

# What is Organizational Capacity and What Does It Look Like in Child Welfare?

Evaluation Brief  
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## Introduction

This is the first of three briefs about organizational capacity in child welfare. It reviews organizational capacity in the context of organizational development, implementation science, and other fields such as public health. It also examines implications of the literature. Finally, the brief describes the organizational capacities used by the Children’s Bureau’s (CB) Child Welfare Capacity Building Collaborative: resources, infrastructure, knowledge and skills, organizational culture and climate, and engagement and partnership.

The second brief in the series, *How Can Child Welfare Organizational Capacity Be Measured?* (James Bell Associates & ICF International, 2017a), summarizes the many instruments for measuring those capacities. The third brief in the series, *How Do We Build Organizational Capacity in Child Welfare?* (James Bell Associates & ICF International, 2017b), explores models for building capacity that have been applied in child welfare organizations, including the American Public Human Services Association (APHS) Organizational Effectiveness Capacity Building Model; the Interactive Systems Framework (ISF), which incorporates Getting to Outcomes (GTO) and the Evidence Based System for Innovation Support (EBSIS); and the Children’s Bureau (CB) Capacity Building Collaborative approach.

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The Collaborative is a partnership of the Center for States, Center for Tribes, and Center for Courts. The cross-center evaluation examines the services and level of collaboration across the Centers.

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## Background

The focus on building organizational capacities comes out of the larger field of organizational development—the study of successful organizational change and performance (Cummings & Worley, 2015; Lewin, 1951; Weik & Quinn, 1999). This centers on the role leadership, structure, communication, group dynamics, organizational culture and climate, organizational learning, knowledge, and resource management play in effective performance of employees and effective change.

Over the past 15 years, nonprofit organizations and funders have viewed organizational capacity as the ability of an organization to fulfill its mission through sound governance, effective management, dedication to achieving results, and rigorous assessment to ensure that the desired results are reached (Grantmakers for Effective Organizations, 2003). The most widely used tool to assess organizational capacity in nonprofits is the McKinsey Capacity Assessment Grid (MCAG; McKinsey, 2001). The MCAG identifies seven capacities (aspirations, strategy, organizational skills, human resources, systems and infrastructure, organizational structure, and culture).

## Implementation Science Emphasis on Organizational Capacity

During the development of the Interactive Systems Framework for Dissemination and Implementation (ISF) between 2003 and 2006, Abraham Wandersman and his collaborators, situated the concept of organizational capacity into the larger discussion of how to best implement evidence-informed and evidence-based practices in field settings (Wandersman et al., 2008). The ISF model notes that there are three interactive systems that help bring science to practice: (1) the synthesis and translation system that extends the products of research into user-friendly formats; (2) the delivery system organizations that implement interventions to reach their desired outcomes; and (3) the support system of intermediary organizations that provide support via training, technical assistance, tools, and feedback so that the products from the synthesis and translation system can be practiced with fidelity and quality in the delivery system. The model notes that **general capacity** in the organization (e.g., enhancing organization's skills, infrastructure, and climate) is needed to support the evidence-based intervention while **innovation-specific capacity** is needed to execute particular interventions. Each of these types of organizational capacity must be assessed and built so that the new policy, process or practice can be implemented successfully. The general capacities harken to the key capacities critical to organizational development and assessed by the MCAG. In this

context, these capacities serve as organizational supports that must be in place so that innovative practices can be installed, maintained, and sustained over the long haul (Flaspohler et al., 2008).

The National Implementation Research Network (NIRN) model, which came out of a systematic review of the literature in 2005 (Fixsen et al., 2005), emphasizes the importance of implementation drivers in supporting implementation of evidence-based practices. These implementation drivers largely focus on assessing and developing **innovation-specific capacity** in the form of *leadership* which is capable of supporting an innovation through appropriate use of technical and adaptive leadership skills, and *competence* of staff through recruiting and selecting staff capable of learning (through training and coaching) the policy or practice. The **general capacities** fall in the *organizational drivers*, but the way NIRN operationalizes these capacities is still in the service of installing specific innovations. Mechanisms that support the innovation include decision support data systems, facilitative management of policies, and procedures to align these aspects of the organization with the needs of the intervention as well as financial and human resource systems to ensure success.

## Children's Bureau Interest in Organizational Capacity

While the CB has been building capacity in public child welfare agencies, courts, and tribes through technical assistance projects for the past 40 years (Barbee, 2013), much of the emphasis has been on building **innovation-specific capacity**. Most National Resource Centers and Implementation Centers have worked with jurisdictions to help them understand or install the latest knowledge and skills regarding innovative structures and practices in the areas of intake (e.g., Differential Response), child protective services investigations (e.g., Structured Decision Making), ongoing work with families, (e.g., Solution Based Casework, SafeCare), and foster care and adoption (e.g., Family Finding).<sup>1</sup> What these technical assistance providers often found is that weakness in

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<sup>1</sup> In addition to National Resource Centers and Implementation Centers, long-term discretionary initiatives that focus on workforce (such as the National Child Welfare Workforce Institute) and other projects like

the CQI Training Academy, comprehensive workforce grants, and Workforce Quality Improvement Center support capacity building.

