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## Perspectives of Program Participants on Virtual Human Services during COVID-19

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The rapid spread of COVID-19 in spring 2020 drove many human services programs to pivot quickly from providing services in person to providing them virtually through a range of platforms and methods. In addition to interviewing program administrators and frontline workers in summer 2020 (see box at right), we conducted focus groups in fall 2020 with a small sample of 16 program participants from across six program areas—Head Start, home visiting, responsible fatherhood, child support, TANF, and workforce development.

This brief summarizes themes from the discussions with participants. We spoke to a small number of participants, and they were not representative of participants in these program areas more broadly. For example, all participants we talked with had access to devices enabling them to join virtual focus groups, which by definition excluded the perspectives of those with substantial barriers to using technology. Nonetheless, participants offered helpful perspectives on strengths and limitations of virtual service delivery. Other [briefs in this series](#) address other aspects of virtual service delivery. Virtual human services are a growing and emerging field. This research is an early step in capturing preliminary lessons. As programs and communities get more experience, collect more data, and conduct more rigorous evaluations, learnings and practices will evolve. This brief documents lessons learned to date, knowing some may have already evolved and will continue to do so.

### **Perceived Strengths of Virtual Service Delivery**

**Some participants saw greater staff responsiveness and support with virtual services.** Some program participants said they had stronger communication and connection with their case managers through virtual services. They cited quicker responsiveness and access, higher levels of support, fewer distractions for their case managers during their interactions, and more frequent check-ins. One person noted that the extended teleworking hours of many case managers allowed them to be more readily available to participants.

One program participant stressed the value of their strong relationship with a case manager; the case manager's consistent communication was reassuring and helped lessen feelings of

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ASPE partnered with Mathematica to conduct discussions with program administrators and frontline workers, and a selection of participants, in 18 purposively selected human services programs across the country. These programs included Head Start, home visiting, child welfare, child support, domestic violence, responsible fatherhood, workforce, Temporary Assistance for Needy Families (TANF), housing, elder services, Project Launch, and Community Services Block Grant programs.

The team conducted semi-structured interviews with program staff and national key informants in July–August 2020. In November–December 2020, focus groups and individual discussions were held with a small convenience sample of program participants. Findings are not representative of the entire country, these programs or program areas, or the full time period of the pandemic.

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*"[You] can email directly and get a call back from the case manager within the hour or she emails back right away." Child support participant*

*"Getting the occasional surprise text from [the case manager] is like a spark of joy." Workforce development participant*

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isolation and disconnection. The case manager did quick check-ins by phone and sent messages of encouragement by text.

While some case managers may have been motivated to be more responsive and engaged in part by a desire to lessen the strains of life for program participants during the pandemic, virtual methods could continue to make quick check-ins easier and more streamlined.

**Some participants felt they could engage more easily and efficiently with virtual services.** Participants appreciated the flexibility in scheduling virtual appointments and in having appointments by video or phone. They noted the ability to work more hours since virtual appointments took less time than in-person appointments, the ability to attend to children while participating in services, and the freedom to multitask in other ways if needed. Participants cited the convenience of having program materials online and often being able to engage with services on their own time. They also noted that transportation barriers and costs were eliminated with virtual services.

New policies allowing for electronic signatures during the pandemic—rather than requiring participants to go into the office to sign documents—were cited as substantially increasing service convenience and efficiency. Finally, one participant in a home visiting program said that virtual visits were shorter, also contributing to greater efficiency.

**Certain service components were seen as more effective when delivered virtually.** Some program participants felt that certain service elements were more effective when provided virtually. One participant in a TANF program said that virtual orientations were clearer, incorporating more multimedia elements and offering the chance to review the content later. A participant in a responsible fatherhood program felt that virtual services allowed for greater privacy.

A youth in an employment program who participated in a virtual internship said that they gained confidence in a virtual setting that would allow them to take in-person work in the future. This young person felt that without the “test run” provided by the virtual internship, going straight to in-person employment would have been too intimidating.

Finally, one parent in a Head Start program reported that using technology allowed them to make individual connections with other parents in the program, which were particularly helpful during the pandemic.

**Children’s services shifted more engagement to parents, with benefits for some.** A few parents who worked virtually with early childhood teachers and home visitors said that virtual services provided new opportunities to connect more intentionally with their children. They appreciated learning alongside their children and spending more time with their families (though other research from this study suggested that some parents felt too overwhelmed to play this role).

