

Supporting Change In Child Welfare:

An Evaluation of Training
and Technical Assistance

September 2015

Executive Summary

Supporting Change in Child Welfare: An Evaluation of Training and Technical Assistance

Acknowledgments

This report was developed by James Bell Associates and ICF International under Contract No. HHSP23320082915YC, funded by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services and does not necessarily reflect its official views. For more information, see: <http://www.acf.hhs.gov/programs/cb/capacity/cross-center-evaluation>.

Suggested citation

Children's Bureau. (2015). *Supporting change in child welfare: An evaluation of training and technical assistance*. Washington, DC: Author.



Executive Summary

This report presents findings from an evaluation of the services delivered by 15 training and technical assistance (T/TA) centers funded by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. Over 5 years, these centers assisted child welfare agencies (from 50 States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and 46 Tribes and Tribal consortia) with identifying issues in their systems, developing solutions, implementing changes, and designing strategies to sustain those changes to improve child welfare practices. In this report, the term child welfare system refers to the child welfare agency, the courts and legal system, and other agencies that serve children and families to address child maltreatment. The centers in this study were primarily responsible for providing T/TA to public child welfare agencies and courts.

The report covers Federal fiscal year (FY) 2010¹ through the first quarter of FY 2014. It examines the services provided, relationships between service providers and recipients, outcomes, and the resulting impact on systems change and capacity building in child welfare agencies. Implications for both T/TA and evaluations are explored.

Although this multi-method evaluation examines T/TA designed for child welfare systems, some of the lessons learned also may be useful for program administrators, evaluators, and T/TA providers in other fields. The evaluation includes findings about the processes of requesting, preparing for, and delivering T/TA; the facilitators and barriers to accessing services; and the methods for evaluating T/TA.

T/TA PROVIDERS AND SERVICES

The Children's Bureau provides T/TA to support States, Tribes, and territories with implementing federally funded programs, meeting Federal requirements and standards, and improving child welfare practices. Between FY 2009 and FY 2014, most of this T/TA was provided to child welfare agencies and courts through 10 National Child Welfare Resource Centers (NRCs) funded in 2010 and 5 regionally based Child Welfare Implementation Centers (ICs) funded in 2009.

¹The first year of the evaluation was spent planning the evaluation design and developing data collection instruments and systems.

NRCs and ICs provided **general services** that were made available to multiple States and Tribes simultaneously. General T/TA included activities such as training, information-sharing, peer networking, and dissemination. These services were usually targeted to groups of recipients that shared professional roles or interests in a topic or issue. Although the NRCs provided the majority of general T/TA, both NRCs and ICs hosted websites and offered a variety of webinars, meetings, trainings, and facilitated peer networking events. In addition, the NRCs developed and disseminated products and information, often geared toward national audiences.

NRCs and ICs provided **tailored services** as well. NRCs and ICs customized consultation, training, coaching, and facilitation services to meet the specific needs of particular States and Tribes, and they provided these tailored services in response to jurisdictions' requests and applications for services. Tailored T/TA was expected to build capacity within each jurisdiction.

NRCs. Each NRC provided T/TA in its organizational or programmatic area of responsibility (e.g., child protection, in-home services, legal and judicial issues, adoption, data and technology). NRCs had a broad geographical reach and delivered varying amounts of service to all 50 States, 46 Tribes, and several territories, including the District of Columbia, Puerto Rico, and the Virgin Islands. Over 39 months, the NRCs documented 21,290 hours of direct contact with recipients when providing tailored services. NRCs delivered tailored T/TA after developing a work plan for each State or Tribe that requested services. The duration of NRC work plans ranged from 1 day to more than 18 months, and varied based on the jurisdiction's needs and the outcomes targeted. Slightly more than one-fourth of the NRC work plans were very short, lasting less than 1 week; 31 percent lasted between 1 week and 6 months; and the remaining 40 percent of the work plans had durations of more than 6 months. The average duration across all NRC work plans was 10.8 months.

ICs. In contrast, the five ICs provided in-depth and long-term consultation and support through "implementation projects" to a select group of jurisdictions in their geographical service areas. ICs established formal agreements to support change management and the implementation of practices and systems change initiatives in 24 jurisdictions. ICs engaged 18 State child welfare agencies, 1 large county agency, and 5 Tribal agencies and consortia (representing a total of 26 Tribal organizations)



in projects. Implementation projects lasted from 25 months to 50 months, and they averaged just over 3 years. Projects supported diverse initiatives that addressed a wide range of child welfare practices and systems issues. Tailored T/TA activities focused on building capacity for implementation. Overall, the ICs documented 18,887 hours of direct contact when providing tailored T/TA over the 39-month period.² Most jurisdictions with projects received more than 600 hours of direct contact, with some receiving more than 1,700 hours of tailored services.