**general capacities** undermined the ability of innovations to take hold and be sustained (Children’s Bureau, 2015).

After the passage of the Adoption and Safe Families Act in 1997, the CB began to conduct Child and Family Service Reviews (CFSR). Embedded in the CFSR assessment tool is the presumption that certain types of **general capacities** are essential for the ability of jurisdictions to reach crucial outcomes of safety, permanency, and well-being. Since the beginning, the CFSR has assessed seven systemic factors in the review of state public child welfare systems including the (1) statewide information system; (2) case review system; (3) quality assurance system; (4) staff and provider training; (5) service array and resource development; (6) agency responsiveness to the community; and (7) foster and adoptive parent licensing, recruitment, and retention.

With the formation of the Capacity Building Collaborative, there is a desire by the CB to examine this concept of organizational capacity more deeply so that this new system will be better able to assess and help jurisdictions develop the kinds of **general and innovation-specific capacities** needed to ensure that evidence-informed and evidence-based practices can be successfully installed in public child welfare settings (e.g., states and tribes) as well as in the courts and to evaluate the impact of capacity building in these arenas on outcomes.

## Views Regarding Organizational Capacity in Related Fields

Other fields such as public health, education, international community development, and the courts have grappled with how to understand organizational capacity to support best practices and achieve lofty outcomes.

### Public Health

Meyer, Davis, and Mays (2012) sought to delineate the key organizational capacities essential to reaching public health goals. These authors recognized that many of the capacities essential for positive public health outcomes are shared with those that have been identified by the social service sector (Mizrahi, 2004). Similarly, Moamed et al. (2005) outlined critical areas of organizational capacity and delve into

how each should be operationalized and measured. In considering public health capacity building in tribal communities, Chino and LeBruyn (2006) note that it is essential to honor indigenous knowledge and build trust and essential skills to effectively engage tribes in building healthy community.

### Education

Century (1999) focused on capacity as a necessary component of education systems reform, with a focus on four main dimensions of capacity: organizational, human, structural and material. Century’s paper was targeted to evaluators; thus, evaluation of these capacities and education reform outcomes is implicit rather than explicit. Harsh (2010, 2013) builds on Century’s conceptualization with a focus on how to build **innovation-specific capacity** utilizing work from organizational development (Lewin, 1951), implementation science (Fixsen et al., 2009), a stages of change model (Prochaska & DiClemente, 1992), an educational innovation model (Hall & Hord, 2010), and a stage of adult development model (Kegan & Lahey, 1984).

### International Community Development

In the field of international community development, there are often very weak societal, community, and organizational service delivery infrastructures. Thus, the assessment and building of community and organizational capacity is a vital step for service provision as well as sustainability. Potter and Brough (2004) argue that capacities need to be built in a particular order. Community and/or organizational (1) structural capacity, (2) systems capacity, and (3) role capacity form the base of the pyramid. This enables effective use of (4) facility capacity, (5) support service capacity, (6) workload/staffing capacity, and (7) supervisory capacity. That, in turn, enables effective (8) personal capacity (e.g., technical skills) and finally (9) performance capacity in the form of tools and equipment to execute services to clients/customers/patients.

### Courts

In describing model courts, judges and other court personnel are encouraged to engage in collaboration, communication, training and technical assistance, and measurement of success. In addition,

sustainability indicators of sustained leadership and commitment, the presence of multidisciplinary collaborative structures, implementation of core practices and processes, and regular multidisciplinary trainings all are capacities necessary for a model court to thrive (Barnes, 2010).

## Summary and Implications for Child Welfare Organization Capacities

Aside from a vast number of studies in business settings examining the impact of the various organizational capacities on performance or change processes (Cummings, & Worley, 2015), most of the literature over the past 15 years has sought to simply define organizational capacity and to delineate the subcategories or types of capacities that should be assessed and then built in order to support change or innovative policies, processes, or practices. The descriptive nature of the literature to date does help the child welfare field determine what organizational capacities may be necessary.

Table 1 presents 8 typologies of organizational capacities that were reviewed for this paper. Our review includes four foundational capacity typologies from the literature (organizational development, MCAG, ISF, and NIRN) as well as four typologies from related fields (public health, education, international development, and Courts). The review and synthesis of these 8 typologies led to the far right column in Table 1, which reflects a compilation of the material as appropriate for capacity building in child welfare, labeled as **key child welfare organizational capacities**. Each of the key child welfare organizational capacities includes both *general capacities* and *innovation-specific capacities* to support change efforts and the installation of new policies, processes, and practices. The next step is to rigorously test the impact of these capacities on each stage of change and implementation as well as on performance and outcomes.

