

## 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 <sup>7</sup>	Data collection requirements	Timeframe
				Level of Effort
<b>2.1 Family Assessment</b>				
System's ability to understand a family's strengths and needs.	<ul style="list-style-type: none"> <li>• Lead convener</li> <li>• Online survey platform</li> <li>• Data administrator</li> </ul>	<ul style="list-style-type: none"> <li>• Agencies across the system (leaders, front-line staff, parents)</li> </ul>	<ul style="list-style-type: none"> <li>• Online survey</li> <li>• Convenings/meetings/focus groups</li> </ul>	4-6 months Moderate to High
<b>2.2 System Navigation</b>				
System's ability to help connect families to the services and supports they need.	<ul style="list-style-type: none"> <li>• Lead convener</li> <li>• Online survey platform</li> <li>• Data administrator</li> </ul>	<ul style="list-style-type: none"> <li>• Agencies across the system (leaders, front-line staff, parents)</li> </ul>	<ul style="list-style-type: none"> <li>• Online survey</li> <li>• Convenings/meetings/focus groups</li> </ul>	4-6 months Moderate to High
<b>2.3 Working Together</b>				
System's service providers' level of working together, when needed, to meet a family's needs.	<ul style="list-style-type: none"> <li>• Lead convener</li> <li>• Online survey platform</li> <li>• Data administrator</li> </ul>	<ul style="list-style-type: none"> <li>• Agencies across the system (leaders, front-line staff, parents)</li> </ul>	<ul style="list-style-type: none"> <li>• Online survey</li> <li>• Convenings/meetings/focus groups</li> </ul>	4-6 months Moderate to High
<b>2.4 Using Data</b>				
System's level of using data to support coordination, planning, and quality improvement.	<ul style="list-style-type: none"> <li>• Lead convener</li> <li>• Data administrator</li> </ul>	<ul style="list-style-type: none"> <li>• Agencies across the system (leaders, data administrators)</li> </ul>	<ul style="list-style-type: none"> <li>• Online survey (optional)</li> <li>• Convenings/meetings/focus groups</li> <li>• Agency administrative data</li> </ul>	4-6 months Moderate to High
<b>2.5 Capacity Building</b>				
System's support of professional development and organizational capacity to improve services.	<ul style="list-style-type: none"> <li>• Participation of EC system stakeholders</li> <li>• Data administrator</li> </ul>	<ul style="list-style-type: none"> <li>• Agencies across the system (leaders, front-line staff, parents)</li> </ul>	<ul style="list-style-type: none"> <li>• Convenings/meetings/focus groups</li> </ul>	4-6 months Moderate to High

<sup>7</sup> 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.

## 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

<b>1.</b> You will know which other organizations in the community provide the kind of service the family needs.	1	2	3	4	NA
<b>2.</b> You will help the family decide where to go to get the help they need.	1	2	3	4	NA
<b>3.</b> 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
<b>4.</b> 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
<b>5.</b> 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
<b>6.</b> 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)

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

## 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

<b>1.</b> You will know that the family is receiving multiple services.	1	2	3	4	NA
<b>2.</b> 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
<b>3.</b> 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
<b>4.</b> 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
<b>5.</b> 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
<b>6.</b> You will have informal contacts with the other provider when such contacts would be helpful.	1	2	3	4	NA
<b>7.</b> 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 or I am part of this sector)

<b>8a.</b> Pediatrics	1	2	3	4	NA	<b>8f.</b> Mental health	1	2	3	4	NA
<b>8b.</b> Early care and education	1	2	3	4	NA	<b>8g.</b> Income support	1	2	3	4	NA
<b>8c.</b> Home visiting	1	2	3	4	NA	<b>8h.</b> Food and nutrition	1	2	3	4	NA
<b>8d.</b> Early intervention	1	2	3	4	NA	<b>8i.</b> Family support / Parenting education	1	2	3	4	NA
<b>8e.</b> Child welfare	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 to support coordination, planning, and quality improvement at the program and system levels

#### Purpose

Data use and sharing are critical to the effective functioning of an early childhood system and a basic requirement for engaging in quality improvement and collective impact efforts. 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 in this toolkit. 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. A system with a strong emphasis on using data can also support providers to engage in quality improvement activities, carry out system-level quality improvement efforts, and make informed decisions about resource allocation.

