Collect

**MEASURING WHAT MATTERS:
Exercises in Data Management**

**Exercise 2: COLLECT
Collecting Data Related to
Family Outcomes**

EXERCISE SERIES INTRODUCTION

As a Head Start or Early Head Start leader, do you sometimes wonder how you will use your program's data about families to decide your priorities and track program and family progress? Are you concerned about responding to questions from your governing body, Policy Council, or community leaders regarding the progress and results of program activities with families? Are you comfortable collecting and analyzing data on children's progress, but less sure of how to assess your progress with families? If you answered "yes" to any of these questions, we invite you to try out this series of exercises.

As you set goals and develop and implement plans within a five-year project period, you will rely on data in at least two ways. One is to assess how well you are providing quality services for children and families and how you can improve your work. The second is to measure progress on outcomes for children and families. We created this exercise series to support program staff and families in both ways. We will explore the following questions as they relate to parent, family, and community engagement:

- What are Parent, Family, and Community Engagement (PFCE) data?

- What are the differences between measures of *effort* and measures of *effect*?

- What does it mean to aggregate and disaggregate data?

- What does it mean to track progress over time?

- How can data be meaningfully used and shared?
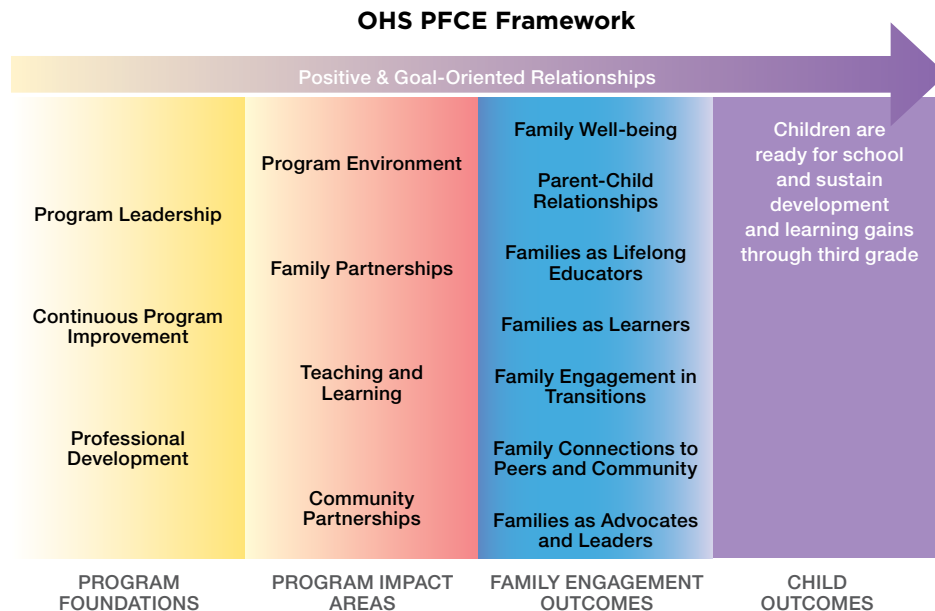
OHS PFCE Framework

The Office of Head Start (OHS) Parent, Family, and Community Engagement (PFCE) Framework is a research-based approach to program change that shows how Head Start/Early Head Start programs can work together as a whole—across systems and service areas—to promote family engagement and children's learning and development.

The data that we will be examining relate to the PFCE Framework Family Engagement Outcomes in the blue column.

The exercises are also organized to follow the four activities in the data management cycle: prepare, collect, aggregate and analyze, and use and share.[1] Each of these exercises focuses on a specific activity and will help you:

- **Prepare:** Get ready for data collection by thinking about the different kinds of data you need in order to show the reach and impact of your work with families.

- **Collect:** Identify how to gather data that are useful and easy to interpret.

- **Aggregate and Analyze:** Learn ways you can look at data to examine how well your program and families are doing in terms of the Family Outcomes of the OHS PFCE Framework.

- **Use and Share:** Understand the importance of sharing data in accurate, appealing, and accessible ways and learn strategies for using data to inform various aspects of programming.

The Four Data Activities to Support Family Progress Toward Positive Family Outcomes
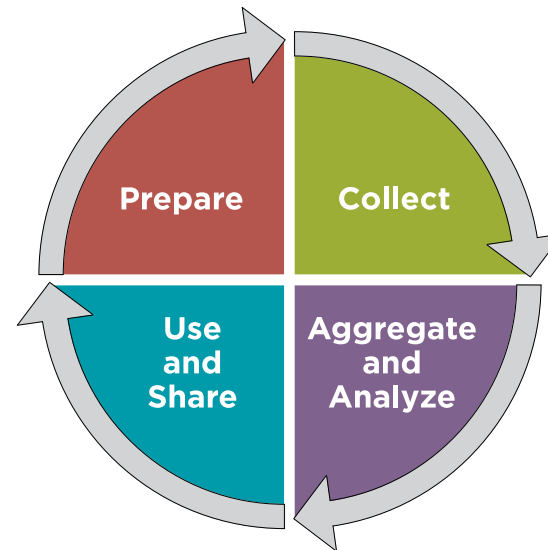
The exercises in this series introduce concepts related to the four Data Activities that build on one another in a specific sequence. **It is important to begin with the first exercise and continue through to the last one in the series.**

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[1] *Measuring What Matters: Using Data to Support Family Progress—Overview*. Retrieved from http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/docs/measuring-what-matters.pdf

Explore the other exercises in this series by visiting http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/assessing/assess.html.

