Using Data on T/TA for Evaluation and Management

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

Many state and local governments, public and private agencies, and community–based organizations rely on training and technical assistance (T/TA) to help them build capacity and improve performance. T/TA often refers to a variety of activities that can vary widely in purpose, intensity, and duration. While many organizations use T/TA, few studies examine what actually occurs when T/TA is provided, and information about its effectiveness is limited.

How can T/TA be operationalized and measured?

As part of an evaluation funded by the Children's Bureau (see sidebar), a web-based data system was designed to record information on the amount, types, and characteristics of services provided by 15 T/TA centers to States, Tribes, and territories. The web-based data system (tracking system) had many functions. It supported (1) data collection for evaluation, (2) coordination and communication among centers, (3) center management, (4) monitoring of center work, and (5) creation of reports for stakeholders. The 2015 report *Supporting Change in Child Welfare: An Evaluation of Training and Technical Assistance* provides additional information on how the tracking system was used to support the T/TA network.

This brief describes key features of the tracking system and provides examples of analyses that were possible. The system's design may serve as a model for those concerned with the provision of T/TA and how services can be quantified, characterized, and used in an evaluation.

Tracking Tailored T/TA

The tracking system was designed to capture detailed information about services, with a focus on tailored T/TA. Tailored T/TA was customized to meet the specific needs of a jurisdiction and to build its capacity. Providers developed tailored work plans and delivered T/TA in response to a jurisdiction's request or application for services.

Programmers structured the system to parallel the centers' processes for delivering T/TA as depicted in Figure 1. First, a State, Tribe, or territory requested tailored services. This prompted a T/TA provider to complete a request form, which captured the name of the jurisdiction requesting assistance, the date of the request, a description of the need, and how the need was identified. Second, the provider conducted an assessment and completed the work plan form, documenting the names of the providers and a brief narrative of the activities planned. Finally, the provider completed T/TA activity forms detailing the names of the involved centers, the dates of the activity, the hours that providers worked with the jurisdiction (direct T/TA), characteristics of the tailored services, and a narrative description of each activity.

Children's Bureau T/TA System and Evaluation

Beginning in Federal fiscal year (FY) 2009, the Children's Bureau expanded, coordinated, and re-oriented its network of child welfare T/TA. Ten **National Child Welfare Resource Centers (NRCs)** shared expertise and provided services to States, Tribes, and territories in specific child welfare content areas, and five regional **Child Welfare Implementation Centers (ICs)** worked with selected jurisdictions on specific child welfare projects (referred to as implementation projects) and focused T/TA on implementation and sustainability of systems change. A coordination center, web-based data system, and a virtual workspace to improve communication among providers supported this T/TA system.

The Children's Bureau also funded a 5-year evaluation of the T/TA system: *Supporting Change in Child Welfare: An Evaluation of Training and Technical Assistance.*

Figure 1. The Structure of the T/TA Tracking System
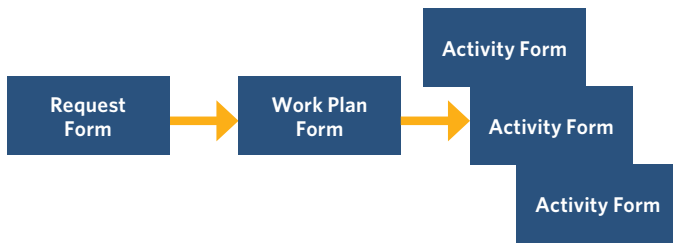
Defining, Characterizing, and Capturing Tailored T/TA in the Tracking System

The tracking system was designed to support the evaluation. It used standardized definitions and descriptions of T/TA and employed an innovative methodology for recording and analyzing the services. This approach allowed evaluators and managers to explore such questions as "How much T/TA did a jurisdiction receive?" and "What types of services were delivered?"

1 The tracking system captured the full range of tailored activities (e.g., training, coaching, facilitation, and consultation). Consistent with this conceptualization of T/TA, the system recorded the series of services delivered under a work plan. This approach allowed the evaluators to develop a comprehensive picture of service delivery.

2 The evaluation operationalized how much T/TA jurisdictions received in terms of units of direct service. Providers recorded the "dosage" (unduplicated contact hours) for each tailored activity that met the criteria for "substantial" T/TA, which was defined as an activity that *"involved at least one hour of direct T/TA (either in person or remote communication) between the provider and the recipient in a single business day."* Only direct T/TA was included in estimates of the overall dosage received by jurisdictions. Indirect services (e.g., conducting such activities as background research or document reviews) were not included in the evaluation.

