

# Collaboration Among T/TA Providers

## Supporting Change in Child Welfare

An Evaluation of Training and Technical Assistance



### EVALUATION BRIEF 2

When the Children’s Bureau considered how best to deliver T/TA to child welfare agencies in States, Tribes, and territories, it expected providers to work together to blend specific topical expertise with implementation knowledge. The 2015 report *Supporting Change in Child Welfare: An Evaluation of Training and Technical Assistance* examines the interactions, information sharing, and level of internal collaboration among the 15 providers (also referred to as centers) funded by the Children’s Bureau (see sidebar). It describes the quality of coordinated services provided by the 15 providers from the perspective of the recipients.

Evaluators used multiple methods to assess collaboration among providers. They collected data from providers, recipients, and other key stakeholders to triangulate the data and produce a comprehensive picture of the collaboration that occurred. This brief provides a sample of the findings generated from each of these data sources. It also highlights the key strategies and advantages of the various methods used by evaluators to assess collaboration.

### Children’s Bureau T/TA System and Evaluation

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

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

#### Evaluators examined several key aspects of collaboration, including:

- Communication
- Coordination
- Information sharing
- Competition
- Shared vision and purpose

### Data Source: Web Surveys of IC and NRC Directors

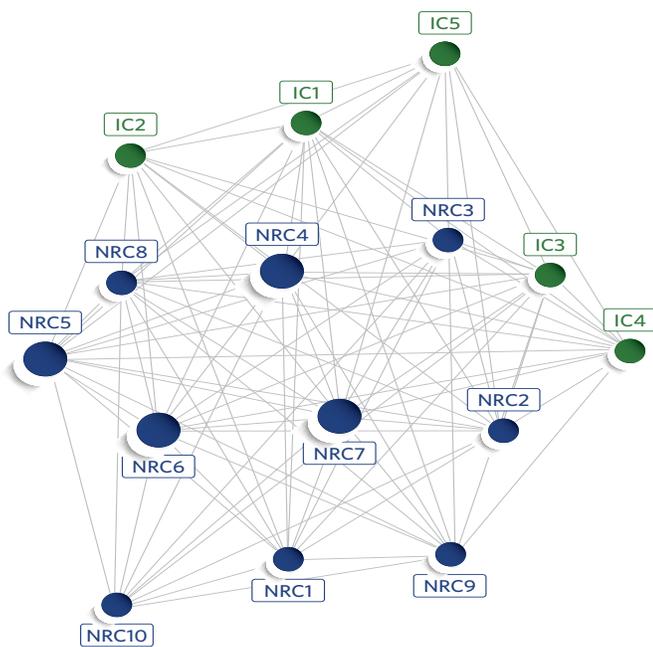
The surveys gathered information on provider perceptions regarding the nature and quality of the relationships and interactions among the centers, their level of collaboration, and the degree to which they transferred knowledge and information. The evaluation team administered a baseline survey in 2010 and a followup survey in 2012. Each provider completed only one survey at each timepoint to give centers equal weight in the analysis. The response rate for providers across both administrations was 100 percent.

### Key Findings

**Interaction Patterns Among T/TA Providers.** Based upon responses to questions about how often providers interacted with each other, a social network analysis was conducted to better understand and visualize provider interactions. Results revealed that some centers had greater levels of interaction than others (see Figure 1). The ICs and NRCs formed two separate clusters, with the IC cluster located on the periphery of the social network map, representing a group of providers that tended to work independently rather than as part of an integrated, collaborative network.



**Figure 1. Social Network Map of ICs and NRCs**



**Coordinating to Avoid Duplication/Performing Integrated and Complementary Activities.** Overall, provider perceptions of service coordination and the integration of complementary activities decreased from 2010 to 2012. In 2010, respondents on average expressed that anywhere from some to most centers worked together in a coordinated manner to avoid duplication of efforts, whereas in 2012, respondents tended to view only some centers as working together in a coordinated manner. Similarly, the proportion of providers perceived by center directors as performing integrated and complementary activities changed from some to most centers in 2010 to only a few to some centers in 2012.

**Facilitators to Collaboration.** The survey included an open-ended question soliciting suggestions about how the Children’s Bureau could better support collaboration among providers. Center directors recommended holding network meetings for providers to interact and engage with one another and identifying issues for centers to address collaboratively through the establishment of smaller workgroups.

**Barriers to Collaboration.** Although respondents viewed challenges to collaboration as affecting only a few to some centers, IC and NRC directors perceived that barriers to collaboration increased from 2010 to 2012, particularly in the areas of: responsibility for topical areas, proprietary issues, and competition among centers.

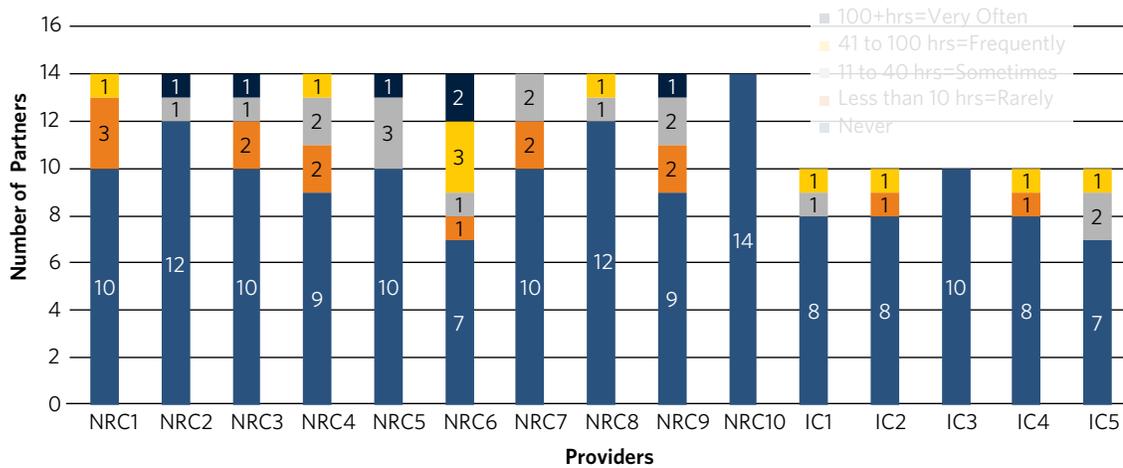
**Data Source: Web-based T/TA Tracking System**