The key child welfare organizational capacities that we identified include (1) leadership, (2) infrastructure, (3) engagement and partnership, (4) cultural competence, (5) organizational culture and climate, (6) knowledge and skills, (7) evaluation and continuous quality improvement, and (8) resources. The description of each capacity includes recent child welfare research that has shown the impact of the

dimension on change, implementation, performance, or outcome achievement.

### Leadership

All eight of the typologies that were reviewed identified leadership as a key capacity. The synthesis of the ways leadership is conceptualized points to the importance of having leaders (e.g., board members, executive directors, senior management) who are (1) dedicated to the mission, vision, and goals of the organization; (2) skilled in strategic thinking, analysis, financial judgment, technical leadership, adaptive leadership, and ensuring effective performance to reach outcomes; and (3) “on board” during change and implementation efforts. Leaders must be able to (4) manage existing resources and gain additional resources to support the work; (5) change structures as necessary to support innovation; (6) communicate clearly with internal and external stakeholders about partnership and innovation (Bernotavicz, Brittain, & McDaniel, 2010); (7) manage group dynamics; (8) value and be highly skilled in cultural competence; (9) support a healthy organizational culture and climate dedicated to learning, experimentation, and building on staff strengths; and (10) hold those same staff accountable for performance and outcomes through evaluation and continuous quality assurance processes. All of these attributes are applicable to child welfare settings.

### Infrastructure

All of the typologies reviewed named some aspects of structure or infrastructure when describing organizational capacities. These tend to describe the presence of (1) structures that delineate policies, procedures, and practices (Kislov et al., 2014); (2) structures that allow for strategic and tactical planning as well as successful decision-making frameworks; and (3) management of finances, buildings and equipment, personnel, data systems (IT), quality assurance systems, and continuous quality improvement (CQI) systems. Several child welfare examples show these structures need to be strong and modified to support innovative policies, processes, or practices (Armstrong et al., 2014; Barbee et al., 2011).

## Engagement and Partnership

Again, all typologies identified the key elements of engagement and partnership by describing (1) responsiveness to the community; (2) internal and external communication; and (3) collaboration within units, across units, across partnering organizations, in the larger network, and with client cultural groups and clients. One child welfare study found that a common barrier to effective implementation of child welfare initiatives was difficulties with partnerships (James Bell Associates, 2013).

## Cultural Competence

Only three typologies focused on the importance of cultural competence as a key organizational capacity. Organizational development noted the importance of managing group dynamics such as building trust, building teams, and managing and resolving conflict, which are all necessary due to the differences employees bring to the workplace, including those steeped in culture. Public health work in indigenous communities outlines the importance of fostering inclusion; building trusting relationships; and considering each cultural group's priorities, world view, language, and identity. As the society becomes decidedly multicultural and people of color move into the majority, this capacity will only become more important. Certainly, for a field like child welfare that has a history of racial and cultural disproportionality and disparities (e.g., Boyd, 2014), this is a key capacity to be assessed and built. Cultural competence promotes effective communication, trust, and credibility of service providers with clients and supports services that are accessible and provided in an acceptable manner.

## Organizational Culture and Climate (OCC)

Seven of the typologies reviewed emphasize the importance of a healthy organizational culture and climate on performance and change. This is the one area that has been studied extensively in child welfare settings. Studies using a validated measure of OCC have shown the six key variables (proficiency, resistance, rigidity, engagement, functionality, and stress) that make up climate and culture (Glisson et al., 2012) and the impact of these on performance (e.g., Glisson et al., 2013) as well as outcomes of

safety, permanency, and well-being (Williams & Glisson, 2014).

## Knowledge and Skills

All of the typologies acknowledge the importance of (1) recruiting and selecting staff with the appropriate education, experience, attitudes (e.g., readiness for change), and values for the job and (2) providing staff with continuous professional development, training, coaching, and supportive supervision so that they can (3) gain confidence and self-efficacy, perform, reach desired outcomes, and be retained and promoted through a career ladder. (4) The knowledge and skills acquired need to be strong in general, but enhanced for particular innovative policies, processes, and practices. (5) Sometimes the necessary knowledge and skills involve intricate coordination and collaboration among unit team members and across units, disciplines, and organizations. A number of studies have been conducted in child welfare settings and have shown the positive impact of recruiting staff with appropriate education (e.g., Barbee et al., 2009), supporting practice through training and coaching (e.g., Akin, 2016), providing supportive supervision (e.g., Yankeelov et al., 2009), and providing a clear career ladder for staff (Westbrook et al., 2006) on outcome achievement (e.g., Antle et al., 2010). Other research has focused on the role of organizational change readiness in successfully implementing new programs (Aarons, 2004).

