are a variety of developmental screening approaches which may be included in this performance measure. Communities may use: evidence-based screening tools (which may be used with some provider types and not others); a single question on a provider questionnaire; or a question/brief conversation between providers and families. We encourage communities to work along two axes in making progress in children's developmental screening: 1) increasing the rigor of the screening tool/process; and 2) increasing the reach of the developmental screening tool/process. This measure looks specifically at the reach of screening tools/processes from the perspective of children screened.

Data are generally not available by race/ethnicity or income but may be available in some communities.

Example from the Field

In Vermont, community health profiles are built from health insurance claims from all public insurers and the state's major commercial insurers. This enables the state to track what proportion of continuously enrolled children are screened for risk of developmental, behavioral, and social delays using a standardized screening tool in each of the first three years of life. The hot linked thumbnail of the chart below provides the data for each of the state's hospital service areas; the blue dashed line indicates the statewide average. More information can be found at Vermont Blueprint for Health.

Developmental Screening in the First Three Years of Life, by Hospital Service Area, Vermont, 2016/17
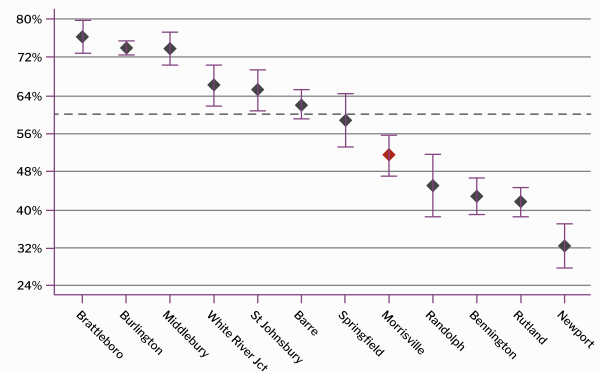
Additionally, the **Universal Developmental Screening (UDS) Registry,** which was added to the Vermont department of health's immunization registry, provides a statewide, cross-sector data collection system and communication tool for early care, health, and education to share results and connect families to the resources and services they need for optimal early development. Early care providers enter screening results and pediatricians are compensated to review the results, which leads to improved connection to services and reduces duplication.

Implementation

Summary of Steps

1. **Set intention:** Set intention: Consider community goals, recent efforts, and constraints related to this area as a first step.

2. **Assess data availability:** Investigate whether your state or region has universal developmental screening patient case level data or, barring that, population-level data through a survey. If neither, consider collecting and pooling data from

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[4] This data source was not researched or piloted by this initiative.

service providers in your early childhood system. This may be medical providers, or it may include other entities that conduct screenings, such as home visitors or early childhood education providers. Since duplication is an issue with program-level data from various agencies, data sharing agreements that enable a unique identifier will reduce issues of duplication and greatly improve the value of the results. Since data from private providers or insurance companies are difficult to obtain, the data are likely to be limited to each provider's service population. Medicaid data may be available.

3. **Engage stakeholders:** For communities that will be using program-level data to measure system performance, engage with agencies from whom you would like to obtain data. Confirm and refine intentions/goals with stakeholders.

4. **Define parameters:** For communities that will be seeking program-level data from a variety of providers, quality results will depend on collectively determining what will count as a screen, intervals, how to address duplication, etc.

5. **Retrieve or compile data:** From population-level sources, retrieve data. From program-level sources, request data. Request five years of data to enable a trend analysis.

6. **Interpret:** Analyze and interpret the data, considering data limitations such as duplication. Think about data trends and how they may be impacted by related interventions or landscape factors in your community. Consider health equity factors in your analysis if able to access disaggregated data.

7. **Plan:** Determine what action should be taken as a result of the analysis and record in action planning guide.

Stakeholders

Stakeholder engagement may not be necessary for communities that have easily accessible population-level data. For communities which seek to collect program-level data, outreach to the agencies conducting screens will be needed.

Data Sources

▸ Population-level data: Health assessment surveys may include questions about developmental screening, such as the National Survey of Children's Health and the California Health Interview Survey, although the questions vary and data may not be available at the local level.

▸ Program-level: Client data from programs or agencies that conduct developmental screens.

Limitations

Data quality is limited by several issues:

▸ Program-level counts may be of screens conducted, not of children screened, and therefore may be duplicated.

▸ Data may not be consistently available across all regions for the same year.

▸ Programs included in program-level data may vary across years.

▸ The age range and timeframe may vary depending on the data source.

Opportunities

Additional opportunities include the following:

▸ The Medicaid and CHIP Child Core Health Care Quality Measurement Set includes a measure for a child developmental screening within the first three years of life, which could provide a population-level measure for lower-income children.

▸ The age intervals for screenings are currently undefined in this measure. For communities with the data to support measurement at age intervals, the Bright Futures/American Academy of Pediatrics Periodicity Schedule is a commonly used schedule. It recommends screenings at 9, 18, and 30 months with autism-spectrum screening recommended at 18 and 24 months.

▸ Communities pursuing this measure using program-level data should consider setting parameters like age range, timeframe, what qualifies as a screen, and so on to improve the quality of results.

▸ Local client data sharing or a unique identifier would improve quality of program-level data by addressing duplication issues.

▸ The addition of developmental screening questions to local surveillance surveys, following a national model like the National Survey of Children' Health, would improve data availability and cross-community learning.

Resources

▸ Help Me Grow National—The Help Me Grow system is designed to help states and communities leverage existing resources to ensure communities identify vulnerable children through the use of valid developmental screening tools, link families to community-based services, and empower families to support their children's healthy development.

▸ Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) is an example of an initiative increasing the use of valid developmental screening tools and protocols. Communities implementing Project LAUNCH are working in a range of child-serving settings to universally screen children birth through age 8 for developmental and behavioral needs, using consistent, evidence-based screening tools and processes at regular intervals. LAUNCH is also focused on ensuring screening is followed by appropriate referrals, follow-up, and ongoing care coordination.

▸ Ages and Stages Questionnaires

1.3.2 Child Development: Connection to Services

Percentage of young children with identified concerns who are connected to services

THIS MEASURMENT IS IN DEVELOPMENT

Purpose

As important as screening is to identify developmental needs or delays, its value can only be realized if children with identified needs are successfully connected to services that help meet those needs. Measuring connection to services can open up opportunities for important conversations about: how children access needed developmental and behavioral health services, particularly in underserved areas; how care is coordinated when screenings and assessments indicate the need for early intervention services; how data are shared between provider types/systems; and the impact on children's outcomes.

Definition

Children's connection to developmental services is defined as the percentage of children with identified developmental concerns that were referred to and connected with related supports. (Count of young children connected to supports divided by the total number of children identified with developmental concerns.) Indication of need will vary by screening tool. Connected to services is defined as the completion of the initial in-person contact that includes the completion of intake and written consent for services.

Many of the data limitations discussed in the children's developmental screening measure apply to this measure too. Data in most places are available only at the program level and may be duplicated. To get good data at the program-level, programs need to be able to track clients after a developmental screening. A unique identifier and/or data sharing would facilitate this tracking. Communities with a referral infrastructure, such as a data system that tracks referrals across different types of providers in the early childhood system, will be most successful at using this measure.

In the absence of a universal identifier linking case records, the workgroup expressed a preference for population-level data, which could be attained through state-level surveys asking parents about developmental screening, referrals, and connections to services. These data are generally not available at this point.

Opportunities

Additional opportunities include the following:

- Analyze program data from Health Resources and Services Administration's Pediatric Mental Health Care Access Program grantee states.

- Clarify ambiguity around distinctions between referrals, connection, and uptake of services.

- Analyze the full process of screening, referral to treatment, and connection to services to better understand system performance.

- Investigate opportunities with state-level surveys to collect population-level data for this measure.

1.3.3 Child Development: Early Identification

Percentage of children needing selected special education services in kindergarten who were not identified and connected to services prior to kindergarten[5]

Purpose

This measure provides insight into how well the service system identifies and responds to children's developmental needs. Children's developmental delays can be addressed best when they are discovered early. Identifying and addressing developmental needs prior to school entry leads to children being more likely to enter school ready to learn and succeed.

Definition

This measure estimates the percentage of five-year-olds (kindergarteners, up to age six) receiving special education services who were not receiving special education/early intervention services at age three.[6] Because many systems do not have unique identifiers for students spanning early childhood and school age databases, this measure proposes the use of cohort-level data. A cohort is a group of students that can be tracked as they advance through school. For example, five-year old kindergarten students in 2018 are the same cohort as three-year-old preschool students in 2016. When using cohort-level data, the data will include "noise," including: children who moved in or out of the cohort; children who received services at age three but no longer needed them at age five; or children who received services at age three and age five but who moved into the cohort at age four and so would appear unidentified. Since pilot results revealed a significant proportion of children receiving special education services in kindergarten who were not identified at age three, this noise is unlikely to be significant enough to create issues with interpretation. As the proportion shrinks, higher quality, student-level data may be necessary. Movements toward unique student identifiers by state departments of education and early care and education data systems could provide the opportunity for student-level data in the future.

For this measure, it is recommended that communities choose to look specifically at receipt of services for *Speech and Language Impairment* and *Autism* because we expect these two disabilities to be identified in children by age three. However, diagnoses selected for inclusion may vary by location. For example, age may vary, and disability categories used may vary, and communities with smaller populations may show very little data for privacy reasons.

Numerator: Number of three-year-olds receiving special education services for Autism or Speech and Language Impairment

Denominator: Number of six-year-olds receiving special education services for Autism or Speech and Language Impairment

Numerator/Denominator: Equals the percentage of three-year-olds receiving services at age five; to calculate unidentified/untreated, we subtract the percentage from one

Formula: 1—(numerator/denominator)

Data Notes: Communities should use a "cohort comparison" to look at roughly the same group of children over time. For instance, for school year 2016/17, pull 2016/17 data on five-year-olds and 2013/14 data on three-year-olds.

Alternative Definition for Communities with Kindergarten Readiness Surveys

Percentage of kindergartners whose teacher believes they have developmental needs but they do not have an individualized education program (IEP).

Numerator: Number of children with an IEP

Denominator: Number of children whose teacher believes have a developmental need

Numerator/Denominator: Equals the percentage of children with a teacher-identified developmental need who have an IEP.

Formula: 1—(numerator/denominator)

Implementation

Summary of Steps

▸ **Set intention:** Consider community goals, recent efforts, and constraints related to this area as a first step.

▸ **Obtain data:** Depending on data availability by state, these data may be readily available, or they may require a special request from the state department of education. While data availability by type of disability may vary by community, at minimum, communities should strive to include data on children receiving special education services for Autism or Speech and Language Impairment since children should be identified by age three for these disabilities. Request or obtain data that enables a "cohort comparison" (e.g., for school year 2017/18, pull 2017/18 data on the number of six-year-olds and 2014/15 data on the number of three-year-olds).

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[6] While most measures in the toolkit are intentionally framed in positive terms, in this instance we have made an exception; our pilot showed that the measure was more easily understood when framed as the proportion of children the system missed prior to Kindergarten, as opposed as the proportion of children the system identified early, before Kindergarten.

- ▸ **Interpret:** Analyze and interpret the data, considering data limitations such as duplication. Think about data trends and how they may be affected by related interventions or landscape factors in your community. If the gap is large or small, consider what is contributing to this – what are your screening rates, and what other data can be used to make sense of these results? Consider equity factors in your analysis if able to access disaggregated data.
- ▸ **Plan:** Determine what action should be taken as a result of the analysis, and record in action planning guide. Use this assessment as an entrée to a larger conversation to support system building between providers serving very young children and school-age educators/providers.

Stakeholders

This measure uses secondary, existing data sources, so does not require primary data collection. Stakeholder involvement to implement the measure is limited to the data analyst in the investigating agency. However, because data sources vary by state, there may be a need to request data from a state department of education on special education enrollment by age and disability.

Example from the Field

The table below provides an example of the components that go into the measure and how the results are presented as a calculated percent.

Percentage of Kindergarteners Unidentified, 2012/13-2016/17

	# 3YO	# 6YO	% Unidentified
2012/13	559	1077	48.1%
2013/14	494	1116	55.7%
2014/15	529	981	46.1%
2015/16	548	939	41.6%
2016/17	571	954	40.1%

Interpreting and responding to the results could involve a variety of stakeholders, including early intervention programs, health departments, early education and care providers, education departments, early childhood collaboratives, parent advisory groups, and others.

Data Sources

The data source is the state department of education, or kindergarten readiness survey for those using the alternative measure.

Limitations

There are considerations associated with this measure:

- ▸ State department of education data do not include: 1) children who are receiving private services only; 2) children who need but don't qualify for services; and 3) children who were in the district at age three but not age five (and vice versa).
- ▸ Without unique student identifiers, "noise" in the cohort data will limit a community's ability to see where the system succeeded by addressing identified developmental issues early, such that the children do not need special education services by the time they reach school.
- ▸ States may differ in terms of what agency is responsible for early intervention services. If this agency is not the department of education, or is not linked to the department of education, data for children at age three may not be available.

Opportunities

Additional opportunities include the following:

- ▸ Movements toward unique student identifiers by state departments of education and early care and education databases could provide the opportunity for student-level data in the future.
- ▸ Expansion of the use of kindergarten readiness surveys would offer more opportunities to use the alternative measure based on a kindergarten readiness survey.

Resources

- ▸ California Department of Education DataQuest—Communities that would like to see how data are presented by one state can examine the California Department of Education data portal, DataQuest. Select a geography (from statewide to individual schools), and then select Special Education from the Subject dropdown menu. Data can be presented by age, disability, grade, and race and ethnicity. Early intervention data are integrated with K-12 data, enabling the comparison presented in this measure.

1.4 Early Care And Education

Percentage of infants, toddlers, and preschool age children with access to early childhood care and education services

THIS MEASURMENT IS IN DEVELOPMENT

Purpose

This measure looks at the ability of families to access early childhood care and education (ECE) for their children across a variety of options. Communities may choose to focus specifically on underserved children as defined locally, income-eligible children, infants and toddlers, or children of working parents. The goal of this measure is not to have capacity for 100 percent of children to be served or for all children to attend formal, high-quality childcare centers, but rather it is to have the capacity throughout the system to meet families' needs and preferences.

Definition

This measure looks at the overall capacity of the early childhood care and education system to serve children birth through five years old or kindergarten entry. The numerator is the ECE system capacity, which can be calculated as the total number of licensed spaces in a community. The denominator is the number of children birth through age five in the community, which can be determined using population-level census data or live births from vital statistics data.

Communities may choose to focus on specific populations or areas of interest, including:

▸ **Infant/toddler capacity vs. preschool capacity:** Data can be broken down by age, such as the number of infant licensed slots divided by the number of live births in one year, or the number infant/toddler slots divided by the number of live births over three years.

▸ **Child care subsidy capacity:** This can be measured by the number of families receiving a child care subsidy divided either by the number of families falling within local income guidelines (often 200 percent of the Federal Poverty Level) or by the number of families on a waiting list for a subsidized slot.

▸ **ECE capacity for working families:** This would use overall ECE capacity as the numerator and the number of families with working parents (one or two depending on family structure) as the denominator.

▸ **High-quality capacity:** In addition to overall capacity, communities may choose to assess the availability of high-quality childcare by only including quality-rated slots in the numerator.

Most communities will not be able to include unlicensed/unregulated providers such as family, friends, neighbors, and nannies in their calculation, though some may have data from other sources about how many families are using this type of care. The extent to which ECE providers are unlicensed/unregulated varies based on child care statutes, regulations, and policies. In some states, this may comprise over half the ECE delivery system capacity.

Communities may also be interested in looking at use of ECE versus the capacity of the system. One approach to calculating this for low-income children is to calculate the gap between the number of children using child care subsidies compared to the number of income eligible children. If looking at care use or waiting lists across the mixed delivery system, program-level data may include duplication when children receive care in multiple settings, unless using unique identifiers. Some states have developed ECE data systems, use evaluators to de-duplicate data, or use K-12 longitudinal data systems to track children attending child care.

Opportunities

Additional opportunities include the following:

▸ Movements toward unique child identifiers by state departments of education and ECE databases could provide the opportunity for individual-level data in the future.

▸ Correlating data associated with ECE access, the quality of the ECE providers, and children's outcomes as measured in kindergarten transition domains can help to show the relationship of interventions to child outcomes.

1.5 Home Visiting

Percentage of families with young children with access to home visiting services

Purpose

The ability to identify and support families in need is a key contribution of an early childhood system. Ideally, this measure would gauge how well the system is identifying the need for family support and, when indicated, providing that support. While data limitations may not make that particular analysis possible at this time, many systems can track the availability of home visiting services, which research has demonstrated positively impact outcomes for families and children. The goal of this measure is to understand a community's capacity to deliver home visiting services. These data can be compared with the community-defined need or demand for home visiting services, which may be based on risk factors or results of bedside screens following the birth of a child.