Some local and state entities have developed Integrated Data Systems (IDS) that can accomplish many of these purposes; other local and state entities have developed Coordinated Intake and Referral Systems (CIRS) that can accomplish a different, overlapping set of these purposes. Either one is a strong asset for an early childhood system's ability to achieve the goals of using data well, and either an IDS or a CIRS may be able to be leveraged to increase how well the system is using data.

#### Definition

The Using Data measure enables communities to conduct a self-assessment on the ways in which service providers and system stakeholders coordinate their efforts related to data, and to measure their progress in sharing and using data to improve system performance. The measure assesses topics within three categories:

- 1. Agreement on Indicators:** For partners to meaningfully work together and use data for quality improvement and decision-making, they must first have some basic consensus about what they are working toward and what data they are using to gauge whether they are making progress. For this part of the assessment, consider whether system partners have come to consensus about two different types of measurement. The first is whether system partners are in consensus on the *indicators of child and family well-being* that the system aims to improve. These indicators are the data points that tell us whether we are making progress on outcomes that we care about. For example, many early childhood systems are working to improve an outcome related to child health; indicators of child health may include the percentage of children born at a healthy weight, or asthma rates. Ideally, these indicators are measured quantitatively and at the population level, though agencies may gather and report on them for participants in their programs. The second item in this section asks whether system partners are in consensus on *measures of early childhood system performance*, such as how well services are reaching the groups who need them or how well partners within the system

are coordinating their efforts. The tool you are looking at right now, for example, is a measure of system performance. These measures may be quantitative or qualitative and will often be more focused on process—how well the system is working—than on outcomes.

- 2. Collecting and Sharing Data:** This part of the assessment asks about how well partners are *collecting quantitative and/or qualitative data*; what agreements and infrastructure are in place to support them in *sharing that data* at different levels and for various purposes; and how data reports are *shared with the public*.
- 3. Analyzing and Using Data for Improvement:** This part of the assessment asks about how well the system *analyzes and disaggregates the data collected*; whether the system is supporting *quality improvement* at the program level and engaging in quality improvement for the system overall; and whether system leaders are *using data to inform decision-making*.

#### 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 tool provided at the end of this section as written or customized to solicit the level of input they are seeking.

#### 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 stakeholders or one-on-one outreach, describe the assessment process and goals. Share the 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 survey to best meet their research interests. An

online version of the tool using [Google Forms is available here](#); communities using this will need to save the tool in their own Google account, and customize as needed, before distributing

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 topics. For the strengths and challenges identified by respondents, 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 identifying strengths of your current efforts and ongoing work to address challenges. 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 an action planning guide. Use this assessment as an entree to a larger conversation to support system building efforts.

## Stakeholders

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.

**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.
- ▶ If parent leaders are engaged in system-building efforts, they should also be invited to participate in this assessment as stakeholders. For systems that do not currently have parent leaders engaged in system-building efforts, this assessment may not be the best way to engage them as it deals with activities that are not visible to most members of the community. However, a parent with a strong interest in data or quality improvement may welcome the opportunity, in which case a system partner should take the time to talk through the assessment and brief the parent on the current efforts of the system.
- ▶ This assessment may be a good opportunity to engage members of the business community who are interested in supporting the early childhood system. Participating in the assessment and action planning may bring to light some areas where they could make a significant difference through their participation and support.

## Data Sources

Early childhood system stakeholders collect the data to be reviewed and evaluated. They can do so through surveys completed by data administrators and in-person meeting(s) to discuss and rate system performance. Surveys completed by data administrators.

## 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:

- ▶ Shared measurement is just one function of a system that has the necessary components in place for impact. Explore other functions with measure 0.2, Infrastructure for System-Building, in this toolkit.
- ▶ In communities with Integrated Data Systems (IDS) and/or Coordinated Intake and Referral Systems (CIRS), 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 and CIRS communities or states may want to pursue, such as which sectors are contributing data to the IDS or CIRS, how flexible the IDS or CIRS is in allowing them to pull data, and what modifications might make the system more impactful.