3 Providers recorded the specific characteristics of each tailored activity:

- How T/TA was provided (modes of T/TA delivery)
- To whom T/TA was provided within the agency (roles of recipients receiving T/TA)
- The content of the T/TA (practice areas, organizational and systemic areas)
- The activities/methods used by providers to deliver T/TA (e.g., coaching, consultation, training)
- Where along the process of implementation T/TA occurred (step in the change process)

This detail allowed the Children's Bureau, providers, and evaluators to understand the characteristics of the tailored services provided to jurisdictions. Using tracking system data from October 2010 through December 2013, evaluators aggregated and analyzed the characteristics of services based upon the total hours of direct T/TA. As shown in Table 1, the analyses showed that the majority of hours of tailored T/TA were delivered in person at the jurisdictions. Services were provided most often to agency middle managers. The content of IC T/TA was most frequently reported to be "general," or related to the general operation and capacity of an organization to implement change, whereas NRC T/TA was topical in nature, with the majority of hours devoted to improving the practice of safety and risk assessment. The types of T/TA were similar, with both groups of providers focused on providing consultation/problem-solving/discussion, as well as facilitation. With regard to the implementation process, the majority of NRC T/TA supported jurisdictions with problem-solving and problem identification. Both IC and NRC services supported the design and installation of innovations. ICs provided more support, however, around initial and full implementation, providing assistance with such activities as sustainability planning, continuous quality improvement, and process or outcome evaluation.

These data were useful to both providers and the Children's Bureau. For example, providers could use the analyses to identify specific aspects of child welfare practices in which they delivered the most T/TA to jurisdictions in order to determine whether it was beneficial to develop products or provide additional services. The Children's Bureau also could assess whether the volume of service delivery in particular areas seemed well aligned with areas of need identified during Federal monitoring, such as the Child and Family Services Reviews (CFSR).

4 Data in the tracking system were available in "real-time" to all authorized users, including providers, center managers, Children's Bureau staff, and evaluators. Data were required to be entered within 10 business days after T/TA activities occurred. The ability to run analyses was enhanced by "canned reports" that allowed users, with a few clicks, to generate analyses and data visualizations (e.g., maps of service delivery). Other reports were designed to help providers describe their activities and services to the Children's Bureau, monitor delivery in a jurisdiction, and respond to ad hoc requests for information on T/TA provision.

Table 1. Characteristics of Tailored T/TA

|	10 NRCs	5 ICs
Modes of T/TA Delivery – How T/TA was provided		
• In-person, onsite work at jurisdiction	81%	78%
Roles of Recipients Receiving T/TA – To whom T/TA was provided		
• Agency middle managers (program/division heads)	73%	61%
Practice Areas of T/TA – Content of T/TA		
• General (not specific to a practice area)	17%	52%
• Assessment of safety and risk	35%	27%
Organizational and Systemic Areas of T/TA – Content of T/TA		
• Practice model	23%	59%
• Casework decision-making and practice	45%	21%
Types of T/TA – Activities and methods to deliver T/TA		
• Consultation, problem-solving, and discussion	64%	63%
• Facilitation	37%	42%
Steps in the Change Process – Where in the implementation process T/TA occurred		
• Problem-solving and identification	56%	28%
• Innovation design and installation	42%	37%
• Initial and full implementation	16%	30%

Additional Uses of T/TA Tracking System Data

Data from the tracking system provided descriptive information on tailored services, and it helped answer unique questions related to service delivery. A sample of these questions, a brief description, and related graphics are presented in this section.

How much tailored T/TA did States receive? Did States with the greatest need receive more T/TA?
Providers generated reports to identify which jurisdictions received tailored services and the hours received within a specified period (see Figure 2). This information allowed them to target the services to jurisdictions with whom they had not yet engaged. In a separate analysis, evaluators used CFSR data to determine whether States with greater need were receiving more Children's Bureau-sponsored services.