Definition

This measure compares the availability of home visiting services in a community compared to the number of live births. The numerator is the number of maternal and infant home visiting slots, and the denominator is live births. While some home visiting programs offer services to families with toddlers or older children, the majority of home visiting is offered to pregnant women and families with newborns or infants, making the number of live births a reasonable estimate of the number of families potentially eligible for home visiting services. In communities that do universal bedside screens, the denominator can be the number of families screened as eligible and/or in need of home visitation.

As with ECE capacity, the goal is not universal services. The need or demand for home visiting services will be defined differently by communities. Some may define risk factors through indicators such as poverty, education level, or native language, and use population-level data (e.g., birth records) to calculate the population for which home visiting services may be targeted. Others may conduct infant or maternal risk screenings to determine who would benefit from home visiting. Others may want to broaden this to capture additional parent support services.

The extent to which ECE providers are unlicensed/unregulated varies based on child care statutes, regulations, and policies. In some states, this may comprise over half the ECE delivery system capacity.

② Coordination

Sectors within the system are coordinated to provide seamless services, support quality improvement, and avoid duplication

SYSTEM PERFORMANCE MEASURES FOR COORDINATION

Measurement	Resources needed	System stakeholder engagement[6]	Data collection requirements	Timeframe
				Level of Effort
2.1 Family Assessment				
System's ability to understand a family's strengths and needs.	• Lead convener • Online survey platform • Data administrator	• Agencies across the system (leaders, front-line staff, parents)	• Online survey • Convenings/meetings/focus groups	4-6 months Moderate to High
2.2 System Navigation				
System's ability to help connect families to the services and supports they need.	• Lead convener • Online survey platform • Data administrator	• Agencies across the system (leaders, front-line staff, parents)	• Online survey • Convenings/meetings/focus groups	4-6 months Moderate to High
2.3 Working Together				
System's service providers' level of working together, when needed, to meet a family's needs.	• Lead convener • Online survey platform • Data administrator	• Agencies across the system (leaders, front-line staff, parents)	• Online survey • Convenings/meetings/focus groups	4-6 months Moderate to High
2.4 Using Data				
System's level of using data to improve outcomes for families and system functioning.	• Lead convener • Online survey platform • Data administrator	• Agencies across the system (leaders, data administrators)	• Online survey (optional) • Convenings/meetings/focus groups • Agency administrative data	4-6 months Moderate to High
2.5 Capacity Building*				
System's support of professional development and organizational capacity to improve services.	• Participation of EC system stakeholders • Data administrator	• Agencies across the system (leaders, front-line staff, parents)	• Convenings/meetings/focus groups	4-6 months Moderate to High

* Measure is in development (i.e., not piloted) but included due to its importance in measuring system performance.

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[6] The measures within Coordination pertain largely to "behind the scenes" operations of the early childhood system; as such, parents and other community residents may not have the relevant exposure to respond. However, parents can provide important feedback as recipients of services or participants in programs within the system. The Stakeholder section within each measure suggests ways parents can provide input.

2.1 Family Assessment

Level at which service providers understand the full range of family strengths and needs

Purpose

One of the potential benefits of a well-functioning early childhood system is that the integration of services and service providers encourages a broader view of family strengths and needs. When families and children identify themselves, or are identified by a service provider or a screening process, as potential beneficiaries of services, there is an opportunity to comprehensively assess family strengths and needs. This measure helps communities understand how well they are carrying out this intention, by examining the assessment processes used in the different services that are part of an early childhood system. In addition to a broad understanding of the level of performance on the measure, conducting this assessment with providers can reveal specific service issues, such as the quality, variability, or even lack of family assessment tools; problems with subjectivity or bias; or other issues that, if addressed, could improve the system's ability to meet a family's needs.

Definition

The family assessment measure examines the extent to which system stakeholders collectively understand a family's full range of strengths and needs. This standard is closely related to two of the other system integration standards—2.2 System Navigation and 2.3 Working Together.

The core questions to be addressed in evaluating *2.1 Family Assessment* are as follows:

▸ To what extent do services use formal and/or common assessment tools and processes?

▸ To what extent do assessments address the entire family, rather than just the young child?

▸ To what extent do assessments attempt to identify both family strengths and needs?

▸ To what extent do assessments address a full range of potential supports, rather than only the supports that are available from the organization conducting the assessment?

Communities can use the model survey provided below to gather information and stakeholder opinion about this measure. Taking into account the ratings for each of the questions in the survey, communities then assign themselves an overall rating of Level 1 (limited use of standardized intake tools or limited application) through Level 4 (extensive use of standardized intake tools and full family application). After assigning a level, communities are encouraged to identify what, if any, activities or changes they want to commit to based on this self-evaluation.

Implementation

The following guidelines provide the tools to gather and analyze data about how well a community is doing with regard to this measure and a summary of the recommended steps and stakeholders needed.

Tool or Survey

Communities are invited to use the questions on the next page as a starting point for their own, customized tool to solicit the level of input they are seeking, whether through a facilitated meeting with a group of system leaders, a survey of system leaders, a survey of front-line staff, or focus groups or survey for parents. The intention is to both understand assessment processes within an organization and across organizations within a system, whether those organizations are in the same sector or different sectors within the early childhood system.

Summary of Steps

1. **Set intention:** Determine which assessment questions matter to you and your community and how much each matters. This will vary by stakeholder type. For example, home visitors may care about all of the assessment questions while other stakeholders may only want to focus on one or two. Also consider your aspirations associated with each question. Perhaps you only aspire to reach a low or moderate level of maturity for some assessment questions based on community goals and priorities.

2. **Identify stakeholders:** Communities are encouraged to include as many as possible from the list under the Stakeholders heading in addition to others that may be important locally. Confirm and refine intentions/goals with stakeholders.

3. **Identify type of engagement:** There are several options for collecting data for this measure. Communities may use more than one approach.

   a. *Leadership meeting.* Particularly in smaller communities and/or those with a strong multi-sector leadership team, the information can be gathered at an in-person meeting including leaders from each sector. An advantage of this option is that it may also lead to helpful conversations among these leaders.

   b. *Leadership survey.* A second option is to send a survey to leaders in multiple sectors, asking them to answer the four questions in the model survey below with regard to their own programs; staff at the coordinating agency will collect and analyze the responses. An advantage of this option is that it can include a larger number of people and provide more comprehensive information about the range of practices being used by each service type.

   c. *Front-line staff survey.* Communities may ask a sample of front-line workers to answer the questions in the model survey below. This approach is likely to be of greatest interest to communities that are larger and have many providers whom they want to hear from, or to communities that are planning to do a survey of front-line staff in order to evaluate Standards 2.2 and 2.3. For those communities, simply adding the questions about 2.1 may be the most efficient way to gather the additional information.

4. **Gather information:** Gather information from the stakeholders about the assessment practices in use in a variety of service settings. In larger communities, there may be multiple providers for some of these services, so communities will be trying to understand the range of practices in place in order to make a judgment about the practices being used by the largest number of providers. This information gathering could be embedded in a survey tool. Compile results.

5. **Rate:** Taking all of the responses into account, communities can then rate their performance on the standard as a whole, using the scale or levels defined above. It will be useful to tabulate the scores on the individual items and calculate averages, but communities should feel free to use judgment in assigning the rating.

6. **Interpret:** Communities should consider the interpretation question prompts in the Interpreting Results section.

7. **Plan:** Determine what action should be taken as a result of the analysis and record in action planning guide. Use this assessment as an entrée to a larger conversation to support system building efforts.

Stakeholders

Target Sectors

Communities may prefer to target common system access points for the assessment, but given that all early childhood sectors do some form of family intake, the options for inclusion are broad.

Roles For Different Groups of Stakeholders

- **Leadership:** A richer level of engagement, which is more likely to contribute to system improvement, involves engaging a broad range of system stakeholders. This engagement can take place after the survey has been fielded as a way to convene survey respondents to review, discuss and respond to the results. Preferably, however, a workgroup can be engaged at the outset to build buy-in and increase the reach and response rate of the survey.

- **Front-line staff:** An early childhood coordinating agency can send a request to complete a survey tool to front-line service providers who represent the core early childhood system, such as providers working in early care and education, early intervention, clinics or pediatric practices, and/or home visiting. A coordinating agency can learn from the compilation of the results of these surveys, although response rates and the impact of the assessment may be limited without further engagement.

- **Parents:** Parent input may be sought about the extent to which the programs and services they have used have endeavored to understand their families' full range of strengths and needs. Parents may be engaged in a variety of ways: through targeted focus groups; by including parent leaders in the workgroup; or by customizing the survey tool to capture parent perspectives. Soliciting parent input across the first three Coordination measures (2.1, 2.2, and 2.3) would be an efficient exercise and results would provide important context for interpreting the results from the leader or front-line staff surveys.

Data Sources

Early childhood communities create the data to be reviewed and evaluated. They can do so through any of the following means:

- Survey results, as completed by early childhood system administrators and front-line service providers.

- Proceedings of leadership workgroup convenings to discuss survey results.

- Findings from leadership workgroup discussions, if the survey has been used as a set of discussion questions.

- Proceedings of parent focus groups or survey results, if the survey has been modified to elicit parent input.

Prior to collecting data, communities should collect any assessment forms currently in use to inform discussions.

Tips For Successful Implementation

- Work early in the process to get supervisor buy-in to the assessment.

- Be clear about how results will be used and who will have access to the data.

- Have a plan to follow up on results, ideally before the survey is executed.

- Be sensitive to organizations that are fearful that the assessment will cast them in an unfavorable light or respondents who may not feel free to be candid about their experiences; if you expect this issue to be significant, consider adding anonymity to the survey by just asking respondents to identify the sector of the system in which they work, but not the agency itself.

- Since a service provider's tenure can impact the depth and breadth of their informal system connections, surveys should ask for how long the provider has been working in the early childhood system.

- Conduct annually, if possible, to assess where progress is being made and where connections need to be strengthened.

- Knowledge of survey design/science when using a survey tool to gather data will help maximize response and completion rates.

Limitations

The ability to draw conclusions from the data may be limited if there is low agency engagement or there is not cross-sector participation.

2.1 Family Assessment: Survey

The core set of questions about family assessment are below. For each of the questions, communities can use a simple four-point scale, with responses roughly as follows:

1—Not done

2—Done sometimes / done partially*

3—Usually done

4—Done all the time or almost all the time

Respondents can be asked to assign only a numerical answer to each of the five questions, or they can also be given an opportunity to submit remarks explaining their ratings.

1. To what extent do services use formal and/or common assessment tools and processes? Are these home-grown tools or evidence-based, standardized assessments?	1 2 3 4
2. To what extent do assessments address the entire family, rather than only the mother, the father, or the young child?	1 2 3 4
3. To what extent do assessments attempt to identify both family strengths and needs?	1 2 3 4
4. To what extent do assessments address a broad range of potential supports, rather than only the supports that are available from the organization conducting the assessment?	1 2 3 4
5. To what extent do assessments address potential barriers to accessing services and supports?	1 2 3 4

Level 1—Limited use of standardized or evidence-based assessment tools and processes; the assessments conducted by most service providers are significantly limited (to the young child only, to needs but not strengths, to only the services available from the organization doing the assessment).

Level 2—Some of the services have made progress on two or more of the four factors.

Level 3—Most of the services have made progress on two or more of the factors, and some of them have made progress on three or more.

Level 4—While some exceptions may remain, most services have assessment processes incorporating most or all of the factors listed.

Note regarding choice 2: Consider the example of a provider answering the question about whether assessments address the needs of the entire family. They might score this question a 2 if they get this information sometimes but not usually. Or they might give it the same score if they routinely ask about the needs of some family members—for example, the identified child and the primary caregiver—but don't learn about the needs of other family members.

2.2 System Navigation

Level at which the system helps connect families to the services and supports they need

Purpose

This measure tries to capture the idea that there should be "no wrong door" for families needing services and supports; no matter where and how a need is first identified, the family will be helped to connect to a place that can help meet it. To understand how well they are carrying out this intention, systems can examine the ways in which families and children who have had a need identified are connected to services that can meet that need. The measure assesses the service providers' perception of how well they are connected to different organizations and agencies, which is an important precursor to more deliberate work to increase cooperation and coordination. Expanding the assessment to include parent perspectives offers an opportunity to assess whether families feel their needs are being met and whether provider perceptions differ from parent perceptions.

Definition

The System Navigation measure examines the ways in which families and children who have had a need identified are connected to services that can meet that need and the system's level of success at getting them to the right place(s). This standard is particularly related to *2.3 Working Together* (the level at which system stakeholders work together when multiple service providers are involved with the same family), and the assessment tools for these two measures can be used together.

To assess performance on this measure, the tool provided helps communities assess how their system responds:

▸ When screening suggests a need for services;

▸ When a family requests a service, and contacts a provider who is unable to provide the service;

▸ When an assessment made by a service provider suggests a need that can't be met by that provider;

▸ When a service no longer meets a child or family's needs, but they have a continuing need for a different service (perhaps more or less intensive, or targeted to a different age group) that can't be met by the same provider.

In examining the *referral pathways* that connect providers to one another and help families connect to providers, communities can take into account:

▸ Formal connections, e.g., whether there is a centralized referral resource like Help Me Grow, and other agreements between providers;

▸ Informal connections, e.g., the extent to which staff in different organizations know one another and use their relationships to help families get to the right place;

▸ Referral practices, e.g., the extent to which families are offered "warm hand-offs" in which workers accompany them to a new service or call ahead to help make arrangements for them, rather than simply providing information to the family.

Because pediatric care is the one near-universal service for families with young children, having a "medical home" – a doctor or medical practice that a patient or family sees on a regular basis – is an essential component of this standard. Strong referral pathways are much more likely to be used consistently when most families in a community have a medical home.

It is important to note that the tool is not currently designed to address what happens if a family cannot be connected to a needed service because the service isn't available or there are other barriers to access, such as lack of transportation, language barriers, or long waiting lists. This is identified in the Opportunities section as an area a community could explore further.

Implementation

The following guidelines provide the tools to gather and analyze data about how well a community is doing with regard to this measure and a summary of the recommended steps and stakeholders needed. Communities can modify and customize as needed.

Tool or Survey

Communities are invited to use the model questions at the end of this section as a starting point for their own customized tool to solicit the level of input they are seeking. The model describes common scenarios and asks respondents to consider what happens in the scenario. It then asks for feedback on specific sectors within the early childhood system. Two agencies that piloted the tools have provided the surveys they created as a resource below.

Summary of Steps

1. **Set intention:** Determine which questions matter to you and your community, and how much each matters. This will vary by stakeholder type. Also consider your aspirations associated with each question. Perhaps you only aspire to reach a low or moderate level of maturity for some assessment questions based on community goals and priorities.

2. **Identify stakeholders:** The lead agency should consider the system stakeholders that should be sought for participation, such as pediatric practices, medical homes, mental health agencies, etc. See Stakeholders section below for considerations regarding stakeholder engagement. Confirm and refine intentions/goals with stakeholders.

3. **Outreach:** Either through a convening of sector leaders or one-on-one outreach to sector leaders, describe the assessment process and goals. Share the model survey tool or one of the online samples provided. Solicit commitments to participate and request front-line staff to respond to the survey. If possible, also solicit commitment to participate in next steps after the survey is complete.

4. **Gather contextual information (recommended):** In addition to using the tool, communities are encouraged to collect and review additional information relevant to this measure. Examples include: percentage of families that have a medical home and the trend over time; data concerning how often any existing centralized resources (such as Help Me Grow or 2-1-1) are used and by whom, the trend over time, and any data concerning quality (e.g., how often referrals of different types are successful); and formal agreements between systems and/or providers and any prior evaluations of how well these agreements work in practice. These data will help with interpreting survey results and crafting responses.

5. **Develop survey:** Communities may wish to use the sample surveys provided within the toolkit or customize the model survey to best meet their research interests.

6. **Field survey:** Field the online survey, ideally with front-line staff with direct experience working with families. Leaders involved in the assessment should actively authorize and encourage their staff to participate. The lead agency should consider crafting a template email for stakeholders to send out to their staff with the survey link.

7. **Compile results:** Aggregate and synthesize results across the data sources used.

8. **Rate:** Stakeholders should meet to discuss the results of the survey and to assign an overall level of performance (as described in the definition of this measure). Beyond the assignment of a level, at this convening, stakeholders will want to discuss next steps, such as ongoing work to address weaknesses identified. This may suggest setting a meeting schedule and/or identification of additional information needed. Agency leaders should be encouraged to share the results with front-line staff.

9. **Interpret:** Communities should interpret results using question prompts provided in the Interpreting Results section.

10. **Plan:** Determine what action should be taken as a result of the analysis and record in action planning guide. Use this assessment as an entrée to a larger conversation to support system building efforts.

Stakeholders

Target Sectors

Communities will vary in terms of the appropriate sectors to include in the assessment, but pediatric care or medical home providers would be a key sector, as pediatric care is closest to a universal service for families with young children. Home visiting, early care and education, and early intervention are also key sectors to include in this assessment, and other sectors may be included as appropriate for a given community.

