

Capacity Building Service Strategies

A Review of the Literature

Background and Introduction

Studies suggest that certain service strategies may help achieve implementation and capacity building goals.

Capacity building service strategies are used to support improved child welfare practices and implement new programs, practices, and processes. The Children's Bureau Child Welfare Capacity Building Collaborative¹ offers tailored services to state and tribal child welfare agencies and courts overseeing child maltreatment cases. These are individualized to the organization's goals and needs, and are delivered using specific strategies, such as coaching and facilitation. The Collaborative's definitions of four of these strategies are as follows:

- **Coaching:** A process that supports the improvement of specific skills/practices and focuses on performance-based outcome(s). Includes observation, listening, questioning, reflection, feedback, prompting, modeling, and practice. Coaching can be individualized or provided to a group, with feedback tailored to performance.
- **Consultation:** A collaborative, problem-solving process that requires outside or independent expertise (e.g., in child welfare practice, change management, evaluation) to support and inform the jurisdiction's comprehension, completion of a task, and/or resolution of a specific concern or topic.
- **Facilitation:** Carrying out and/or helping to develop a specific process for a group to achieve a goal, make a decision, or resolve a dispute.
- **Tool development:** Collaboration with a jurisdiction to develop customized tools or products, including manuals, guides, worksheets, spreadsheets, templates, instruments, and training or reference materials that summarize, record, and/or communicate information.

¹ The Children's Bureau Child Welfare Capacity Collaborative is a partnership among three Capacity Building Centers: the Center for Courts, the Center for States, and the Center for Tribes.

It is important to understand the current evidence base to inform the selection and effective use of service strategies to build organizational capacity. Studies of the Collaborative's services have found differences in how often strategies are used (Richards et al., 2021) and suggest some strategies may be more effective in supporting implementation and improvements in child welfare organizational capacity (James Bell Associates & ICF, 2020; Melz et al., under review). Other research has found that particular service strategies may be more effective in improving specific types of capacity, such as knowledge and skills (Antle et al., 2009), while others may be more useful in certain phases of implementation (Lambert et al., 2016). Factors that influence the effectiveness of strategies include the characteristics of those receiving services (Stewart et al., 2008) and the types of techniques the provider uses (Cook, 2013).

This brief presents a review of the literature on the strategies of coaching, consultation, facilitation, and tool development. These strategies were selected for review because they were most frequently used by the Capacity Building Centers from January 2017 through September 2019 (Richards et al., 2021).

When available, studies of capacity building in child welfare are reviewed. Because this literature is limited, studies from other fields (e.g., healthcare, business organizational development) that address the strategies of coaching, consultation, facilitation, and tool development are included.

Coaching

Allen et al. (2020) noted that although studies have indicated coaching is an important strategy to learn and to apply to skills in child welfare, scholars differ about what constitutes critical coaching components. However, some descriptions drawn from the literature present coaching as a service that—

- Focuses on tasks performed at the workplace (Jones et al., 2016)
- Is a structured learning process featuring intentional use of techniques and tools (Das et al., 2021)
- Incorporates problem solving during the application of skills to practice (Antle et al., 2009)
- Features a collaborative, reflective, goal-focused relationship between the coach and coaching recipient (Jones et al., 2016)
- Offers feedback tailored to individual needs (Jones et al., 2016)
- Monitors skills and improves performance (Antle et al., 2009)

Overall, the literature describes coaching as a planned, personalized, collaborative, reflective, and structured learning process that uses feedback and problem-solving techniques to improve key workplace task performance. Coaches may work with learners (coaching or service recipients) and use a variety of techniques: (1) modeling attitudes and behaviors; (2) observing learners enacting a new skill or practice; (3) listening to learners describe an issue they are having with a family or in acquiring a new skill or an emerging strength; (4) reflecting on disclosures to demonstrate understanding; (5) asking questions to assist learners in discovering the answer to their dilemma; (6) allowing learners to practice the new skill before assessing for fidelity to a model or strength of the skill; (7) giving feedback on the skill as observed, as described in case notes or a case plan or as mentioned in a verbal exchange; (8) prompting learners to explain their reasoning for when to apply certain skills or how the new practice affects their interactions with clients; and (9) holding new learners accountable for skill acquisition and improvement (Fillery-Travis & Cox, 2014).

Coaching may be delivered to individual learners or groups using modalities such as web-based platforms (Walker et al., 2019), phone or video calls, printed materials, or in-person delivery (Allen et al., 2020). Both in-person and remote coaching are effective (Jones et al., 2016). Coaches may be external consultants or internal staff with expertise within the agency. External coaching may bring specialized expertise, but its effectiveness may be hampered by a lack of understanding of agency context, and it may be unavailable for long-term assistance. Internal coaches offer sustained support but may lack the depth of expertise (Allen et al., 2020).

The context and whether the coach is internal or external to the organization may influence whether staff access coaching and how they perceive it. Concerns about disclosing information related to personal job performance may prevent staff from accessing internal coaching resources (Das et al., 2021). The credibility of the coach and purpose of coaching may also be important. When coaches are perceived as lacking in expertise, child welfare staff may be reluctant to engage. Also, lack of goal clarity and purpose of coaching may reduce participation (Das et al., 2021).

Coaching

The Capacity Building Collaborative defines coaching as a process that supports the improvement of specific skills/practices and focuses on performance-based outcome(s). Includes observation, listening, questioning, reflection, feedback, prompting, modeling, and practice. Coaching can be individualized or provided to a group, with feedback tailored to performance.

Other findings regarding coaching note that when coaching is supportive and flexible, learners receive it more positively (Allen et al., 2020). Yet for learners to realize the full benefits, coaching must also be clear and direct. Other studies find that time pressures may be a barrier to participation (Das et al., 2021), yet child welfare staff may perceive coaching less positively from an inadequate number of sessions or sessions that are short in duration (Allen et al., 2020). However, whether an increased quantity of coaching is associated with greater skill development is unclear. An organizational development meta-analysis reported the duration and frequency of coaching did not have significant effects on skill development (Jones et al., 2016). Thus, more research is needed to understand what aspects of coaching influence perceived effectiveness of coaching.

