

Issue Brief

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Engaging Training and Technical Assistance Recipients: Lessons from the Field

Key Findings

- / Training and technical assistance is most engaging when it is grounded in clear expectations and common understanding, designed around the needs of the recipients, developed using ongoing recipient input, accessible for recipients, delivered by providers equipped to meet recipients' needs, and framed as a partnership between the provider and recipient.
- / Designers and providers assess recipients' engagement in training and technical assistance through various means, including attendance, active participation, progress made between technical assistance check-ins, and satisfaction survey data and response rates.
- / Training and technical assistance designers and providers can use several strategies to incorporate recipients' input and integrate the elements that make training and technical assistance more engaging: using written training and technical assistance requests, assessing recipients' needs and assets, developing individual training and technical assistance plans, offering training and technical assistance menus, fielding feedback surveys or pulse checks, and designing recurring training and technical assistance activities.

Many types of organizations—such as government and philanthropic agencies and private and nonprofit entities—invest in training and technical assistance (TA) to plan for change and develop innovative solutions to new and old problems. Training and TA commonly means the transfer or exchange of knowledge, expertise, and skills between people, organizations, and communities. It can include leadership coaching or facilitation to help organizations and communities apply their own knowledge and build their internal capacities.

This brief builds on the earlier [Models of Coordination and Technical Assistance to Achieve Outcomes in Communities project](#), which sought to document existing knowledge and develop a learning agenda for training and TA. The [learning agenda](#) included research activities that could inform the design, focus, and effectiveness of training and TA.

A key research question emerged from this project: how can TA designers and providers incorporate recipients' input into the design of training and TA to encourage engagement?¹ In this brief, we describe our findings from interviews with 12 respondents who have experience designing, providing, and receiving training and TA from past and current federal and philanthropic efforts. These groups are not mutually exclusive (for example, at least two respondents had experience both providing and receiving training and TA during their careers). Because of the small sample, and because some respondents could speak from multiple perspectives, we cannot present findings according to the number of respondents that reported a certain belief or experience. For more information on the data collection and other methods for this project, see the appendix.

¹ We use *provider* to refer to organizations that provide training and TA and *recipient* for organizations that receive training and TA. We use *designers* to refer to federal and philanthropic funders and developers of the training and TA. These groups are not mutually exclusive. We refer to the individuals and families served by human and social services programs as *participants*.

We began this project with a theory that creating opportunities for recipients to provide input on the training and TA they receive will lead to higher levels of engagement. Our interviews with training and TA recipients, providers, and designers indicated that although input from recipients plays a significant role, several other factors are critical when working with recipients to design engaging training and TA (see Exhibit 1).

We first present the elements necessary for creating engaging training and TA and then discuss how designers and providers might measure recipients' engagement. Finally, we present concrete strategies for providers to make their training and TA engaging, emphasizing how to work with recipients to gather and incorporate their input on the training and TA they will receive. Throughout, we note opportunities and potential pitfalls for delivering training and TA equitably (that is, in a way that recognizes each recipient's circumstances and needs as well as any systemic disadvantages they face).

This brief is based only on the information collected for this project, which included the following initiatives:

- / Domestic Violence and Housing Technical Assistance Consortium (DVHTAC), funded by the U.S. Departments of Health and Human Services (HHS), Housing and Urban Development, and Justice
- / Spreading Community Accelerators Through Learning and Evaluation (SCALE), funded by the Robert Wood Johnson Foundation
- / National Center on Substance Abuse and Child Welfare's In-Depth Technical Assistance Program (IDTA), funded by the Substance Abuse and Mental Health Services Administration and the Administration for Children and Families (ACF), both within HHS
- / Health Profession Opportunity Grants (HPOG), funded by ACF's Office of Family Assistance
- / Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), administered by HHS's Health Resources and Services Administration in partnership with ACF

Exhibit 1. Elements that make training and TA engaging



What elements make training and TA engaging?

To better understand the relationship between recipients' input and engagement in training and TA, the study team asked respondents to reflect on what makes training and TA engaging. Opinions varied across initiatives and respondents, but a few key themes emerged. Training and TA might be most engaging when it meets the following criteria:

1. Grounded in clear expectations and common understanding. Training and TA providers and designers first need to help recipients or potential recipients understand what training and TA is and whether and how it can address the challenges they face. Providers and designers can communicate the goals of their training and TA and describe example activities when advertising the opportunity or speaking with new or potential recipients about their needs.