Roles For Different Groups of Stakeholders

Leadership: Administrators/leaders in the target sectors should be the first level of engagement. Stakeholders may be an existing inter-agency group, or a new group may need to be formed to complete this assessment. A convening of participating stakeholders, or one-on-one outreach to participating stakeholders by the lead agency, will help build buy-in, increase response rates among front line-staff, and provide a leadership group that can respond to the results of the assessment. Leaders will also have a broad sense of coordination and integration within the system, which will be important context to bring to the assessment. They may also complete the survey, but they are not the primary target of the survey.

Front-line staff: The survey tools are designed to solicit front-line staff experience working with families and getting them to the services they need. All levels of staff who work with families should be invited to complete the survey.

Parents: Parent input may be sought on how well they feel they have been supported in navigating diverse services within the early childhood system. Parents may be engaged in a variety of ways: through targeted focus groups; by including parent leaders in the workgroup; or by customizing the survey tool to capture parent perspectives. Soliciting parent input across the first three Coordination measures (*2.1, 2.2,* and *2.3*) would be efficient and the results would provide important context for interpreting results from front-line staff.

Data Sources

In most cases, early childhood communities will collect the data to be reviewed and evaluated. They can do so through any of the following means:

- Survey results, as completed by early childhood system administrators and front-line service providers. Sample surveys from two participating EC-LINC communities that piloted this measure can be found at the following links: Ventura County Service Provider Survey and Central Vermont System Integration Survey (Both surveys capture questions for measures *2.2* and *2.3*)

- Proceedings of leadership workgroup convenings to discuss survey results.

- Findings from leadership workgroup discussions, if the survey has been used as a set of discussion questions.

- Findings from front-line service provider focus groups. Sample provider focus group questions used in a pilot of measures *2.2* and *2.3* can be found at the following link: Ventura County Service Provider Focus Group Protocol

- Proceedings of parent focus groups or survey results, if the survey is modified to elicit parent input. Sample parent discussion questions used in a pilot of measures *2.2* and *2.3* can be found at the following link: Ventura County Parent Café Questions

Secondary or administrative data for measures may be sourced from the following:

- Community health surveys (for proportion of families with a medical home).

- Centralized resource agencies, such as Help Me Grow or 2-1-1 (for utilization of centralized referral resources).

- Agency administrative information (for inter-agency agreements to facilitate coordination).

- Evaluation data (for any existing studies of service integration or coordination efforts).

Tips For Successful Implementation

See Tips for Successful Implementation under *2.1 Working Together.*

Limitations

The ability to draw conclusions from the data may be limited if there is low agency engagement or there is not cross-sector participation. Additionally, the tool is not currently designed to address what happens if a family cannot be connected to a needed service because the service isn't available or if there are other barriers to access, such as lack of transportation, language barriers, or long waiting lists. The Opportunities section below articulates the possibility for a community or researcher to extend the tool to include assessment of service availability and potential barriers.

Opportunities

Additional opportunities include the following:

- Communities are invited to explore the following question to improve the ability to understand system navigation; how can we also ask about current barriers related to potential supports including: lack of support in a service area, waiting times/inability to take new clients, client's willingness to accept support/referral, transportation issues, and/or immigration status concerns?

2.2 System Navigation: Survey

Scenario: A family has come to your organization for help, and you have assessed their needs and found that some of them cannot be met by your organization. (Or, for example, a family you have been serving now needs a more or less intensive level of service than you are able to provide, or a family whose child is aging out of a service you provide needs continued help from an organization that works with older children.) Please rate each of the statements numbered 1 through 6 below according to this scale:

1—very unlikely to happen / less than a 25% chance of happening

2—likely not to happen / a 25-50% chance of happening

3—likely to happen / a 50-75% chance of happening

4—very likely to happen / a greater than 75% chance of happening

0 or NA—you do not know or the question is not applicable to your job

1. You will know which other organizations in the community provide the kind of service the family needs.	1	2	3	4	NA
2. You will help the family decide where to go to get the help they need.	1	2	3	4	NA
3. You will give the family the name of a specific person to contact at the place where they can get the service they need.	1	2	3	4	NA
4. You will contact the organization to which you are making the referral to let them know that you have recommended that the family come to them.	1	2	3	4	NA
5. You will conduct a "warm hand-off," either by getting on the phone with the family and the new provider at the same time, or by accompanying the family to the provider for their first contact.	1	2	3	4	NA
6. If there is a problem with the referral, you will know whom to contact at the new provider to try to solve the problem.	1	2	3	4	NA

In answering these questions, you have been thinking about your experience with many different sectors. Now please think about those sectors individually, and give your ratings as follows.

My experience in referring people to this sector has been:

1—Largely unsatisfactory (I usually encounter problems)

2—Somewhat unsatisfactory (I encounter problems fairly often)

3—Somewhat satisfactory (I sometimes encounter problems)

4—Largely satisfactory (I rarely encounter problems)

0—Not applicable (no experience working with this sector or I am part of this sector)

7a. Pediatrics	1	2	3	4	NA	**7f.** Mental health	1	2	3	4	NA
7b. Early care and education	1	2	3	4	NA	**7g.** Income support	1	2	3	4	NA
7c. Home visiting	1	2	3	4	NA	**7h.** Food and nutrition	1	2	3	4	NA
7d. Early intervention	1	2	3	4	NA	**7i.** Family support / Parenting education	1	2	3	4	NA
7e. Child welfare	1	2	3	4	NA						

2.2 System Navigation: Survey (Continued)

After compiling results, communities can collaboratively assess where their system falls according to the following levels:

Level 1—There is no formal process to help make these connections (or there is a formal process that is rarely used); informal connections are rarely strong; warm hand-offs are rare. A significant number of families lack a medical home. Many families have trouble getting to the right place for help.

Level 2—There are some processes in place and/or stronger informal relationships, but they are generally only for some kinds of connections (e.g., between screening and early intervention providers) and/or they are not used consistently or are not routinely effective when used. Warm hand-offs are rare. Some families lack a medical home. Some families are helped to get to the right place, while others struggle.

Level 3—Most but not all services are effectively connected to one another through a combination of formal and informal relationships. Warm hand-offs are common for at least some kinds of referrals. Almost all families have a medical home. Most families are helped to get to the right place, while there are still challenges for some.

Level 4—All parts of the early child system are effectively connected with one another, and warm hand-offs are routinely used, at least when there is concern about a family's ability to navigate the referral on their own. It's unusual for a family to lack a medical home or to have trouble getting to the right place.

2.3 Working Together

Level at which the system works together when multiple service providers are involved with the same family

Purpose

In a strong early childhood system, families that need several different kinds of services can be assured that the different service providers are aware of each other's work and coordinate with one another, with the family itself involved in working out how the services will be coordinated. The extent to which coordination is needed depends upon the types of service involved and the needs of each individual family. For example, for most children there is less need for coordination between pediatric care and an early childhood education program, though such coordination might be essential for a child with special health care needs. By contrast, coordination would routinely be very important for parents receiving both home visiting and substance use disorder treatment. This measure provides a way for systems to assess how well they work together in these and other situations.

Definition

This measure examines the extent to which the system works together when multiple service providers are involved with the same family. This standard is particularly related to *2.2 System Navigation*. Consequently, we recommend that communities examine both measures together.

▸ To understand how well they are working together, communities can examine what happens when multiple service providers are involved with the same family, taking into account the following:

▸ The extent to which workers are aware of, and incorporate into service plans, related services being delivered by another provider (bonus for a common, consolidated service plan used by multiple providers);

▸ The extent to which case conferences or case planning meetings include all relevant service providers (and, when in-person participation is impossible, relevant information is gathered before the meeting from providers who cannot attend);

▸ The extent to which families participate in such meetings and have an opportunity to influence the choices being made by the service providers; and

▸ The extent to which workers know and communicate with their colleagues from other organizations, when relevant, outside of formal meetings.

Communities can use the model survey provided below to gather information and stakeholder opinion about this measure. Taking into account the ratings for each of the questions in the survey, communities then assign themselves an overall rating of Level 1 (low or poor coordination) through Level 4 (extensive coordination among system sectors). Assigning a level provides a baseline for ongoing assessments of system coordination, facilitates system-wide target setting, and offers an easily understood way to convey the status of the system on this performance measure to funders or policymakers. The detailed results of the survey can help systems identify specific areas of weakness and objectives to address those weaknesses, which will lead to overall improvement in the level over time.

Implementation

The following guidelines provide the tools to gather and analyze data about how well a community is doing with regard to this measure and a summary of the recommended steps and stakeholders needed. Communities can modify and customize as needed.

Tool or Survey

Communities are invited the use the model questions at the end of this section as a starting point for their own, customized tool to solicit the level of input they are seeking. The model describes common scenarios and asks respondents to consider what happens in the scenario. It then asks for feedback on specific sectors within the early childhood system. Two agencies that piloted the tools have provided the surveys they created as a resource below.

Summary of Steps

1. **Set intention:** Determine which questions matter to you and your community, and how much each matters. This will vary by stakeholder type. Also consider your aspirations associated with each question. Perhaps you only aspire to reach a low or moderate level of maturity for some assessment questions based on community goals and priorities.

2. **Identify stakeholders:** The lead agency should consider the system stakeholders whose participation is important, such as pediatric practices, medical homes, mental health agencies, etc. See Stakeholders section below for considerations regarding stakeholder engagement. Confirm and refine intentions/goals with stakeholders.

3. **Outreach:** Either through a convening of system administrators or one-on-one outreach to system administrators, describe the assessment process and goals. Share the model survey tool or one of the online samples provided. Solicit commitments to participate and request front-line staff to respond to the survey. If possible, also solicit commitment to participate in next steps after the survey is complete.

4. **Gather contextual information (recommended):** In addition to using the tool, communities are encouraged to collect and review additional information relevant to this measure. Examples include: percentage of families that have a medical home and the trend over time; data concerning how often any existing centralized resources (such as Help Me Grow or 2-1-1) are used and by whom, the trend over time, and any data concerning quality (e.g., how often referrals of different types are successful); and formal agreements between systems and/or providers and any prior evaluations of how well these agreements work in practice. These data will help with interpreting survey results and crafting responses.

5. **Develop survey:** Communities may wish to use the sample surveys provided within the toolkit or customize the model survey to best meet their research interests.

6. **Field survey:** Field the online survey, ideally with front-line staff with direct experience working with families. Leaders involved in the assessment should actively authorize and encourage their

staff to participate. The lead agency should consider crafting a template email for stakeholders to send out to their staff with the survey link.

7. **Compile results:** Aggregate and synthesize results across the data sources used. For questions 9 and 10, which call for narrative responses, review the responses for common themes and important insights, then summarize.

8. **Rate:** Stakeholders should meet to discuss the results of the survey and to assign an overall level of performance. Beyond the assignment of a level, at this convening stakeholders will want to discuss next steps, such as ongoing work to address weaknesses identified. This may suggest setting a meeting schedule and/or identification of additional information needed. Agency leaders should be encouraged to the share the results with front-line staff.

9. **Interpret:** Communities should interpret results using question prompts provided in the Interpreting Results section.

10. **Plan:** Determine what action should be taken as a result of the analysis, and record in action planning guide. Use this assessment as an entrée to a larger conversation to support system building efforts.

Stakeholders

Target Sectors

Communities will vary in terms of the appropriate sectors to include in the assessment, but pediatric care or medical home providers would be a key sector, as pediatric care is closest to a universal service for families with young children. Home visiting, early care and education, and early intervention are also key sectors to include in this assessment, and other sectors may be included as appropriate for a given community.

Roles For Different Groups of Stakeholders

Leadership: Administrators/leaders in the target sectors should be the first level of engagement. Stakeholders may be an existing inter-agency group, or a new group may need to be formed to complete this assessment. A convening of participating stakeholders or one-on-one outreach to participating stakeholders by the lead agency will help build buy in, increase response rates among front line-staff, and provide a leadership group that can respond to the results of the assessment. Leaders will also have a broad sense of coordination and integration within the system, which will be important context to bring to the assessment. They may also complete the survey, but they are not the primary target of the survey.

Front-line staff: The survey tools are designed to solicit front-line staff experience working with families and getting them to the services they need. All levels of staff who work with families should be invited to complete the survey.

Parents: Parent input may be sought on how well they feel the agencies they encounter work together. Parents may be engaged

in a variety of ways: through targeted focus groups; by including parent leaders in the workgroup; or by customizing the survey tool to capture parent perspectives. Soliciting parent input across the first three Coordination measures (2.1, 2.2, and 2.3) would be efficient and the results would provide important context for interpreting results from front-line staff.

Data Sources

In most cases, early childhood communities create the data to be reviewed and evaluated. They can do so through any of the following means:

▸ Survey results, as completed by early childhood system administrators and front-line service providers. Sample surveys from two participating EC-LINC communities that piloted this measure can be found at the following links: Ventura County Service Provider Survey and Central Vermont System Integration Survey (Both surveys capture questions for measures 2.2 and 2.3)

▸ Proceedings of leadership workgroup convenings to discuss survey results.

▸ Findings from leadership workgroup discussions, if the survey has been used as a set of discussion questions.

▸ Findings from front-line service provider focus groups. Sample provider focus group questions used in a pilot of measures 2.2 and 2.3 can be found at the following link: Ventura County Service Provider Focus Group Protocol

▸ Proceedings of parent focus groups or survey results, if the survey is modified to elicit parent input. Sample parent discussion questions used in a pilot of measures 2.2 and 2.3 can be found at the following link: Ventura County Parent Café Questions

Secondary or administrative data for measures may be sourced from the following:

▸ Community health surveys (for proportion of families with a medical home).

▸ Centralized resource agencies, such as Help Me Grow or 2-1-1 (for utilization of centralized referral resources).

▸ Agency administrative information (for inter-agency agreements to facilitate coordination).

▸ Evaluation data (for any existing studies of service integration or coordination efforts).

Tips For Successful Implementation

See Tips for Successful Implementation under *2.1 Working Together.*

Limitations

The ability to draw conclusions from the data may be limited if there is low agency engagement or there is not cross-sector participation.

2.3 Working Together: Survey

Scenario: You are providing services to a family that is also receiving services from one or more other organizations. Please focus on situations in which coordination with the other service provider would be useful; you can ignore, for example, routine services like pediatrics, unless there is a special need that would make it important for your services to be coordinated with pediatric care. Please rate statements 1-7 using the following scale:

1—very unlikely to happen / less than a 25% chance of happening

2—likely not to happen / a 25-50% chance of happening

3—likely to happen / a 50-75% chance of happening

4—very likely to happen / a greater than 75% chance of happening

0 or NA—you do not know or the question is not applicable to your job

1. You will know that the family is receiving multiple services.	1 2 3 4 NA
2. You will know about the nature of the other provider's work with the family, and they will know about the nature of your work with the family.	1 2 3 4 NA
3. When you develop or review and revise a service plan, you will have up-to-date information from the other provider.	1 2 3 4 NA
4. When you develop or review and revise a service plan, the family will help to determine which services it receives from which organization.	1 2 3 4 NA
5. The two plans will be coordinated with one another (for example, so that the family doesn't experience scheduling conflicts between your services; or so that participating in one service fulfills a reasonable requirement for the other).	1 2 3 4 NA
6. You will have informal contacts with the other provider when such contacts would be helpful.	1 2 3 4 NA
7. You believe that the other provider will work with the family in a way that helps make your work more effective.	1 2 3 4 NA

In answering these questions, you have been thinking about your experience with many different sectors. Now please think about those sectors individually, and give your ratings as follows.

My experience in referring people to this sector has generally been:

1—Largely unsatisfactory (I usually encounter problems)

2—Somewhat unsatisfactory (I encounter problems fairly often)

3—Somewhat satisfactory (I sometimes encounter problems)

4—Largely satisfactory (I rarely encounter problems)

0—Not applicable (no experience working with this sector orI am part of this sector)

8a. Pediatrics	1 2 3 4 NA	**8f.** Mental health	1 2 3 4 NA
8b. Early care and education	1 2 3 4 NA	**8g.** Income support	1 2 3 4 NA
8c. Home visiting	1 2 3 4 NA	**8h.** Food and nutrition	1 2 3 4 NA
8d. Early intervention	1 2 3 4 NA		
8e. Child welfare	1 2 3 4 NA	**8i.** Family support / Parenting education	1 2 3 4 NA

2.3 Working Together: Survey (Continued)

After compiling results, communities can collaboratively assess where their system falls according to the following levels:

Level 1—Little evidence of coordination, formal or informal.

Level 2—Some promising examples of coordination, likely among particularly complex cases, and of relationships developing among providers to support coordination.

Level 3—Coordination has become the norm for at least some kinds of services that are frequently involved together with the same families.

Level 4—Coordination is expected across early childhood service providers, and situations in which it is lacking are rare.

For the final two questions, please think about both scenarios (2.2 System Navigation scenario and 2.3 Working Together scenario), and more broadly about how well you think different services for young children and their families are coordinated.

1. What is the best example you know of successful or improved coordination between different sectors in our community?

2. If you could pick one area for us to focus on as we try to improve coordination between different sectors, what would it be and why?