Coaching to Support Capacity Building

Coaching helps individual learners use new knowledge on the job. Studies of child welfare agencies have found that, when compared to learners who received only training, those who receive in-person (Akin, 2016) or virtual coaching (Kobulsky et al., 2020) perceive greater improvements in their knowledge. As a process, well-delivered coaching is an important support in transfer of learning, which begins with acquiring new knowledge, using it to develop capabilities, and then applying and using it. Researchers have found several factors to support this transfer. When learners receive input, assistance, and feedback as they apply new skills, then performance of the skills improves (Curry et al., 2005). When a supervisor is supportive of training and the importance of the skills used in the office by clarifying expectations for performance and providing opportunities for staff to apply new skills, then transfer of learning is more likely to occur as well (Holton et al., 2007).

In addition to skill development and knowledge acquisition, coaching may increase self-awareness and improve the ability to analyze personal performance (Das et al., 2021). There may also be changes in emotional well-being, including reduced stress and increased confidence at the workplace (Jones et al., 2016; Leedham, 2005).

Coaching may, or may not, be associated with specific training. Researchers have studied coaching as a type of learning reinforcement that increases training effectiveness by delivering feedback on newly developed skills (Allen et al., 2020; Antle et al., 2009; Barbee et al., 2011). In organizational development, it may not be associated with training-specific learning objectives. Instead, coaching may be directed toward achieving performance goals the learner selects (Jones et al., 2016; Leedham, 2005).

Learner characteristics, organizational context, coaching skills, and delivery processes may contribute to effectiveness. Learner characteristics, such as conscientiousness and self-efficacy (Stewart et al., 2008), and organizational context, such as cohesion or openness to change (Chatterjee et al., 2018), may influence transfer of knowledge. While these learner and organizational characteristics are outside of the coach's control, the coach can use techniques and create an

environment to enhance learning. In a small year-long study of a coaching model with leaders, Cook (2013) found facilitators of transfer and sustainability of knowledge included (a) forming a safe learning environment, (b) having a trusting relationship and honest dialogue, (c) tailoring the coaching approach to the learner, (d) encouraging independent decision-making of when to apply the knowledge in daily practice, (e) incorporating active learning by receiving feedback from not only the coach but also peers and subordinates, and (f) engaging in ongoing reflective practices.

Key Coaching Outcomes

- Positive changes in attitudes and affect
- Improved job skills
- Higher fidelity to practice

The focus of coaching is usually on improving an individual learner's performance, though it may have some influence on the organization. Aligning the goals of coaching with organizational objectives can contribute to broader organizational goal achievement (Jones et al., 2016; Leedham, 2005). Such positive organizational effects may include improved relationships with colleagues (Leedham, 2005), increased workplace cohesion, and improved retention of child welfare staff (Allen et al., 2020). The emotional and relational benefits of coaching to learners could more broadly influence organizational culture and climate.

Coaching to Support Implementation

Coaching is an important implementation support. It may help decrease staff resistance and improve attitudes, beliefs, and acceptance of new practices (Allen et al., 2020). After the intervention has been defined and practices that are to change have been clearly described, coaching may be a useful strategy in later phases of implementation for child welfare agencies (Lambert et al., 2016). Training followed by coaching can help build the skills for successful implementation of new practices (Allen et al., 2020), such as skills to improve direct work with families (Barbee et al., 2011). This may be particularly important when supervision and ongoing support of new practice skills are lacking (Allen et al., 2020). Coaching is also used to achieve performance standards outlined in evidence-based practices (Aarons & Palinkas, 2007), because the positive child and family outcomes associated with evidence-based interventions may require high fidelity to practice.

Coaching may be a factor in whether newly implemented practices are maintained. A study of home visiting found sustained practice was more likely when learners perceived coaches as

When is coaching used?

- To help an individual or team apply what has been learned to on-the-job practices
- When the developed skill will be repeatedly applied in the future
- To achieve practice fidelity that may be required to ensure effectiveness of evidence-based practice
- To sustain practice changes

supportive, accessible, effective practitioners of techniques and highly organized and efficient (Gunderson et al., 2018). In a study on a parenting support intervention implemented by Aboriginal child protection agencies in Australia, Hodge et al. (2017) found that receiving supportive peer coaching was associated with sustainability. Providing intensive training and coaching to internal staff who are seen as mentors and leaders in the agency (i.e., champions) and tasking them to coach others are strategies for sustaining and disseminating improved practices within a child welfare system (Barbee et al., 2011). Also, in an implementation study, sites moving beyond training to coaching critical intervention skills were more likely to complete implementation and sustain the intervention (Chamberlain et al., 2011).

Consultation

Metz et al. (2021) described one of the challenges of studying consultation as the range of terms used for professionals who fulfill a consultative role. The organizational management and implementation literature describes consultation as follows:

- Delivering a form of tailored support varying in frequency, intensity, and duration and depending on the needs of the implementers (Yazejian et al., 2019)
- Providing expert recommendations after reviewing the current organizational practices (Marsh et al., 2016)
- Offering external help to support design, implementation, and sustaining innovations (Nadeem et al., 2013)
- Providing assistance that treats service recipients as equal partners who hold knowledge and experience that complement the expertise of the outside consultant (Sherriff et al., 2019)

Consultation occurs in an area of the organization beyond the current knowledge and skills of staff within the organization. For example, the consultant may have specific knowledge in trauma-informed practices used in family courts (Marsh et al., 2016) or developing and installing new

management information systems (Ko et al., 2005). In studies of organizational development, staff often seek expertise in solving problems of business operations, which may include issues that are strategic, structural, operational, or managerial (El Dine & Taher, 2020). Consultants with skills in change management may guide a process to implement evidence-based interventions (Horwitz et al., 2014) or design new practices and processes that will lead to improved services (Lambert et al., 2016).

While consultants impart expertise, they may be expected to move the organization from dependence on services toward independent application of skills. It is particularly important for skills to be used in similar situations in the future and in cases where new practices must be sustained (Baker et al., 2017).

Consultation

The Capacity Building Collaborative defines consultation as a collaborative, problem-solving process that requires outside or independent expertise (e.g., in child welfare practice, change management, evaluation) to support and inform the jurisdiction's understanding, completion of a task, and/or resolution of a specific concern or topic.

Consultation to Build Capacity

Unlike coaching, which is primarily directed toward developing an individual's skills, consultation is focused on building capacity to achieve the goals of the broader organization. Examples of these goals are implementing a new agency-wide practice model (Lambert et al., 2016) or building organizational capacity in selected areas (e.g., infrastructure, organizational culture and climate) to improve overall agency performance (Barbee et al., 2017).