It would have been helpful to hear [from providers]: here's what technical assistance is, here's what we *can* do, and here's what we *don't* do, so we all could set boundaries, parameters, and expectations.

—Training and TA recipient

2. Designed around the needs of the training and TA recipients and the communities they serve. One designer advised that all parties involved—recipients, providers, and designers—should begin training and TA by identifying the needs of program participants (that is, the individuals and families who experience the systems or programs the parties would like to change or strengthen). A provider stressed that providers should consider recipients' and communities' needs before considering funders' priorities in training and TA design.

3. Developed using ongoing recipient input. Interview findings support our theory that opportunities for input lead to increased engagement in training and TA. When recipients drive the development of training and TA, they seem more likely to actively engage in it. Opportunities for input, however, can vary in depth and intensity. They can include a one-time feedback survey on a webinar, a series of meetings, or even co-creation of a total training and TA effort. If providers and designers want to co-create training and TA with their recipients, they can invite training and TA recipients into their design process so recipients can help determine the content from the beginning (see Box 1).

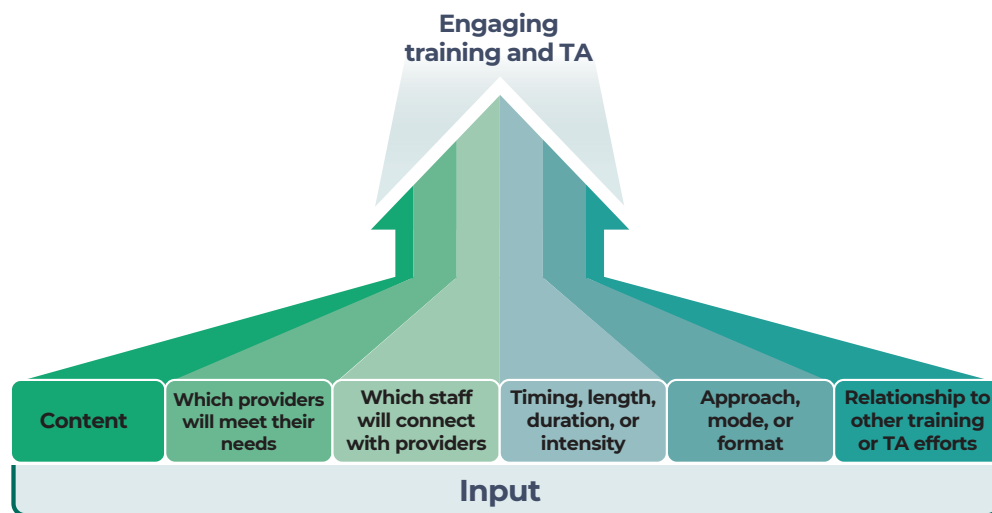
Box 1. What is co-creation?

Co-creation is the process of “enlisting users to help you modify, enhance, or choose among a portfolio of concept, rather than waiting until a concept is fully developed to present it to them.”

— From *Design Thinking for the Greater Good: Innovation in the Social Sector*, by Daisy Azer, Jeanne Liedtka, and Randy Salzman

If the conditions surrounding the training and TA make it difficult or impossible to co-create with recipients (for example, if the timeline is too constrained), recipients can still help shape the training and TA they receive and potentially make it more engaging (see Exhibit 2). To promote equitable opportunities for input, providers and designers should consider whether their intended recipients represent different racial or ethnic backgrounds, lived experiences, abilities, and languages; whether the recipients come from different regions or localities; and, within recipient organizations, whether the people providing input represent a mix of levels of staff or departments, among other factors. If only a select few people provide input, the training and TA might engage only those who provide feedback and leave others behind.