## Evaluation and CQI

Seven typologies emphasize the importance of knowledge and performance management through (1) receptivity towards change and innovative practices; (2) evaluation of performance; (3) evaluation of program processes and outcomes; (4) examination of quality assurance findings; and (5) utilization of data from data management systems, case reviews, feedback loops, and formal CQI processes. Many studies in child welfare settings have linked receptivity towards evidence-based practices on reaching desired outcomes (Aarons et al., 2012), evaluated promising practices (e.g., van Zyl et al., 2014), utilized case review and CQI data to link practice changes with child outcomes (e.g., Antle et al., 2012, Hunter et al., 2014), and utilized administrative data to test efficacy of interventions (Graham et al., 2015).

Table 1. Synthesis of Capacity Typologies into Overall Key Child Welfare Organizational Capacities

TYPOLOGIES OF CAPACITY REVIEWED									
	Organizational Development	McKinsey Capacity Assessment Grid	Implementation Science: ISF	Implementation Science: NIRN	Public Health	Education	International Development	Courts	Key Child Welfare Organizational Capacities
<b>No. 1</b>	Leadership	<p><b>Aspirations</b> (mission, vision, goals)</p> <p><b>Human Resources Part A</b> (CEO passion, impact orientation, leadership, effectiveness, analytical and strategic thinking, financial judgment, experience, standing, e.g., senior management team)</p>	<p><b>Leadership</b> (power authorities articulate and support organizational activities)</p>	<p><b>Leadership Drivers</b> (adaptive and technical leadership)</p> <p><b>Organizational Driver: Systems</b> (leadership resolves problems when systems are barriers to the innovation)</p>	<p><b>Governance</b> (governance structures, chain of command; also as part of organizational culture and climate)</p>	<p><b>Human Capacity</b> (administrators interested in the innovation or reform effort, formal commitment to innovation)</p>	<p><b>Supervisory Capacity</b> (creation of clear lines of authority and accountability, reporting, DM, monitoring, incentives)</p>	<p><b>Sustained Leadership</b></p>	<p><b>Leadership</b> (all aspects of leadership, including leading change)</p>
<b>No. 2</b>	(Structure (organizational structure, infrastructure)	<p><b>Organizational Structure Part A</b> (board governance, org design)</p> <p><b>Systems and Infrastructure Part A</b> (planning, DM framework, financial management, information technology)</p>	<p><b>Structure</b> (processes that affect how well an organization functions on a day-to-day basis, e.g., policies, procedures, planning, information technology)</p>	<p><b>Organizational Driver: Decision Support Data Systems</b></p> <p><b>Organizational Driver: Facilitative Management</b> (policies, procedures)</p>	<p><b>Physical Infrastructure/ Program Policy and Development</b> (operating space, equipment, transportation, telecom, communication tools, information technology,</p>	<p><b>Structural Capacity</b> (policies, procedures, formalized practices)</p>	<p><b>Structural Capacity</b> (decision making forums where inter-sectional discussion and corporate decisions may occur, records kept, individuals accountable for non-performance)</p>	<p><b>Implementation of Core Practices and Processes</b></p>	<p><b>Infrastructure</b> (structures, policy, procedures, decision support systems, IT, fiscal management software, quality assurance, CQI)</p>

## TYOLOGIES OF CAPACITY REVIEWED

	Organizational Development	McKinsey Capacity Assessment Grid	Implementation Science: ISF	Implementation Science: NIRN	Public Health	Education	International Development	Courts	Key Child Welfare Organizational Capacities
					mobile data devices, medical equipment, laboratory equipment, disaster response resources)		<b>Systems Capacity</b> (information flow, timely operations, human resources)		
<b>No. 3</b>	<b>Communication</b> (internal and external communication, collaboration, partnership)	<b>Organizational Structure Part B</b> (interfunctional coordination)	<b>Management Style</b> (staff autonomy, collaboration, communication, external relationships, inter-organizational networks)	<b>Organizational Driver: Systems</b> (leader communicates success, builds relationships with external partners)	<b>Inter-organizational Relationships and Partnerships/Community Engagement</b> (number and network of partners, breadth and diversity of partners, reciprocity, collaboration, communication)	<b>Organizational Capacity</b> (interactions, collaboration and communication across humans, including both internal and external teams and partners)	<b>Systems Capacity</b> (communication, partnership)	<b>Multidisciplinary Collaborative Structure</b>	<b>Multidisciplinary Collaborative Structure</b>
<b>No. 4</b>	<b>Group Dynamics</b> (trust, conflict resolution, teamwork, cultural competence)	<b>Human Resources Part B</b> (staff from diverse backgrounds)	na	na	<b>Cultural Competence</b> (inclusion, trust and relationship-building, understanding cultural groups' priorities, resources, worldviews, languages, and identities)	na	na	na	<b>Cultural Competence</b>