KEY FINDINGS

How frequently did jurisdictions access tailored services from NRCs? States and Tribes submitted 520 requests to NRCs for jurisdiction-specific services during the 39-month period. Their participation in tailored services was voluntary. States and Tribes submitted requests as a direct result of the needs they identified (81 percent) or less frequently (10 percent) through referral by Federal staff.

What were the characteristics of NRC and IC tailored services? NRCs and ICs captured information on the characteristics of the tailored T/TA they delivered in order to more fully understand:

- How T/TA was provided (modes of T/TA delivery)
- To whom T/TA was provided within the jurisdiction (roles of the recipients receiving services)
- The content of the T/TA (practice areas, organizational and systemic areas)
- The activities and methods used by providers to deliver T/TA (types of services)

²For more information, see the Evaluation of Implementation and Outcomes brief and other related publications found at <http://www.acf.hhs.gov/programs/cb/capacity/cross-center-evaluation>.

NRCs and ICs recorded the total hours of direct contact with jurisdictions while providing tailored T/TA. They delivered the vast majority of these hours in person, with slightly less than one-fifth delivered remotely by phone. Tailored services were provided most often to agency middle managers, administrative leadership, and supervisors. NRC services focused on building capacity in specific aspects of child welfare practices and administration. When recording the practice areas on which their services focused, NRCs most frequently identified “safety and risk assessment” and “case planning and management.” In contrast, ICs most frequently reported that their tailored services focused on child welfare practices “in general,” reflecting their emphasis on building capacity to implement practices and systems change initiatives. NRC and IC methods for delivering tailored T/TA were similar, with both groups of providers most frequently identifying their activities as “consultation, problem-solving, discussion” and “facilitation.” ICs, however, more frequently reported performing “coaching” than NRCs.

Did the amount of tailored services received vary with the level of State need? States had no obligation to request or use NRC or IC services, but over the course of the study, every State received at least some tailored services. The Children’s Bureau and its service providers frequently discussed the merits of prioritizing jurisdictions with the greatest need for services and weighed the importance of their “readiness” to receive T/TA before making a substantial investment of resources. While the Children’s Bureau did not direct its providers to target particular States for services, States (which were categorized retrospectively by the evaluation team) with the highest need received more IC *hours* of tailored services than “moderate-need” and “low-need” States. During the last year of the evaluation period, the total IC tailored service hours received by high-need States increased, while the total hours of T/TA for moderate- and low-need States decreased. This increase may reflect the intensive efforts of ICs to complete project work in a small number of States, rather than a general pattern of service delivery across all higher need States. There was little variation in the hours of NRC T/TA by level of State need.

What helped and hindered the utilization of tailored services by States and Tribes? Interviews with State and Tribal child welfare directors noted that the most common factors that facilitated their use of tailored services included:

- Federal monitoring reports and jurisdictional plans for improvement³

- Prior relationships with the NRCs
- Discussions with the Children’s Bureau regional offices
- The NRC consultants’ levels of knowledge and skills

The most common barriers to tailored services utilization included:

- Limited availability of State and Tribal staff time, as well as other resources to engage in T/TA with providers
- The perceived burden and complexity of the T/TA request process
- Timeliness in which services could be received after being requested and approved
- The high quality of services available from providers outside the Children’s Bureau T/TA Network

How well did providers collaborate to deliver tailored services to jurisdictions? The Children’s Bureau expected NRCs and ICs to engage in joint consultation and to work in collaboration to effectively serve jurisdictions. Evaluation findings related to interactions among the 15 centers showed a slightly higher degree of interaction among NRCs than among ICs, and a low level of interaction across the two types of centers. In general, the centers that interacted with other providers, at least occasionally, reported satisfaction with the frequency and quality of the communication. These centers also found their working relationship to be effective in helping them provide better quality products and services. Some to most providers reported having a shared identity among the centers with a common vision and purpose for their work, with NRCs reporting a greater sense of shared identity than ICs.

Data on tailored services showed that while the centers were collaborating, collaboration was not widespread or lengthy. Typically, when providers collaborated to deliver tailored services, they did so with particular partners. Overall, only 8 percent of IC and NRC total service hours were delivered collaboratively. In general, centers with similar content areas, prior working histories, and personal relationships reported having stronger collaboration.