Exhibit 2. Aspects of training and TA that recipients can provide input on



4. Accessible for training and TA recipients. For recipients to engage in training and TA, they first need access to training and TA. Respondents of all types reflected on ways training and TA access can be inequitable, such as who hears about training and TA; who applies or reaches out about it; which organizations, regions, or localities are selected to receive training and TA; which staff within an organization connect with providers and inform training and TA; and, once enrolled, which recipients can actively participate.² Designers can take steps to improve the likelihood that their training and TA will engage potential recipients and their communities equitably by reflecting on access, implementation, and development of their training and TA efforts on an ongoing basis. Providers can encourage recipient organizations to consider whether their deeply engaged team represents all staff—in terms of levels of experience, demographics, lived experiences, or other characteristics. To increase engagement levels, providers can also try to meet recipients' needs and preferences about how they access training and TA. This includes format or mode of delivery, whether it is in person or virtual, whether it uses language recipients are comfortable with, whether it accommodates recipients with disabilities, and whether recipients have adequate capacity and time to participate.

5. Delivered by training and TA providers best equipped to meet recipients' needs. Respondents identified several important attributes for training and TA providers. A recipient stressed the importance of subject matter expertise; a provider described leadership coaching; and a designer discussed facilitation skills, lived experience, and demographics. Ideally, a provider would be a subject matter expert, a skilled facilitator, and a leadership coach and would share lived experience or demographics with the participants the recipient serves. The attributes respondents perceive as most important can differ by the need the training or TA aims to address or the recipients' preferences. Providers also play a role in identifying whether they are the right fit for a training and TA effort when they learn more about a recipient or group of recipients' needs. One recipient explained that when their first provider could not meet their needs, they requested a new provider with expertise in a particular field or experience working with tribal communities. The recipient matched with a new provider who was a subject matter expert but was forthcoming about their lack of experience working with tribal communities. The provider's humility and flexible approach proved to be a turning point that led to better engagement among the recipients and the tribal communities with which they were working.

² For more information on access to training and TA, see [Developing Equitable Training and Technical Assistance](#).

6. Framed as a partnership between the provider and recipient. Respondents of all types emphasized the importance of humility, flexibility, and respect in providers' approach to training and TA, recipients, and their communities. Training and TA recipients likely know best about their region and the systems they navigate, and they might be more candid about their needs and challenges if the relationship with their provider is built on trust and mutual respect. Although a provider might be an expert in a particular field, both parties can learn from each other. Recipients can provide input on the training and TA they receive (including what has been helpful and what has not been helpful so far), advise funders on future training and TA or policy changes, share their knowledge and expertise through learning communities of their peers, and present their experiences in webinars and conferences to inform their field.

In the end, you will not be successful if you've stayed in the role of the subject matter expert telling them what to do.

—*Training and TA provider*

How can providers or designers determine whether they are delivering engaging training and TA?

Conversations with training and TA providers and designers revealed mostly informal attempts to measure how well their training and TA engages recipients. Providers and designers often consider the following factors:

Attendance. Most providers and designers cited attendance as their primary method of measuring engagement. They record and monitor attendance at roundtables, webinars, regular coaching calls, work groups, and other sessions. When members of

recipient organizations do not attend training or TA, especially repeatedly, it might indicate capacity challenges or a lack of buy-in. Attendance at voluntary training and TA opportunities might offer a more effective measure of engagement because recipients are choosing to attend.

Active participation. Providers can gauge whether recipients are engaged in training and TA in person by whether the recipients travel to attend; prepare for meetings or presentations; and contribute to discussions with their providers, colleagues, and peers. It can be more challenging to monitor engagement with remote training and TA, but providers can observe verbal participation or use chat or polling features. A network analysis can reveal who engages with whom and the frequency of those interactions (see Box 2).

Progress made between training and TA check-ins. Coaching or consultation check-ins with a recipient can offer an informal measure of engagement. Providers might consider whether recipients have a process for following through on the activities discussed during these calls or contacts. They might discuss whether recipients connected with the colleagues, local partners, program participants, or other stakeholders they planned to since the last check-in. Finally, providers might consider whether recipients drive the agenda for their check-in meetings.

Surveys. Surveys administered midway through a training and TA effort, at the end of the effort, or after an activity can shed light on engagement through response rates and answers to satisfaction questions, even if engagement is not the focus of the survey.