Providers used a centralized, web-based system to track information on the amount, types, and characteristics of services provided to jurisdictions from October 2010 through December 2013. The system captured information on the hours of direct contact jurisdictions received, including the hours of collaborative T/TA provided by centers and the number of other centers with whom providers worked.

**Key Findings**

**Level of Collaboration.** The tracking system captured the amount of time centers spent delivering services jointly. Data showed that although centers were collaborating, this collaboration was not widespread or lengthy as seen in Figure 2. For example, each NRC could have provided collaborative

**Figure 2. Distribution of Partners by Hours of Collaborative T/TA in 2012**



services with up to 14 other centers. In 2012, three NRCs provided collaborative services with five to seven other centers, while the remaining seven NRCs provided joint T/TA with four or fewer centers. NRCs typically worked collaboratively in pairs with their established partners; 16% of all NRC collaborative pairs provided more than 1 week of joint T/TA. Each IC had the potential to work collaboratively with up to 10 NRCs. Of the five ICs, one provided collaborative services with three NRCs, three ICs provided joint T/TA with two NRCs, and one IC did not work with any of the NRCs.

**Level of Collaboration over Time.** The number of collaborative hours across all providers decreased from FY 2011 through FY 2013. Providers delivered 1,379 hours of joint services in 2011; 1,022 hours in 2012; and 829 hours in 2013.

**Data Source: Interviews with IC and NRC Directors and Federal Staff**

Evaluators interviewed IC and NRC directors and Children’s Bureau staff annually. Qualitative data were captured on various themes, including collaboration among providers. Interview questions focused on reasons for successful collaboration, barriers to collaboration, the culture of support and information sharing among providers, and reasons for stronger collaborative partnerships.

**Key Findings**

**Facilitators to Collaboration.** Respondents identified supportive infrastructure and systems, such as the web-based tracking system, in-person meetings, and work groups as facilitators to collaboration. Other helpful strategies included having frequent contact with other providers, sharing agendas and objectives, and discussing areas of concern before meeting with jurisdictions.

**Barriers to Collaboration.** Barriers identified included competition among providers, lack of understanding of other centers’ roles, lack of specificity around other centers’ work because work plans were not shared, and differences in focus between ICs and NRCs.

**Reasons for Stronger Partnerships.** Centers with similar content areas, prior working histories, and personal relationships reported having stronger collaboration.

## Data Source: Telephone Surveys with Child Welfare Directors From States, Tribes, and Territories

Every 18 months, evaluators interviewed child welfare directors regarding their jurisdictions' experiences with services and their perceptions of the impact of T/TA on achieving intended changes. The interviews included questions about coordinated services when multiple providers worked together in a jurisdiction.

### Key Finding

**Quality of Collaborative T/TA.** Overall, child welfare directors had positive perceptions of the quality of coordinated services. The majority of child welfare directors indicated that when multiple providers were involved, T/TA was logically sequenced, delivered by providers who were knowledgeable of each other's efforts, and well coordinated. Furthermore, ratings on the quality of collaborative services increased over time.

### Key Strategies and Considerations for Evaluating Collaboration

- **Use multiple data sources to increase validity and reliability.** Using data gathered from multiple perspectives enhanced the evaluation team's ability to understand collaboration among providers, allowed the verification of results, and expounded upon themes. For example, data from the tracking system showed decreasing trends in the overall delivery of collaborative services to jurisdictions over time. This finding was supported by results from the web surveys of IC and NRC directors, which showed that center staff perceived the same declines.
- **Use mixed methods to support meaningful conclusions, considering multiple perspectives and context.** In addition to collecting quantitative data, the evaluation team further explored data trends using qualitative discussions and interviews. This mixed-methods approach provided a more comprehensive picture of collaboration and its challenges and enhanced the team's ability to interpret and expand upon

findings. Interviews with IC and NRC directors and Federal staff provided unique perspectives on how each experienced and perceived center collaboration, including the benefits of collaboration, the need and supports for collaboration, and barriers and facilitators to collaboration. Data collected from multiple stakeholders helped highlight areas in which perceptions were aligned and prompted further exploration when respondent perceptions conflicted. For instance, while data from the tracking system and web surveys of IC and NRC directors showed that center coordination tended to decrease over time, child welfare directors continued to perceive that services provided jointly by centers were well coordinated, with satisfaction increasing over time.

- **Obtain input on findings from stakeholders.** Discussions with Federal and center staff elicited multiple perspectives and interpretations of the data and provided the contextual insights needed to accurately present findings. For instance, discussions with center directors and evaluators regarding the web surveys of IC and NRC directors resulted in a better understanding of how to interpret the social network map (e.g., newer centers tended to be positioned on the network periphery because they were focused on startup activities and had not yet been fully integrated into the network). A discussion of findings with Federal staff also provided clarification on expectations for collaboration.

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