Were States and Tribes satisfied with the quality of the tailored services and their relationships with the providers? Evaluators measured States’ and Tribes’ perceptions of the quality of tailored T/TA and how those perceptions changed over time. Quality was measured through structured interviews with child welfare

³Federal monitoring reports referenced included State Child and Family Services Reviews and Program Improvement Plans.

directors; an automated web survey of tailored service recipients; and interviews, focus groups, and observations with stakeholders from five implementation projects. Evaluators explored measures of quality related to:

- Expertise and knowledge of the consultants
- Usefulness of the services
- Relevance of the services
- Coordination among multiple providers
- Support of the implementation projects

Findings showed that the child welfare directors and stakeholders rated service quality high in each of these areas and across time. In addition, these respondents reported high satisfaction with the nature and quality of the relationships and interactions between the respective jurisdictions and the providers. Web survey respondents also expressed overall feelings of satisfaction with their relationships and direct interactions with the providers.

What were the perceived outcomes of NRC and IC services?

Using a variety of evaluation methods, evaluators explored T/TA outcomes for NRCs and ICs, including outcomes in terms of capacity building and systems change.

- **NRC Outcomes.** Seven NRCs evaluated training methods that were delivered as part of their tailored services. All of them found positive results with respect to recipients' improved knowledge and skills, and intent to transfer learning to the field. Five NRCs found positive results with respect to recipients' learning as a result of webinars, peer-to-peer meetings, roundtables, and the use of products on websites and in newsletters. Most centers assessed training participants' perceived changes in knowledge.
- **IC Outcomes.** Each implementation project had an independent evaluation; these evaluations examined the following:
 - **Project outputs.** Implementation projects generated a wide variety of outputs, including practice models, strategic plans, collaborative processes, revised or new policies for child welfare practices, training curricula, and data and quality assurance systems.
 - **Adoption of the intervention and intervention fidelity.** IC evaluators assessed whether new programs or initiatives were being implemented as intended through the use of checklists, case review tools, and data collection systems. In some instances, ICs reported challenges to measuring fidelity, including defining how fidelity to practice standards could be demonstrated, delays in implementation, and insufficient data in case files.

- **Systems and organizational outcomes.** Projects reported changes in staff knowledge and competencies, engagement of stakeholders, application of new policies or practices, the use of data or new systems, and shifts in organizational culture.
- **Changes in implementation capacity.** Drawing from implementation science, IC evaluators assessed the ability of jurisdictions to manage change initiatives. They found that IC T/TA enhanced jurisdictions' implementation capacity.
- **Child and family-level outcomes.** While improvements in child and family-level outcomes were the ultimate goal for the implementation projects, the duration of the projects was typically not long enough for these outcomes to be assessed. During the project periods, however, many projects identified relevant measures, set up or enhanced data systems, and built capacity, positioning the jurisdictions to track changes in child and family-level outcomes moving forward.

IMPLICATIONS FOR PROVIDERS, RECIPIENTS, AND EVALUATORS

The findings from this evaluation of T/TA in child welfare have potential implications for those who provide, receive, and evaluate similar services, especially when T/TA is focused on capacity building and systems change.

Implications for T/TA Providers and Recipients. Some of the implications for providers and recipients resulting from this evaluation include the following:

- Providers must balance their need for in-depth assessment information with the jurisdictions' desire for easy access to T/TA.
- Assessment can be time consuming. Providers and recipients need to be ready to invest time in assessing the jurisdiction's system and its capacity to engage in T/TA.
- Providers can best assist jurisdictions in identifying appropriate interventions by incorporating knowledge from the research literature and best practices underway in other jurisdictions. In the absence of evidence-based practices, providers may need to help recipients design and tailor interventions to meet the specific needs of the jurisdiction.
- The scope of the project or change initiative must consider the jurisdiction's capacity and be manageable within the given timeframe.



- Providers can best support implementation when they have a clear conceptualization of the intervention(s) necessary to achieve the desired outcome(s).
- Project roles for providers and recipients should be clearly defined and managed.
- T/TA should support and provide opportunities for peer-to-peer learning.
- A comprehensive T/TA delivery system needs to offer short-term services and trainings, as well as long-term, intensive support, in order to meet jurisdictions' varied needs and capacities.
- To facilitate capacity building and systems change, providers may consider combining assistance to develop a jurisdiction's practice expertise with assistance that supports their capacity in change management.
- Once implementation is underway, T/TA may be needed to support jurisdictions' use of data to guide the change initiative and monitor outcomes, including fidelity to the intervention.