Box 2. SCALE providers analyzed networks to measure engagement

SCALE's aim was to build the readiness and capability of community coalitions to improve health, well-being, and equity in the United States. Community coalitions received training and TA that included intensive three-day, in-person training sessions, monthly webinars, peer-to-peer learning, a shared virtual platform for communication, and coaching. SCALE's training and TA providers measured participation in these activities through a network analysis that revealed which recipients were participating in peer learning opportunities, including who was learning from whom. This process enabled the provider to identify which recipients were most engaged. They discovered that coalitions from communities that lacked certain resources (for example, staff, time, and funding) engaged the least in their activities. Providers speculated that these less-engaged recipients did not have as much capacity for TA after balancing other job responsibilities and SCALE reporting requirements. The providers worked with those coalitions to develop ways for them to more actively engage, including by prioritizing important reporting requirements and reducing the number of them.

For more information on the SCALE initiative, see the evaluation of the [Spreading Community Accelerators through Learning and Evaluation initiative](#).



How can providers or designers amplify recipients' voices and integrate them into their training and TA?

Training and TA can be diverse in aim and structure. Some training and TA activities occur in one day, and others span years. Some include a few key stakeholders, and others attempt to engage entire systems within a community or region. Providers and designers can consider this list of strategies (and their strengths, challenges, and considerations) to select one or more approaches that suit the context and timeline under which they deliver training and TA. Using more than one strategy can create opportunities for more or different recipients to express their needs and preferences, which can improve the likelihood that providers deliver training and TA that meets the recipients' needs and engages them. Each strategy considers the elements of engaging training and TA we previously defined, including the process for identifying recipients' needs and amplifying recipients' voices through incorporating their input, accessibility, provider match, and partnerships, when applicable.


Recipient-initiated formal training and TA

requests. Recipients might initiate a specific training and TA opportunity (for example, DVHTAC's call-and-response model through its online request system) or submit requests as part of their regular reporting to a funder (see Box 3).³


/ Strengths

-  Recipients identify their own needs.
-  The process enables designers and providers to recognize the training and TA needs of multiple recipients.

/ Challenges

-  Quality and clarity of input might depend on the capacity and writing experience of the recipient and their ability to recognize and identify their needs. This strategy could present equity implications for recipients less experienced with this type of writing.

/ Considerations

-  This approach might work best when followed by a collaborative training and TA planning process to ensure the request matches the need (and TA provider capacity and scope) and to strategize how TA can meet the need.

³ DVHTAC TA recipients can submit TA requests via [this online request form](#).

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Box 3. HPOG leverages regular reporting for TA requests

One way HPOG designers and providers identify training and TA needs is by asking grantees to describe their training and TA needs in their semiannual progress reports. The designers follow up with grantees to co-create a training and TA plan that addresses grantees' needs. To ensure all grantees have the same opportunity to access training and TA, the designers also follow up with grantees that do not specify current needs or have trouble identifying or communicating their needs in writing.
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Assessments of recipients' needs and assets.

Providers and designers can use individual or group assessments before or during a training and TA engagement to better understand the needs and assets of existing or potential recipients (see Box 4). This process can be informal (for example, conversations with recipients or program participants) or formal (for example, analysis of organizational data or use of structured needs assessment tools such as driver diagrams).^{4,5}

/ Strengths

- ✚ These tools can help providers and designers understand recipients' needs or assets before determining a training and TA approach. When used appropriately, the tools can focus the training and TA on recipients' needs and assets rather than a preconceived notion of what recipients might need.
- ✚ Providers and designers can use assessments to help kick off training and TA or repeat them over time to see how needs and assets change and whether providers should adjust the training and TA approach.

/ Challenges

- ✚ Recipients might perceive a structured assessment as a test or worry it will take a long time. One respondent who worked directly with tribal communities said that, in some settings, an informal assessment through dialogue might be a better way to uncover recipients' needs.

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Box 4. DVHTAC assessed needs before launch

DVHTAC TA providers first assessed domestic violence and homelessness service providers' needs around the intersection of domestic violence and homelessness. The providers shared the results of the needs assessment at a conference and presented the new training and TA consortium as a vehicle for addressing some of the identified needs.
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Individual TA plans. Training and TA recipients, providers, and designers can develop training and TA plans soon after the recipient submits a TA request or joins an initiative that includes training and TA. An individual training and TA plan includes the identified needs; a proposal for how to address them; a list of key stakeholders and context; and the content, format, and timeline of the activities.

/ Strengths

- ✚ Recipients provide input from the beginning on the training and TA they will receive and discuss with designers and providers how training and TA can (or cannot) help address one or more identified needs (see Box 5).
- ✚ Providers can suggest the types of staff to include, but recipients drive who is ultimately involved.