Figure 2. Hours of NRC T/TA Received by States
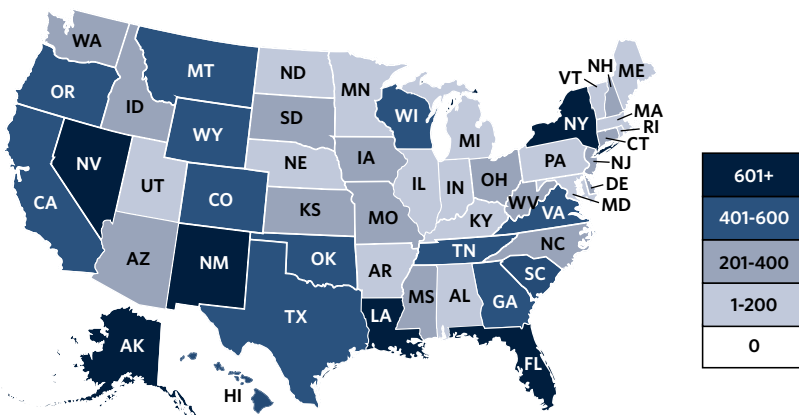
Were tailored services provided in a timely manner? Where did delays occur? By using the date of jurisdictions' requests for tailored T/TA, the date of approval to conduct assessments, and the date of approval of the work plan, evaluators assessed the timeliness of providers' processes for assessing needs and planning services, and identified where possible delays occurred (see Figure 3). This analysis showed that it took over 5 months for 29 requests to become approved work plans during a given time period and the median time between assessments and work plan approvals was 26 weeks.

Figure 3. Time Between Request and Work Plan Approval
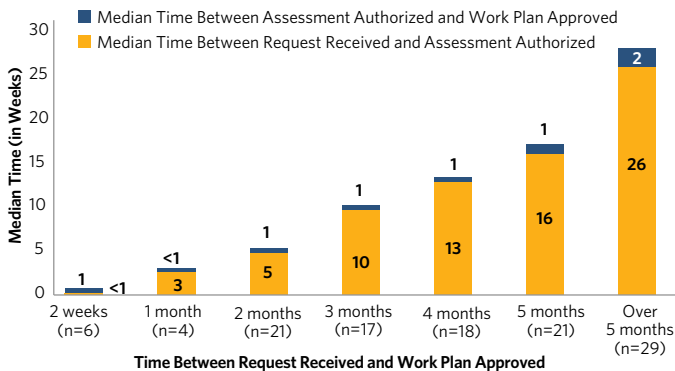
What pattern of tailored T/TA delivery can be observed over time? As shown in Figure 4, T/TA work plans were analyzed to discern patterns of service delivery over time. In general, the analyses found that for work plans lasting over 2 years, ICs delivered more hours per month of tailored services than NRCs. NRCs tended to have brief periods of intense contact between providers and jurisdictions, followed by long gaps in services.

Figure 4. Average Hours of Direct Service by Work Plan Duration for ICs and NRCs
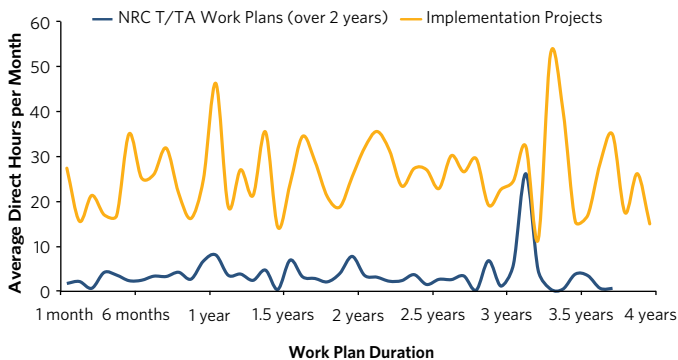
Discussion, Lessons Learned, and Conclusions

Using the tracking system to document and assess tailored services demonstrated the value of collecting such information and chronicled some of the challenges involved.

- **New ways of operationalizing T/TA.** The way tailored T/TA was operationalized and tracked in the system generated new descriptions and understanding of the T/TA delivery process. Managers and evaluators were able to raise and answer new questions about T/TA delivery, and these were reinforced with data visualizations.

- **Data entry burden.** Recording detailed information about tailored services placed considerable data entry burden on providers. Extensive quality assurance activities added to this burden. Although data entry demands will be substantial for other systems that capture similar amounts of detail, data entry may be made easier by using tablets or smart phones.

- **Linking output data with outcomes.** The system collected data on outputs (e.g., dosage and characteristics). Future data collection systems may strive to link process data to outcomes of T/TA, allowing more in-depth analyses of "what works, for what groups, and under what circumstances" in order to determine how T/TA resources may be best deployed to achieve the desired goals.

The tracking system, the data it collected, and the analyses that were conducted all demonstrated the benefits and the contributions of operationalizing and collecting data on services for current and future evaluations, and enhanced the management of T/TA delivery.