Exercise 2 is about *collecting data*. Data collection requires thoughtful planning. This exercise highlights how programs can prepare for data collection, choose data-collection methods, and develop systems to gather data successfully.

This exercise features a story about a Head Start program that collects data related to the Family Well-being Outcome of the OHS PFCE Framework.

As a program leader, you can use this exercise to:

- Help staff understand the importance of data collection.
- Help staff create a data-collection plan.
- Guide data collection to measure both the efforts and effects of your program's services and activities.

HOW TO USE EXERCISE 2:

On Your Own

- Read the story, *Collecting Family Outcomes Data*.
- Reflect on similarities between the PFCE work in the Garden Street Head Start program and your own program's experiences.
- Review the instructions for completing the tables that follow the story.
- Complete the tables that follow the story, using information from your own program.

Group Discussion

- Gather with others in your program to share your answers to the prompts in the tables.
- Work together to create a plan for applying the data concepts from the exercise to your own work.

LEARNING OBJECTIVES

- **Identify measures of effort and measures of effect to track progress related to expected Family Outcomes of the PFCE Framework.**
- **Help your program staff align their goals, objectives, and services with related Family Outcomes of the PFCE Framework.**
- **Identify methods to collect data about progress toward expected family outcomes.**
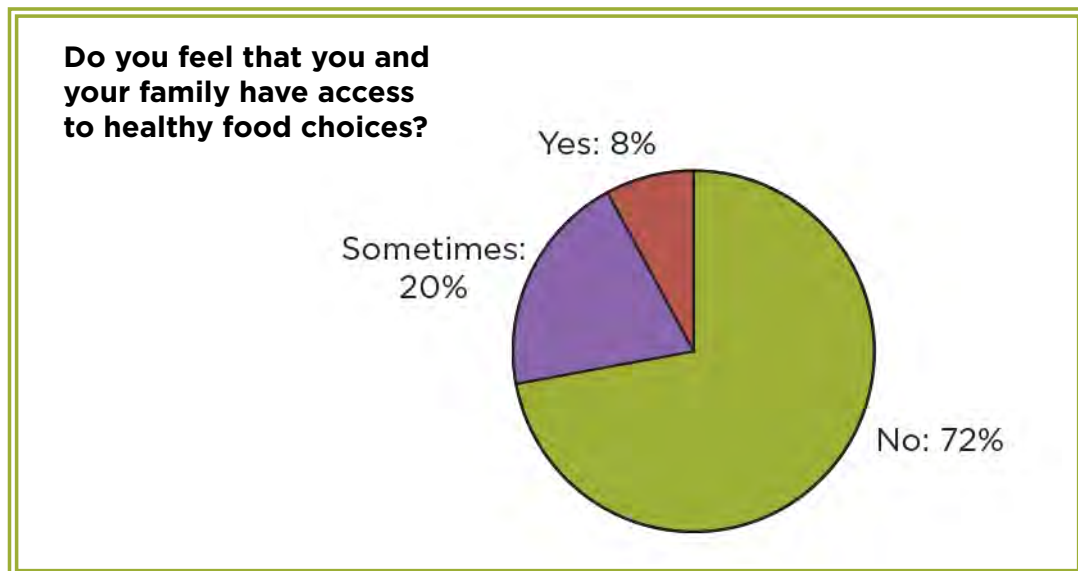
Collecting Family Outcomes Data

Preparing for Data Collection: Creating goals and objectives for the baseline application

The transition to a five-year project period was an important time for Garden Street Head Start. Through the baseline application process, Amelia Posada, the Family Services Manager, was able to get clear about what she and others in her program wanted to accomplish.
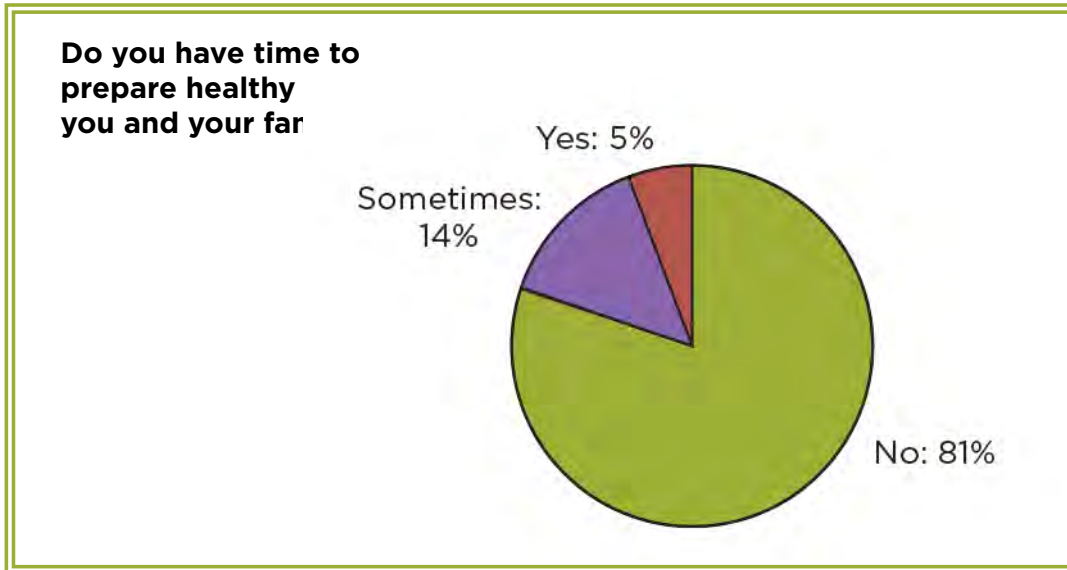
To inform their baseline application, the program planning team conducted a community-needs assessment. They learned that their county ranked last in their state on quality-of-life measures. Eighty-three percent of the child and adult population in the program's census track were in poor physical health. Health coordinators reported that children's physical health records showed that nearly 65 percent of the children at Garden Street Head Start had a Body Mass Index (BMI) above the recommended range.