Because goals are specific and selected by the organization, organizational outcomes expected from consultation will vary (Nadeem et al., 2013). Sometimes a consultant will engage in a feasibility or utility evaluation to determine if a proposed solution can be implemented in the organization and lead to expected outcomes. Other times consultation will determine feasibility and utility based on whether an organization uses the products or processes that were developed as part of an organizational change process (Jang et al., 1997). Furthermore, when organizations are implementing new practices, consultation services may be directed toward assessment of outcomes such as acceptability, adoption, and sustainability of a new practice (Nadeem et al., 2013). Ko et al. (2005), for example, suggested when consultation is used, there may be an unspoken goal of improving implementation skills to enable the organization to implement not only the current innovation but also future innovations or process and practice improvements.

Key Consultation Outcomes

- Increase knowledge and skills across the enterprise in a topical area
- Enhance the application of skills across the enterprise
- Develop organizational capacity
- Increase knowledge and skills of leaders in the implementation process
- Implement, use, and sustain developed products and processes
- Improve organizational performance

Consultants bring expertise to organizations.

El Dine and Taher (2020) described consultation as initiating a learning process for the entire organization to increase institutional knowledge about a particular area. The knowledge delivered may be explicit, technical, or tacit, which is intuitive and rooted in learner experiences and values (Ko et al., 2005). In this learning process, consultation may lead to outcomes such as exposure to new ideas, increased knowledge on a topic, and application of new information that may lead to improved service delivery (El Dine & Taher, 2020). While individual staff members may enhance their own skills as a result of a consultation, such enhancement of individual skills is not the primary goal of consultation. In this way, consultation is different than coaching, which is aimed at changing knowledge **and** skills to enhance individual job performance. Consultation primarily supports activities to improve organizational functioning.

Some authors in organizational development describe learning during consultation as an expert-driven process with the consultant communicating knowledge that is learned and then applied (El Dine & Taher, 2020; Ko et al., 2005). This implies the consultant needs to have considerable knowledge to impart. However, two studies of business consulting reported the expertise of the consultant—technical skills, specialization, and in-depth knowledge—was not associated with improved organizational performance (El Dine & Taher, 2020) or successful implementation of projects (Jang et al., 1997). Factors such as skills in engaging stakeholders or tailoring solutions to fit the purpose and context of the organization may be as important as technical expertise.

Cocreation and Tailoring

When consultation occurs at the highest level, knowledge is not simply transferred but is learned, applied, and used by both the organization and consultant (Hicks et al., 2009). Gill et al. (2020) described the process of consultation as an iterative process, where the consultant and organization interact to assess needs and agree on the course of action. The consultant may present the organization's data and compare it to others; the organization will then localize this information by providing context that may explain data patterns. This process continues as they

begin to coconstruct the scope and focus of the problem. A similar process occurs in developing a solution, where the consultant may propose an action and the organization may question whether it fits the context of the business or connects with the most important organizational goals. The consultant or organization will propose adjustments and drop and add components to make the solution more acceptable (Gill et al., 2020).

The success of the consultation may be related to a relationship between the organization and consultant that supports a collaborative partnership. To build trusting relationships with organizational partners, implementation support practitioners describe an approach that encompasses actively listening to partners, showing kindness and empathy, and remaining committed to working on complex challenges and difficult situations (Metz et al., 2021). Gill et al. (2020) suggested the interactions between the partners involve fact-based information but also include an emotional component, as the organization assesses consultant credibility and the consultant motivates the organization. Ko et al. (2005) found the credibility of the consultant who can listen, be attentive, and respond quickly to the organization was associated with a positive relationship between the two. This relationship may make the consultation process more pleasant and, more importantly, more effective. Studies suggest the consultant's ability to build and sustain relationships may be associated with improved organizational performance (El Dine & Taher, 2020) and completion of successful consultation projects (Ko et al., 2005).

Being involved in generating new knowledge with the consultant helps organizational teams apply it to their work. Soule & Edmondson (2002) studied teams performing the same job functions at different sites in a multinational corporation. They found the knowledge was situated—teams located at the same site shared similar priorities, approaches to work, methods, and sources of information. Knowledge generated from another location was more difficult for teams to recognize as relevant and to apply, which led to delays in using it to solve problems. The skills and activities used to deliver consultation could help to translate knowledge from one location to another so it can be recognized, accepted, and used.

Consultation should focus on specific and achievable organizational goals. Clearly defined goals are positively associated with successful project implementation (Jang et al., 1997). These goals, however, must consider the abilities and context of the organization. Hicks et al. (2009) suggested that consultants working with an organization ask, “What actions are possible, given the current situation?” El Dine and Taher (2020) described effective consultation as involving learning about local context, priorities, and history to support the application of relevant and feasible principles of implementation science. Studies suggest a consultant's ability to analyze information on contextual factors, such as the role of key stakeholders and the political, economic, and legal environment of the organization, may contribute significantly to enhancing the organization's performance (El Dine & Taher, 2020).

The collaborative processes created during consultation may be a key component of ensuring the development and study of culturally appropriate, effective interventions

(Laycock et al., 2018; Sherriff et al., 2019). For example, an Australian organization created processes to obtain feedback from Aboriginal healthcare providers. The evaluation found that it was important to identify, address, and prioritize service gaps, which in turn led to providers' use of project-generated materials (Laycock et al., 2018). The researchers described successful collaborative processes in partnering with Aboriginal service providers and communities as (a) fostering shared power, vision, and goals; (b) being willing to take risks; (c) connecting across cultures; (d) empowering the community; (e) valuing local Aboriginal knowledge; (f) continually investing and collaborating; and (g) being adaptable (Sherriff et al., 2019).

When is consultation used?

- To bring needed expertise into the organization
- To shape solutions that are tailored to organizational needs, abilities, and current context
- To create processes and structures to support successful implementation of solutions

Facilitation

Facilitation promotes interactions among participants to complete group-based tasks. A range of tools and processes, such as models for visualizing problems and structures for generating action plans, apply during facilitation. In the literature, facilitation is described as follows:

- Using a participatory problem-solving process to achieve goals (Yazejian et al., 2019)
- Enabling a group process to exchange and share information (Franco & Nielsen, 2018)
- Promoting the integration of diverse perspectives and needs (Metz et al., 2021)
- Helping decision-makers gain a shared understanding of a problem, analyze issues, and commit to an action plan (Papamichail et al., 2007)

Facilitation

The Capacity Building Collaborative defines facilitation as carrying out and/or helping to develop a specific process for a group to achieve a goal, make a decision, or resolve a dispute.