2.4 Using Data

Level at which system stakeholders use data both for improved service coordination at the case level and to support planning and quality improvement at the system level

Purpose

The ability to share client data within and across systems, with appropriate safeguards to protect confidential information, facilitates the system's ability to achieve the other system integration standards under Coordination. When system stakeholders share data, they can be better informed about a family's full range of strengths and needs, help families get to the right places to have their needs met, and work together more seamlessly. They can also use the data to improve quality and influence resource allocation.

Definition

The Using Data measure enables communities to conduct a self-assessment on the ways in which service providers have access to and use data, beyond the data they gather within their own programs, and to measure their progress in sharing and using data to improve system performance. The measure assesses seven topics:

1. The presence of data-sharing agreements across systems, including guidelines concerning confidentiality.

2. The extent to which data sharing is facilitated by a unique common identifier for each child and family.

3. The extent to which programs share a common database:

   a. *within an individual sector* (e.g., home visiting) where they have access to information about referrals, assessments, and past history within that sector;

   b. *across sectors in the system* (e.g., between early care and education and K-12 education) to support coordination of services with regard to specific cases and to improve planning, quality improvement, research, and evaluation efforts.

4. The extent to which the system is able to collect robust data across sectors, including feedback from parents (e.g., data are complete, the data capture all or nearly all children and families in the data universe, instruments are consistently filled out and entered, survey data are representative, etc.).

5. How well the system analyzes data and identifies key areas of progress and significant challenges.

6. The extent to which the system has developed quality improvement mechanisms *within individual sectors* that incorporate multiple programs, where separate entities collaboratively work on making breakthroughs on the same indicator.

7. The extent to which the system uses data to drive resource allocation and strategic planning, such as identifying common goals and improving services *across sectors* in order to achieve those goals (e.g., a collective impact process or a cross-sector quality improvement process).

Communities can use the preliminary model survey provided below to gather information and stakeholder opinion about this measure.

Implementation

Tool or Survey

The survey model below is preliminary; communities will want to consider the elements within this model and innovate or customize. Communities may want to start with the first few topics and build over time. Or, for communities with Integrated Data Systems, starting with topics 4-7 may be most appropriate.

Summary of Steps

1. **Set intention:** Determine what the community's goals are around using data. Define the level at which you are conducting this assessment – initiative-based, sector-based, or system-wide.

2. **Identify stakeholders:** The lead agency should consider the system stakeholders that should be sought for participation. See Stakeholders section below for considerations regarding stakeholder engagement. Confirm and refine intentions/goals with stakeholders.

3. **Outreach:** Either through a convening of system leaders or one-on-one outreach to system leaders, describe the assessment process and goals. Share the model survey tool. Solicit commitments to participate and request data administrators to respond to the survey. If possible, also solicit commitment for post-survey next steps.

4. **Identify data collection method:** Some communities may want to conduct a formal survey in which they ask stakeholders to rate these questions, and then aggregate the results. Others may wish to gather stakeholders for a conversation to discuss the questions and develop a consensus rating.

5. **Develop customized survey:** Communities may wish to customize the preliminary model survey to best meet their research interests.

6. **Field survey or convene meeting:** Depending on the data collection method(s) selected, either field an online survey with data leads and/or leaders, or convene identified stakeholders to discuss, rate and rank performance collectively.

7. **Compile results:** Aggregate and synthesize numerical results for each of the seven topics. For the strengths and challenges identified by respondents for each of the seven topics, review for common themes and important insights, then summarize.

8. **Rate:** If not already done during step 6, stakeholders should meet to discuss the results of the survey and to assign an overall level of system performance. Beyond the assignment of a level, at this convening stakeholders will want to discuss next steps, such as ongoing work to address weaknesses identified. This may suggest setting a meeting schedule and/or identification of additional information needed.

9. **Interpret:** Communities should interpret results using question prompts provided in the Interpreting Results section.

10. **Plan:** Determine what action should be taken as a result of the analysis and record in action planning guide. Use this assessment as an entrée to a larger conversation to support system building efforts.

Stakeholders

Target Sectors

Stakeholders across the early childhood system can be involved in this assessment process. Selection can be based on the need for, or relevance of, client data sharing between the various entities.

Roles For Different Groups of Stakeholders

Different stakeholders may be needed for different questions. Namely, questions 1-5 should include technical staff or people familiar with data and its use, and questions 6-8 should include administrative leadership and technical staff.

Lead: The lead person for this measure should be someone in the organization that coordinates the early childhood network with responsibility for data analysis, reporting, and/or for quality improvement.

Stakeholders: Stakeholders may be people in similar positions in individual service sectors and programs and may also include individuals with senior leadership responsibilities.

Data Sources

Early childhood system stakeholders collect the data to be reviewed and evaluated. They can do so through any of the following means:

- Surveys completed by data administrators.
- In-person meeting(s) to discuss and rate system performance.

Tips For Successful Implementation

- Begin the conversation with a focus on your data and information technology strengths.
- Some participating communities broke the topics into clusters associated with which stakeholders were engaged and/or which topics were most salient for the community.

Limitations

- Data systems work can be political because of funding, cost, complexity, and privacy concerns. Strong leadership helps to support data sharing and coordination across system components.

Opportunities

Additional opportunities include the following:

- In communities with Integrated Data Systems (IDS), many of these issues may already have been addressed; however, there are still several opportunities for assessment. First, implementation of the tool provides an opportunity to celebrate accomplishments, to dig deeper into aspects of the data system that could still be improved, or to investigate opportunities to connect additional sectors. Further, pursuing questions regarding whether shared data are being used to drive resource allocation and strategic planning provides an opportunity for more well-developed systems to assess how well they are using data strategically, and not just for improved service delivery. Finally, there are additional system improvement questions that IDS states may want to pursue, such as which sectors are contributing data to the IDS, how flexible the IDS is in allowing them to pull data, and what modifications might make the network more impactful.

Resources

- Explaining the Value of Data Sharing: Lessons Learned, AcademyHealth

- Sharing Data for Better Results: A Guide to Building Integrated Data Systems Compatible with Federal Privacy Laws, National League of Cities, 2014

- Confidentiality Toolkit: A Resource Tool from the ACF Interoperability Initiative, Administration for Children and Families, U.S. Department of Health and Human Services, 2014

2.4 Using Data: Rating Tool

For each topic 1-7 below, we suggest that communities identify:

▶ A significant strength and/or recent accomplishment that they can build upon;

▶ A significant challenge or barrier they need to address in order to make further progress;

▶ A preliminary rating on a four-point scale, as follows:

1—Little or no progress to date

2—Early uptake, with commitments from key players to move forward and initial evidence of progress

3—Some accomplishments, involving parts of the early childhood system, with some early indications of impact on broader policy and/or practice

4—Significant accomplishments, involving most or all of the components of the early childhood system, with numerous examples of impact on policy and/or practice

Topics (see more detailed descriptions within the Definitions section above):

1. Data sharing agreements ▶ Strength: ▶ Challenge:	1	2	3	4
2. Unique identifier ▶ Strength: ▶ Challenge:	1	2	3	4
3. Common database / mechanism for linking data within and across sectors ▶ Strength: ▶ Challenge:	1	2	3	4
4. Strong sources of data (including feedback from parents) ▶ Strength: ▶ Challenge:	1	2	3	4
5. Analyzing data and identifying key areas of progress and significant challenges ▶ Strength: ▶ Challenge:	1	2	3	4
6. Quality improvement mechanisms that incorporate multiple programs, where separate entities collaboratively work on making breakthroughs on the same indicator ▶ Strength: ▶ Challenge:	1	2	3	4
7. Using data to drive resource allocation and strategic planning across sectors ▶ Strength: ▶ Challenge:	1	2	3	4

2.4 Using Data: Rating Tool (Continued)

After compiling results, communities can collaboratively assess where their system falls according to the following levels:

Level 1—No formal processes to support use of data.

Level 2—Some data-sharing agreements have been developed and the infrastructure needed to support using data for improvement is being constructed.

Level 3—Data-sharing agreements cover most components of the early childhood system; programs have access to a common database, at least within their own sector; at least some sectors are using data for planning and quality improvement.

Level 4—Data-sharing agreements are supported by a unique common identifier; programs have access to a common database including most of the major components of the early childhood sectors; data is being used to drive planning and quality improvement across sectors are underway.

2.5 Capacity Building

Level at which the system supports professional development and organizational capacity building

Purpose

A strong early childhood system encompasses a variety of high-quality, interconnected child-and family-serving programs and agencies, staffed by skilled professionals. The early childhood system can support the quality and breadth of services available in the community and enhance the ability of those services to meet families' needs by supporting professional development within and across sectors and by supporting organizational capacity-building.

Definition

Communities conduct a self-assessment of how well the early childhood system as a whole supports professional development and organizational capacity building, rating the system's performance on several topics in these two broad areas, defined as:

Professional Development: Activities, including but not limited to training, mentoring, and supervision, that develop workers' skills, knowledge, expertise, and other characteristics that assist individuals to do their jobs well and advance in their careers. In an early childhood system, professional development also offers opportunities to help workers build relationships and knowledge of each other's programs and services in order to better serve children and families.

Organizational Capacity Building: Activities that support organizations within the early childhood system to improve their organizational functioning, reach, effectiveness, and sustainability, such as facilitating strategic planning and board development or improving organizations' ability to gather and use data. This can include pooling resources and sharing opportunities across organizations and sectors to enhance the capacity of the system as a whole.

Communities can use the preliminary model tool provided below to gather information and stakeholder opinion about this measure. Taking into account the ratings for each of the questions in the survey, communities then assign themselves an overall rating of Level 1 (little or no coordinated professional development or capacity building) through Level 4 (extensive cross-sector professional development and prioritization of capacity building). Assigning a level provides a baseline for ongoing assessments of system coordination, facilitates system-wide target setting, and offers an easily understood way to convey the status of the system on this performance measure to funders or policymakers. The detailed results of the survey can help systems identify specific areas of weakness and objectives to address those weaknesses, which will lead to overall improvement in the level over time.

Implementation

Tool or Survey

The tool at the end of this section is preliminary; communities will want to consider the elements within this model and innovate or customize. Communities may want to start with just professional development or just capacity building.

Summary of Steps

1. **Set intention:** Determine what the community's goals are around using professional development and capacity building. Define the level at which you are conducting this assessment—initiative-based, sector-based, or system-wide.

2. **Determine stakeholders:** Define the stakeholder group to participate in self-assessment process. See Stakeholder section below.

3. **Context-setting:** Set the context with stakeholder group so they understand the purpose of the tool, the implementation process, and how the results will be used. Have a clear, shared vision for your goals in using this tool.

4. **Share tool:** Share the self-assessment tool and have everyone complete in advance of meeting(s).

5. **Meet:** Meet with stakeholder groups either as a full group or in a series of meetings with discrete components/sub-systems of the early childhood system.

6. **Rate:** Assign numeric scores aligned with the level definitions for each component of professional development and organizational capacity in the self-assessment tool.

7. **Interpret:** Communities should interpret results using question prompts provided in the Interpreting Results section.

8. **Plan:** Determine what action should be taken as a result of the analysis, and record in action planning guide. Use this assessment as an entrée to a larger conversation to support system building efforts.

Stakeholders

Target Sectors

An early childhood system can benefit from improved professional development and capacity building across all sectors, but communities may want to think about reaching out to specific sectors that would benefit most from robust and coordinated professional development and capacity building.

Roles For Different Groups of Stakeholders

In general, communities will need to identify the following:

Lead agency: We expect that most often the lead will be a staff member in an organization that coordinates the early childhood system, which has some convening power and strong partnerships with other stakeholders.

Stakeholder group: A stakeholder group to participate in the process should include both leaders and front-line service providers within individual sectors and programs.

Parents: The key participants for implementing this measure are system leaders and front-line staff, but communities may seek parent input on perceptions of provider skills, knowledge, cultural competence, and other aspects of high-quality professional service delivery. For this measure, parents would be most effectively engaged through targeted focus groups or a survey. These instruments would need to be developed.

Data Sources

This measure collects data through a self-assessment tool and does not require gathering and analyzing other secondary data sources. However, communities may draw from existing data sources such as professional development systems and registries, career development systems, and quality rating improvement systems as inputs into your self-assessment process.

Tips for Successful Implementation

▸ This assessment is designed to be done with a system-level perspective. That is, the question is not whether a particular entity (such as the early childhood coordinating council or its equivalent) *provides* all of this capacity-building support, but whether these supports are available to the programs, services, and sectors that make up the early childhood system.

▸ There may be significant differences between organizations or between sectors within the early childhood system in terms of how well either professional development or organizational capacity-building are supported. Note the strengths, and try to apply lessons and resources from the areas that are strong to raise the capacity in other organizations or sectors to benefit the system as a whole.

Limitations

Assessment results identify areas of strength (assets) and areas of opportunity in a community/early childhood system. Some aspects of the tool may be more relevant than others to the system, subsystems, and specific stakeholders.

Resources

▸ Aligning professional development across HV and ECE will contribute to a more cohesive early childhood workforce, Lloyd CM, Goldberg J. *Child Trends,* 2018

▸ What is Capacity Building?. National Council of Non-Profits

2.5 Capacity Building: Rating Tool

For each topic 1-8 below, we suggest that communities identify:

▸ A significant strength and/or recent accomplishment that they can build upon (this could include highlighting one sector that is doing very well that others could join with or replicate);

▸ A significant challenge they need to address in order to make further progress;

▸ A tentative rating on a four-point scale, as follows:

1—Little or no progress to date

2—Some progress, with commitments from key players to move forward and initial evidence of needed infrastructure being put in place

3—Some accomplishments, involving some, but not all sectors of the early childhood system, with some coordination across sectors and q training providers

4—Substantial accomplishments, involving most or all of the sectors of the early childhood system

Topics 1-5: Professional Development

1. Clear career pathways and supports for providers to advance along them, such as scholarships, accessible coursework for working adults, recognition of life experience as a substitute for formal education, and concerted efforts to increase the diversity of the workforce. This may also include efforts to improve compensation and benefits for service providers. ▸ Strength: ▸ Challenge:	1 2 3 4
2. Professional development offerings for service providers, specific to their field of work, type of organization, or population served. These offerings are strongest when they provide CEUs or other credits that support licensing and formal recognition, as well as supports to overcome barriers to participation. ▸ Strength: ▸ Challenge:	1 2 3 4
3. Supervision and coaching for providers to improve quality and support their individual development, such as mentoring, reflective supervision, classroom observation, and other support for implementing new practices. ▸ Strength: ▸ Challenge:	1 2 3 4
4. Opportunities for cross-sector professional development on topics that are of interest across multiple fields, such as trauma-informed care, mandated reporting of child abuse and neglect, brain science, or protective factors. ▸ Strength: ▸ Challenge:	1 2 3 4
5. Formal and informal opportunities for service providers to connect with each other, learn about each other's work, and connect with other parts of the early childhood system, in order to better meet the needs of children and families. ▸ Strength: ▸ Challenge:	1 2 3 4

The self-assessment will produce a numerical rating and a set of recommendations for further progress. The numerical rating for the professional development portion of the tool uses the following levels:

Level 1—No coordinated efforts; no sector is thriving in the area of professional development.

Level 2—Some coordination of professional development efforts; isolated sector(s) are doing professional development well.

Level 3—Professional development is supported within multiple sectors of the early childhood system, and there is some coordination of these efforts across multiple sectors.

Level 4—Cross-sector supports are in place for professional development.

Topics 6-8: Organizational Capacity Building

6. **Capacity-building grants for organizations**, such as for: expanding services, opening new locations, or adding staff to meet identified community needs; developing and implementing new interventions to address gaps; accessing technology; or obtaining provider certification. ▸ Strength: ▸ Challenge:	1 2 3 4
7. **Support for other organizational capacity building efforts** needed in the community, such as leadership coaching, board development, investments to improve equity and inclusion, or organizational self-assessment processes (such as readiness for evaluation or readiness for racial equity work). ▸ Strength: ▸ Challenge:	1 2 3 4
8. **Intentional efforts to bridge sectors, agencies, and programs** in order to increase the ability of the early childhood system to meet children's and families' needs and to ensure that children and families are not slipping through the cracks, such as navigation supports and collective impact efforts. ▸ Strength: ▸ Challenge:	1 2 3 4

The self-assessment will produce a numerical rating and a set of recommendations for further progress. The numerical rating for the capacity building portion of the tool uses the following levels:

Level 1—Very little support is available for organizational capacity building in the community.

Level 2—Some support is available for organizational capacity building, but it is only available to organizations in 1-2 sectors of theearly childhood system.

Level 3—Organizational capacity-building opportunities are available for organizations from multiple sectors.

Level 4 —Organizational capacity-building is prioritized and opportunities and supports are available for organizations from multiple sectors.