Implications for Evaluators. Evaluators drew the following conclusions from this study that may inform future T/TA evaluation strategies:

- By collecting detailed data on the dosage and characteristics of T/TA, evaluators can answer detailed questions regarding service delivery.
- T/TA is an important mechanism for building State and Tribal evaluation capacity, which is a potential outcome of services that may be overlooked. Setting up well-defined evaluations will enable jurisdictions to better identify the connections between their interventions and outcomes.
- Evaluators should be engaged early in the process of planning T/TA and defining its intended outcomes. Evaluation discussions can help ensure that providers and the jurisdictions with whom they work have the same expectations about inputs, outputs, and outcomes.
- Future evaluations should strive to (1) use more rigorous and objective measures to assess the impact of T/TA; (2) clearly define, operationalize, and measure fidelity to T/TA approaches and strategies (e.g., coaching) to ensure consistency across providers; and (3) measure long-term outcomes in order to understand achievement and sustainability.

HOW T/TA CONTRIBUTED TO CAPACITY BUILDING AND SYSTEMS CHANGE

Providers can support organizations in achieving capacity building and systems changes by employing a combination of tools, facilitation, expert knowledge, and peer learning. The model shown in Figure 1 was developed based on evaluation findings to depict how T/TA is used by jurisdictions to make changes to their systems.

Successful implementation depends on an organization’s application and installation of implementation drivers.⁴ By strategically leveraging T/TA strategies, providers can assist jurisdictions with understanding the interplay between key drivers and developing and enhancing the necessary competencies, skills, and organizational supports.

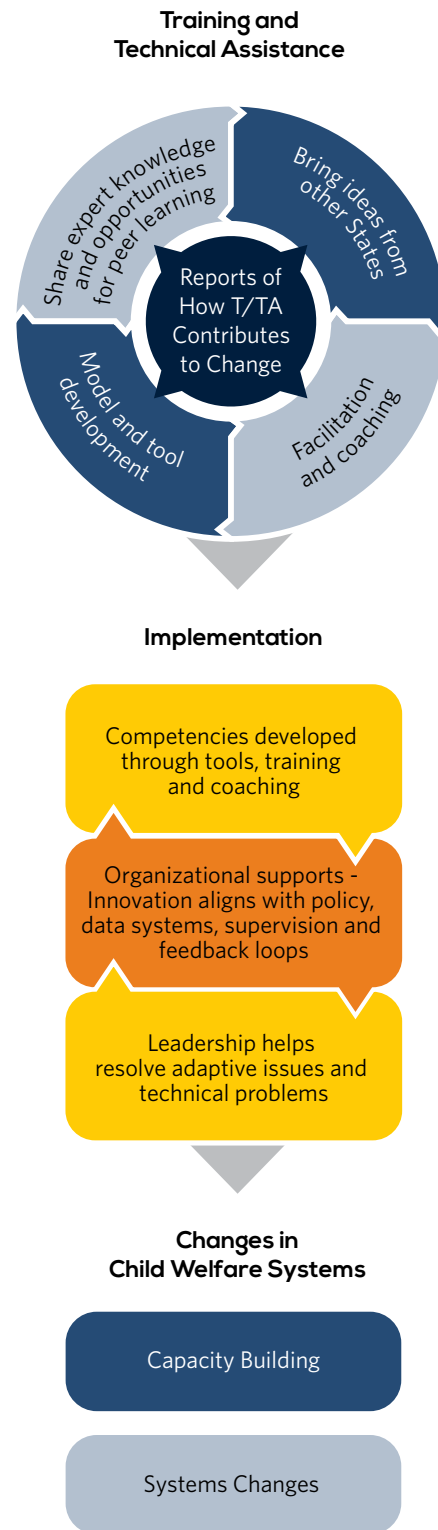
DATA COLLECTION FOR THIS EVALUATION REPORT

Evaluators used a mixed-method, longitudinal approach that drew on multiple data collection strategies to capture quantitative and qualitative information. Data were collected by the evaluation team, the T/TA centers, and their local evaluators. Cross-site evaluators conducted telephone interviews with child welfare directors from nearly 60 agencies, including States, Tribes, and territories, and a web-based survey of direct T/TA recipients in States and Tribes. Other data came from case studies, interviews with Federal staff and project directors, review of final implementation project reports, and other documents and observations. A web-based data system, built specifically for this initiative, captured information regarding services.

CONCLUSION

This evaluation advances what is known about the delivery of T/TA to child welfare agencies, especially as they engage in systems and organizational change. The evaluation also introduces new strategies for measuring T/TA and its effectiveness. Lessons learned, such as the importance of organizational leadership, the duration and intensity of T/TA, and the ability of child welfare systems to sustain organizational change, may be helpful to those studying T/TA.

Figure 1. Model of How T/TA Contributes to Change in Jurisdictions



⁴Implementation drivers are mechanisms or processes that can be leveraged to improve competencies and to create a more hospitable organizational and systems environment for evidence-based programs or practices, or other innovations (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005).