## Resources

- ▶ [Explaining the Value of Data Sharing: Lessons Learned](#), AcademyHealth, 2016
- ▶ [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
- ▶ [An Unofficial Guide to the Why and How of State Early Childhood Data Systems](#), The Ounce (now operating as Start Early), 2017
- ▶ [Telling the Story: The Potential of Early Childhood Data Systems](#), blog post by Joan Lombardi, 2015
- ▶ [Cracking the Code on Early Childhood Data](#) (blog post) and [Early Childhood Data in Action: Stories from the Field](#) (report), Center for the Study of Social Policy and National Institute for Children's Health Quality, 2018

## 2.4 Using Data: Rating Tool

For each topic 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; and

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
- DK—Don't know

The tool invites respondents to identify a strength and challenge for each topic. To ease response burden, communities may want to indicate that responses to these are optional, but encouraged.

AGREEMENT ON INDICATORS	
<p><b>1.</b> System partners are in consensus on <b>indicators of well-being</b> that the system aims to improve (i.e., agreed-upon indicators of progress toward shared outcomes, ideally ones that can be measured at the population level, such as percentage of births at healthy weight, percentage of children assessed to be ready for kindergarten, or family poverty level).</p> <ul style="list-style-type: none"> <li>▶ Strength:</li> <li>▶ Challenge:</li> </ul>	1   2   3   4   DK
<p><b>2.</b> System partners are in consensus on <b>measures of early childhood system performance</b> (i.e., agreed-upon measures of how well the system is performing its functions, such as how well services are reaching families throughout the community or how well providers are coordinating their efforts within and across sectors in the early childhood system).</p> <ul style="list-style-type: none"> <li>▶ Strength:</li> <li>▶ Challenge:</li> </ul>	1   2   3   4   DK
COLLECTING AND SHARING DATA	
<p><b>3.</b> The system is able to <b>collect robust quantitative data across sectors</b> (e.g., data are complete and reliable, the data capture all or nearly all children and families in the community without leaving out any demographic groups).</p> <ul style="list-style-type: none"> <li>▶ Strength:</li> <li>▶ Challenge:</li> </ul>	1   2   3   4   DK
<p><b>4.</b> The system is able to <b>collect qualitative data</b> about child and family well-being and family experiences with the system (e.g., parent feedback about accessibility, quality, and cultural relevance of services).</p> <ul style="list-style-type: none"> <li>▶ Strength:</li> <li>▶ Challenge:</li> </ul>	1   2   3   4   DK

<p><b>5.</b> Program-level data include <b>details about child or family participation</b> such as dosage/frequency to allow for more nuanced analysis of program effectiveness.</p> <ul style="list-style-type: none"> <li>▶ Strength:</li> <li>▶ Challenge:</li> </ul>	<p>1 2 3 4 DK</p>
<p><b>6.</b> There are <b>data-sharing agreements</b> across sectors (e.g., memoranda of understanding between providers such as early intervention services and Head Start).</p> <ul style="list-style-type: none"> <li>▶ Strength:</li> <li>▶ Challenge:</li> </ul>	<p>1 2 3 4 DK</p>
<p><b>7.</b> Data sharing is facilitated by a <b>unique common identifier</b> for each child and family (i.e., a way of finding a child or family across multiple data systems).</p> <ul style="list-style-type: none"> <li>▶ Strength:</li> <li>▶ Challenge:</li> </ul>	<p>1 2 3 4 DK</p>
<p><b>8.</b> Programs share a <b>common database within an individual sector</b> (e.g., multiple home visiting programs reporting data to a common database where they have access to information about referrals, assessments, and past history within that sector. In some cases, this data may be reported to a state-level database. If so, do programs and/or system partners at the community level have access to the relevant data from their community? Are all related programs included in that database, or only those funded through a particular funding stream?)</p> <ul style="list-style-type: none"> <li>▶ Strength:</li> <li>▶ Challenge:</li> </ul>	<p>1 2 3 4 DK</p>
<p><b>9.</b> Programs share a <b>common database across sectors in the system</b> (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).</p> <ul style="list-style-type: none"> <li>▶ Strength:</li> <li>▶ Challenge:</li> </ul>	<p>1 2 3 4 DK</p>
<p><b>10.</b> Early childhood <b>data is shared with the community</b> in order to lift up successes, highlight areas of concern, and build public will for policy change, investment, and/or system improvement.</p> <ul style="list-style-type: none"> <li>▶ Strength:</li> <li>▶ Challenge:</li> </ul>	<p>1 2 3 4 DK</p>
<p><b>ANALYZING AND USING DATA FOR IMPROVEMENT</b></p>	
<p><b>11.</b> The system <b>analyzes data and identifies key areas of progress and significant challenges</b> (i.e., understanding indicators or performance measures that have improved in recent years, and indicators or performance measures that have gotten worse or stayed the same).</p> <ul style="list-style-type: none"> <li>▶ Strength:</li> <li>▶ Challenge:</li> </ul>	<p>1 2 3 4 DK</p>