Results from a short health survey completed by families during the family partnership process also revealed worrisome patterns. More than 70 percent of families reported that they did not have access to healthy food choices. Eighty-one percent of families reported that they did not have time to prepare healthy meals. Ninety percent of families reported that they were able to get less than five minutes of exercise a day. (See Figures 1, 2, and 3 below.)

Figure 1. Family Access to Healthy Food Choices

Do you feel that you and your family have access to healthy food choices?

Yes: 8%

Sometimes: 20%

No: 72%

Figure 2. Family Time to Prepare Healthy Meals

Do you have time to prepare healthy you and your far

Yes: 5%

Sometimes: 14%

No: 81%

Figure 3. Family Exercise

How much exercise do you get each day?

Percent of families

100
90
80
70
60
50
40
30
20
10
0

Less than 5 minutes a day

5–10 minutes a day

More than 10 minutes a day

Based on this information, Garden Street Head Start decided to focus on Family Well-being, specifically family health, as a major PFCE goal for the next five years. Amelia Posada and other service area managers knew that this was something they could not do on their own. Garden Street entered into a partnership with Healthy Clinic, one of the local community health centers with representatives on the program's health advisory committee. Members of the Latino and Spanish-speaking community from Garden Street and Healthy Clinic would ensure that efforts are helpful and services accessible to families. Families and staff from Garden Street and staff from Healthy Clinic formed the Growing Healthy Together Team. The two organizations signed a Memorandum of Understanding (MOU) that outlined their roles and responsibilities. Healthy Clinic agreed to provide a variety of health-related services, including a workshop series for Garden Street families.

Table 1 on page 9 shows the goal, objective, services (actions), and expected PFCE Family Outcomes that the planning team proposed in its baseline application. It also identifies the measures of effort and measures of effect that align with its expected outcome: Family Well-being. The measures of effort and measures of effect were written as statements so that the planning team knew what types of data would need to be collected.[2]

In your work you will want to know if your program is making progress on program goals and objectives that relate to PFCE Family Outcomes. *Measures of effort* count what and how much family programming is offered. *Measures of effect* track changes in knowledge or behaviors as a result of the activities your program offers.[2]

Table 1.
Garden Street Head Start's Baseline Application Information for the Growing Healthy Together Initiative

Goal	Objective	Services (Actions)	Expected Outcome	Measures
What PFCE goal does our program want to accomplish?	*What are we planning to do to reach our PFCE goal?*	*What actions are we going to take?*	*Which expected outcomes relate to our goals, objectives, and services?* *(Which PFCE Framework Family Outcome does this represent?)*	*Measures of Effort: How much programming are we offering? Are we carrying out services as planned?* *Measures of Effect: What difference is our program making? What are the changes in knowledge and behavior?*
Garden Street Head Start, in collaboration with Healthy Clinic, will enhance the health and well-being of children and families.	Garden Street Head Start will increase families' knowledge and skills to promote health and well-being for the entire family by encouraging family participation in at least 6 of the 12 activities led by Healthy Clinic from Year 2 through Year 5.	Recruit and encourage families to participate in Healthy Clinic events and activities and support Healthy Clinic in planning and leading events.	Families have the information, skills, and knowledge to promote their children's and their own health and well-being. (Family Well-being)	Effort: Number of Healthy Clinic events offered and number of parents who attend the events. Effect: Parents report having access to healthier foods, cooking healthier meals, and getting more exercise.

Often you will find that your objective(s) will lead to more than one expected Family Outcome. For example, by becoming community health advocates, families at Green Street Head Start were able to improve their own health (Family Well-being) and further their education and skills (Families as Learners). Family members who participated in the health advocacy effort were developing the competencies needed to be leaders (Families as Advocates and Leaders). And, through the health support groups and workshops, Garden Street Head Start parents were also broadening their social networks and developing friendships with other families in the community (Family Connections to Peers and Community).

For more information about the Family Outcomes from the PFCE Framework, visit http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/framework/interactive.html.

Data Collection: Year 1

Phase 1 Action Items (September through November): Focusing on goals, objectives, services, expected outcomes, and measures

Garden Street Head Start chose the first half of Year 1 in the five-year project period to plan for their focus on family health and well-being. The Growing Healthy Together Team needed time to plan the events and activities that would support their goal and objective. As part of the planning process, the team reached out to local *promotoras* (Hispanic and Latino community members who specialize in health education) who could consult on relevant health issues and identify available resources in the community.

After several weekly meetings, the Growing Healthy Together Team developed a 12-week workshop series based on their goal and objective. The series would be offered over a six-month period each program year and would include: 1) presentations by experts, 2) cooking courses, 3) family dance classes, and 4) group trips to local grocers. All activities would be conducted in Spanish and English and informed by the traditions of all of the families in the program.