Facilitators select processes and techniques that match the activities, goals, and context of the group. Franco and Neilsen (2018) suggested this selection may be related to the group's effectiveness and efficiency, the context and requirements of the task, pleasantness of process, and facilitator preferences. To study whether experience was associated with use of techniques, Kolschoten et al. (2007) observed expert and beginner facilitators. Findings showed facilitators used similar techniques, but those with

more experience used a broader range and frequently alternated between them. Sometimes facilitation involves resolving conflicting attitudes or approaches to a problem or implementation strategy. Thus, understanding how mediators facilitate such conflicts can be instructive to facilitators. Mediators in workplace settings create structures and use techniques to engage participants in activities such as problem solving. Coleman et al. (2016) found in workplace mediation settings the most important factor in selecting strategies was the intensity and complexity of conflict. In high-intensity situations, mediators used directive strategies and enforced guidelines. In situations involving legal or political constraints limiting the range of possible options, mediators increased the transparency of the process, openly addressing limitations and clearly describing guidelines used in considering agreements. Low-conflict situations led to more flexible, relational, and reflective approaches. Facilitators use all of these skills when guiding discussions or problem-solving sessions (James Bell Associates & ICF, 2020).

Collaboration and Participation

Facilitation involves use of a structured process to promote collaborative work to improve organizational performance. Because implementation of new practices requires cooperative work and commitment from a variety of stakeholders, their engagement is important in the early phases of implementation, such as during the design phase of innovations (Lambert et al., 2016). Seeking stakeholder input through facilitation can promote common purpose, shared responsibility, and commitment to a plan of action that the group has developed and approved (Franco & Nielsen, 2018; Yazejian et al., 2019) and may promote buy-in and commitment to new practices (Yazejian et al., 2019). Facilitation may also help various levels in an organization speak to each other and to those with more authority (Metz et al., 2021), which can overcome power differentials. Power differentials may prevent honest feedback, which could interfere with building commitment to new practices and derail implementation.

Facilitation may deepen and expand information by uncovering knowledge and expertise.

Facilitator work can foster full participation in soliciting diverse perspectives and alternatives to complete tasks such as problem solving (Sio et al., 2017; Yazejian et al. 2019). Tavella & Papadopoulos (2015) suggested the process of building group knowledge may be more likely to occur when facilitator behaviors indicate an invitation to participate, clarify issues, affirm contributions and perspectives, and offer expertise in a subtle manner. Honey-Rosés et al. (2020) have hypothesized less structured, flexible formats to align with idea-generating sessions (e.g., brainstorming). However, other studies suggest generating novel ideas and obtaining information held by unique facilitators may be challenging and require multiple techniques.

Key Facilitation Outcomes

- Increase collaboration.
- Generate new information.
- Build commitment.
- Solve problems.
- Make decisions.
- Determine actions.

A group exchange is expected to build new knowledge to enhance task performance, but it is not always successful, so negative group processes must be mitigated. In a review of group performance research, Baumeister et al. (2016) noted the value of group work is based on the premise that individuals perform better in group situations. While some studies support this premise, other studies find that groups perform more poorly than individuals because of phenomena such as groupthink. Groupthink occurs when members strive for cohesiveness, which can lead to conflict avoidance and conformity. Furthermore, if conventional ideas surface first, the generation of new ideas may be constrained (Sio et al., 2017). Other negative processes such as the diffusion of responsibility for task completion and the desire for cohesion and harmony may result in fixating on shared ideas rather than entertaining contrary perspectives, which ultimately may interfere with the generation and consideration of innovative solutions that may improve the ultimate decision (Baumeister et al., 2016).

Some facilitation strategies may help groups go beyond regenerating conventional knowledge. Sio et al. (2017) found shifting back and forth between tasks to allow time for the list of initial ideas generated during a brainstorming session to be revisited at a later time reduced emphasis on initial ideas and increased the generation of new ones. Papamichail et al. (2007) observed that, during group work, facilitators who paused and allowed for silence elicited ideas and concepts that furthered discussions. Reinforcing the uniqueness and responsibility of each participant may also enhance group work. When participants are accountable for their work in groups (e.g., they must explain and justify their actions and decisions), they can reduce negative

reactions to conflicting ideas and then generate a broader range of ideas (Baumester et al., 2018; Scholten et al., 2007).

Culture, race or ethnicity, and gender may influence the degree of group participation and the suitability of facilitation techniques. Research on overcoming groupthink and enhancing group decision-making finds that group composition is a critical component (Bang & Frith, 2017). Including individuals in the group who differ along cultural, racial or ethnic, gender, and other experiential lines and encouraging everyone to speak from their unique perspectives unleash ideas that may be contradictory but can enhance the discussion so participants can ensure a robust assessment to determine the best path forward. Taking into consideration the many ways of reaching a solution and thinking through the implications of each path lead to a thoughtful and more creative solution that may include multiple perspectives that address the complexity of the situation (Bang & Frith, 2017; Zhang et al., 2018). Facilitators must be skilled at overcoming barriers that may prevent all members from fully participating in discussions. Such barriers have existed in studies on the topic. For example, Honey-Roses (2020) found women were less likely to perceive that their participation in a group was equal to men's. Osseo-Asare et al. (2018) found members of underrepresented racial and ethnic groups often experienced microaggressions in group discussions. Papamichail et al. (2007) found language can be a barrier. Thus, while full participation could be more challenging for professionals of diverse backgrounds in facilitated discussions, developing effective facilitation skills at managing the challenges, as those noted in the next section, is worthwhile so that problem solving and decision-making are enhanced.

Decision-Making and Agreements

Facilitators create processes for problem solving and helping group members consider alternatives and make decisions. They may use a range of tools (e.g., cognitive maps, decision trees) to visualize and structure aspects of the problem and consider their importance (Papamichail et al., 2007). Facilitators may propose hypotheses that participants can detail further, clarify and challenge ideas (Franco & Nielsen, 2018), promote discussion by summarizing key points, and categorize emerging ideas (Yazajian et al., 2019).