⁴ A driver diagram is a visual representation of a program or project team's theory of what contributes to the achievement of a project objective or goal. For more information and examples, see this [page](#) on the Institute for Healthcare Improvement's website.

⁵ For more information on how designers and providers assess the needs of training and TA recipients, see [How to Assess and Address Technical Assistance Needs: Insights from the Literature and Practice](#) from the [Models of Coordination and Technical Assistance to Achieve Outcomes in Communities](#) project.

🔗 The process of creating a TA plan can serve as a trial run for a proposed TA provider and reveal whether it is a good fit for the recipient’s needs.

/ Challenges

⚙️ Designers that finance the initiative might be heavily involved at this early stage and might have preconceived notions about the structure of the training and TA or the recipient’s needs. This could affect the recipient’s willingness to be candid about their needs and any gaps in the proposed plan.

/ Considerations

💡 Revisiting the plan over time helps ensure it addresses all needs, including those that emerge after the plan’s initial development.

Box 5. Potential HPOG providers meet with recipients to plan for training and TA

For individual training and TA opportunities for HPOG, potential providers first review a summary of the recipient, their training and TA needs, and their interests. If the provider decides it is a good fit, it attends a call with the designer and the recipient to uncover more about the recipient’s needs and capabilities. This call will sometimes lead to changes in the proposed training and TA plan. After this meeting, the provider is formally contracted and continues working with the recipient to develop and carry out the plan.

Training and TA menus. Training and TA menus enable recipients to choose from among a set of providers’ scheduled training and TA opportunities.

/ Strengths

- 🔗 Recipients can select which training and TA opportunities best fit their content needs and share the options with a broad group within their organizations.
- 🔗 Recipients can provide feedback on the proposed timing of the opportunity, any conflicts with ongoing or related activities, and which mode or format might be most accessible for them (see Box 6). One recipient explained that they paid

close attention to the timing of training and TA opportunities offered in the provider’s menu and reminded their TA providers of grant reporting deadlines that might conflict and make them less likely to engage.

/ Challenges

⚙️ It can be difficult to present a menu of options that meets a large or diverse group’s needs, and a menu that is accessible to some but not others could impact equity. Providers that solicit feedback from recipients on training and TA menus (such as the MIECHV work group in Box 6) should consider the representativeness of the recipients who provide input to the broader group.

/ Considerations

💡 A training and TA menu approach might work best when recipients can request other training and TA when the menu does not meet their needs.

Box 6. MIECHV’s work group of recipients reviews a training and TA menu

The MIECHV training and TA providers compile a training and TA menu for the coming year using data from performance reports, site visits, Health Resources and Services Administration priorities, and regular interactions with grantees. They are trying a new approach in which a work group of volunteer MIECHV recipients provides feedback on their training and TA, including reviewing the menu to weigh in on the highest priorities and which mode, format, and timing they believe will be most accessible to the full group of recipients. The providers plan to rotate new members into the work group annually to have some returning members for continuity while providing the opportunity to new awardees each year.

Feedback surveys or pulse checks. Designers and providers can use feedback surveys or pulse checks (that is, three- to six-item surveys conducted monthly, quarterly, or biannually with the same respondents) to inform the training and TA approach, identify emerging needs, change approach mid-engagement, or plan and improve for the next training and TA effort.⁶

⁶ For more information on pulse checks, see [How to Create a Pulse Survey for Any Audience](#).

/ Strengths

- 🔗 Surveys and pulse checks are quick and convenient to administer.

If respondents prefer it, responses are easy to anonymize.

/ Challenges

- 🔗 It can be difficult to capture nuanced information through surveys or pulse checks.

/ Considerations

- 💡 Providers can field surveys and pulse checks to a large number of people, including people who might not regularly engage with TA providers.
- 💡 Engaging beyond the group that regularly connects with providers could result in a more equitable approach to training and TA, particularly if regulars do not represent all aspects of lived experience, demographics within their organization, and characteristics of program participants (see Box 7).

Box 7. SCALE used monthly pulse checks

SCALE providers fielded a monthly pulse check to recipients. This pulse check engaged a broader group of people than the recipients who regularly met with providers. The pulse check was most helpful in identifying recipients with new or significant challenges, issues, or problems that required more support.