Based on feedback from parents on the planning team, the team also decided to add an extra component to the program. Any family member who attended at least eight events, took an additional training course, and passed a test could become a certified community health advocate. This additional train-the-trainer component would help sustain the program after the partnership with Healthy Clinic ended. These community health advocates could then play a variety of roles, including:

1. Leading their own workshops in the community to complement the events led by Healthy Clinic

2. Consulting with small groups of families on health topics during support group meetings

3. Connecting with local restaurants and shops to encourage more healthy food choices

Amelia Posada was excited about the community health advocate certification. This model would help Garden Street Head Start address other PFCE Framework Family Outcomes in addition to Family Well-being. (See Tips for Thinking about Family Outcomes to the left.) The Growing Healthy Together Team added two new objectives related to the new health advocate component. (See Objectives 2 and 3 in Table 2 on page 11.)

Garden Street staff learned an important lesson from the feedback process with parents: plans need to be flexible to reflect new ideas and opportunities.

Table 2.
Revised Goals, Objectives, Services, Expected Outcomes, and Measures for Garden Street Head Start

Goal	Objectives	Services (Actions)	Expected Outcomes	Measures
What PFCE goal does our program want to accomplish?	*What are we planning to do to reach our PFCE goal?*	*What actions are we going to take?*	*Which expected outcomes relate to our goals, objectives, and services?* *(Which PFCE Framework Family Outcome does this represent?)*	*Measures of Effort: How much programming are we offering? Are we carrying out services as planned?* *Measures of Effect: What difference is our program making? What are the changes in knowledge and behavior?*
Garden Street Head Start, in collaboration with Healthy Clinic, will enhance the health and well-being of children and families.	1. Garden Street Head Start will increase families' knowledge and skills to promote health and well-being for the entire family by encouraging family participation in at least 6 of the 12 activities led by Healthy Clinic from Year 2 through Year 5.	Recruit and encourage families to participate in Healthy Clinic events and activities, and support Healthy Clinic in planning and leading events.	Families have the information, skills, and knowledge to promote their children's and their own health and well-being. (Family Well-being)	Effort: Number of Healthy Clinic events offered and number of parents who attend the events. Effect: Parents report having access to healthier foods, cooking healthier meals, and getting more exercise.
	2. Garden Street Head Start will help families become certified community health advocates by supporting them in completing a 5-hour training course and passing a certification exam, with a percentage of families becoming certified each year.[3]	Recruit parents who have participated in at least 8 of the above sessions to participate in a 5-hour training course led by Healthy Clinic and specifically designed to give parents additional skills to lead health workshops and support groups for other families.	Families become certified community health advocates. (Family Well-being and Families as Learners)	Effort: Number of parents becoming certified trainers through train-the-trainer model. Effect: Parents who participate in the training course report increased health awareness and confidence in their abilities.
	3. Garden Street Head Start will support health advocates in leading at least 3 workshops in the community each year and in leading at least 5 health support groups each year in Years 3, 4, and 5.	Encourage Garden Street Head Start parents to participate in 1) community-based workshops led by health advocates and 2) support groups being led by health advocates. Support health advocates by providing resources, supervision, and encouragement as needed.	Families who participate in health advocate workshops and support groups build support systems to meet their goals and build connections to others in the community. (Family Connection to Peers and Community) Health advocates improve their parent leadership skills. (Families as Advocates and Leaders)	Effort: Number of health advocate workshops offered and number of parents who attend parent-led workshops and support groups. Effect: Parents report an increase in the number of social contacts they have as a result of attending health advocacy workshops and support groups. Effect: Health advocates demonstrate enhanced leadership skills by promoting collaboration among families during respectful and productive workshops and support groups.

[3]Garden Street Head Start will collect data in the first year of the project to determine a realistic goal for how many family members could become certified community health advocates each year.

Phase 2 Action Items (December through March): Choosing Data-Collection Methods

Next, the Growing Healthy Together Team focused on ways to collect data to show its progress toward PFCE Family Outcomes for the five-year project period. The program team needed to link data-collection instruments, such as surveys and observations, with the measures of effort and measures of effect that they had developed. Amelia took the lead in this process. She decided to guide the group by focusing on four main points:

1. **There are many different ways to collect data, and there are benefits and limitations to each.**
2. **We already collect a lot of data, and it is helpful to link new data collection to existing efforts.**
3. **Be creative and mix it up.**
4. **Informal observations—if made systematic—can also yield important information.**

1. There are many different ways to collect data, and there are benefits and limitations to each. Amelia shared with the team a handout she developed about different ways to collect data. (See Formal Data-Collection Methods on page 13.) She grouped data-collection methods into four categories: 1) surveys and questionnaires, 2) interviews and focus groups, 3) observations, and 4) tests and assessments.

The group discussed the advantages and disadvantages of each method. For example, one of the biggest advantages of surveys is getting answers from large groups of people. Surveys also provide a general sense of how these groups perceive or feel about an issue. One disadvantage is that the information tends to lack detail. Surveys and questionnaires also miss the reasons people have for answering questions in the way they did. In contrast, interviews and focus groups are helpful in understanding people's experiences in detail. However, they require more time to conduct and analyze.

The group discussed the value of document review (e.g., counting the number of certificates completed). They also considered the benefits and drawbacks of collecting different medical indicators (e.g., cholesterol levels, weight, blood pressure, etc.).

Formal Data-Collection Methods

Below are examples of different ways to collect data and strategies for using these methods in your program.

Method 1: Surveys and Questionnaires

Purpose: Surveys and questionnaires can be used to gather specific information from participants, families, staff and administrators, teachers, community members, and other stakeholders.

Example: The Head Start Family and Child Experiences Survey http://www.acf.hhs.gov/programs/opre/research/project/head-start-family-and-child-experiences-survey-faces

> The FACES Survey is designed to help the Office of Head Start collect descriptive information on the characteristics, experiences, and outcomes of Head Start children and families, as well as the characteristics of the Head Start programs that serve them.

