



Easy or Hard? Delivering Different Types of Human Services Virtually

Amanda Benton, Jennifer Tschantz, Alec Vandenberg, Annette Waters, and Pamela Winston

Due to the COVID-19 pandemic, many human services programs rapidly shifted their service delivery from primarily or exclusively in person to mostly or entirely virtual (via phone, video call, text, email, etc.) with varying degrees of perceived success. Some services (e.g., emergency shelter, distribution of food/diapers) simply must be administered in person. However, other human services can be offered either virtually or in person. Based on findings from interviews with 56 program administrators and frontline workers across a range of human services programs in summer 2020, this brief highlights key trade-offs in delivering different types of services virtually. 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.

A key takeaway from the interviews is the importance of individualized service planning that considers a person's characteristics, experiences, resources, preferences, and service needs. It is important for these individualized approaches to take an equity lens, so that decisions about virtual and in-person service delivery do not exacerbate existing disparities in service access and quality for under-served or historically marginalized populations. For information on different populations that may use virtual services, see "Virtual Human Services for Different Populations."

Overall Communication Frequency Typically Increased

Virtually. Programs generally increased the frequency of overall communication both among staff and between program staff and participants during virtual services. This was partly due to the increased need for services and human connection or reassurance during COVID-19, but it may also be easier to reach people through virtual channels (which may offer more options) and easier to schedule a time to connect (e.g., due to not needing child care, transportation, or travel time). Some individuals may also feel more comfortable discussing personal, sensitive, or traumatic issues over the phone or email than in person.

ASPE partnered with Mathematica to interview administrators and frontline workers 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.

“We had some mommies when they were pregnant, and [for us] not being able to see the baby in person is a little hard...Just those little moments...being able to accompany them in person.”
Frontline worker

Virtual Services Lacked Some Elements of Human Connection. Many staff noted that virtual services lack some of the “human connection” offered by in-person services. Some staff and participants simply prefer or miss face-to-face interactions. Building rapport can be harder virtually, particularly if staff cannot read body language (e.g., if services are delivered via phone or email instead of on video). A few staff also said that rapport is easier to maintain if the interactions and relationships begin in person prior to the virtual sessions.

Outreach, Recruitment, and Enrollment/Intake Were Typically More Difficult Virtually. Several staff found that these upfront activities are more difficult to do virtually, though others noted that outreach through social media can be successful. Some staff said they prefer to do intake over the phone.

Orientation May Be Easier Virtually. A few staff said that orientations may actually work better virtually, particularly if participants can go through the content at their own pace or on their own schedule and review sections that are particularly relevant or confusing to them. At least one staff person highlighted the ease of integrating multimedia content into online orientations.

Direct Exchanges Often Work Well Virtually. Some staff shared that straightforward interactions, such as those related to signatures, documentation, electronic payments (e.g., for child support or utility assistance), and re-enrollment were sometimes easier to do virtually than in person. Some staff also suggested that case management could work well virtually, though others were less enthusiastic.

Counseling and Support Groups Can Be Somewhat Difficult Virtually. Several staff noted that counseling and support groups require rapport, which may be harder to develop virtually (especially over the phone). However, at least one person said that counseling worked better virtually because of easier access and increased confidentiality (e.g., not being seen going into a service provider’s office in a small town).

Early Childhood Development Services May Be Particularly Challenging Virtually. In addition to the difficulty of serving young children virtually, it may be difficult for staff to observe or demonstrate parent-child interactions or conduct developmental assessments virtually.

“I also think that the [virtual] work groups and focus groups that we are trying to do with birth parents to get them more involved in policy decisions have been really effective.” *Frontline worker*

Group Trainings and Meetings May Work Well Virtually. Several staff reported that staff meetings (particularly of staff spread out across a large geographic area) and virtual workshops and educational programming for adult program participants were easier to conduct virtually, creating fewer logistical constraints (e.g., transportation, child care, travel time). Conducting staff trainings and meetings virtually may also save the agency travel costs.

“It’s more personal when you’re inside of the home [and] can see the environment [and] provide recommendations...In the Latino culture, we’re very touchy. We like to hug and kiss—that’s what we’re missing [by conducting assessments and interviews virtually].” *Frontline worker*

Virtual Services Can Facilitate Family or Caregiver Involvement. Multiple staff shared that it is easier for family members or caregivers to join appointments virtually, due to the reduced need to arrange child care or transportation, plan for travel time, or prepare young children or older adults to leave the house.

Families Are Engaged in Virtual Home Visits, but Observations Can Be Challenging. Several staff reported increased engagement by participants in virtual home visits, in part because these visits may let the family build rapport on their own terms. However, staff

shared that it is more difficult to observe safety in the home (e.g., trip hazards or exposed wires), abuse/neglect, or other factors without being in person.

Virtual Services May Increase Engagement in Group Activities. Staff generally reported increased participation in virtual group activities, such as ongoing workgroups and support groups and parent meetings. Staff attributed this partly to a desire for human connection during COVID-19 and partly to reduced logistical barriers to participation (e.g., child care, transportation, travel time). Some participants may also be uncomfortable speaking out loud in group settings but may feel comfortable sharing their perspectives via virtual tools, such as group chat messages during a video call.

“We have more people attending our [virtual] classes than ever attended in person because of the convenience. Participants don’t have to park downtown, take public transport anymore. [Virtual delivery] eliminated access issues.”
Administrator

Conclusion

Based on these interviews, it is clear that individualized service planning—considering a participant’s characteristics, experiences, resources, preferences, and service needs—is critical. Virtual human services offer one more tool in programs’ toolkit to be used under some circumstances, though it is important to understand the implications of the use of these tools on equitable access to quality services. While virtual approaches can strengthen service delivery and family outcomes in some cases, they also have drawbacks for programs to consider carefully.