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“I can easily have [an appointment] scheduled for a day I may [also] be working in the afternoon...so for me, it’s a lot easier and faster.” *TANF participant*

“The videos [and] having [the program material] online, you can either do it at a break while you’re at work or a break in between teaching your kids. You’re not limited to that one block [like when] you’re at the physical offices.” *TANF participant*

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“[Virtual activities] are teaching us different things, how to listen, and connect, and to have patience.” *Head Start parent*

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## **Perceived Limitations of Virtual Service Delivery**

**Services could lose critical camaraderie and engagement.** Several participants felt that the ability to communicate with other participants in person was crucial for a sense of real engagement and camaraderie. For this, virtual services were inferior to in-person delivery, these participants said. Participants in one program that aimed to develop connections among participants suggested it was notably more difficult to build a sense of group cohesion online than in person.

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“The talk and the sharing seemed more genuine in person...It’s different when you’re talking to someone and they are sitting right next to you.” *Responsible fatherhood program participant*

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Some participants also said that virtual classes or other services can lead to greater distraction among participants, contributing to limited engagement and lower quality of discussion and rapport.

**Limited internet connectivity interfered with service quality.** Some participants described problems with internet connectivity and bandwidth, sometimes due to multiple household device users, that could freeze videos and lead to dropped calls. Instances of unreliable technology inhibited service effectiveness, they suggested. The ability to back up video with phone was crucial, one participant said, if there were issues with web-based connectivity.

**Offering services to children virtually made it harder for them to sustain attention and develop socialization skills and relationships with teachers and home visitors.** Children miss out on crucial in-person socialization with both peers and teachers when services are delivered virtually, several Head Start parents said. Parents who participated in home visiting programs said that it could be difficult to hold young children’s attention and that children did not engage as readily with the caseworker. A Head Start parent who also had older children at home noted the difficulty of balancing intensive virtual Head Start services in the home with the need to simultaneously help the other children with their remote learning.

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“I have a four-year-old and it’s hard for her to keep focused. If we’re on Zoom on my phone, she wants to go on YouTube. If we’re on the computer, she wants to press all these buttons. She can’t focus and I don’t like it at all.” *Home visiting participant*

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## **Mixed Perspectives on Virtual Versus In-Person Services**

**Experiences with virtual services were viewed to some degree as staff-dependent.** Virtual service experiences, like in-person ones, depended on the specific caseworker, two TANF participants observed. The caseworkers’ comfort with technology and ability to adapt to virtual services—and their flexibility with clients and ability to meet their technology needs—were especially important in a virtual context.

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“It always depends on the worker, how much they’re working with you and how understanding they are, given the situation.” *TANF participant*

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**Perceptions of the relative effectiveness of in-person versus virtual services varied, though more participants preferred in-person services.** Perceptions of the comparative effectiveness of service delivery methods varied across the program sites and participants. In all, seven of the 16 participants we spoke with preferred in-person services (all were involved with their children in either Head Start or home visiting), three participants felt virtual and in-

person services were equally effective, and two thought virtual services were preferable. Another three participants had only participated in virtual services and therefore could not compare service methods.

### **Use of Virtual Services in the Future**

**Many participants thought programs should offer both virtual and in-person services in the future, drawing on the strengths of each.** Although service preferences varied across participants and programs, most participants wanted to see either a return to in-person services or a mix of in-person and virtual services after the pandemic has ended. Only two participants—both receiving relatively straightforward services—preferred a full shift to virtual methods in the future. Some said that they preferred in-person services for the human contact, among other reasons, and thought others also benefited from in-person approaches. But they also suggested that virtual services could be a good “second best” option. Several participants indicated that having the flexibility to choose between service delivery modes would be helpful since each has different advantages.

**Participants wanted sufficient information on how best to use virtual services; programs need to understand exactly what their participants require.** A few participants stressed that programs should make sure everyone they serve has a guide that provides all the materials and information necessary to navigate the technology and virtual program approaches. Two participants in the Head Start program stressed that families may need help learning the technology. One participant also recommended that programs survey their participants to learn exactly what devices and internet bandwidth they need to participate fully in virtual services.

### **Conclusion**

The program participants we spoke with described a mix of experiences with virtual human services during the pandemic. Most had previously experienced in-person services and noted relative strengths and limitations of each approach. Many said they preferred in-person services for the rapport and relationships they could offer; this was especially important in programs directly serving children, such as home visiting or Head Start. But most focus group participants felt that virtual methods also brought strengths. They suggested that combining in-person and virtual methods—or allowing program participants to choose between them—could be most useful to the families and individuals that programs serve. Echoing the views of the program staff with whom we spoke, they suggested that future service systems should be carefully tailored to participants’ needs, strengths, and preferences to reach all participants effectively and equitably.

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“I mean it’s kind of hard. It’s kind of hard to compare it ’cause there’s pros and cons to each.” *Workforce development participant*

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“In-person is always best, but the online experience is a good secondary way to take the course if that’s the only way you can do it.” *Responsible fatherhood participant*

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“I look forward to being able to meet people, to being able to hug people...You know, having options is always nice.” *Workforce development participant*

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“It should be based on each family’s need. They should have the choice!” *Home visiting participant*

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