



Lessons from 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. Interviews in summer 2020 with 56 program administrators and frontline workers across 18 sites explored their experiences with this service delivery approach. Site respondents were asked to identify lessons to share with others about effectively delivering human services virtually.

This brief summarizes the lessons these staff highlighted. Other ASPE briefs address key findings about virtual services, the populations whose needs are easier or harder to meet virtually, and characteristics of technology platforms that programs can consider. It is important to note virtual human services are a growing and emerging field. This research is an early step to begin to capture preliminary lessons. As programs and communities get more experience, collect more data, and conduct more rigorous evaluations, learnings and practices will evolve. This brief attempts to document lessons learned to date, knowing some may have already evolved and will continue to do so.

The specific lessons identified fall into two main categories: (1) how to actively embrace virtual methods as an important tool, and (2) how to implement virtual services in a way that keeps the primary focus on participants' needs.

Embracing Virtual Methods

Plan carefully. Program administrators and frontline workers stressed the importance of researching and planning for the range of approaches to virtual services that might be feasible for their programs. Some said they felt substantially unprepared when the pandemic struck. Several others said their programs had already undertaken planning to increase the use of virtual methods prior to COVID-19 and were better prepared to accelerate their adoption when the pandemic hit. As part of the planning process, staff recommended that programs systematically reconsider all major agency processes and practices, not just what is seen as “broken.” They also stressed the importance of revisiting program plans after a pre-established time to make adjustments and improvements. Finally, several recommended persistence in seeking the funding and other resources necessary to implement virtual approaches effectively.

Invest appropriately in technology, to the extent possible. There is obviously a wide array of platforms and technology options. Respondents stressed the need to assess carefully the most effective technology options for their specific program, its key components, and the people it serves. Part of this entails assessing how platforms fit together, and whether and how they

ASPE partnered with Mathematica to interview administrators and frontline staff in 18 purposively selected human services programs across the country, including 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.

In July–August 2020, the team conducted semi-structured interviews with a total of 56 respondents across these 18 programs and with federal and national informants with 11 organizations. In November–December 2020, the team held focus groups with a small sample of program participants. Findings are not representative of the entire country, these program areas, or the full time period of the pandemic.

can provide data needed for funders and other purposes. Staff at a few sites noted the benefits of using an integrated software platform to facilitate efficient service delivery and staff and participant communication. Two programs were said to have platforms designed for them prior to COVID-19. Finally, while virtual services will—by definition—be delivered differently from in-person services, several staff cited the value of keeping the feel and essential goals of virtual services as similar as possible to those delivered in person.

Prepare and support staff adequately. Ensuring that all staff understand and are able to use virtual platforms before they need them will ease implementation of virtual services, respondents said, as will training to ensure staff are prepared to troubleshoot technology with participants. Adequately training staff is essential, as is giving them the necessary tools to undertake the full range of technical and practice elements of virtual work. This includes knowledge of rules and practices related to confidentiality and methods for best engaging participants in virtual environments. Further, virtual service delivery can benefit from clear expectations for staff about their work quality and productivity. Managers should seek to monitor staff productivity, administrators and supervisors said, but in a way that will not be experienced as excessive. The right balance of consistent supervisor support is critical, staff said; many frontline workers faced challenges, such as the blurring of personal and professional lives, which can be especially intense when working virtually from home. Flexibility and frequent meetings and support can help staff counteract the isolation that often comes with virtual work. Respondents at a few sites recommended the use of collaboration software to maintain connections between managers and their staff, and among team members, and some recommended use of a consistent platform for internal communication.

Collaborate with others. Connecting with other people and organizations doing similar work can allow programs to share information about potential resources and exchange lessons learned, site respondents noted. Building and maintaining relationships with state, local, and community partners can help programs locate resources to meet participants' essential needs and address other goals.

Keeping the Focus on Participant Needs

Allow for case-by-case tailoring. Virtual services can be most effective when they meet participants' individual needs. Listening to participants and their families can help programs understand participants' circumstances and tailor services to them. This includes observing closely when using videoconferencing ("listening with your eyes too," in the words of one staff member). Understanding how different participants best receive information can help programs adapt virtual services to specific family characteristics, staff at several sites stressed, as can understanding clients' cultures. Several staff noted that it is important to think about whether and how virtual services can either mitigate or exacerbate existing equity issues for groups with disparate access to or benefits from services. For example, services that require facility with virtual platforms in order to fully participate may shut out the most disadvantaged participants and those who may need services the most. Finally, prioritizing in-person services—at least to some extent—for those participants most in need of them may help ensure the most effective balance of approaches, recognizing when virtual service delivery can easily be made effective and when it cannot.

Understand participants' access to—and comfort with—technology. Access to technology is critical to virtual services, most site respondents emphasized, and staff should be attentive to participant bandwidth, connectivity, and household access to devices. Offering a variety of options and modes of service can help programs serve families with a range of technology

resources (e.g., ensuring that services can be accessed with a flip phone, not only smartphones and other devices). While video has advantages in offering nonverbal cues about participants' situations, it may not always be feasible, or the participant may not be comfortable using it. Participants can become more comfortable with the technology needed for virtual services when program staff find out what they already use and build on their familiarity with those platforms. Finally, programs' pursuit of technology grants and other funding can expand participants' access to the technology necessary to make virtual services successful.

Simplify access to services. Staff recommended pursuing any and all ways to remove unnecessary barriers to program participation and to simplify eligibility determination and other requirements. For example, many site respondents highlighted the greater simplicity for participants in allowing use of electronic or verbal signatures, rather than requiring hard-copy signatures.

Identify specific elements of effective virtual communication practices for different people and contexts. Staff suggested that programs seek to improve communication during virtual meetings and events. Practices they identified included being concise and specific with participants, avoiding potentially overwhelming amounts of information at one time. They also suggested giving advance notice of the topics to be covered in large events or extended conversations, and balancing the use of closed and open-ended questions to encourage discussion.

Ensure that staff understand confidentiality and security needs. Staff need to understand—and use—confidentiality and privacy guidelines appropriate to the services they provide and populations they serve, site respondents noted. This could include such considerations as platform selection and policies for staff about accessing confidential information from home. Further, for safety-involved services, staff recommended training in the use of safety protocols for domestic violence survivors and other vulnerable clients, such as code words to signal unsafe topics or times for virtual discussion, or issues likely to exacerbate trauma.

Appreciate the stresses participants experience. Staff highlighted the importance of being consistently positive and encouraging with clients, given the difficulty of many people's personal circumstances during the pandemic—as well as during “normal” times. Some program participants also find the challenges of virtual service delivery daunting. Many found regular and consistent communication with staff reassuring. Further, site respondents recommended finding ways to provide the families and individuals they serve with as much concrete help as possible, such as reimbursement for minutes or data on their phones, or provision of masks and other protective equipment.

Conclusion

Most administrators and frontline workers we spoke with predicted that their programs would continue to offer elements of services virtually—or some types of service to some populations—after the pandemic ends. Some stressed the importance of doing this in a careful way that can ensure effective and accessible services, either virtual or in-person, for those who most need and want them and ensuring decisions do not exacerbate existing inequalities in who accesses and benefits from services. Carefully weighing trade-offs and understanding the relative advantages and disadvantages of different types of service delivery for different types of clients will be an essential part of these decisions. When offering virtual services, programs will need to continue grappling with critical issues of access and the digital divide to ensure that the result is greater equity and quality, not less.