## TYPOLOGIES OF CAPACITY REVIEWED

	Organizational Development	McKinsey Capacity Assessment Grid	Implementation Science: ISF	Implementation Science: NIRN	Public Health	Education	International Development	Courts	Key Child Welfare Organizational Capacities
<b>No. 5</b>	<b>Organizational Culture and Climate</b>	<b>Culture</b> (performance and shared values, other shared beliefs and values, shared preferences and practices)	<b>Organizational Culture and Climate</b> (expectations about how things are done, how the organization functions, how employees feel)	<b>Organizational Driver: Facilitative Management</b> (leader manages organizational culture and climate)	<b>Organizational Culture and Climate</b> (mission, values, strategic planning, adaptation, innovation, human resources management, team learning, safety, multicultural tolerance/ human rights principles)	<b>Organizational Capacity</b> (Human will, tone of interactions that shape a culture, individual commitment to innovations)	na	<b>Commitment</b>	<b>Organizational Culture and Climate</b>
<b>No. 6</b>	<b>Organizational Learning</b>	<b>Human Resources Part C</b> (staffing levels, board composition)  <b>Systems and Infrastructure Part B</b> (Staff Recruitment, development, training, coaching, career ladder, incentives, performance appraisal)	<b>Staff Capacity</b> (both general and innovative-specific knowledge, skills and abilities, education)	<b>Competence Drivers:</b> (staff selection, training, and coaching)	<b>Workforce and Human Resources</b> (number, staffing patterns, staff knowledge/skills/expertise, education, training, diversity, morale)	<b>Human Capacity</b> (intellectual proficiency, awareness and knowledge of innovation, technical competency)	<b>Role Capacity</b> (individuals, teams, and committees given authority to make decisions essential to performance)  <b>Personal Capacity</b> (staff knowledge, skills, confidence, training)	<b>Sustained Multidisciplinary Trainings</b>	<b>Staff Knowledge, Skills, Expertise, and Training</b>



## TYOLOGIES OF CAPACITY REVIEWED

	Organizational Development	McKinsey Capacity Assessment Grid	Implementation Science: ISF	Implementation Science: NIRN	Public Health	Education	International Development	Courts	Key Child Welfare Organizational Capacities
<b>No. 7</b>	Knowledge and Performance Management	<p><b>Organizational Skills Part A</b> (performance management, strategic and other planning)</p> <p><b>Strategy Part A</b> (overall, performance targets, program relevance and integration)</p>	<p><b>Organizational Innovativeness</b> (general receptiveness toward change, e.g., an organizational learning environment that evaluates and uses feedback loops)</p>	<p><b>Organizational Driver: Decision Support Data Systems</b></p>	<p><b>Informational Resources/ Evaluation and Sustainability</b> (internet, information technology, data and information resources, geographic information systems (GIS), surveillance data)</p>	<p><b>Evaluation of Potential Innovations, Outcomes</b></p>	<p><b>Supervisory Capacity</b> (creation of clear lines of authority and accountability, reporting, monitoring)</p>	na	Evaluation, Quality Assurance, and CQI
<b>No. 8</b>	Resource Management	<p><b>Organizational Skills Part B</b> (fundraising, revenue generation, public relations, marketing, policy influence)</p> <p><b>Human Resources Part D</b> (staffing levels, board composition)</p> <p><b>Strategy Part B</b> (program growth, new program development, funding model)</p>	<p><b>Resource Availability and Utilization</b> (source and predictability of funds, facilities, equipment, compensation for staff, how discretionary and uncommitted resources are devoted to innovations)</p>	<p><b>Organizational Driver: Systems</b> (leader removes financial, human resource, and other systems barriers so that innovation is supported)</p>	<p><b>Fiscal and Economic Resources/ Financial Management</b> (budget, revenue sources, funding, in-kind assets, expenditures, cost per service, public health spending per capita)</p>	<p><b>Material Capacity</b> (financial resources, budget, space, instructional materials, technological capacity)</p>	<p><b>Facility Capacity</b> (buildings large enough for appropriate staffing/ workload)</p> <p><b>Support Service Capacity</b> (for lab work, training, engineering, supplies, building services, research)</p> <p><b>Workload Capacity</b> (staff with skills to cope with workload, job descriptions)</p> <p><b>Performance Capacity</b> (tools, money, equipment)</p>	na	Resources (financial, service array, staffing levels, caseload)

## Resources

Seven out of the eight typologies reviewed note the importance of having adequate resources to deliver effective programs and services and when installing new practices. The synthesis includes (1) predictable sources and adequate levels of funding (financial assets) and in-kind assets; (2) access to policy makers, funders, and public relations outlets to make the case for increased funding; (3) adequate pay for staff; (4) adequate staffing levels (including right type of staff to do the job), workload, and caseload sizes; (5) adequate access to support services; (6) ability to develop new programming to meet client needs; (7) adequate facilities to house staff; (8) appropriate equipment to deliver services; (9) adequate levels of discretionary funds for special projects; and (10) adequate service array for clients. Less research has been conducted on this area in child welfare. One study found that child welfare agency staff identified resource capacity as an important implementation driver throughout initiative design and implementation (Lambert, Richards, & Knight, 2016).