Method 2: Interviews and Focus Groups

Purpose: Interviews and focus groups can be used to gather detailed, qualitative descriptions of how programs operate and how stakeholders perceive them. Interviews are conducted one-on-one, while focus groups are conducted in small groups.

Example: Parent Focus Group Meeting on Facilities Development Report Form http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/mang-sys/facilities-equip/facili_pub_01011a1_072605.html

> The Parent Focus Group Meeting on Facilities Development Report Form was developed to capture information from a parent focus group designed to understand parents' perspectives about their children's Head Start or Early Head Start program.

Method 3: Observations

Purpose: Observations are generally unobtrusive and can be used for gathering information about children's development, the home environment, the quality of the classroom and of home visitations, and the way the program or initiative operates.

Example: The Classroom Assessment Scoring System (CLASS™) http://eclkc.ohs.acf.hhs.gov/hslc/hs/sr/class

> The Classroom Assessment Scoring System (CLASS™) is an observation instrument that assesses the quality of teacher-child interactions in center-based preschool classrooms. Head Start utilizes CLASS observations in a variety of ways, and families can become CLASS observers or be part of conversations about what CLASS scores reveal. Early Head Start programs using a center-based model can use the CLASS System for Infants and Toddlers.

Method 4: Tests and Assessments

Purpose: Tests and assessments can be used specifically to quantify characteristics of the program, participants, or outcomes.

Example: Family-Centered Assessments http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/eecd/Families-Parent%20Involvement/Home-Based/edudev_art_00075_080505.html

> This article discusses how programs can partner with families and engage in family-centered assessments. The article goes into detail about strategies the home visitor can use to engage families in observation and to coach parent-child interactions. The article further outlines how to partner with families when administering both the Ages and Stages Questionnaire (ASQ) and the Ounce Scale.

QUALITY CONTROL: GOOD DATA COLLECTION MEANS FINDINGS YOU CAN TRUST

Here are some tips to consider to make sure you collect high-quality data:

1. **Think of the target group you want to learn about (your sample).** Depending on your goal(s), you might want to narrow or expand your target group. For example, you can decide to target a survey to caregivers in general (parents, grandparents, and other relatives who provide child care), or you can survey parents only. Consider these key questions: What information do you want to obtain? Who do you want to get the information from? What population/group do you want to learn about?

2. **The more the merrier.** Regardless of the method you decide to use, keep in mind that you are aiming for as many responses as possible. This is particularly true for surveys and questionnaires. For example, if you are surveying parents, count the total number of parents, and then decide how many surveys you want back in order to draw trustworthy conclusions on a particular issue. A general rule of thumb is that a response rate below 30 percent may limit your ability to trust your findings. If using interviews or observations, this percentage is more flexible, but make sure that your sample represents the diversity of families existing in your program. This will allow you to understand how different groups are experiencing the issue you are exploring.

3. **Incentives and follow-up.** The higher your response rate, the better your results. You might want to think about how to reward the people who take the time to fill out the survey or attend the interview or focus group session. Small prizes, public recognition, or any other way you can recognize their effort is helpful. In addition, follow-up calls or notes and regular reminders are effective ways to increase your number of responses. Follow-up efforts can bump up your response rates significantly.

4. **Think of reliability.** Reliability means that the method you use measures the same thing, every time, with every group you want to study. It is essential that what you are trying to learn about, or measure, is captured in a consistent manner. In real life this is often difficult. The variety of settings or data collectors can alter the consistency of the method or instrument used. You want to make sure that you collect your data as consistently as possible. If surveying, make sure that surveys look the same for everyone and that they are all administered in the same setting (e.g., house, classroom, office). Make sure that the instructions are identical, as well. Similarly, if conducting interviews or focus groups make sure that you develop a protocol of questions ahead of time so the interviewer can stick to them. Training your data collectors is one of the best ways to ensure reliability. This will help avoid biases and distortions in your findings.

Amelia also talked more generally about the Four R Approach to support family progress. No matter what data-collection method the team adopted, it would be important to use this approach to guide their work. This approach includes using data responsibly and respectfully and making sure that data are relevant and relationship-based.[4] For Amelia and her team this meant translating all data-collection tools into Spanish, the predominant home language of families in the program. The team wanted to make sure that questions were culturally appropriate and kept the same meaning during the translation process. (For more ideas on how to engage families in the Four R Approach, see the sidebar on the right: How can you engage families in the data-planning and collection process?)

2. We already collect a lot of data, and it is helpful to link new data collection to existing efforts. Amelia reminded members of the planning group that they were already collecting a great deal of information about the children and families in their program. The team might need to develop some new data-collection tools, but they should be able to connect most of their new efforts to existing data-collection activities.

Using Table 3 on page 16, the team documented what data was currently being collected. For each objective, the team counted the number of events, workshops, or support groups offered and how many families attended them (measures of effort).

The team members noted that they had several resources to build on. The team could adapt generic sign-in sheets from other family workshops offered throughout the year (e.g., family literacy workshops, parent meetings, etc.) and use them for new data collection. The program's database system already had a field to track individual family attendance at events. Amelia could work with the software developer to customize fields specifically for the new events.

How can you engage families in the data-planning and collection process?

- Give families opportunities to be a part of the data-collection processes.

- Ask families to write down their child's interactions with books, toys, and materials in the home or classroom and share these observations with teachers. Provide families with reflection journals, checklists, or guiding questions to capture this information.