Power differentials and hidden agendas may prevent a group from coming to consensus in decision-making processes. A study of court mediation sessions found when joint problem solving occurs (e.g., efforts by both parties to clarify issues), an agreement is more likely to be reached (Zubek et al., 1992). Yet creating conditions for this to occur may be difficult. In a study by Papamichail et al. (2007), facilitators reported that achieving consensus in decision-making workshops was challenging in the context of political concerns, power hierarchies, and existing partnership formations. Members of the group who have power may attempt to sway other members. To overcome these challenges that occur not only in court or multi-agency discussions

When is facilitation used?

- When information from individuals with varied skills and perspectives is needed to effectively complete tasks and solve problems
- To engage stakeholders during the design and implementation of practice improvements
- When conflict prevents work from moving forward

but also in child welfare agencies (Fluke et al., 2020), facilitators may use thought-provoking behaviors (e.g., challenging participants to generate new ideas, asking for responses to new ideas) to shift the focus from individual, specific concerns to developing ideas and discussion with others (Zubek et al., 1992).

Facilitators can help a group of decision-makers gain a shared understanding of a problem and commit to an action plan.

Facilitators can help the group generate inclusive solutions by acknowledging the different and sometimes competing needs of individuals, creating an atmosphere of mutual respect, and actively encouraging diverse perspectives (Franco

& Nielsen, 2018). Other mediator behaviors, such as structuring the discussion (e.g., creating an agenda) and encouraging thinking by participants (e.g., posing questions to seek responses to a new idea), may also help participants move toward creative solutions that most agree is the way to move forward (Zubek et al., 1992). Franco and Neilson (2018) described formulation, a technique facilitators use to summarize and reintroduce key elements of the discussion. This can confirm understanding of a topic of discussion and summarize an essential point. The authors found facilitators used action formulations to forecast future activities of group members and state a commitment to act (e.g., “Mary is saying she will begin work on policy revision,” “the group has decided to complete this action by next week”).

Ensuring a fair and thorough process can strengthen commitment to participant agreements. Pruitt et al. (1993) studied factors related to long-term mediation outcomes, including compliance with agreements. Fairness of the process can be enhanced by promoting equal participation and maintaining a neutral stance. When participants perceived mediation as fair and viewed the process as having addressed fundamental causes of the problem, compliance was more likely. This was true even for those who were less satisfied with the agreement. Sometimes participants have difficulty expressing sensitive topics. One strategy mediators use to unearth issues that have not been adequately named and addressed is articulating tacit, less tangible information (Franco & Nielsen, 2018). Thought-provoking behaviors, such as challenging participants to come up with new ideas, may be useful in instances of subtle and intangible issues (Zubek et al., 1992). While it is unreasonable to expect absolute neutrality, facilitators’ candor is important. Participants are likely to notice when verbal and nonverbal communication is incongruent, which may cause them to withdraw from engaging in the process as the facilitator loses credibility (Visser, 2007).

Tool Development

Technical assistance providers may work with staff to develop new tools or adapt existing ones tailored to the organization's goals. A review of studies found technical assistance providers commonly helped sites develop and use tools, such as implementation manuals and evidence-based practice materials, to support organizational capacity building and implementation efforts (Leeman et al., 2015). When used as a service strategy to build capacity, tool development is described as—

- Supporting development of materials to promote implementation of new practices (Leeman et al., 2015)
- Customizing tools to integrate new practices into existing organizational structures (Stange et al., 2003)
- Structuring a process that involves end-users in developing evidence-based tools (Wandersman et al., 2012)

Tool development is a service strategy that is used to develop organizational processes and support specific practice changes. Developing or modifying tools such as an information management system can strengthen an organization's capacity to collect and review data (Wandersman et al., 2012). Customized tools, such as pamphlets, workbooks, or webinars, are developed to support individuals making efforts to improve their practice (Moussa et al., 2019).

Tool Development

The Capacity Building Collaborative defines tool development as collaboration with a jurisdiction to develop customized tools or products, including manuals, guides, worksheets, spreadsheets, templates, instruments, and training or reference materials that summarize, record, and/or communicate information.

Involving Users in Tool Development

High-quality tool development is research based and user informed. Wandersman et al. (2012) suggested using the Getting to Outcomes (GTO) framework as a process to develop tools. It begins with assessing the need, its purpose, and whether existing resources can be used or adapted. Users of the proposed tool are engaged to consider the outcomes of use and the most useful content and format for delivery. Research and examples of similar high-quality products determine which important attributes to incorporate. Designers and end-users work together to ensure the tool fits the context and the needs of the organization and the end-user. Capacity needs, such as skills to use the tools or resources to integrate the tool into the organization's information management system,

are identified and incorporated into a plan that guides tool development and implementation. The tool is piloted for quality assurance and evaluated to determine whether it meets the outcomes it was intended to achieve and whether its use will be continued.

User involvement promotes sustained use of tools. The GTO model features involvement of the end-user throughout the tool development process. Bowman et al. (1995) recommended the participation of end-users during development to promote buy-in and use of medical practice guidelines by practitioners (Livet et al., 2017). When practitioners can contribute their clinical experiences, the quality of medical practice guideline tools may be improved (Bowman et al., 1995). Carthey et al. (2011) reported that compliance with policies is likely to be higher when practitioners are involved during development. Plans to continue to use a tool supporting evidence-based mental health practices were most strongly associated with provider satisfaction and perceptions of its usefulness (Livet et al., 2017).

Tools tailored to context and needs can help embed and sustain practice changes. Stange et al. (2003) reported on implementation support provided to medical offices to increase rates of prevention services. After an initial assessment of baseline practice, the service provider offered a set of tools (e.g., flowcharts, informational brochures) and highlighted those that were likely to address identified gaps and fit within current office practices (e.g., build on existing prevention, suit the size of the practice). As the service provider continued to work with the medical offices, these tools were further tailored. The study reported increasing and sustaining the use of prevention services, such as health habit counseling and screening. Stange et al. (2003) hypothesized the tailored approach, which included tools customized to existing organizational structures, may have helped integrate and sustain increased prevention service delivery.