③ Commitment

Communities make early childhood a priority and act to support children's health, learning, and well-being

SYSTEM PERFORMANCE MEASURES FOR COMMITMENT

Measurement	Resources needed	System stakeholder engagement	Data collection requirements	Timeframe
				Level of Effort
3.1 Public Understanding*				
Assesses presence of public outreach activities and the extent they are effectively influencing public understanding of the importance of early childhood.	• Participation of EC system representatives • Facilitator (optional) • Data analyst/ evaluator	• Agencies across the system (leaders)	• Stakeholder convening	1-6 months Low to Moderate
3.2 Leadership Engagement				
Assesses engagement with and support of early childhood by leaders from other sectors in the community.	• Participation of EC system leaders • Facilitator (optional)	• Agencies across the system (leaders)	• Stakeholder convening(s)	1 month Low
3.3 Policy Change*				
Fosters community conversations about the policy changes and early childhood investments a community would like to see and enables tracking of progress to that end.	• Participation of EC system and non-EC system stakeholders • Facilitator (optional)	• Agencies across the system (leaders)	• Policy data or briefings • Stakeholder convenings	3 months Low to Moderate

* Measure is in development (i.e., not piloted) but included due to its importance in measuring system performance.

3.1 Public Understanding

Level at which early childhood systems effectively engage in efforts to increase public understanding of the importance of early childhood and the public's role in supporting children and families

THIS MEASURMENT IS IN DEVELOPMENT

Purpose

This measure seeks to gauge the extent to which systems are able to build public understanding of the importance of early childhood development and of what actions on the part of parents, neighbors, and community institutions are most likely to support the healthy development of all children in the community. Results help early childhood system leaders assess their efforts to educate the community about the importance of early childhood and, when possible, assess the effectiveness of that outreach. The expectation is that improved public understanding translates to improved parent, caregiver, and community attitudes and behaviors toward young children as well as the development of community advocates who will support investment in early childhood initiatives.

Definition

his measure provides a preliminary tool for a team of system leaders to self-assess the extent to which they are collectively able to build public understanding of the importance of early childhood development.

As detailed below, the tool helps communities gather information and evaluate their current public outreach efforts in terms of:

▸ Message content

▸ Message dissemination

▸ Two-way communication

▸ Evaluation, adaptation, and impact

Taking into account the ratings of each of these four factors, communities then assign themselves an overall rating of Level 1 (limited activities to build public support) through Level 4 (responsive activities and measurable improvement). After assigning a level, communities are encouraged to identify what, if any, activities or changes they want to commit to based on this self-evaluation.

Implementation

Tool or Survey

The tool at the end of this section is preliminary; communities will want to consider the elements within this model and innovate or customize.

Summary of Steps

1. **Set intention:** Decide your communities' goals with respect to measuring public outreach and engagement.

2. **Identify and engage stakeholders:** Communities identify which system leaders should participate in collaboratively completing the self-assessment tool.

Measurement Option: Public Opinion or Community Norms Polls

For communities with an existing positive community norms initiative, or a community-level survey or poll data about public attitudes about early childhood, communities can use these data to track change in attitudes and behaviors over time, potentially in response to their public outreach efforts.

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3. **Refine tool:** Communities may wish to refine or format the tool to facilitate implementation and to ensure the criteria are locally appropriate.

4. **Convene meeting and rate:** The tool can be completed collaboratively at an in-person meeting.

   a. Using consensus facilitation methods, self-rate based on four topic areas in the tool.

   b. Taking all the ratings into account, rate performance based on the Level 1 through Level 4 overall scale.

5. **Interpret:** Communities should interpret results using question prompts provided in the Interpreting Results section.

6. **Plan:** Determine what action should be taken as a result of the results, and record in action planning guide. Use this assessment as an entrée to a larger conversation to support efforts to influence public opinion about early childhood.

Stakeholders

The self-assessment tool should be completed by a small group of early childhood community leaders, or an existing early childhood system collaborative body.

Data Sources

Data are collected from system leaders participating in the self-assessment tool.

Limitations

This measure is preliminary. To date, the self-assessment tool has not been piloted, although the format was based on similar tools that were piloted over the course of the initiative.

Opportunities

Additional opportunities include the following:

▸ Find relevant population-level surveys in place in communities, states, or internationally to create a question bank for communities to use in the development of their own community-level survey.

Resources

▶ Introduction to Positive Community Norms by the Montana Institute
Public awareness-building is a key strategy of the community norms field, which examines community values, perceptions, and knowledge as compared to actual behaviors, in an effort to promote positive behaviors. The difference between what the public understands about early childhood and the support they are willing to provide, or how they behave with young children offers important information for stakeholders seeking to close gaps between knowledge, values, and actions.

▶ Meta-Analysis of Public Opinion Data on Support for Early Childhood Services by Fairbank, Maslin, Maullin, Metz & Associates (FM3), January 29, 2018
This resource analyzes the results of 21 separate surveys conducted in California related to public attitudes about investments in early childhood. It provides recommendations on messages that are compelling to the public, as well as those that are not.

▶ Early Learning Community Progress Rating Tool
Communities will find helpful rating tools within Building Block #1 (Community Leadership, Commitment and Public Will to Make Early Childhood a Priority), Target #1.3: Community members support and understand the importance of early childhood health, learning, and well-being.

▶ These articles discuss the link between knowledge and behavior; parents with more knowledge are more likely to engage in positive parenting practices, whereas those with limited knowledge are at greater risk of negative parenting behaviors.

· Association Between Knowledge of Child Development and Parenting: A Systematic Review, September SJ, Rich E, Roman N. (2018) *The Open Family Studies Journal,* volume 10

· Parenting knowledge and its role in the prediction of dysfunctional parenting and disruptive child behavior, Morawska A, Winter L, Sanders MR. (2009) *Child: Care, Health and Development,* Mar;35(2):217-26

· Parenting Matters: Supporting Parents of Children Ages 0-8, Breiner H, Ford M, Gadsden VL, editors. (2016) National Academies of Sciences, *Engineering, and Medicine; Division of Behavioral and Social Sciences and Education; Board on Children, Youth, and Families; Committee on Supporting the Parents of Young Children,* Washington (DC): National Academies Press

3.1 Public Understanding: Rating Tool

For each of the four topics below, communities make a preliminary rating on the following four-point scale:

1—Not yet meeting any of these standards

2—Initial progress on some of these standards

3—Meets several of these standards, with work still to be done.

4—Meets most or all of these standards

1. Message content. Higher ratings should reflect these standards: ▸ Content is well-grounded in scientific findings. ▸ Content includes: the importance of early childhood beginning with the earliest years; actions by parents that support healthy development; and actions by family members, neighbors, and community members that support healthy development of all young children. ▸ Content is developed with a grounding in effective framing and social messaging, emphasizing positive, actionable messages.	1 2 3 4
2. Message dissemination. Higher ratings should reflect these standards: ▸ Culturally relevant messages are tailored to the needs of different segments of the community. ▸ A dissemination plan that takes into account numerous ways of transmitting and reinforcing the key messages. ▸ Messages are consistent across multiple early childhood sectors.	1 2 3 4
3. Two-way communication. Higher ratings should reflect these standards: ▸ Numerous opportunities exist for community members to provide feedback about the messages, to discuss what they need and want in order to succeed, and engage in dialogue about issues related to early childhood. ▸ Evidence that this information from the community influences the system.	1 2 3 4
4. Evaluation, adaptation, and impact. Higher ratings should reflect these standards: ▸ An evaluation plan, identifying the type of data that will be collected to gauge the impact of the effort to build public understanding and support for early childhood. ▸ Evidence that the system has adapted its approaches based on what it learns from the data. ▸ Evidence from the data that the messages are having an impact on public understanding and support for early childhood.	1 2 3 4

Taking into account the ratings of each of these four factors, communities should assign themselves an overall rating of Level 1 through Level 4:

Level 1—Limited activity to build public understanding and support for early childhood development, with little evidence of impact.

Level 2—Information about developmental science, early health and learning, and parenting is disseminated to the community, with messages that are accessible and relevant to different cultural groups.

Level 3—The messages described in Level 2 are provided consistently across multiple early childhood sectors in a coordinated effort that has developed strategies to reach all sectors of the community. Communication is in two directions, as families are engaged in providing feedback about the messages and in communicating to early childhood leaders what they need in order to be successful. The system has begun to gather data to evaluate the effectiveness of these efforts.

Level 4—The system is adjusting its activities based on its evaluation findings. The activities described in Level 3 have led to measurable improvement in public understanding and support for early childhood development.

3.2 Leadership Engagement

Level at which community leadership is engaged in supporting children and families

Purpose

One of the markers of a well-functioning early childhood system is that leaders throughout the community understand the importance of early childhood and are engaged in efforts to make the community more supportive of young children and their families. This tool is designed to help early childhood system leaders: set intentions for the leadership engagement they are seeking; assess how engaged those leaders are in their community's early childhood efforts; identify strengths and areas for growth; and articulate goals and next steps. The tool is designed to be completed by an individual or small group in a leadership or convening role for the early childhood system. When desired, this tool can be used to guide a conversation to gather input from key partners and spur action planning for how to engage new stakeholders in early childhood work or to deepen the engagement of existing partners.

Definition

This tool assesses engagement in early childhood issues by sector. Since communities differ, each must define which sectors and groups should be included in the assessment. The assessment includes the level of actual sector leadership engagement in early childhood issues; the level of desired engagement or engagement goals; sector champions; who still needs to be engaged; and next steps. Possible sectors for assessment inclusion are:

- Business (e.g., the Chamber of Commerce, large employers in your area, associations of business owners)
- Non-profit sector (e.g., private human services providers, advocacy groups, intermediary organizations like the United Way)
- Higher education (e.g., public or private universities, community colleges)
- Health care (e.g., hospitals, clinics, a local chapter of the American Academy of Pediatrics, managed care organizations)
- Faith-based / clergy (e.g., individual clergy members, congregations, interfaith alliances)
- Elected officials (e.g., mayor, county executive, city council, county board, state and federal representatives)
- Government agencies (e.g. department of health and human services, department of education)
- Local philanthropy (e.g., local community foundations, family foundations, major donors, United Way)
- Service organizations (e.g., Rotary, Junior League, Optimists)
- Housing (e.g., public housing, private housing developers and owners, shelters, homelessness service providers, affordable housing advocates)

(Note that a different set of questions apply for assessing how well parents are engaged in your community's early childhood system. That assessment is contained in system performance measure *4.1 Parent Engagement.*)

The tool describes ways that leaders within the sector may demonstrate engagement and commitment, and includes a rating scale for each of those dimensions of engagement, as well as an overall assessment of the sector's engagement. The dimensions of engagement are defined as:

- *Well represented in early childhood group(s):* Leaders from this sector are members or leaders of one or more groups focused on early childhood and/or convened by early childhood leaders and advocates. This may include sitting on the boards of early-childhood-focused organizations.
- *Demonstrates commitment to early childhood issues in own work:* Organizations, individual leaders, and/or collaborative groups within the sector have made early childhood a priority; this may include employers that have implemented family-friendly workplace policies.
- *Devotes resources to early childhood issues:* Organizations, individual leaders, and/or collaborative groups within the sector invest time, space, money, or other resources in work related to early childhood. For example, this might include charitable donations earmarked for early childhood efforts, sponsorship of events, or dedicated staff time.
- *Efforts are aligned with others:* Whether formally participating in collaborative groups or not, organizations, individual leaders, and/or collaborative groups within the sector are aligning their early childhood efforts with others in the community, an example being signing on to a community-wide effort. The absence of alignment could mean that a sector is investing resources into efforts that do not seem to connect to any other early childhood work in the community, such as a business that provides on-site child care for its employees but is not engaged in community-wide efforts.
- *Invites participation from the early childhood sector in its own collaboratives and initiatives:* Early childhood leaders and advocates, including parents, are included as members of work groups, invited to speak at events, and/or consulted about decisions in this sector.
- *Advocates for policy changes:* Organizations, individual leaders, and/or collaborative groups within the sector take a stand on policy issues related to early childhood. This may include signing on to letters or petitions, writing op-eds, speaking out publicly, or lobbying for specific policy changes that benefit young children and their families. All levels of advocacy—whether local, state, or national—are considered.
- *Overall assessment for this sector's engagement:* Given your rating on each of the dimensions, what is your overall sense of how engaged this sector is in early childhood work?

Participants rate each sector on all seven dimensions of engagement according to a four-level scale from 1 (little or no engagement) to 4 (strong and widespread engagement). If giving a rating of 1 or 2, communities should consider the extent to which this reflects a lack of outreach from the early childhood sector, a lack of response from the other, or a combination of the two.

After considering each sector individually, assess how well your engagement efforts are going across sectors and how well that engagement has led to concrete action to accomplish your early childhood agenda.

Implementation

Tool or Survey

Communities are invited to use the template on the following page for each sector they wish to evaluate, and then to discuss the "overall" questions at the end of the tool.

Summary of Steps

1. **Set intention:** Decide your community's goals with respect to measuring leadership engagement.

2. **Stakeholder engagement:** Identify early childhood system leaders or representatives to participate in the assessment process. With the stakeholder group, affirm or revise intentions. Collectively decide: What does successful engagement look like in our community? What type of engagement would have the greatest impact? Who do we most need to engage?

3. **Select sectors:** Collectively identify the sectors for assessment. Make a copy of the rating tool on page 47 for each of the sectors to be assessed.

4. **Complete tool individually (optional):** The early childhood system representatives participating in the assessment may complete the tool individually before meeting and discussing as a group.

5. **Convene stakeholders:** Convene the group to review individual assessments (if completed in advance), determine consensus assessment, reflect on the results, and determine what to do next with the information/analysis. Identify sectors where early childhood system leaders would like to increase engagement, which may be sectors where engagement is currently low or where it is uneven.

6. **Plan:** Determine who will reach out to the selected sector(s) and what steps will be taken to initiate or deepen the engagement. Communities can use the action plan template in this toolkit to help plan next steps.

Stakeholders

Leaders of the early childhood system should be involved in this assessment process. Ideally this would be led by someone in a convening or coordinating role for the system, along with close partners.

Data Sources

This performance measure uses a self-assessment tool, which may be completed by individuals in advance of meeting as a group. At the group meeting, participants would arrive at a consensus rating for each dimension for each sector. No additional data sources are needed to complete this assessment.

Limitations

The value of the tool for local communities lies primarily in clarifying the sectors to prioritize for strengthening engagement and the type(s) of additional engagement desired. It is not intended for cross-community comparison since the landscapes differ in terms of sectors, current engagement, desired engagement, resources, priorities, and how early childhood systems are conceptualized.

Opportunities

Additional opportunities include the following:

▸ An individual sector score may not represent the range of engagement within a sector. Additional thinking about how to accommodate varied engagement within sectors may help the tool evolve.

3.2 Leadership Engagement: Rating Tool

Make a copy of this page for each of the sectors you are assessing. First, complete questions 1 through 6 for each identified sector in your community using this rating scale:

    1—Little or no evidence of engagement

    2—A few strong early examples, not yet widespread

    3—A significant number of leaders/organizations in this sector demonstrate engagement

    4—Engagement strong and widespread

Sector: _____

1. Who represents this sector in your community?

2. Assessment of engagement:

Well represented in early childhood group(s)	1	2	3	4
Demonstrates commitment to early childhood issues in own work	1	2	3	4
Devotes resources to early childhood issues	1	2	3	4
Invites participation from the early childhood sector in its own collaboratives and initiatives	1	2	3	4
Advocates for policy changes	1	2	3	4
Overall assessment for this sector's engagement	1	2	3	4

3. What do you most want to accomplish in terms of engagement from this sector?

4. Who are the champions?

5. Who still needs to be brought along?

6. What will you do next, and who will do it?

3.2 Leadership Engagement: Reflection Questions

Then considering your ratings of individual sectors, discuss how well your early childhood system is engaging community leadership overall, using the following questions as a guide:

A. Overall, how is the community doing in terms of engaging key stakeholders across these sectors in early childhood work?

B. Overall, how well has engagement from other sectors led to concrete action in support of the community's early childhood agenda?

C. What are your priorities for the coming year in terms of reaching out to new partners, improving relationships with specific other sectors, and/or deepening engagement from specific sectors? Is this something you want to add to your action plan?

3.3 Policy Change

Level at which communities identify, advocate for, and achieve policy changes that improve conditions for young children and their families

Purpose

In a community that is committed to supporting young children and their families, policies will be in place that make it easier, not harder, for parents to raise children and for families to access the services they need. A well-functioning early childhood system can bring together stakeholders to identify and advocate for policies that improve conditions for young children and their families. While individual early childhood providers may have their own policy agendas, they may not be comprehensive or aligned with the agendas of other parts of the early childhood system. In the face of competing political and funding demands, collaborating to build a common policy agenda and advocacy alliance could improve influence, impact, and funding.

Definition

This preliminary measure has two components. First, communities conduct a self-assessment to understand the level at which they have the infrastructure in place to implement a common policy agenda. This tool is designed to prompt an informal assessment by early childhood stakeholders of how well various players are working together to identify, advocate for, and achieve policy changes that improve conditions for young children and their families. Second, based on the findings from the tool, communities decide whether they will engage in a collaborative process to identify, track, and report progress on selected policy areas.

