Using Data to Advance Outcomes for Young Children and Families

A Community Action Brief

Why does this matter?

Communities that want to improve outcomes for young children and their families need data to help guide their efforts. Without enough of the relevant data, they won't be able to understand how well children and families are doing, and they won't be able to tell whether things are getting better, remaining the same, or becoming worse. And they will find it difficult to understand whether the services and supports they put in place are making a difference.

What Can Communities do?

Communities should take the steps needed to gather and analyze data in order to select and provide the most effective interventions for young children and families. But even when communities can get the data they need, using that data well remains a challenge. This brief[1] presents three examples of communities that are using their data to answer fundamental questions about how best to support the needs of young children and their families:

- How can we align the key stakeholders in our community on behalf of a common goal?

- How can we ensure we reach all families in need, including those who may be hard to reach?

- How can we use data to improve the quality of services delivered to children and families?

"Communities should **take the steps needed** to gather and analyze data in order to select and provide the most effective interventions for young children and families."

[1] These examples are taken from a report developed jointly by the Center for the Study of Social Policy and the National Institute for Children's Healthcare Quality, "Early Childhood Data in Action: Stories from the Field" (2018). The report was supported by funding from the Robert Wood Johnson Foundation; the views expressed in it do not necessarily reflect the views of the Foundation. We appreciate their permission to use the material here, and encourage interested readers to access the full report, available at https://cssp.org/wp-content/uploads/2018/11/Early-Childhood-Data-Case-Studies-CSSP-and-NICHQ.pdf

Community Examples

1 Aligning efforts in support of a common goal

Indianola, Mississippi was one of the few rural areas in America to become part of the Promise Neighborhoods program, an initiative spearheaded by the federal government to support the development of a continuum of cradle-to-career solutions in the education and family and community supports spaces. That meant committing the community to a set of goals, including all children are "ready to learn" when they enter kindergarten. As a community, Indianola had many assets but was also lacking sufficient resources to ensure that needed services were available to all children.

The community began with data. The Delta Health Alliance was designated as the "backbone organization" for the community collaborative. It brought partners together to examine existing data and made plans to obtain the additional data needed. They identified a need to align definitions and data collection methods across systems. For example, the same child might be regarded as "ready for kindergarten" by the preschool she was leaving, but not "ready" by the kindergarten teacher.

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> They [The Delta Health Alliance] identified a need to **align definitions and data** across systems."

These early efforts, and the trust being built among the participants as they worked together, allowed the community to pursue the following strategies*:

1. help parents understand the importance of early brain development and providing early literacy materials distributed at home visits

2. promote enrollment in more than one early childhood program or service such as home visiting, child care, and Early Head Start

3. use a common curriculum across programsestablishing transition summer camps for children in the summer before they enter kindergarten

*Performance on each of these strategies has been tracked over time.

From 2014 to 2017, Indianola succeeded in raising the proportion of children identified as ready for kindergarten from 25% to 51%. And this progress has in turn helped to build optimism and commitment on the part of a wide range of stakeholders who are committed to further improvement.

2 Using data to reach hard-to-reach families

Philadelphia, Pennsylvania built an Integrated Data System (IDS) to bring together multiple data sources that inform policy and practice. A legal framework ensures data security by protecting personally identifiable information. This enables Philadelphia to safely link data across multiple agencies. The IDS integrates over 5,200 data variables, allowing the city to have ready-to-use information that shows which families are not connected to services. This information provides the city with a broad view of the early childhood landscape and helps programs make the case for state and federal funding in neighborhoods with the greatest needs.

By leveraging data from emergency and transitional housing shelters, the Philadelphia Infant Toddler Early Intervention program was able to identify infants and toddlers living in shelters who were potentially eligible for various interventions, such as speech, language, physical and occupational therapies, as well as hearing and vision services. The collaboration between the Early Intervention program and the shelters led to the current referral success rate of 83 percent. This means that 83 percent of children who were screened and demonstrated a need for services received the services they need to support development and address issues that interfere with learning, which in turn, improved their odds for future success in school.

The success of the collaboration between the emergency and transitional housing shelters and Philadelphia's Infant Toddler Early Intervention program prompted the Early Intervention program to expand its use of integrated data. The program has plans to design, coordinate, and conduct Child Find more broadly in an effort to directly link more families with young children who are eligible for services with the services they need.

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3 Using data to improve the quality of service delivery

Ventura County, California has built an array of neighborhood-based services for young children and their families. The heart of its approach has been the creation of "Neighborhoods for Learning," each of which includes one or more family resource centers. The centers offer play groups designed to help parents build both their social connections and knowledge of child development, while children build their own skills. The centers also help parents address other needs, such as obtaining health insurance and getting oral health care for their children.

First 5 Ventura, which funds and oversees this system, built evaluation into the family resource centers model from the beginning, and saw consistently good results. But it knew that there was room for improvement regarding its provision of services to families, and as a result invested in raising the quality at the neighborhood level. First 5 Ventura brought in a consultant who worked with the Neighborhoods for Learning to design and carry out improvement projects.

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The projects reflected a range of interests and concerns. One Neighborhood for Learning began its work with an observation from a parent survey: although this neighborhood held many activities focused on early literacy, only 23 percent of parents said they read to their children daily. In a second neighborhood, the provider was confident that the developmental screening process was identifying children who needed help and providing parents with materials they could use at home to support their child's development, but wasn't sure of the actual impact. A third site offered an evidence-based parenting program and sought to understand why some parents dropped out before completing the program. Consultants worked with each site in selecting improvement projects.

Although, the three programs pursued very different questions, the consultants were able to probe to see what was getting in the way and what could be done differently. Their inquiry had at least two features in common. First, they began by identifying the actions that were expected to lead to a result, and exploring whether those actions (e.g. parents reading to a child daily) were actually taking place. Next, they tested out solutions to address challenges and built in checkpoints to see if the desired behavior was changing. For instance, in the case of the second neighborhood, consultants discovered that some parents reported that they did not remember receiving the child development materials, did not understand the importance

of the activities, or found the activities daunting and were reluctant to try them. With advice from the consultant, the program responded to the data by helping more parents become familiar with the child development activities through its regular programming. For instance, parents could watch an activity modeled by a teacher and then try it out in class with their own child in preparation for doing it at home. Teachers began to ask routinely about who had tried activities at home. In each of these situations, the programs were able to gather data relatively quickly and without great expense. They could then use the data to generate ideas for change, try those ideas, and see whether they led to improvement. Perhaps more important than these individual projects, they have learned a methodology that they can continue to use across their operations in order to become more effective.

These three very different examples illustrate some of the ways in which robust data can help communities improve outcomes for young children and their families. They also highlight some common themes:

1. the need for a trusted body that brings together data from many sources and helps stakeholders understand the data;

2. the importance of valuing of data for continuous improvement; and

3. success is dependent on relationships and trust.

> **Robust data** can help communities improve outcomes for young children and their families.

Additional Resource

Early Childhood Data in Action: Stories from the Field: https://cssp.org/wp-content/uploads/2018/11/Early-Childhood-Data-Case-Studies-CSSP-and-NICHQ.pdf