Key Tool Development Outcomes

- User satisfaction and use of tool as intended
- Tool-specific outcomes associated with organizational capacity building efforts and practice improvements
- Improved tool development skills

Tools to Support New Practice

Tools can deliver information and increase knowledge. In the medical field, practice guidelines help medical providers assimilate rapidly evolving knowledge by translating research into easily understood and usable formats (Bowman et al., 1995). Tools may be part of a multimodal strategy, enabling practitioners to engage with content in a variety of ways. This may be more effective when

tools are participatory (e.g., the learner is quizzed or asked to reflect), content is relevant, and information is in the user's preferred format (Phillipson et al., 2016).

Tools help standardize and improve practice.

Child welfare workers reported risk assessment tools helped to filter and prioritize information and increased awareness of their subjectivity. The workers also believed the tools could help standardize practice (Gillingham et al., 2017). Healthcare workers also use clinical guidelines to standardize decisions and medical care (Browman et al., 1995). Tools may also support fidelity of practice. Use of a tool that facilitates school-based mental health provider access and use of interventions was associated with improved adherence to evidence-based practices (Livet et al., 2017).

When is tool development used?

- To build organizational capacity by developing materials to facilitate organizational processes
- To develop new skills and improve staff practice
- To enhance sustainability of new practices by embedding tools into existing organizational structures

Tools may support consistent and fair decision-making. Structured decision-making instruments standardize assessment of child safety in child protection cases (Gillingham et al., 2017). Court benchcards include a series of reflection questions designed to bring biases to the surface and encourage judges to integrate parents, children, and family members into the hearing process in a respectful manner (Bohannon et al., 2011). A study of their use found benchcards improved courtroom practices, enhanced parental engagement and quality of discussions, and resulted in increased rates of reunification (Russell & Summers, 2013).

The experience of developing a tool may build skills that can be carried forward. A study of technical assistance to build evaluation capacity found staff confidence in developing data collection tools significantly increased (Beach et al., 2020). The collaborative work with a service provider to develop tools can help staff apply these skills to future organizational improvement efforts.

Summary

While strategies can vary in purpose and goals, some common features may enhance their effectiveness. Themes in the literature suggest tailoring, active participation of the recipients, a supportive environment, and opportunities to apply new information may be important components.

Needs and context determine capacity building service strategies. Coaching offers specific feedback based on individual skill performance. Consultation customizes information and proposes solutions directed toward specific organizational outcomes. The activities selected and techniques employed by a facilitator vary depending on the task at hand and patterns of interactions among participants. Tool development supports new practices by embedding new information and processes within an existing organizational structure.

Strategies may generate more useful solutions when service recipients are active participants. A deeper understanding of the organization and the development of feasible solutions depends on information exchanged between the consultant and the client. Facilitation supports group interactions that generate expanded and unique information to inform tasks. Input from users supports the utility and ongoing use of a customized tool.

A supportive environment and the chance to apply new information to practice are unique features of capacity building service strategies. The application of new skills, feedback from the coach, and opportunities to reflect on existing practices can help professionals develop their practice and build confidence. Consultation that features a positive working relationship between service provider and recipient can aid in project implementation. Facilitation that creates a supportive setting and encourages equal participation may help groups engage in better decision-making and build commitment to action.

Additional studies are necessary to for determine timing and use of strategies in capacity building. Studies suggest coaching is a support to training during later phases of implementation; however, less is known about coaching that is not associated with training. Research on the application and effectiveness of coaching in other phases of implementation would be useful. In business settings, organizational development research suggests a strong working relationship between the consultant and organization can enhance implementation, but studies set in the child welfare context, which can feature leadership turnover and resource constraints, would be a useful addition to the literature. Finally, understanding whether certain strategies may be better able to build specific capacity areas (e.g., infrastructure and organizational culture and climate) could help providers more effectively plan delivery of capacity building service.

References

- Aarons, G. A., & Palinkas, L. A. (2007). Implementation of evidence-based practice in child welfare: Service provider perspectives. *Administration and Policy in Mental Health and Mental Health Services Research*, 34(4), 411–419.
- Akin, B. A., Brook, J., Byers, K. D., & Lloyd, M. H. (2016). Worker perspectives from the front line: Implementation of evidence-based interventions in child welfare settings. *Journal of Child and Family Studies*, 25(3), 870–882.
- Allen, A., Hafer, N., & Brooks, S. (2020). Understanding the role of coaching in implementing and sustaining interventions in child welfare: A review of the literature. *Child Welfare*, 98(2), 23–34.
- Antle, B. F., Barbee, A. P., Sullivan, D. J., & Christensen, D. N. (2009). The effects of training reinforcement on training transfer in child welfare. *Child Welfare*, 88(3), 5–26.
- Baker, N., Lefebvre, A., & Sevin, C. (2017). A framework to guide practice facilitators in building capacity. *Journal of Family Medicine and Community Health*, 4(6), 1126.
- Bang, D., & Frith, C. D. (2017). Making better decisions in groups. *Royal Society Open Science*, 4(8). <https://doi.org/10.1098/rsos.170193>
- Barbee, A. P., 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.
- Barbee, A., DeSantis, J., & Richards, T. (2017). Introduction to the special issue: Building capacity in child welfare systems. Training and Development in Human Services—Journal of the National Staff Development Training Association, (9), 1–4.
- Baumeister, R. F., Ainsworth, S. E., & Vohs, K. D. (2016). Are groups more or less than the sum of their members? The moderating role of individual identification. *Behavioral and Brain Sciences*, 39, 1–16.
- Beach, L. B., Reidy, E., Marro, R., Johnson, A. K., Lindeman, P., Phillips, G., Stonehouse, P., & Greene, G. J. (2020). Application of a multisite empowerment evaluation approach to increase evaluation capacity among HIV services providers: Results from Project Pride in Chicago. *AIDS Education and Prevention*, 32(2), 137–151.
- Bohannon, T., Nevers, K., & Summers, A. (2015). *Hawaii Courts Catalyzing Change: Case File and Court Observation Pre and Post Benchcard*. National Council of Juvenile and Family Court Judges.
- Browman, G. P., Levine, M. N., Mohide, E. A., Hayward, R. S., Pritchard, K. I., Gafni, A., & Laupacis, A. (1995). The practice guidelines development cycle: A conceptual tool for practice guidelines development and implementation. *Journal of Clinical Oncology*, 13(2), 502–512.
- Carthey, J., Walker, S., Deelchand, V., Vincent, C., & Griffiths, W. H. (2011). Breaking the rules: Understanding non-compliance with policies and guidelines. *BMJ*, 343:13:d5283.
- Chamberlain, P., Brown, C. H., & Saldana, L. (2011). Observational measure of implementation progress in community based settings: The stages of implementation completion (SIC). *Implementation Science*, 6(1), 1–8.
- Chatterjee, A., Pereira, A., & Bates, R. (2018). Impact of individual perception of organizational culture on the learning transfer environment. *International Journal of Training and Development*, 22(1), 15–33.