Policy changes may take place at the level of agency and system-level policies and procedures; local policy; state legislative, administrative, or regulatory policy; or federal policy and regulations. Advocacy may be proactive (arguing for a new or changed policy to improve conditions) or reactive (opposing a proposed change or new policy that would be harmful to children and families).

Self-Assessment of Infrastructure to Support a Common Policy Agenda

As described in detail within the Tool or Survey section, the self-assessment tool asks a set of questions designed to determine the community's current level of policy advocacy and collaboration, from Level I (minimal attention to policy change across the early childhood system) to Level 4 (coordinated advocacy has led to policy change).

Common Policy Agenda Development

Communities that score a Level I or 2 may decide to take the next step of identifying common policies and targets. The process involves gathering stakeholders to identify common policy priorities, setting targets, and tracking progress. Individual states or communities will have different priorities, values, and strategies for how to best support young children and their families. The menu below of pro-child/pro-family policies, programs, or investments, which is neither prescriptive

nor exhaustive, provides examples of policy initiatives that some systems have chosen to pursue:

Policies aimed at helping families with young children succeed in the workforce

▸ Easing of "benefits cliffs" so that families don't lose subsidies and other benefits with a minor or seasonal increase in income

▸ Paid family leave policies

▸ Universal Transitional-K or Pre-K[7]

▸ Requirements or incentives for family friendly workplace policies (e.g., lactation rooms, onsite childcare, flexible hours)

▸ Increased supply and affordability of infant/toddler care and afterschool care through a variety of policy levers

Policies aimed at improving the quality of services used by young children and their families

▸ Increased reimbursement rates for organizations providing ECE services

▸ Wage increases for ECE staff and/or wage equity for ECE staff compared to K-12 educators

▸ Requirements or incentives for ECE providers to participate in Quality Rating Improvement Systems (QRIS)

▸ Baby-Friendly Hospital designation

▸ Incentivize and reduce barriers to secure, privacy-compliant data sharing across public and private agencies

Policies aimed at making communities more supportive of the needs of young children and their families

▸ New parks, mobile parks (truck with play equipment), and/or recreation programs with stimulating activities for young children

▸ Public information campaigns on child-friendly issues, such as child abuse prevention, positive parenting practices, the value of well-child checks/developmental screenings, and the overall importance of early childhood in human development

▸ Establishment of playgroups to help families connect with each other

▸ Library or community center programming for young children

▸ Respite care for caregivers of young children

Implementation

Tool or Survey

Communities are invited to use the tool ath the end of this section to assess their current leve of early childhood policy advocacy alignment. Steps are provided for communities scoring at 1 or 2 to collectively develop a common policy agenda.

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[7] Transitional Kindergarten is a way to provide a bridge between preschool and kindergarten in states where children must be age five by the start of kindergarten, or early September. It offers enrollment in an age-appropriate, modified kindergarten setting for four-year-olds who will turn five by December.

Summary of Steps

1. **Set Intention:** Decide whether the goal is to assess your community's level of working together on common policy priorities, to identify a common agenda and track progress, or both.

2. **Stakeholder engagement:** Reach out to stakeholders likely to have common policy priorities and set a time to review the process tool. See Stakeholder section below.

3. **Assess level of collaboration:** Using the process tool, ask and collaboratively answer the questions posed and determine a level rating based on those responses.

4. **Policy selection:** For communities scoring at a Level I or 2, use consensus methods to select policies or programs that are appropriate for your community to advocate for and track. Selection criteria to consider:

   a. Achievement of the policy or program would have substantial positive impact on young children and their families.

   b. The policy or program is ambitious but realistically achievable for the community or state, considering resources and political climate.

   c. There is substantial energy around the policy or program. For example:

      i. Community or state agencies are already actively considering the policy or program (e.g., bills or ordinances are in front of, or being drafted for, elected bodies)

      ii. Community or state agencies and advocates are actively promoting the policy or program.

   d. Selection for tracking would build awareness and potentially motivate city, school, or state actors to take specific actions to achieve the policy or program. It may also sharpen the focus of system stakeholders on actions necessary to promote the policy or program.

   e. There is an existing statewide early childhood policy agenda that includes this policy and we want to align with that common agenda.

5. **Set targets:** Determine baselines and set targets for each of the selected policies or programs. In setting targets, communities should ensure the target is:

   a. clear (e.g., we will know when it has been achieved.)

   b. measurable (e.g., we can gather the information needed to determine the baseline, milestones, and achievement.)

   c. achievable (e.g., we feel the target is achievable.)

   d. time-bound (e.g., we want to accomplish this by a particular year.)

6. **Plan:** How will the various stakeholders work toward achievement of the identified targets? Use the action planning template to identify steps.

7. **Monitor:** Track progress on targets and action items.

Stakeholders

Select system stakeholders likely to have similar policy priorities. Also consider engaging with partners not traditionally considered part of the early childhood system, such as business organizations, faith-based organizations, or universities. While not traditionally considered part of the early childhood system, these and other partners may be motivated to affect policy that is friendly to working families, or they may already be providing services or supports for their employees with young children, such as onsite child care, child care subsidies, or other family-friendly benefits. This external engagement may be for particular issues within the policy agenda or part of an action plan to build alliances.

Data Sources

▸ Newly developed survey or existing political poll that includes questions about voters' support for early childhood investments of interest.

▸ Community assessment of state or local existing early childhood policies and investments, as well as assessment of early childhood policies and investments that are lacking. Assess at outset of analysis to obtain a baseline and assess at specified intervals to determine whether there has been change over time.

Limitations

This measure is preliminary and has not been pilot tested.

Some public early childhood agencies are restricted from lobbying for particular bills, and limited in the amount or type of advocacy they can participate in. For private non-profits, these limits are not as restrictive as many assume. It is important to understand what those limits are for your organization and other partners in your coalition and to find appropriate ways to support policies that will advance the organization's mission.

Tracking performance on legislation or funding can be challenging. Information may be difficult to obtain, particularly investments in early childhood by organizations outside the stakeholder group. Legislation may be unwieldy, such that it may address certain targets but not others or is partially related to the community's identified policy goals, but not completely. As such, this measure should be viewed as a tool for fostering community conversations about the early childhood investments you would like to see and enabling broad tracking of progress to that end.

Resources

▸ Vermont Early Childhood Advocacy Alliance

▸ National Alliance of Children's Trust and Prevention Funds: 2018 Public Policy Agenda

▸ First 5 Network Strategy

▸ Link to First 5 Legislative Priorities 2017-2024

3.3 Policy Change: Rating Tool

Participating stakeholders collaboratively respond to the following prompts:

1. **Policy focus:** To what extent do individual agencies and stakeholders within the early childhood system have a policy focus? This could mean that agencies and organizations have: developed a policy agenda; dedicated staff and board member time and other resources to policy advocacy; intentionally built relationships with policymakers; or participated in policy-focused groups at the community, state, or federal level.

2. **Shared policy agenda:** To what extent do agencies and organizations across the early childhood system have a shared policy agenda? This could mean that multiple organizations have aligned their individual policy agendas toward shared goals or focus areas; or that multiple organizations have signed on to the same policy agenda.

3. **Joint advocacy:** To what extent do agencies and organizations across the early childhood system and the community work together to advocate for or against specific policy changes? This could mean: coordinating letter-writing campaigns, legislative outreach, or direct actions; mobilizing community members to vote, march, or testify on a particular issue; signing on to each other's efforts; or jointly reaching out to community members and decision makers.

4. **Evidence of impact:** To what extent have agencies and organizations within the early childhood system had success in achieving policy wins? This could include getting an issue discussed in legislative committee; introduction of legislation; passage of positive policies or changes to administrative rules and regulations; or stopping a proposed change that would have caused harm to children and families.

After considering the domains above, communities can evaluate the current performance of their early childhood system on this measure. Levels are defined as follows:

Level 1—There is minimal attention to policy change across the early childhood system.

Level 2—Stakeholders have begun to identify a common policy agenda; initial advocacy efforts may be underway, but may not be very coordinated.

Level 3—A policy agenda has been identified and there is robust advocacy activity coordinated across multiple stakeholders in the early childhood system and the community.

Level 4—Coordinated advocacy efforts by stakeholders in the early childhood system have resulted in desired policy changes or other effects.

④ Equity

Parents are partners in creating a responsive and equitable early childhood system

SYSTEM PERFORMANCE MEASURES FOR EQUITY

Measurement	Resources needed	System stakeholder engagement	Data collection requirements	Timeframe
				Level of Effort
4.1 Parent Engagement*				
Enables stakeholders to understand the extent to which their system engages deeply and authentically with parents and caregivers.	· Lead convener · Facilitator (optional) · Analyst/evaluator to summarize survey data	· Agency leaders from across the system · Front-line staff and administrators · Parent leaders	· Self-assessment tool (full tool, abridged tool, and/or funder/system leader tool)	1-3 months Moderate to High
4.2 Advancing Equity*				
Measures the level of attention that is paid to ensuring that the early childhood system meets the needs of *all* young children and their families	· Lead convener · Facilitator (optional)	· Agency leaders from across the system	· Self-assessment tool	1-6 months Low to Moderate

* Measure is in development (i.e., not piloted) but included due to its importance in measuring system performance.

4.1 Parent Engagement

Level at which parents are engaged as partners and leaders in the early childhood system

Purpose

This measure enables system stakeholders to understand the extent to which agencies operating within the early childhood system engage parents as partners and leaders and the extent to which the early childhood system supports those efforts. The tool that has been developed to help communities assess parent engagement grew out of several CSSP initiatives that expand the concept and practice of family engagement from separate strands of programming to an integrated, continuing stream of opportunities for parents to be leaders in their families and communities, as well as in policies and systems (see Resources). By engaging in this self-assessment, systems are encouraged to extend parent engagement from the preschool classroom, where most resources have been focused, into early childhood systems of care, including family support, children's health, mental health, and community resources. The anticipated results of improved engagement are more responsive, equitable, and accountable services and, ultimately, better outcomes for families and children.

Definition

This measure recommends a process whereby a group of system stakeholders can improve their system-level understanding of parent engagement performance through the internal, agency-level implementation of a self-assessment tool by a broad range of system agencies. The Parent Engagement and Leadership Assessment Tool acts as a starting point for dialogue and planning where agencies and systems—in collaboration with parent leaders and other community-based stakeholders—will be able to identify current strengths, target areas for development, and plan targeted actions. You may choose to use one or more of the following tools:

▸ **Abridged Assessment Tool.** For those seeking insights on family engagement strategies that have a more limited time and scope, we recommend the Abridged Assessment Tool as a starting point. Engaging staff teams, cross-system collaboratives, and parent leaders in this abridged version can build awareness, spark ideas and point to areas to develop.

▸ **Comprehensive Assessment Tool.** For agencies, collaboratives, and systems ready to fundamentally reshape the approach to engaging families, we recommend using the Comprehensive Assessment Tool. Engaging multiple stakeholders—including parent leaders—the comprehensive tool can inform a strategic planning or other significant change process.

▸ **Questions for Grantmakers, Policy Advocates & Capacity-builders.** For those agencies and systems partners whose work affects families but does not touch parents directly, these questions can help determine where you can change practices and leverage influence to expand parent leadership and engagement in the field.

Each of these tools guides the user to assess an agency or system's competencies across four "pillars": family-centered, equity-driven, collaborative, and transparent. Within each pillar, four "dimensions" are assessed: the system or agency's commitment, capacity, and practice, and the degree of influence parents have. Competencies are rated across a four-point scale: (1) Not Evident; (2) Developing; (3) Progressing; and (4) Integrated.

As the steps outline below, a group of early childhood systems agencies agree to field the appropriate tool internal to their organization, seeking the input of a broad range of agency stakeholders, including front-line staff, administrators, and parent leaders. The agency representatives in the group then convene to collectively review their individual agency results and assess the system's overall level of parent engagement based on these individual agency results. The implementation of the abridged tool is likely to prompt individual agencies to take actions to improve engagement in the areas identified as needing work, or agencies may elect to implement the comprehensive tool as a part of a planning or evaluation process. The process hopefully will also lead to system-wide actions, such as including a commitment to equity and engagement in each agency's core values, changes in policies and practices, and/or funding allocation.

Communities may first wish to implement the tool as an internal agency system performance measure, rather than as a part of a broader system assessment of parent engagement. Implementing the measure internally and sharing findings with other system agencies may be a good first step toward engaging other system stakeholders who may be wary of a system-wide assessment.

Implementation

Tool or Survey

The tools are included in a separate Parent Engagement and Leadership Assessment Guide and Toolkit, and can be accessed online:

▸ Parent Engagement and Leadership Assessment Tool: Abridged

▸ Parent Engagement and Leadership Assessment Tool: Comprehensive

▸ Parent Engagement and Leadership Assessment Tool: Questions for Grantmakers, Policy Advocates & Capacity-builders

Summary of Steps

The tools are sufficiently lengthy to prevent a presentation in the toolkit, but they can be accessed online:

1. **Set intention:** Consider agency or system-wide goals, recent efforts, and constraints related to parent engagement as a first step. What is your system's goal for implementing this measure? For example, are you just starting out and want to build awareness and buy-in around parent engagement? Completing the Abridged Assessment Tool is likely the right strategy to quickly get baseline information and initial identification of gaps and opportunities. If there is already extensive system buy-in, you may choose to use the Comprehensive Assessment Tool for an in-depth look at the agency or programs. If you are part of an agency that does not directly serve children or families, you may prefer to use the Questions for Grantmakers, Policy Advocates, and Capacity-Builders.

2. **Stakeholder engagement:** Based on your intentions and goals, form a group of interested stakeholders. In some communities, this may be an existing collaborative that has identified parent engagement as a strategic goal and is seeking a way to measure their growth in this area. For others, the group or intent may still need to be developed. All participants should agree to implement the Abridged Assessment Tool (at minimum) within their agency and to participate in a meeting to review and discuss the results.

3. **Implement tool:** Depending on the group's intention and following the implementation instructions included with the Assessment Tool, each agency in the team completes either the abridged or comprehensive tools. Ideally the agencies will have many different agency stakeholders complete the tool, including parents, front-line staff, administrators, and/or grantees.

4. **Convene:** Reconvene the team after the introductory tools have been completed by the participating agencies. Review and compare results. Identify areas of commonality and difference across pillars and different agency stakeholders. Discuss how your system would rate its state of development at this stage. What actions could improve development? What barriers need to be overcome and what successful practices could be replicated?

5. **Plan:** The assessment team will want to plan next steps, which may include:

   a. *Actions:* Determine if there are actions that can be easily implemented at the system level and by the participating agencies, then identify potentially more challenging actions. Use the action planning template in this toolkit or in the Parent Engagement and Leadership Assessment Tool to identify targets, priorities, resources, and responsible parties. The actions are likely to be agency specific, but there may be actions that can be implemented system-wide.

   b. *Further research:* If the abridged tool was implemented, determine if the assessment team or individual agencies need or want to implement the comprehensive tool. This may be the case if the participants do not feel they can adequately identify actions based on the findings from the abridged tool. Or, agencies may simply wish to go deeper than the abridged tool allows.

   c. *Monitoring:* Decide when you will meet next and how frequently you will reassess your system's progress toward parent engagement.

Stakeholders

The intent is to create a cross-system group of early childhood agency leaders to participate in the implementation of this measure, which includes individual agency completion of the Parent Engagement and Leadership Assessment Tool. Within each agency, the tool should be completed by a range of agency stakeholders, including front-line staff and providers, administrators and managers, parent leaders, grantees, or others with knowledge of the agency's programs and practices. Some communities may already have parent-led organizations that advocate for changes in at least some sectors of the early childhood system; these organizations are a natural starting place for parent engagement.

Data Sources

Data are self-created through the implementation of the Parent Engagement and Leadership Tool.

Tips For Successful Implementation

It may be important to impress upon participants that low ratings are to be expected for most communities since the tool expands the boundaries of common understandings of family engagement. Few agencies will have achieved the highest, or even moderate, levels of engagement, but the process of implementing the tool helps agencies consider new, broader, and more authentic ways to engage with families.

Limitations

The process described for implementing this measure has not yet been directly tested, although the methodology is similar to measures that have been piloted. The Parent Engagement and Leadership Assessment Tool is in the early stages of pilot testing and may evolve as more communities implement the tool. The Abridged Assessment Tool has not been tested, to date, but it is a subset of measures contained in the Comprehensive Assessment Tool. The Abridged Assessment Tool was created to increase the accessibility of the tool and allow for measuring an agency's level of parent engagement in a less time-intensive process. As a subset of the comprehensive tool, the abridged tool may not lend itself as directly to actions, but it provides an entry point for communities and may lead communities to participate in a deeper analysis with the comprehensive tool.

Resources

‣ [Ripples of Transformation: Families Leading Change in Early Childhood Systems,](#) Center for the Study of Social Policy
This toolkit provides strategies for providers and program leaders to build family engagement by identifying family engagement as not only central to children's early learning and healthy development, but also as a core strategy to advance equity and community empowerment.