- Include families in family, program, and community-wide data-collection activities whenever possible. Consider inviting families to lead parent focus groups, or train families in using classroom observation measures.

- When deciding what types of data to collect, encourage families to share what they would like to know about children, families, staff, relationships, classroom and home visitation, and community partners.

- Invite families to share what they like and don't like about different data-collection methods.

- Explore new ways to collect data with families (e.g., storytelling, scrapbooking, photographing, videotaping) that will complement surveys and Program Information Report (PIR) reports.

- Ask a small group of parents to help with the development and translation of surveys, interviews, and focus group questions.

[4] For more information on the Four R Approach, visit the *Measuring What Matters: Using Data to Support Family Progress—Overview* at http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/docs/measuring-what-matters.pdf

Table 3.
Aligning Current and Additional Data-Collection Methods to Goals, Objectives, and Measures

Goal	Objectives	Measure	Current Data-Collection Methods	Additional Data-Collection Methods Needed
What PFCE goal does our program want to accomplish?	*What are we planning to do to reach our PFCE goal?*	*Measures of Effort: How much programming are we offering? Are we carrying out services as planned?* *Measures of Effect: What difference is our program making? What are the changes in knowledge and behavior?*	*What data does our program currently collect related to the goal and objectives? How do we collect the data?*	*What additional data-collection methods can our program use?*
Garden Street Head Start, in collaboration with Healthy Clinic, will enhance the health and well-being of children and families.	1. Garden Street Head Start will increase families' knowledge and skills to promote health and well-being for the entire family by encouraging family participation in at least 6 of the 12 activities led by Healthy Clinic from Year 2 through Year 5.	Effort: Number of Healthy Clinic events offered and number of parents who attend the events.	Sign-in sheets (entered into family workshop portal in the database management system).	N/A
		Effect: Parents report having access to healthier foods, cooking healthier meals, and getting more exercise.	Family Partnership Agreement survey items related to accessing healthy foods, cooking healthy foods, and making time to exercise. Data entered into data management system. Parent focus groups during self-assessment.	Family food and exercise diaries
	2. Garden Street Head Start will help families become certified community health advocates by supporting them in completing a 5-hour training course and passing a certification exam, with a percentage of families becoming certified each year.	Effort: Number of parents becoming certified trainers through train-the-trainer model.	Sign-in sheets (entered into family workshop portal in the database management system).	Certificates earned (Document review)
		Effect: Parents who participate in the training course report increased health awareness and confidence in their abilities.	N/A	Post-session evaluation survey with items related to confidence
	3. Garden Street Head Start will support health advocates in leading at least 3 workshops in the community each year and in leading at least 5 health support groups each year in Years 3, 4, and 5.	Effort: Number of health advocate workshops offered and number of parents who attend parent-led workshops and support groups.	Sign-in sheets (entered into family workshop portal in the database management system).	N/A
		Effect: Parents report an increase in the number of social contacts they have as a result of attending health advocacy workshops and support groups. Effect: Health advocates demonstrate enhanced leadership skills by promoting collaboration among families during respectful and productive workshops and support groups.	List of social contacts generated during community mapping exercise on initial home visit.	Observation tool to assess group dynamics

3. Be creative and mix it up. Amelia explained that using a mix of data-collection methods will help paint a more complete picture of Garden Street's progress and areas for improvement. She also stressed that by using more than one data-collection method the team could be more confident about their results. For example, families already responded to a series of questions about their access to healthy food and their exercise routines. The team could use that information as baseline data to track whether families were increasing their access to healthier foods, cooking healthier meals, and getting more exercise. (See Tables 1, 2, and 3.)

Amelia encouraged the team to think about additional data to help show progress. The group thought that it would be important to understand the ways in which families were changing their eating and exercise habits. They decided to ask families to keep a food and exercise journal at the beginning and end of the project. In return, the families would receive a basket of healthy food from a local grocery chain. The team members thought focus groups at the end of the series would help give them insight into the ways the activities and events changed families' health routines.

4. Informal observations—if made systematic—can also yield important information. (See Turning Informal Observations into Structural Data Collection to the right.) Amelia explained to the group that sometimes even informal observations, if put together in an orderly way, can yield important information. For example, the group thought that families who participated in health advocate workshops and support groups would increase their social networks.

One parent had a great idea: collect data on how families were increasing their social networks during the data collection that already took place during home visits. At the start of the year during the initial home visit, classroom teachers sat with families in their homes and completed a short community mapping exercise. After spending time learning more about families' contacts and connections to the community, teachers asked families whom they rely on in times of an emergency (e.g., help with carpooling, needing a babysitter, etc.). The same parent suggested that the teachers could reframe the question slightly by asking for a list of the names of people they would be comfortable calling in case of an emergency. This question would be repeated a year later. In this very informal way, the data collectors would then be able to determine whether the number of contacts increased based on participation in a support group.

Turning Informal Observations Into Structured Data Collection

The observations that Head Start/ Early Head Start staff make every day can be turned into data if they are done systematically. For example, a director whose office was near the center's entrance noticed that, over the course of the year, the noise level of greetings, conversation, and interactions between staff and families increased. She felt this was evidence of the effectiveness of some of her program's strategies.

To help make your daily observations more systematic:

- Begin by observing families. What patterns do you notice about how they talk, act, or behave?

- Plan to record your observations regularly (a few minutes each day at the same time and place, for example).

- Review your recorded observations regularly (e.g., weekly, monthly).

- Reflect on your observations and summarize them.

- Use your summaries in your program reports and plans for strengthening your work with families.