- Coleman, P. T., Kugler, K. G., & Mazzaro, K. (2016). Getting beyond win-lose and win-win: A situated model of adaptive mediation. In K. Bollen, M. Euwema, & L. Munduate (Eds.), *Advancing workplace mediation through integration of theory and practice* (pp. 21–38). Springer International.
- Cook, J. (2013). Coaching: An expensive conversation or a return on investment? *International Journal of Evidence Based Coaching & Mentoring* (S7), 115–124.
- Curry, D., McCarragher, T., & Dellmann-Jenkins, M. (2005). Training, transfer and turnover: The relationship among transfer of learning factors and staff retention in child welfare. *Children and Youth Services Review*, 27, 931–948.
- Das, A., Connelly, M., & Johnson, B. (2021). Learning from the field: Dynamics of coaching within family and children’s services. *Human Service Organizations: Management, Leadership & Governance*, 45(1), 79–87.
- El Dine, N. A. A., & Taher, A. (2020). Knowledge transfer and management consulting: The effect of consultant and client characteristics. *Management*, 8(3), 215–231.
- Fillery-Travis, A., & Cox, E. (2014). Researching coaching. In E. Cox, T. Bachkirov, & D. A. Clutterbuc (Eds.), *The complete handbook of coaching* (pp. 445–459). Sage.
- Fluke, J. D., López, M. L., Benbenishty, R., Knorth, E. J., & Baumann, D. J. (Eds.). (2020). *Decision-making and judgment in child welfare and protection: Theory, research, and practice*. Oxford University Press.
- Franco, L. A., & Nielsen, M. F. (2018). Examining group facilitation in situ: the use of formulations in facilitation practice. *Group Decision and Negotiation*, 27(5), 735–756.
- Gill, M. J., McGivern, G., Sturdy, A., Pereira, S., Gill, D. J., & Dopson, S. (2020). Negotiating imitation: Examining the interactions of consultants and their clients to understand institutionalization as translation. *British Journal of Management*, 31(3), 470–486.
- Gillingham, P., Harnett, P., Healy, K., Lynch, D., & Tower, M. (2017). Decision making in child and family welfare: The role of tools and practice frameworks. *Children Australia*, 42(1), 49–56.
- Gunderson, L. M., Willging, C. E., Jaramillo, E. M. T., Green, A. E., Fettes, D. L., Hecht, D. B., & Aarons, G. A. (2018). The good coach: Implementation and sustainment factors that affect coaching as evidence-based intervention fidelity support. *Journal of Children’s Services*, 13(1) 1–17.
- Hicks, J., Nair, P., & Wilderom, C. P. (2009). What if we shifted the basis of consulting from knowledge to knowing? *Management Learning*, 40(3), 289–310.
- Hodge, L. M., Turner, K. M., Sanders, M. R., & Forster, M. (2017). Factors that influence evidence-based program sustainment for family support providers in child protection services in disadvantaged communities. *Child Abuse & Neglect*, 70, 134–145.
- Holton III, E. F., Bates, R. A., Bookter, A. I., & Yamkovenko, V. B. (2007). Convergent and divergent validity of the learning transfer system inventory. *Human Resource Development Quarterly*, 18(3), 385–419.
- Honey-Rosés, J., Canessa, M., Daitch, S., Gomes, B., García, J. M. B., Xavier, A., & Zapata, O. (2020). Comparing structured and unstructured facilitation approaches in consultation workshops: A field experiment. *Group Decision and Negotiation*, 29(5), 949–967.
- Horwitz, S. M., Hurlburt, M. S., Goldhaber-Fiebert, J. D., Palinkas, L. A., Rolls-Reutz, J., Zhang, J., Fisher, E., & Landsverk, J. (2014). Exploration and adoption of evidence-based practice by U.S. child welfare agencies. *Children and Youth Services Review*, 39, 147–152.

- James Bell Associates & ICF. (2020). *Building capacity in child welfare: Findings from a five-year evaluation of the Capacity Building Collaborative*. Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.
- Jang, Y., Suh, K., & Lee, J. (1997). Empirical study of management consulting success in Korea. *Asia Pacific Journal of Management*, 14(2), 165–183.
- Jones, R. J., Woods, S. A., & Guillaume, Y. R. (2016). The effectiveness of workplace coaching: A meta-analysis of learning and performance outcomes from coaching. *Journal of Occupational and Organizational Psychology*, 89(2), 249–277.
- Ko, D. G., Kirsch, L. J., & King, W. R. (2005). Antecedents of knowledge transfer from consultants to clients in enterprise system implementations. *MIS Quarterly*, 29(1), 59–85.
- Kobulsky, J. M., Goering, E. S., Lee, B. R., Gray, C., Moon, C., Bright, C. L., & Goodwin, B. (2020). Virtual coaching for child welfare workers—a tool to promote learning. *Journal of Public Child Welfare*, 14(4), 458–476.
- Kolfschoten, G. L., den Hengst-Bruggeling, M., & De Vreede, G. J. (2007). Issues in the design of facilitated collaboration processes. *Group Decision and Negotiation*, 16(4), 347–361.
- Lambert, D., Richards, T., & Merrill, T. (2016). Keys to implementation of child welfare systems change initiatives. *Journal of Public Child Welfare*, 10(2), 132–151.
- Laycock, A., Harvey, G., Percival, N., Cunningham, F., Bailie, J., Matthews, V., Copley, K., & Bailie, R. (2018). Application of the i-PARIHS framework for enhancing understanding of interactive dissemination to achieve wide-scale improvement in Indigenous primary healthcare. *Health Research Policy and Systems*, 16(1), 1–16.
- Leedham, M. (2005). The coaching scorecard: A holistic approach to evaluating the benefits of business coaching. *International Journal of Evidence Based Coaching and Mentoring*, 3(2), 30–44.
- Leeman, J., Calancie, L., Hartman, M. A., Escoffery, C. T., Herrmann, A. K., Tague, L. E., Moore, A. A., Wilson, K. M., Schreiner, M., & Samuel-Hodge, C. (2015). What strategies are used to build practitioners' capacity to implement community-based interventions and are they effective?: A systematic review. *Implementation Science*, 10(1), 1–15.
- Livet, M., Yannayon, M., Kocher, K., & McMillen, J. (2017). Intent to sustain use of a mental health innovation by school providers: What matters most? *Advances in School Mental Health Promotion*, 10(2), 127–146.
- Marsh, S. C., Summers, A., DeVault, A., & Guillermo Villalobos, J. (2016). Lessons learned from developing a trauma consultation protocol for juvenile and family courts. *Juvenile and Family Court Journal*, 67(3), 5–22.
- Melz, H. M., Fromknecht, A. E., Masters, L. D., Richards, T., & Sun, J. (under review). Incorporating multiple data sources to assess changes in organizational capacity in child welfare systems. *Evaluation and Program Planning*.
- Metz, A., Albers, B., Burke, K., Bartley, L., Louison, L., Ward, C., & Farley, A. (2021). Implementation practice in human service systems: Understanding the principles and competencies of professionals who support implementation. *Human Service Organizations: Management, Leadership & Governance*, 45(3), 238–259.
- Moussa, L., Garcia-Cardenas, V., & Benrimoj, S. I. (2019). Change facilitation strategies used in the implementation of innovations in healthcare practice: A systematic review. *Journal of Change Management*, 19(4), 283–301.