Recurring training and TA activities (convenings, coaching calls, or roundtables). Each contact with a training and TA recipient is an opportunity to gather input on training and TA and consider updates or additions to a training and TA plan, offerings, or strategy.

/ Strengths

- 🔗 Recipients might be more willing to reveal their needs after providers establish trust through repeated connections.

- 🔗 Ongoing training and TA activities enable providers and recipients to check in about other TA efforts and which upcoming training and TA activities could complement priorities and commitments without adding a burden for recipients (see Box 8). When recipients have limited capacity for additional activities, these regular contacts allow providers to gather input efficiently.

/ Challenges

- 🔗 Providers must document and follow up on needs that emerge through existing training and TA activities.
- 🔗 At the state level, recipients are likely to be involved with multiple training or TA initiatives. This is an opportunity for recipients to address multiple needs at once but might present a challenge regarding capacity, duplication, or conflict between efforts.

/ Considerations

- 💡 Informal, unstructured input opportunities might not be enough to uncover recipients' needs and how to best engage them. If providers use this strategy alone, they might only hear from those recipients they connect with regularly and only those who are comfortable and prepared to provide input in real time. Pairing this strategy with some of the more structured input opportunities previously discussed can elevate more recipient voices and help providers develop a deeper understanding of their recipients' needs and preferences.

Box 8. IDTA provider coordinates with other TA efforts

The IDTA provider asks recipients during ongoing coaching calls how they can better coordinate recipients' multiple training and TA efforts. Sometimes the IDTA provider collaborates with other providers working with the recipient. Some states also have one staff member engage in ongoing training and TA activities for multiple initiatives. Both strategies help identify potential duplication or conflict of content and promote integration.

Appendix: Study Methods

Selecting initiatives and respondents

In February 2021, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) and Mathematica selected five initiatives for this Working with Recipients to Develop Training and Technical Assistance That Is Engaging project. ASPE and Mathematica selected these initiatives because they involved a range of opportunities for recipients of training and technical assistance (TA) to provide input on the training and TA they receive. Four of these initiatives were also included in the Models of Coordination and Technical Assistance to Achieve Outcomes in Communities project.

For each selected initiative, ASPE and Mathematica identified several respondents for interviews by seeking recommendations from federal and non-federal staff familiar with the initiative and respondents who had already been interviewed for the Models of Coordination project. ASPE and Mathematica selected some respondents from that project to be re-interviewed. They selected respondents to ensure a mix of training and TA recipients, providers, and designers. Of the 12 respondents interviewed, 5 were primarily identified as designers, 3 were primarily providers, and 4 were primarily recipients, although these groups are not mutually exclusive. Because of the small sample and overlap between respondent types, we cannot present findings according to the number of respondents that reported a certain belief or experience. Instead, we presented specific examples or quotes from recipients, providers, and designers while taking care not to generalize their experience to all others in that role or identify the respondent.

The number and type of respondents interviewed from each initiative varied depending on the number of personnel in the initiative and their responsiveness to email requests.

Mathematica interviewed respondents from California, the District of Columbia, Massachusetts, Minnesota, New Jersey, and New York.

Because ASPE and Mathematica purposely selected the initiatives and respondents, respondents' experiences are not necessarily applicable to all training and TA initiatives. We can, however, draw lessons from respondents' range of experiences and identify strategies and practices that policymakers and practitioners can employ to design and deliver training and TA that is engaging, equitably distributed, and suited to meet recipients' needs.

Data collection methods

ASPE and Mathematica co-developed two semi-structured protocols to guide respondent interviews: one for use with training and TA recipients and the other for designers and providers. ASPE and Mathematica also co-developed a pre-assessment questionnaire to obtain background information on each initiative.

Mathematica staff virtually interviewed respondents from March to April 2021. Interviews lasted about 60 minutes and took place with a single respondent or a small group. In several cases, respondents followed up after their interviews to expand on comments or share related documents for the study team to review.

Data analysis methods

Mathematica cleaned interview notes and used NVivo to code them for the themes of interest. The authors used these coded data to develop insights and reach conclusions that could be applied widely to create training and TA that is engaging, designed and delivered equitably, and able to meet recipients' needs.