Phase 3 Action Items (April through June): Developing a Data-Collection Plan

After choosing data-collection methods, it was time for the Growing Healthy Together (GHT) Team to start organizing the data-collection effort. They created a Data-Collection Plan (Table 4 on page 19) to address key data management issues, such as:

1. **Responsibilities:** Everyone had a role in data collection. Families and staff had different responsibilities related to collecting and entering data that were clearly explained in the plan.

2. **Schedule:** It was important that everyone involved in the project knew when data would be collected. The plan included when and how often data would be collected and who would do it.

3. **Training:** Data collectors needed training. The team outlined when data collectors would be trained and noted who would train them. Training involved guidance on how to collect information and how to enter data into the data management system. Training also included a reminder on keeping informational confidential.

4. **Monitoring:** As the Family Services (FS) Manager, Amelia would supervise the data-collection process. The team added a column to identify how and when she would monitor the data-collection efforts, including record keeping and reporting.

Table 4.
Garden Street Head Start Data-Collection Plan

Goal	Objectives	Data-Collection Methods	Staff Responsible	Data-Collection Schedule	Training	Monitoring
What PFCE goal does our program want to accomplish?	*What are we planning to do to reach our PFCE goal?*	*What Data-Collection Tools will we use for the project?* *How and where will data be kept?*	*Who will collect and enter the data?*	*When and how often will the data be collected?*	*When will they be trained and by whom?*	*How often will the FS manager monitor the data-collection effort?*
Garden Street Head Start, in collaboration with Healthy Clinic, will enhance the health and well-being of children and families.	Garden Street Head Start will increase families' knowledge and skills to promote health and well-being for the entire family by encouraging family participation in at least 6 of the 12 activities led by Healthy Clinic from Year 2 through Year 5.	Sign-in sheets (hard copy saved in training binder and data entered into data management system)	FS Worker	October through April (after each event)	August by FS Manager	Bi-weekly during the 12-week series
		Family Partnership Agreement survey items related to accessing healthy foods, cooking healthy foods, and making time to exercise (data entered into data management system)	FS Worker	September/October (during family partnership process) April/May (as a short follow-up on identified health items)	August and March by FS Manager	Weekly during data collection
		Parent focus groups during self-assessment (taped and transcribed; transcription saved on server)	Parent Policy Council Leaders (data entered by intern)	April (during self-assessment)	March by GHT Team	May
		Family food and exercise journals (data entered into an Excel worksheet on server)	Healthy Clinic Trainers (data entered by intern)	October (1 week) and March (1 week)	September by GHT Team	Daily during diary collection
	Garden Street Head Start will help families become certified community health advocates by supporting them in completing a 5-hour training course and passing a certification exam, with a percentage of families becoming certified each year.	Sign-in sheets (hard copy saved in training binder and data entered into data management system)	FS Worker	May (after training course)	August by FS Manager	After training
		Certificates (collected, counted, and entered into data management system)	FS Manager	May/June (after tests complete)	April by FS Manager	After training
		Post-session evaluation survey with items related to confidence (entered into Excel and saved on server)	Healthy Clinic Trainer (data entered by assistant)	May (after training course)	April by FS Manager	After training
	Garden Street Head Start will support health advocates in leading at least 3 workshops in the community each year and in leading at least 5 health support groups each year in Years 3, 4, and 5.	Sign-in sheets (hard copy saved in health advocate binder)	Health Advocate	After each session	Record keeping is part of training course	Quarterly review of records
		Count of social connections (kept with home visit folder in child's portfolio; entered into data management system)	Teachers	August (during initial home visits)	June by GHT Team	File audit after home visits
		Observation tool to assess group dynamics (entered into an Excel worksheet)	FS Manager (data entered by intern)	Twice each year for each health advocate	FS Manager will attend training	Quarterly (by Director)

Data Collection: Year 2

After six months of planning, the group was ready to launch the data-collection process. The Healthy Clinic events began in October and were met with great enthusiasm and high participation rates. As data were collected, Amelia focused on monitoring the data-collection efforts and entering data when necessary.

1. Monitoring data collection. Amelia tried out a few different ways to monitor the data until she found a strategy that worked best for her. First, she hung a large calendar on the wall of her office. The calendar had the months of the project written across the top and all of the data-collection tasks in columns on the side. She color coded the different data-collection methods so that she would be able to easily see them every day (e.g., the family partnership survey items were coded in red, the focus group in blue, etc. See Figure 4.).

Then, she programmed important deadlines into her email calendar. This way she would receive reminders when data-collection or monitoring deadlines were approaching. She worked with her program's database developer to create a screen that would allow her to quickly see how many families had participated in events.

Figure 4. Data-Collection Timeline

	Data Collection For Year 2																																			
	September				October				November				December				January				February				March				April				May			
	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4
Objective 1																																				
Sign-in sheets from events						X		X		X		X		X				X		X		X		X		X		X		X						
Family Partnership Assessment survey items	X	X	X	X	X																										X	X	X	X	X	
Journals completed						X	X																						X	X						
Focus groups																														X						
Objective 2																																				
Sign-in sheets																																	X			
Certificates collected																																		X	X	
Health advocate evaluation sheets																																	X			

2. Entering data. Most of the data were entered into the database management system by those who collected the information. But there were a few items that needed to be coded and entered into Excel spreadsheets. A graduate intern from Healthy Clinic entered data from 1) hand-written surveys that came in from the health advocacy training, and 2) information from families' food and exercise journals. Amelia made sure to remind the intern about the program's confidentiality policies. The data was entered into an Excel spreadsheet. Amelia double-checked what was typed into the Excel spreadsheet with the paper journals. The intern also transcribed the recording of the parent focus group at the end of the year so that Amelia could read through parents' quotes at her own pace.