- Nadeem, E., Gleacher, A., & Beidas, R. S. (2013). Consultation as an implementation strategy for evidence-based practices across multiple contexts: Unpacking the black box. *Administration and Policy in Mental Health and Mental Health Services Research*, 40(6), 439–450.
- Osseo-Asare, A., Balasuriya, L., Huot, S. J., Keene, D., Berg, D., Nunez-Smith, M., Genao, I., Latimore, D., & Boatright, D. (2018). Minority resident physicians' views on the role of race/ethnicity in their training experiences in the workplace. *JAMA Network Open*, 1(5), e182723–e182723.
- Papamichail, K. N., Alves, G., French, S., Yang, J. B., & Snowdon, R. (2007). Facilitation practices in decision workshops. *Journal of the Operational Research Society*, 58(5), 614–632.
- Phillipson, L., Goodenough, B., Reis, S., & Fleming, R. (2016). Applying knowledge translation concepts and strategies in dementia care education for health professionals: Recommendations from a narrative literature review. *Journal of Continuing Education in the Health Professions*, 36(1), 74–81.
- Pruitt, D. G., Peirce, R. S., McGillicuddy, N. B., Welton, G. L., & Castrianno, L. M. (1993). Long-term success in mediation. *Law and Human Behavior*, 17(3), 313–330.
- Richards, T., DeWolfe, J., Sun, J., & Barbee, A. (2021). Child welfare practice improvement efforts: A descriptive study of capacity building services received by courts, states, and tribes. *Families in Society*, 102(4), 468–484.
- Russell, J., & Summers, A. (2013). Reflective decision-making and foster care placements. *Psychology, Public Policy, and Law*, 19(2), 127.
- Scholten, L., Van Knippenberg, D., Nijstad, B. A., & De Dreu, C. K. (2007). Motivated information processing and group decision-making: Effects of process accountability on information processing and decision quality. *Journal of Experimental Social Psychology*, 43(4), 539–552.
- Sherriff, S. L., Miller, H., Tong, A., Williamson, A., Muthayya, S., Redman, S., Bailey, S., Eades, S., & Haynes, A. (2019). Building trust and sharing power for co-creation in Aboriginal health research: A stakeholder interview study. *Evidence & Policy: A Journal of Research, Debate and Practice*, 15(3), 371–392.
- Sio, U. N., Kotovsky, K., & Cagan, J. (2017). The facilitating role of task alternation on group idea generation. *Journal of Applied Research in Memory and Cognition*, 6(4), 486–495.
- Soule, D., & Edmondson, A. (2002). Situated knowledge and learning in dispersed teams. *British Journal of Management*, 13(S2), S17–S34.
- Stange, K. C., Goodwin, M. A., Zyzanski, S. J., & Dietrich, A. J. (2003). Sustainability of a practice-individualized preventive service delivery intervention. *American Journal of Preventive Medicine*, 25(4), 296–300.
- Stewart, L. J., Palmer, S., Wilkin, H., & Kerrin, M. (2008). The influence of character: Does personality impact coaching success? *International Journal of Evidence Based Coaching and Mentoring*, 6(1), 32–42.
- Tavella, E., & Papadopoulos, T. (2015). Expert and novice facilitated modelling: A case of a Viable System Model workshop in a local food network. *Journal of the Operational Research Society*, 66(2), 247–264.
- Visser, M. (2007). System dynamics and group facilitation: Contributions from communication theory. *System Dynamics Review*, 23(4), 453–463.
- Walker, J. S., & Baird, C. (2019). Using “remote” training and coaching to increase providers' skills for working effectively with older youth and young adults with serious mental health conditions. *Children and Youth Services Review*, 100, 119–128.

- Wandersman, A., Chien, V. H., & Katz, J. (2012). Toward an evidence-based system for innovation support for implementing innovations with quality: Tools, training, technical assistance, and quality assurance/quality improvement. *American Journal of Community Psychology*, 50(3–4), 445–459.
- Yazejian, N., Metz, A., Morgan, J., Louison, L., Bartley, L., Fleming, W. O., Haidar, L., & Schroeder, J. (2019). Co-creative technical assistance: Essential functions and interim outcomes. *Evidence & Policy: A Journal of Research, Debate and Practice*, 15(3), 339–352.
- Zhang, Z., Warren, C. M., Lei, Y., Xing, Q., & Li, H. (2018). Commentary: Are groups more or less than the sum of their members? The moderating role of individual identification. *Frontiers in Psychology*, 9, 999.
- Zubek, J. M., Pruitt, D. G., Peirce, R. S., McGillicuddy, N. B., & Syna, H. (1992). Disputant and mediator behaviors affecting short-term success in mediation. *Journal of Conflict Resolution*, 36(3), 546–572.

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