In addition, when jurisdictions are sued and come under consent decree, stipulations include increases in funding, increased staffing levels, enhancement of staff quality, increases in access to consultants, and other support services and new programming (Ryan & Gomez, 2016).

## Children’s Bureau’s Capacity Building Collaborative Capacities

To simplify the assessment and intervention processes for the capacity building centers, the members of the Children’s Bureau’s Child Welfare Capacity Building Collaborative folded several categories of organizational capacity into others to reduce the number of overarching capacities from eight to five. The evaluation and CQI capacity was subsumed under knowledge and skills. In addition, leadership and cultural competency are subsumed under both knowledge and skills as well as organizational culture and climate capacities. The consolidation of the organizational capacities into five primary child welfare organizational capacities is depicted in figure 1.

Figure 1. Child Welfare Capacity Building Collaborative Organizational Capacities



# Brief Definitions of the Children's Bureau's Child Welfare Capacity Building Collaborative Capacities

## Resources

*Adequacy and stability of fiscal, staffing, materials, facilities, equipment, and informational resources*

Resources include financial resources allocated internally, available external resources, and tangible assets. This includes instructional materials, curricula, transportation, meeting supports, and technology. Resource capacity includes adequate space, such as court facilities to accommodate the needs of children and families, and access to necessary information. Adequate numbers of people to deliver services and support staff are also resource components.

## Infrastructure

*Policies, processes, and operational structures*

Infrastructure includes the structures and models that are in place within an organization and elements of the organization that exist independently of people who work within the system. Organizational processes and structures embed a shared understanding of practice in the agency. The codified understanding of internal organizational processes is present in the form of manuals, protocols, decision support systems, and written/electronic tools. Infrastructure also includes an organization's fiscal management, information systems, program development, training systems, human resource systems, evaluation, and quality assurance.

## Knowledge and Skills

*Practice knowledge, analytic and evaluative abilities, and knowledge of the change process*

While the resource capacity of child welfare organizations speaks to adequate staffing numbers for service delivery, the knowledge capacity refers to staff skills and expertise (Meyer, Davis, & Mays, 2012). This ranges from initial awareness to high levels of technical competency. Knowledge and skills necessary for effective child welfare functioning includes continuous improvement analytic skills to improve existing practice and build effective routines.

Cultural competency skills are a necessary capacity in order to deliver services to communities in a culturally appropriate manner. Leadership competencies are important to develop in a change-oriented and results-driven environment. It is the CB's expectation that the centers will increase the child welfare system's knowledge of skills related to the change process.

## Organizational Culture and Climate

*Values, norms, and attitudes, commitment to initiatives, leadership support, cultural humility practice*

The norms, beliefs, and values that organizational members hold strongly influence staff behavior. Commitment to proposed changes by field staff and by those in authority facilitates implementation of initiatives. An attitude of particular importance in child welfare is cultural humility, which encourages respect and self-awareness when serving diverse clients.

## Engagement and Partnership

*Collaboration within the agency, between the agency, with external partners, and with communities*

Partnerships within an organization result in staff cohesion and social support. Collaboration with other agencies allows for integration of services. Internal and external stakeholder involvement in planning, implementation, evaluation, and decision making is an important implementation driver. Engaging youth, parents, and elders allows programs to be integrated within the community and to cultivate support from the community.

## Defining Organizational Capacities in Child Welfare

The Capacity Building Collaborative and the evaluation team use the five typologies in its definition of organizational capacities critical to child welfare.

## Organizational Capacities

The core strengths in key areas of an organization to ensure high levels of performance, achievement of outcomes, and successful installation and implementation of new policies, processes, or practices. Capacities include resources, infrastructure, knowledge and skills, culture and climate, and engagement and partnerships. These can be strengthened to enhance individual, team, organizational, or entire system performance.

## Capacity Building

An ongoing, evidence-driven process intended to develop an organization's potential to be productive and effective by expanding and enhancing dimensions of its capacity. Capacity building improves the ability of an individual, team, organization, network, or community to create measurable and sustainable results and to implement innovation.