Amelia and the Growing Healthy Together Team spent the remainder of Year 2 aggregating and analyzing data.[5] They made some adjustments to the program and data-collection tools based on some of the Year 2 findings. Amelia was proud that she was seeing some interesting and positive results for families in her program.

[5] See Exercise 3 in the *Measuring What Matters Series: Exercises in Data Management* for more information on aggregating and analyzing data.

Your Turn

Now that you have read about Garden Street's data-collection efforts, you can take the first steps in thinking about collecting data for your own program.

Table 5 gives you an opportunity to develop goals, objectives, services, expected outcomes, and measures of effort and effect for your work.

1. Turn to Table 5 on page 23.
2. Identify one or more BROAD goals and SMART objectives related to expected program outcomes for families and children.[6] Use the PFCE Framework to guide you.
3. Identify the services and strategies that align with or can be effective in reaching your objectives.
4. Relate your goals, objectives, and services (actions) to the expected outcomes.
5. Write ways that you will measure your program's efforts and your program's effects. Refer to the Garden Street Head Start's Table 1 and Table 2 for inspiration.

Table 6 provides an opportunity for you to brainstorm your program's current data-collection methods related to goals and objectives. It also provides space for you to write about additional data-collection methods you might adopt.

1. Turn to Table 6 on page 24.
2. Copy your goals, objectives, and measures of effort and measures of effect over to Table 6.
3. Think about what current data-collection methods you have in place related to goals, objectives, expected outcomes, and measures. How are they collected? Refer to Garden Street Head Start's Table 3 for guidance.
4. Reflect on your chart. Think about what additional data-collection methods you might need.
5. Consider how you will ensure you are collecting quality data. (See the text box entitled Quality Control on page 14.)

Table 7 is the outline of a data-collection plan.

1. Turn to Table 7 on page 25.
2. Copy your goals and objectives from Table 6 into Table 7, and write your chosen data-collection methods into the data-collection column.
3. Write the names of the staff you want to be responsible for each point of data collection.
4. Think about your timeline and schedule for data collection. How often will the data be collected?
5. Consider how and when responsible staff will be trained. Who will train them?
6. Finally, how will the effort be monitored? How often will data be supervised, and how?

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[6] For more information about goals, objectives, and expected outcomes, visit the *Foundations for Excellence: Planning in Head Start* document (http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/docs/planning-complete-booklet.pdf). Topic #5 looks specifically at Program Planning and Parent, Family, and Community Engagement (http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/docs/planning-topic-5.pdf).

Table 5.
Revised Goals, Objectives, Services, Expected Outcomes, and Measures

Goal	Objective(s)	Services (Actions)	Expected Outcome(s)	Measures
What PFCE goal does our program want to accomplish?	*What are we planning to do to reach our PFCE goal?*	*What actions are we going to take?*	*Which expected outcomes relate to our goals, objectives, and services? (Which PFCE Family Outcome does this represent?)*	*Measures of Effort: How much programming are we offering? Are we carrying out services as planned?* *Measures of Effect: What difference is our program making? What are the changes in knowledge and behavior?*

Table 6.
Aligning Current and Additional Data-Collection Methods to Goals, Objectives, and Measures

Goal	Objectives	Measures	Current Data-Collection Methods	Additional Data-Collection Methods Needed
What PFCE goal does our program want to accomplish?	*What are we planning to do to reach our PFCE goal?*	*Measures of Effort: How much programming are we offering? Are we carrying out services as planned?* *Measures of Effect: What difference is our program making? What are the changes in knowledge and behavior?*	*What data does our program currently collect related to the goal and objectives? How do we collect the data?*	*What additional data-collection methods can our program use?*

Table 7.
Creating a Data-Collection Plan

Goal	Objectives	Data-Collection Methods	Staff Responsible	Data-Collection Schedule	Training	Monitoring
What PFCE goal does our program want to accomplish?	*What are we planning to do to reach our PFCE goal?*	*What Data-Collection Tools will we use for the project? How and where will data be kept?*	*Who will collect and enter the data?*	*When and how often will the data be collected?*	*When will they be trained and by whom?*	*How often will the data-collection efforts be monitored?*

Conclusion

The second activity in data management is **data collection**. Data collection includes a number of steps. First, it involves getting clear about the goals, objectives, and expected outcomes of your work. It also involves developing measures of effort and measures of effect that help you track your information and know what data to collect. Second, data collection involves choosing different data-collection methods and tools. Data collection also means developing a plan for who will collect and enter data, when it will be collected, when data collectors will be trained, and how the effort will be monitored. Above all, data collection is about gathering information in respectful and responsible ways.

Now that you have completed the steps in this exercise you can proceed to Exercise 3, *Dig into Data.* In this exercise you will learn how to sum up (aggregate) and separate (disaggregate) data across sites, services, and expected Family Outcomes related to the PFCE Framework. You will also explore how to examine data across time.

Are you interested in learning more about using data to support family progress?

For additional NCPFCE resources on using data and assessing progress, visit http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/assessing/assess.html

For an overview of the Measuring What Matters Series, visit http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/docs/measuring-what-matters.pdf

We invite you to review our *Measuring What Matters Resource Guide* at http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/docs/measuring-matters-resource-guide.pdf. This guide includes information on:

- Getting started
- Data tools or methods for tracking progress
- Program planning and program evaluation