<p><b>12.</b> The system is able to <b>disaggregate data</b> in order to identify disparities by race, ethnicity, immigration status, gender, zip code, child age, or other demographics (i.e., understanding the extent to which outcomes differ for specific population groups, which may include advanced data analysis techniques for segments of the population that are in a significant minority).</p> <ul style="list-style-type: none"> <li>▶ Strength:</li> <li>▶ Challenge:</li> </ul>	<p>1   2   3   4   DK</p>
<p><b>13.</b> The system <b>supports programs and agencies to implement quality improvement strategies and continuous learning</b> to improve performance and/or achievement of desired outcomes, such as Plan-Do-Study-Act cycles (e.g., individual ECE centers or parenting education programs).</p> <ul style="list-style-type: none"> <li>▶ Strength:</li> <li>▶ Challenge:</li> </ul>	<p>1   2   3   4   DK</p>
<p><b>14.</b> The system has developed <b>quality improvement mechanisms within sectors</b> (e.g., home visiting), where separate entities (e.g., Healthy Families America and Nurse Family Partnership) collaboratively work on making breakthroughs on the same indicator by testing and evaluating various program improvements.</p> <ul style="list-style-type: none"> <li>▶ Strength:</li> <li>▶ Challenge:</li> </ul>	<p>1   2   3   4   DK</p>
<p><b>15.</b> The system <b>uses data to drive resource allocation and strategic planning</b>, 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).</p> <ul style="list-style-type: none"> <li>▶ Strength:</li> <li>▶ Challenge:</li> </ul>	<p>1   2   3   4   DK</p>

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

- Level 1**—No consensus on indicators or formal processes to support collection and use of data.
- Level 2**—Some consensus on indicators; some data-sharing agreements have been developed; quality improvement efforts may be underway within individual programs; the infrastructure needed to support using data for improvement is being constructed.
- Level 3**—Partners are in agreement about common indicators and measures; 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**—Partners are in agreement about common indicators and measures; 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 training providers
  - 4—Substantial accomplishments, involving most or all of the sectors of the early childhood system

### Topics 1-5: Professional Development

<p><b>1.</b> 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.</p> <ul style="list-style-type: none"> <li>▶ Strength:</li> <li>▶ Challenge:</li> </ul>	<p>1   2   3   4</p>
<p><b>2.</b> 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.</p> <ul style="list-style-type: none"> <li>▶ Strength:</li> <li>▶ Challenge:</li> </ul>	<p>1   2   3   4</p>
<p><b>3.</b> 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.</p> <ul style="list-style-type: none"> <li>▶ Strength:</li> <li>▶ Challenge:</li> </ul>	<p>1   2   3   4</p>
<p><b>4.</b> 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.</p> <ul style="list-style-type: none"> <li>▶ Strength:</li> <li>▶ Challenge:</li> </ul>	<p>1   2   3   4</p>
<p><b>5.</b> 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.</p> <ul style="list-style-type: none"> <li>▶ Strength:</li> <li>▶ Challenge:</li> </ul>	<p>1   2   3   4</p>

## 2.5 Capacity Building: Rating Tool (Continued)

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

<p><b>6. Capacity-building grants for organizations</b>, 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.</p> <ul style="list-style-type: none"> <li>▶ Strength:</li> <li>▶ Challenge:</li> </ul>	<p>1   2   3   4</p>
<p><b>7. Support for other organizational capacity building efforts</b> 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).</p> <ul style="list-style-type: none"> <li>▶ Strength:</li> <li>▶ Challenge:</li> </ul>	<p>1   2   3   4</p>
<p><b>8. Intentional efforts to bridge sectors, agencies, and programs</b> 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.</p> <ul style="list-style-type: none"> <li>▶ Strength:</li> <li>▶ Challenge:</li> </ul>	<p>1   2   3   4</p>

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 the early 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.