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## References

- Aarons, G. A. (2004). Mental health provider attitudes toward adoption of evidence-based practice: The evidence-based practice attitude scale (EBPAS). *Mental Health Services Research, 6*(2), 61–74.
- Aarons, G. A., Cafri, G., Lugo, L., & Sawitzky, A. (2012). Expanding the domains of attitudes towards evidence-based practice: the evidence based practice attitude scale-50. *Administration and policy in mental health and mental health services research, 39*(5), 331-340.
- Akin, B. A. (2016). Practitioner views on the core functions of coaching in the implementation of an evidence-based intervention in child welfare. *Children and Youth Services Review, 68*, 159-168.
- Antle, B. F., Frey, S. E., Sar, B. K., Barbee, A. P., & van Zyl, M. A. (2010). Training the child welfare workforce in healthy couple relationships: An examination of attitudes and outcomes. *Children and Youth Services Review, 32*(2), 223-230.
- Antle, B. F., Christensen, D. N., Van Zyl, M. A., & Barbee, A. P. (2012). The impact of the Solution Based Casework (SBC) practice model on federal outcomes in public child welfare. *Child Abuse & Neglect, 36*(4), 342-353.
- Armstrong, M.I., McCrae, J. S., Graef, M. I., Richards, T. Lambert, D., Bright, C. L. & Sowell, C. (2014). Development and initial findings of an implementation process measure for child welfare system change. *Journal of Public Child Welfare, 8*(1), 94–117.
- Barbee, A. P., Antle, B., Sullivan, D. J., Huebner, R., Fox, S., & Hall, J. C. (2009). Recruiting and retaining child welfare workers: Is preparing social work students enough for sustained commitment to the field?. *Child welfare, 88*(5), 69.
- Barbee, A. (2013). The evolution of resource and training centers. In *Women and Children First: The Contribution of the Children's Bureau to Social Work Education*. Alexandria, VA: Council on Social Work Education.
- Barbee, A., Christensen, D., Antle, B., Wandersman, A. & Cahn, K. (2011). Successful adoption and implementation of a comprehensive casework practice model in a public child welfare agency: Application of the Getting to Outcomes (GTO) model. *Children and Youth Services Review, 33*(5), 622–633.
- Barnes, E. (2010). *Model Court Protocol: Leadership, Innovation, and Accountability*. Washington, DC: National Council of Juvenile and Family Court Judges.
- Bernotavicz, F., Brittain, C. & McDaniel, N. (2010). *Leadership competency framework*. Albany, NY: National Child Welfare Workforce Institute.
- Boyd, R. (2014). African American disproportionality and disparity in child welfare: Toward a comprehensive

- conceptual framework. *Children and Youth Services Review*, 37, 15-27.
- Burton, I., & Development Programme United Nations. (2005). *Adaptation policy frameworks for climate change: developing strategies, policies and measures* (p. 258). B. Lim (Ed.). Cambridge: Cambridge University Press.
- Century, J. R. (1999). Determining capacity within systemic educational reform. April. <http://eric.ed.gov/?id=ED434162>.
- Children's Bureau. (2015). Supporting change in child welfare: An evaluation of training and technical assistance. Washington, DC: Author.
- Chino, M, Debruyne, L. (2006). Building true capacity: indigenous models for indigenous communities. *American Journal of Public Health*, 96(4), 596-599.
- Cummings, T. G. & Worley, C. G. (2015). *Organizational development and change*. Stamford, CT: Cengage Learning.
- Fixsen, D.L., Blase, K. A., Friedman, R. M. & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute.
- Fixsen, D. L., Blase, K. A., Naoom, S. F., & Wallace, F. (2009). Core implementation components. *Research on social work practice*, 19(5), 531-540.
- Flaspohler, P., Duffy, J., Wandersman, A., Stillman, L. & Maras, M. A. (2008). Unpacking prevention capacity: An intersection of research-to-practice models and community-centered models. *American Journal of Community Psychology*, 41(3-4), 182-196.
- Glisson, C., Green, P., & Williams, N. J. (2012). Assessing the organizational social context (OSC) of child welfare systems: Implications for research and practice. *Child Abuse & Neglect*, 36(9), 621-632.
- Glisson, C., Williams, N. J., Green, P., Hemmelgarn, A., & Hoagwood, K. (2014). The organizational social context of mental health Medicaid waiver programs with family support services: Implications for research and practice. *Administration and Policy in Mental Health and Mental Health Services Research*, 41(1), 32-42.
- Glisson, C., Hemmelgarn, A., Green, P., & Williams, N. J. (2013). Randomized trial of the availability, responsiveness and continuity (ARC) organizational intervention for improving youth outcomes in community mental health programs. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52(5), 493-500.
- Graham, J.C., Dettlaff, A. J., Baumann, D. J., & Fluke, J. D. (2015). The decision making ecology of placing a child into foster care: A structural equation model. *Child Abuse and Neglect*, 49, 12-23.
- Grantmakers for Effective Organizations. (2003). *Grantmakers for effective organizations theory of change*. Washington, DC: Author.
- Guthrie, K., & Preston, A. (2005). Building capacity while assessing it: Three foundations' experiences using the McKinsey capacity assessment grid. *Seattle, WA: Blueprint Research & Design*. Available online at <http://www.arabellaadvisors.com/wp-content/uploads/2012/03/building-capacity.pdf>.
- Hall, G., & Hord, S. (2010). *Implementing change: Patterns, principles, and potholes* (3rd ed.). Boston: Allyn & Bacon.
- Harsh, S. (2010). Gaining perspective on a complex task: A multidimensional approach to capacity building. Appalachia Regional Comprehensive Center at Edvantia.
- Harsh, S. (2013). Capacity-building series: Innovation: The new capacity for continuous improvement. ICF International. <http://www.icfi.com/insights/white-papers/2013/capacity-building-innovation-new-capacity-continuous-improvement>.
- Hunter, S. B., Ober, A. J., Paddock, S. M., Hunt, P. E., & Levan, D. (2014). Continuous quality improvement (CQI) in addiction treatment settings: design and intervention protocol of a group randomized pilot study. *Addiction science & clinical practice*, 9(1), 1-11.
- James Bell Associates (2013). *Lessons Learned through the Application of Implementation Science Concepts to Children's Bureau Discretionary Grant Programs*. Arlington, VA.
- James Bell Associates & ICF International. (2017a). *How can child welfare organizational capacity be measured?* (Evaluation Brief). Washington, DC: Department of Health and Human Services, Administration for Children, Youth and Families, Children's Bureau (Contract no. HHSP233201400026C).
- James Bell Associates & ICF International. (2017b). *How do we build organizational capacity in child welfare?* (Evaluation Brief). Washington, DC: Department of Health and Human Services, Administration for Children, Youth and Families, Children's Bureau (Contract no. HHSP233201400026C).
- Kegan, R., & Lahey, L. L. (1984). Adult leadership and adult development: A constructivist view. *Leadership: Multidisciplinary perspectives*, 199-230.
- Kislov, R., Waterman, H., Harvey, G. & Boaden, R. (2014). Rethinking capacity building for knowledge mobilisation: Developing multilevel capabilities in healthcare organisations. *Implementation Science*, 9(1), 166. doi:10.1186/s13012-014-0166-0.
- Lambert, D, Richards, T., & Knight, T. (2015). The role of implementation drivers in child welfare systems change. *Journal of Public Child Welfare*, (10) 132-151.