‣ [Manifesto for Race Equity and Parent Engagement in Early Childhood,](#) Center for the Study of Social Policy
Developed by parent leaders and staff members from across EC-LINC communities in 2018, and building on both Strengthening Families and the *Ripples of Transformation* Toolkit, the *Manifesto for Race Equity and Parent Engagement* outlines a vision, goals, and Five Commitments for Change for the transformation we want to make so that all parents are supported and empowered to give their children a strong start in life.

‣ [Strengthening Families,](#) Center for the Study of Social Policy
CSSP's Strengthening Families approach engages families, service providers, systems, and communities in building five protective factors that all families need to thrive. With active cross-systems leadership teams in 35 states, Strengthening Families is being used to transform child- and family-serving systems, with a focus on shifting how service providers interact with parents.

‣ [Opening Doors for Young Parents,](#) Annie E. Casey Foundation
This resource helps agencies understand barriers young families face, which is a key first step to improving parent engagement.

‣ [National Association for Family, School, and Community Engagement (NAFSCE)](#) This organization provides resources to help agencies document their family engagement work.

4.2 Advancing Equity

Level at which attention is paid to ensuring that the early childhood system meets the needs of all young children and their families

THIS MEASURE IS IN DEVELOPMENT

Value

There are pervasive disparities in early childhood outcomes by race and ethnicity, and significant challenges in achieving equitable outcomes across other factors like family income, neighborhood, language spoken at home, disability status, and immigration status. One of the contributions of an effective early childhood system can be to focus attention on these issues and pursue solutions that would not be possible for individual service providers.

A well-functioning early childhood system allows leaders and stakeholders to look across the programs and services that make up the system to assess and improve: how well it is meeting the needs of the community's entire population of young children and their families; where there are gaps; and where the system is perpetuating inequities or not serving some families well. While this includes looking closely at the available data to determine where there are disparities in outcomes, there are also other steps that system leaders can take to advance equity in the early childhood system and in the community. Early childhood system leaders can use their position to influence the work of the system as a whole, as well as practice within direct-service programs, through training, coaching, incentives, and requirements.

Advancing equity will likely raise some issues that can seem to be outside of the core responsibilities of an early childhood system – for example, addressing homelessness, or equitable access to safe play spaces. Early childhood systems can't solve these problems on their own, but they can work in ways that raise the likelihood that elected officials and other community leaders will act on them. At the same time, most early childhood systems will find issues within their realm of direct influence, such as disparities in preschool expulsion and diversity of the early childhood workforce and leadership, which can be addressed from within the system.

Definition

Equity has been defined as "just and fair inclusion into a society in which all can participate, prosper, and reach their full potential."[8] This system performance measure prompts an assessment of how well leaders and stakeholders in the early childhood system are using the system-level perspective and influence they have to advance racial, economic, and social equity in the community.

The tool below is focused around ten topic areas which include activities at the system level, activities related to influencing practice within the sectors that make up the early childhood system, and activities at the program level. With these activities, early childhood system leaders can understand and improve the ability of the system to meet the needs of all families with young children and reduce disparities in access, quality, and outcomes.

Communities can use the reflective self-assessment tool to discuss and give a rating of how well the early childhood system uses strategies to advance equity in each of ten domains and then assign an overall rating of current efforts to advance equity.

Summary of Steps

1. **Set intention:** Decide on your community's goals with respect to assessing how well the system is advancing equity.

2. Stakeholder engagement: Identify early childhood system leaders or representatives to participate in the assessment process. With the stakeholder group, affirm or revise intentions.

3. **Convene stakeholders:** Convene the group to talk through the assessment, reflect on the results, and determine what to do next with the information/analysis. Communities can use the Action Plan template in this Toolkit to help plan next steps.

4. **Rate:** Discuss each of the ten domains in the tool, arriving at a rating of 1-4 for the question(s) within each domain. Then discuss how well the early childhood system is doing on advancing equity overall.

5. **Interpret:** Communities should consider several questions as they analyze and interpret their responses on the assessment tool.

   a. What differences did you see in how various stakeholders assessed the system's current efforts? While there will always be variations in perspective among a group of people, it is particularly important to pay attention to differences by group when discussing questions related to equity. Did parents' responses differ from those of service providers and system leaders? Did people of color assess the system's efforts differently than white participants? Where you see patterns of differing perspectives, devote some extra time to discussing those perspectives. It may be that system efforts are not visible to community members; and it may be that the efforts being made are not meeting the needs of people in the community. Both of these scenarios offer opportunities for learning and improvement.

   b. What would it take for your community to get to the next level in one or more domains, or overall? Responses may reflect various factors including political will or resources.

   c. If you achieved a level 4 in any of these domains or overall, what led to that success? How can these successes be shared with other communities to support their improvement?

6. **Determine what action should be taken as a result of the analysis, and record in action planning guide.** Use this assessment as an entrée to a larger conversation to support system building efforts.

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8 Angela Glover Blackwell, Policy Link. "Equity Is…" Published October 2016. http://putnam-consulting.com/philanthropy-411-blog/equity-is/

Stakeholders

Leaders of the early childhood system should be involved in this assessment process. Ideally this would be led by someone in a convening or coordinating role for the system. It is particularly important for this measure that the stakeholder group include people from a range of backgrounds who can represent multiple population groups and neighborhoods within the community, including parents of young children.

Data Sources

This performance measure uses a self-assessment tool. Participants' assessment of the system's performance may be informed by disaggregated data on child and family outcomes, quality and access data from the sectors within the early childhood system, neighborhood or community needs assessments, and other sources.

Limitations

This measure is preliminary and has not been pilot tested.

Research Opportunities

CSSP is interested in identifying funding and community partners to further develop a tool for early childhood system leaders and stakeholders to assess their current efforts in advancing equity in the community and in the early childhood system itself, as well as to assess the effectiveness of those efforts. This is a critical need in the field, and it will require a thorough process to do it well.

Resources

‣ RACE Matters: Organizational Assessment, Annie E. Casey Foundation

‣ Racial Equity Impact Assessment, Race Forward

‣ Racial Inequality in Policies that Impact Infants, Toddlers, and Families, Zero to Three and Center for Law and Social Policy

4.2 Advancing Equity: Rating Tool

Participating stakeholders collaboratively discuss how well the early childhood system as a whole and each of its component parts use strategies to advance equity in each of the following domains. For the questions in each domain, we suggest that communities identify:

‣ A significant strength and/or recent accomplishment that they can build upon;

‣ A significant challenge they need to address in order to make further progress;

‣ A tentative rating on a four-point scale about the extent to which these practices are being used, as follows:

   1—This is not being done or done rarely

   2—This is being done at times or within particular sectors

   3—This is being done pretty consistently across most sectors

   4—This is core work throughout the early childhood system

1. Data	
a. Data are routinely disaggregated and analyzed by race, ethnicity, neighborhood, and other relevant factors.	1 2 3 4
b. System and sector leaders use the data to drive action to address gaps and disparities that are revealed in analysis of early childhood data.	1 2 3 4
2. Policy analysis	
a. Proposed policy and practice changes are analyzed for the differential impact they may have on children and families in specific neighborhoods, racial or ethnic groups, or on parents and children with disabilities.	1 2 3 4
b. Parents are part of the decision-making process to design solutions that will work for them and their neighbors. (A lower rating may reflect that parents are invited to give feedback on proposed changes but not involved in designing solutions.)	1 2 3 4
3. Access and high quality	
a. High-quality services for children and families are located equitably throughout the community. (For example, all neighborhoods have access to high-quality early care and education.)	1 2 3 4
b. High-quality services are accessible from all areas within the community. There are public transportation options or other supports for families that need to travel to access needed services.	1 2 3 4
4. Investment	
a. The system invests its resources in a manner that makes services more equitably available to underserved and historically underinvested groups and neighborhoods.	1 2 3 4
b. Funding processes are accessible to smaller, grassroots organizations and those led by people who represent the communities they serve.	1 2 3 4
5. Professional development	
a. Organizations and direct service providers within the early childhood system participate in professional development on topics such as race, racism, implicit bias, cultural humility, and partnering equitably with parents.	1 2 3 4
b. Service providers have access to coaching and consultation to help them better serve the children and families in their programs, such as infant mental health consultation to address challenging behaviors.	1 2 3 4
c. Career pathways and professional development opportunities are available to help increase the diversity of the early childhood workforce.	1 2 3 4
6. Leadership	
a. There is diversity within the leadership of the early childhood system and the sectors within it.	1 2 3 4
b. The leadership has demonstrated commitment to addressing issues of equity and justice.	1 2 3 4

7. Partnership				
a. The early childhood system is connecting and partnering with other community leaders to address drivers of inequity and disparity that are outside of the early childhood system.	1	2	3	4
b. The early childhood system is connecting and partnering with other community leaders to address drivers of inequity and disparity that are outside of the early childhood system.	1	2	3	4
8. Communication				
a. The system communicates the importance of equity to service providers, decision-makers, families, and the community as a whole.	1	2	3	4
b. Materials like posters and brochures are reflective of the families that live in the community in terms of race, disability, and family structure.	1	2	3	4
c. Materials are translated, and interpretation is offered, so that non-English-speaking families can participate fully in the programs that serve their children and in early childhood system efforts.	1	2	3	4
9. Incentives				
a. The early childhood system incentivizes or encourages programs and services to take concrete action on equity in their own programs or neighborhoods	1	2	3	4
b. The early childhood system helps programs and agencies identify steps they can take to work toward more equitable outcomes and provides funding to support that work.	1	2	3	4
10. Equity agenda				
a. The early childhood system has articulated an equity agenda.	1	2	3	4

After considering the domains above, communities can evaluate the current performance of their early childhood system on advancing equity overall. Levels are defined as follows:

Level 1—There is limited activity related to advancing equity in the early childhood system.

Level 2—Some programs or services are focused on advancing equity, but these efforts are not crossing over into other parts of the early childhood system; there is no coordinated activity at the community or system level.

Level 3—System-level efforts are underway to work across programs and services with a focus on equity.

Level 4—Equity is a focus of the early childhood system, including tracking the effects of efforts to reduce disparities at the child, family, and/or community level.

Interpreting Results

Once the data are collected and compiled, the next step is to determine what can be learned from the results. The guidelines below provide suggestions for interpreting results depending on the data source. The questions a system asks itself to interpret the findings will vary depending on whether the data are self-ratings by system stakeholders, for example, or are counts or proportions obtained from program/population-level data sources. For self-ratings, a certain degree of interpretation may be built into the measure through the process of ranking a system according to performance levels. For measures sourced to population-level or program data, there are rarely built-in interpretive cues. Examples are provided to offer an abbreviated snapshot of how a community might go about interpreting their data for a particular system performance measure.

Interpreting Measures Based on Population-Level or Program Data

1.1 Early Prenatal Care	1.3.2 Child Development: Connection to Services
1.2.1 Maternal Depression: Screening	1.3.3 Child Development: Early Identification
1.2.2 Maternal Depression: Connection to Services	1.4 Early Care and Education
1.3.1 Child Development: Screening	1.5 Home Visiting

To interpret the results, communities should look at three broad categories of analysis, when the results enable it:

Trend What does the trend say about overall system improvement or decline for this particular measure?

Subgroup What do the subgroup results say about equity? Where are there gaps or disparities in results across groups (for example, by race or ethnicity)? Are they widening or narrowing?

Comparison How does our community compare to the state and nation overall, both in aggregate and by subgroup? What are the major opportunities for improvement?

Within each of these three broad categories of analysis, communities may want to explore what might be contributing to the results observed. Some potential influencing factors include the following:

Service Factors What is it that our system does, or doesn't do, that could be a factor? Consider:

- Types, lengths, or frequency of services (e.g., What is supply relative to demand? Is there a long waiting list or lag time?),
- Where services are provided relative to client population (e.g., To what extent are they located in, or easily accessible from, the neighborhoods where families live? Which subgroups or neighborhoods have better access to services? Do people know about the service?),
- How services are provided or accessed (e.g., To what extent are the services provided, or outreach conducted, in culturally and linguistically appropriate ways?)
- The processes of engagement and referral (e.g., To what extent are services easy to find and navigate? To what extent are referrals followed up on?), and
- The content or quality of services (e.g., Is there something about the service itself that is unappealing to clients? To what extent are the hours, delivery methods, and staffing responsive to the needs of the community?)

Environmental Factors What are factors over which the system has little direct control nevertheless have a substantial impact on results? Consider time or money limitations, funder or partner policies, privacy laws, economic issues, or seasonal issues. Are there ways to mitigate the risk or effects of factors that we do not control?

Data Factors What do we not know or need more information about in order to understand the results? Consider the additional data or information needed to unpack the results, particularly when results are unexpected or surprising.

Example Results and Interpretation:

1.1 Early Prenatal Care

The chart belowdemonstrates early prenatal care results for a particular U.S. region, showing data by trend, subgroup and comparison to the state and nation (partial data). The results were interpreted as follows:
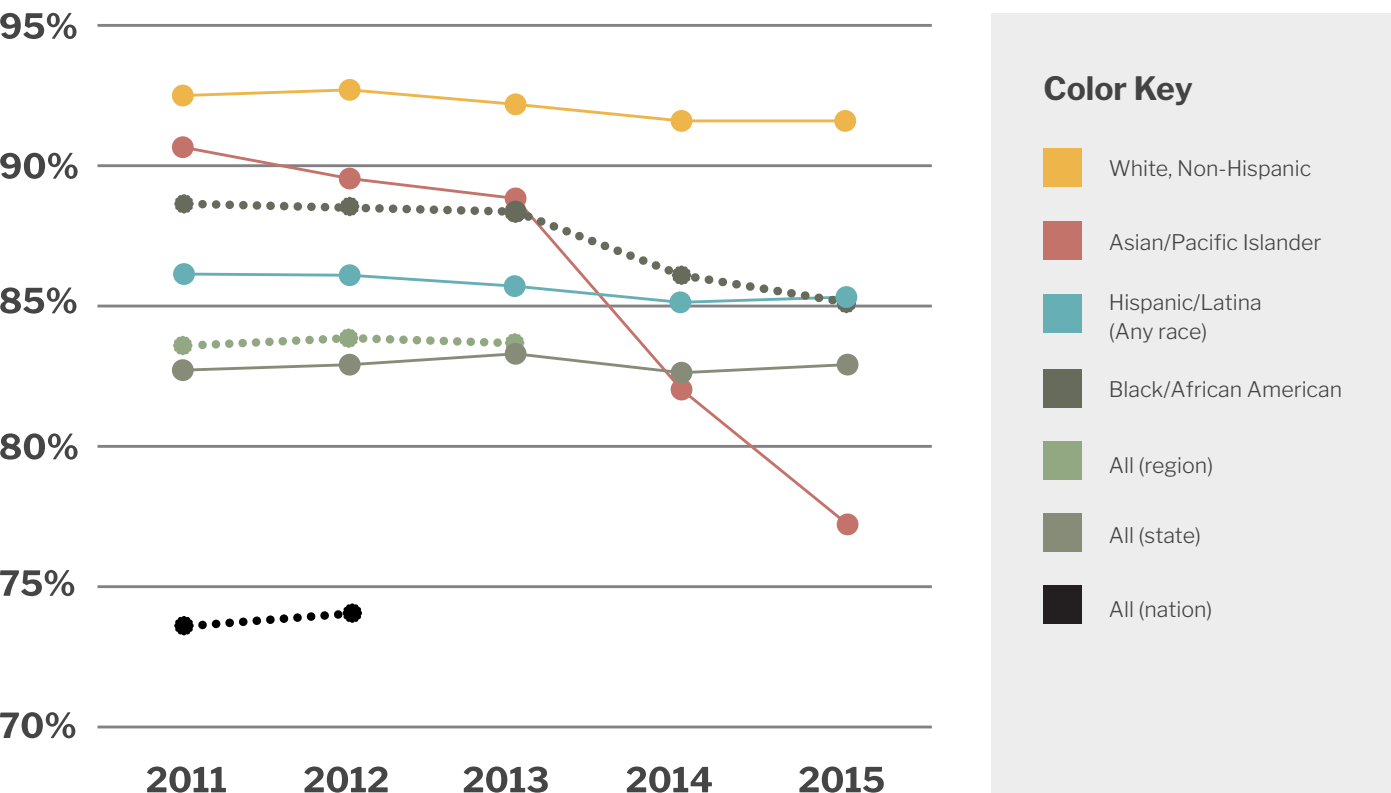
Trend

Overall trend is declining early prenatal care rates.

Subgroups

Fairly stable rates among White (Non-Hispanic), Hispanic/Latina, and Black/African American mothers; substantial decline among Asian/Pacific Islander mothers. Omitting the most recent Asian/Pacific Islander results, the gaps between subgroups are persistent. There is a notable nine-percentage point gap between White and Black/African American mothers and a six-percentage point gap between White mothers and Hispanic/Latina mothers.