- Lewin, K. (1951). *Field theory in social science*. New York: Harper & Row.
- McKinsey and Company (2001). *Effective capacity building in nonprofit organizations*. Washington, D.C.: Venture Philanthropy Partners.
- Meyer, A.-M., Davis, M., & Mays, G. P. (2012). Defining organizational capacity for public health services and systems research. *Journal of Public Health Management Practice*, 18(6), 535–544.
- Mizrahi, Y. (2004). Capacity enhancement indicators. *Washington, DC Retrieved from <http://info.worldbank.org/etools/docs/library/80314/eg03-72.pdf>*.
- Moamed, C., Beadle de Palomo, F., Pritchett, J. & Wahlstrom, J. (2005). HIV prevention capacity building: A framework for strengthening and sustaining HIV prevention programs. Center on AIDS & Community Health.
- Potter, C., & Brough, R. (2004). Systemic capacity building: a hierarchy of needs. *Health policy and planning*, 19(5), 336-345.
- Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: applications to addictive behaviors. *American psychologist*, 47(9), 1102.
- Ryan, T. N., & Gomez, R. J. (2016). Trends in state budgets and child outcomes during and post child welfare class action litigation. *Children and Youth Services Review*, 62, 49-57.
- Scaccia, J. P., Cook, B. S., Lamont, A., Wandersman, A., Castellow, J. & Katz, J. (2015). A practical implementation science heuristic for organizational readiness. *Journal of Community Psychology*, 43, 484-501.
- Van Zyl, M. A., Barbee, A. P., Cunningham, M. R., Antle, B. F., Christensen, D. N., & Boamah, D. (2014). Components of the solution-based casework child welfare practice model that predict positive child outcomes. *Journal of Public Child Welfare*, 8(4), 433-465.
- Wandersman, A., Duffy, J., Flaspohler, P., Noonan, R., Lubell, K., Stillman, L., & Saul, J. (2008). Bridging the gap between prevention research and practice: The interactive systems framework for dissemination and implementation. *American journal of community psychology*, 41(3-4), 171-181.
- Weick, K. E. & Quinn, R. E. (1999). Organizational change and development. *Annual Review of Psychology*, 50, 361-386.
- Westbrook, T. M., Ellis, J., & Ellett, A. J. (2006). Improving retention among public child welfare workers: What can we learn from the insights and experiences of committed survivors?. *Administration in Social Work*, 30(4), 37-62.
- Williams, N. J., & Glisson, C. (2014). Testing a theory of organizational culture, climate and youth outcomes in child welfare systems: A United States national study. *Child Abuse & Neglect*, 38(4), 757–767. doi:10.1016/j.chiabu.2013.09.003.
- Yankeelov, P. A., Barbee, A. P., Sullivan, D., & Antle, B. F. (2009). Individual and organizational factors in job retention in Kentucky's child welfare agency. *Children and Youth Services Review*, 31(5), 547-554.