Interpretation

A review of the data led the community to investigate service and environmental factors that contribute to the persistence of a race/ethnic gap. They looked at potential access barriers, including health insurance rates by race/ethnicity, availability of community clinics by neighborhood, and cultural and linguistic factors, including the race/ethnicity or gender of providers and languages spoken by providers or clinic staff. The community also sought to better understand cultural differences in attitudes toward pregnancy and health care and to assess the extent and appropriateness of education and outreach to underserved communities. The surprisingly rapid decline in prenatal care rates among Asian/Pacific Islander mothers led the community to take a deeper dive into the data. To attempt to find the salient variable, data were disaggregated in several different ways, including how the mother paid for the care (whether through private or public insurance or self-paid). The community also analyzed the access and cultural factors cited above to try to understand the rapid decline.

Color Key

- White, Non-Hispanic
- Asian/Pacific Islander
- Hispanic/Latina (Any race)
- Black/African American
- All (region)
- All (state)
- All (nation)

Interpreting Measures Based on System Self-Assessment Tools

Interpretation of self-assessments will vary depending on what is being assessed, but the following broad questions can apply to all self-assessments:

1. What is working well in our system? What can we learn from this self-assessment that we can replicate elsewhere?

2. Where are we not performing strongly? What might be contributing to that outcome?

3. How should we prioritize the results? What is the most important opportunity for improvement we have identified through the self-assessment? How will we go about pursuing this opportunity?

4. What would it take for our community to get to the next level rating? Are there system-level changes that could be made to progress?

5. If we achieved a level 3 or 4 rating, what led to that success? How can these successes be shared with other communities to support their improvement?

6. Were there any issues with the implementation of the self-assessment that may have impacted results? For example, are there important partners missing from the assessment, or did we get sufficient participation overall?

7. Do we need a unified plan or common agenda to improve our performance? If we already have a common agenda, is it effectively advancing our progress? Is it aligned with the changes we want to see?

Provided on the next pages are examples of streamlined results and interpretation for two hypothetical implementations of measures. The first is the implementation of *2.2 System Navigation* and *2.3 Working Together,* and the second is the implementation of the policy agenda setting and tracking part of *3.3 Policy Change*. It is important to note that few of the system performance measures based on self-assessment tools will have highly quantitative results; they may produce some summary data if an online survey was conducted, or the consensus result of a convenings may be summed up on a scale from 1-4. However, the real learning and progress comes from the dialogue generated by these assessments, the subsequent interpretation, and the planning to improve performance.

Example Results and Interpretation:
2.2 System Navigation / Working Together

This hypothetical community fielded a survey to front-line staff in several sectors, including home visiting, Early Head Start, early intervention, and child welfare. The sector leaders then convened to review the survey results and assign a level to their performance on measures 2.2 and 2.3. In looking at the results, they determined that providers know the referral organizations well, including having names for specific providers to refer to; however, they were less confident about knowing who to turn to if there is a problem with a referral. Most providers contact the referral provider and provide a warm hand-off, but this is not a consistent practice system-wide. Knowledge about a family's services at other agencies was low. Participants surmised that this was largely due to the lack of data sharing or protocols in place to provide information to each other. In the sector-specific survey results (not pictured), respondents cited the most positive experiences referring to the medical homes/health system, home visitation, and child care sectors, and the most negative experiences referring to child welfare, housing, and food/nutrition support sectors. Overall, the community rated itself a Level 3 for system navigation and a Level 2 for working together. They identified several goals and completed an action plan for each goal; they will meet quarterly to monitor progress.

	Very Likely	Somewhat Likely	Not Likely	Very Unlikeyly
I know the other organizations in the system that provide the kind of service the family needs.	83%	17%	0%	0%
I will help the family decide where to go to get the help they need.	72%	28%	0%	0%
I will give the family the name of a specific person to contact	83%	17%	0%	0%
I will contact the organization to let them know I have recommended the family to come to them	68%	17%	17%	0%
I will conduct a "warm hand-off" by getting new provider and family on the phone together, or accompanying family to new provider.	68%	17%	0%	17%
If there is a problem with a referral, I will know whom to contact at the new provider to try to solve the problem	50%	33%	17%	0%
I know that a family is receiving multiple services	17%	68%	0%	17%
I will know about the nature of the other provider's work and they will know about mine.	33%	50%	0%	17%
When I update or review a service plan, I will have up-to-date information from the other provider.	33%	50%	0%	17%
I believe that the other provider will work with the family in a way that helps my work more effective.	67%	33%	0%	0%

Example Results and Interpretation:
3.3 Policy Change

This hypothetical example of results for 3.3 Policy Change demonstrates how a community may select policies that most reflect their values for supporting children and track progress on those policies.

Trend

State-funded universal transitional kindergarten (T-K—modified kindergarten for 4-year old children who will turn five by December—was gradually expanded to full funding in 2019. A ballot measure passed in 2018 guaranteeing paid parental leave for 3 months for employees in companies with more than 50 employees. Wage equity for care providers has not improved over the period studied.

Subroups

Average hourly pay for BA-holders working with infants and toddlers is 29% below that of educators working with preschool age children and 268% below that of elementary school educators.

Interpretation

These results can be illuminated by identifying what advocacy activities were undertaken by the community or others over this period (e.g. without advocacy, progress is not to be expected; however, if the community has been actively advocating, lack of movement may suggest the need to find more effective strategies, messaging, or policy proposals).

Target Objective		Baseline 2016	2017	2018	2019
100% of Any County hospitals are **Baby-Friendly Hospitals** by 2020	Level of Achievement	partial	partial	full	full
	Status	1 of 4 are BFH	2 of 4 are BFH	4 of 4 are BFH	4 of 4 are BFH
State-funded universal **Transitional K** has been signed into law by 2020	Level of Achievement	none	none	partial	full
	Status	No official bill under constructtion	SB 123 fails	AB 456 passes partial funding	AB 789 passes providing full funding
State law requires employers with 10 or more employees to offer **paid parental leave** for a minimum of 6 months following the birth or adoption of a child by 2020.	Level of Achievement	none	none	partial	partial
	Status	Some private companies offer it, but no state mandate	AB 246 proposed 6 months minimum, but failed legislature	Ballot measure A passed (3 months; opt for biz with under 50 employees)	Advocates working on bill for extension/ expansion
Wage gap between early childhood educators and K-12 educators has been reduced by 20% in Any County by 2020	Level of Achievement	none	none		
	Average pay 0-2 (with BA)	$13.83	$14.01	$13.88	$14.10
	Average pay 3-5 (with BA)	$17.86	$17.99	$17.85	$18.02
	Average pay K-6 (with BA + credential)	$50.94	$51.05	$51.98	$52.50
	Status	no bill under consideration	no bill under consideration	no bill under consideration	no bill under consideration

System Performance Improvement Action Planning Guide

Based on a community's interpretation of the results and assessment of its system's performance, stakeholders may see the need for policy, service, or advocacy responses. Communities may use the action planning template to help progress from assessment to action. The template is designed to apply to a single goal or target; if stakeholders have several, complete one action plan for each identified goal or target. Ideally, everyone involved in creating the action plan would have a shared vision for the community and know the commitment they and others are willing to make toward achieving it; however, communities with only partial buy-in are encouraged to complete an action plan, as well. Below are some questions communities can ask to begin action planning.

Context Setting

- Who is involved in implementing this action plan?
- What is the overall goal of our action planning?
- How will this action planning help us accomplish our goal?
- Who is responsible for overseeing the implementation of the plan, and how will the plan's implementation be managed?
- What is the timeline for implementation of the identified strategies?

Current Reality

- What specific, measurable condition must be attained to accomplish the goal?
- What key conditions must be created to make progress toward the goal?
- What existing or potential challenges may hinder progress toward the goal?
- What are the strengths of the team that will lead us to accomplish your goal?

Action Planning Definitions

Goal: Broad, long-term aim that defines fulfillment of the system contribution (e.g. Working Together)

Target: Specific, quantifiable, realistic objectives that measure the accomplishment of the goal.

Strategies: Broad activities required to achieve a target, create a necessary condition for success, or overcome a barrier.

Actions: Specific steps to be taken to implement a strategy.

- What additional skills, strengths or assets will we need to successfully implement actions in pursuit of our goal?
- What are the potential dangers of succeeding?
- What are the potential benefits of pursuing these actions?

Commitments

- What innovative, substantial actions will leverage our strengths and help us implement our goal?
- In light of the current reality, what is the group willing to commit to?

Planning Language

Using consistent language can improve the clarity and success of your action plan.

- **Target Verbs (quantitative):** Increase, Reduce, Achieve, Maintain, Have
- **Strategy Verbs (finite):** Establish, Develop, Implement Build, Create
- **Action Verbs (specific):** Provide, Identify, Produce, Meet, Revise, Present, Document, Define, Research, etc.

Action Planning Worksheet

System Performance Measure	Goal	Completion Date

Target	Strategy

Actions/Implementation Steps	Lead	Start Date	End Date
1.			
2.			
3.			
4.			
5.			
6.			

| Coordinator

Team Members	Collaborators/Partners	Indicators	Resources

Action Planning Worksheet: Completed Sample

System Performance Measure	Goal	Completion Date
2.3 Working Together	The Bloom County early childhood system works together to seamlessly provide services when a family works with multiple service providers.	January 31, 2018

Target	Strategy
Increase consistency and quality of referrals for families.	Establish a standard "Young Families Referral Check-list" for all agencies working with young children in Bloom County.

Actions/Implementation Steps	Lead	Start Date	End Date
1. Convene subcommittee to brainstorm checklist contents; identify additional agencies to engage	J. Smith	11/15/2018	11/15/2018
2. Outreach new stakeholders	B. Chang	11/16/2018	11/30/2018
3. Draft checklist (Draft 1)	S. Apkarian	11/16/2018	11/30/2018
4. Subcommittee review of Draft 1; sub-committee meeting	J. Smith	12/1/2018	12/7/2018
5. Revise checklist (Draft 2)	S. Apkarian	12/7/2018	12/21/2018
6. Circulate checklist for broad review; include new stakeholders	B. Chang	12/22/2018	1/7/2019
7. Finalize	S. Apkarian	1/8/2019	1/21/2019

Coordinator	Collaborators/Partners	Indicators	Resources
J. Smith, Bloom Center for Young Children and Families **Team Members** B. Chang, Help Me Grow Bloom S. Apkarian, Bloom Early Intervention A. Amari, Bloom Home Visitors V. Chavez, Bloom School District C. O'Connor, Bloom Action Partnership S. Cohen, Bloom University	To be expanded through outreach; anticipated: • Bloom County Child Protective Services • Bloom County Head Start • Bloom Habitat for Humanity	80% or more of survey respondents indicate "very likely or likely" on questions 1-5 on the 2019 fielding of Bloom Survey of System Coordination.	Interagency, Cross-Sector Collaboration to Improve Care for Vulnerable Children: Lessons from Six State Initiatives

About the EC-LINC Outcomes and Metrics Initiative

The Outcomes and Metrics workgroup began in December 2015 and culminated in November 2018. The workgroup consisted of agency directors and evaluation managers from seven local early childhood systems in four different states, along with CSSP staff and facilitation help from Parsons Consulting. Over the three-year period they were guided by the following four goals:

▸ **Common Metrics:** Drive the development and use of common early childhood indicators and system performance measures.

▸ **Advocacy:** Inspire public advocacy for early childhood.

▸ **Learning Community:** Use data to learn from other communities, share best practices, and understand outliers.

▸ **Systems Change:** Leverage data to show effectiveness of early childhood systems and inform decision making.

The majority of the work was focused on the Common Metrics goal, which culminated in this toolkit. The workgroup was engaged in both identifying the measures and testing their viability.

Metric Development

Over the course of the initiative, the group met virtually through conference calls and once a year at an in-person convening. Through these virtual and in-person meetings, the workgroup collectively identified three core outcomes of child and family wellbeing and a draft set of common indicators to act as proxy measures for those outcomes ("population-level indicators" or PLI). A list of these outcomes and indicators can be found on page 66. Through these meetings, the workgroup also identified the system contributions and performance measures contained in this toolkit.

For both lines of work—the population-level outcomes and indicators, and the system contributions and performance measures—the metrics proposed were assessed according to communication power, proxy power, and data power.[9] Not all metrics had strong data power, but if they were important to measuring child and family outcomes or system performance, they were retained and highlighted for data development and advocacy.

Ensuring that the metrics embrace equity and honor the parent perspective was a priority for the workgroup. In its simplest form this priority revealed itself in the workgroup's emphasis on the disaggregation of data by race and ethnicity and/or income to help identify inequities in the trends observed. The workgroup's intent was, whenever possible, to create a companion equity metric for the indicators that would measure the gap between different groups, to effectively reveal the "excess burden" borne by certain groups (e.g., a comparison of the percentage of African American babies born at a healthy weight compared to the percentage of white babies with this outcome). However, since this is not always possible due to data constraints, and to foster a richer assessment of how systems are implementing these values of equity and engagement, the workgroup developed stand-alone system performance measures of equity and parent engagement under the fourth contribution category of Equity.

Metric Testing

To test the viability of the indicators and measures, the workgroup invested significant time in pilot testing the metrics. For the indicators, the workgroup sought to learn whether communities could collect consistent, comparable data on a core set of common metrics, thereby enabling cross-community comparison and learning. To test whether this was possible, for each of the indicators, each workgroup member was provided with a data collection shell and detailed guidelines on the parameters around the data needed to fill in the shell. Technical assistance was provided by the consultant team when needed. The data in the completed shells were compiled and the results were summarized by the consultant team in detailed internal reports in 2016 and 2017. All of the indicators, with the exception of the newly created PLI 3.3 Child and Family Friendly Neighborhoods, were piloted in this fashion.

To test the viability of system performance measures that relied on population-level or administrative data, the process was similar to that of the indicators. For the system performance measures that relied on the newly developed self-assessment tools, the process was more extensive. First, draft tools were reviewed and edited by various stakeholders within and outside of the workgroup. Once reviewed, piloting the tool required converting the tool to a shareable form, engaging stakeholders, and collecting primary data. The piloting communities then completed a reporting form for the consultant team that asked a series of questions to elicit reflections on their piloting experience, such as which stakeholders were engaged, how data were collected, what were the results, how do they interpret the results, and what were the challenges, successes, or lessons learned.

Data were not always readily available for the measures that were piloted, such as the measures under 1.2 Maternal Behavioral Health and measures 1.3.2 Child Development: Connection to Services (Child). Agencies were typically able to get their own

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[9] Clear Impact, Results-Based Accountability (www.clearimpact.com)

administrative data, but system-wide data were not accessible; when multiple agencies provided data, there was a persistent issue with duplication.

Some measures were newly added in 2018 and, therefore, the workgroup did not have the opportunity to pilot them prior the release of the toolkit. These "in development" measures, or parts of measures, include:

1.2.2 Maternal Depression: Connection to Services

1.3.2 Child Development: Connection to Services

1.4 Early Care and Education

1.5 Home Visiting

3.1 Public Understanding

3.3 Policy Change

4.1 Parent Engagement (preliminary piloting of the Comprehensive Assessment has taken place; the Abridged Assessment is still in progress)

4.2 Advancing Equity

The workgroup welcomes the further development of these measures and tools by researchers and practitioners in the field.

Please let CSSP know if you use any of the tools in this toolkit, and share your feedback on them, by going to https://tinyurl.com/ECsystemperformance.

Appendix: Population-Level Outcomes and Indicators

The purpose of identifying population-level common indicators was to help early childhood stakeholders assess their current impact and future opportunities to improve outcomes for children and their families. Specifically, the indicators were selected with the hope of helping stakeholders evaluate progress, create a basis for quality improvement efforts, and communicate and build support for families and early childhood. The indicators act as proxy measurements for their attendant outcome.

HEALTH: Pregnant women and young children are healthy

    1.1   LOW BIRTH WEIGHT: Percentage of babies born below 2,500 grams or 5.5 pounds

    1.2   ASTHMA: Percentage of children 0-5 hospitalized due to asthma

    1.3   OBESITY: Percentage of children who are overweight or obese

LEARNING: Children are ready to succeed in school

    2.1   READ TO: Percentage of children read to, had a story told to, or sung to daily

    2.2   HIGH QUALITY EARLY CARE: Percentage of early childhood education programs that are high quality[10]

    2.3   KINDERGARTEN READINESS: Percentage of children assessed as ready for kindergarten

ENVIRONMENT: Children live in safe, stable, and nurturing families and communities[11]

    3.1.1   MALTREATMENT REPORTS: Reported cases of abuse and neglect

    3.1.2   SUBSTANTIATED MALTREATMENT: Substantiated cases of abuse and neglect

    3.2   POVERTY: Percentage of children living in poverty

    3.3   CHILD FRIENDLY COMMUNITIES: Measures of child and family friendly neighborhoods

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[10] This is an interim measure based on the data that most jurisdictions are currently able to collect; the longer-term goal is to measure the percentage of young children who attend high-quality programs.

[11] The EC-LINC Outcomes & Metrics Initiative identified alternative indicators of safety that were preferable in many ways, but are not currently possible to track at the population level: for 3.1, the Parental Stress Index and a parent protective factor survey; and for 3.2, a Family Financial Stability Index.