Virtual Human Service Delivery under COVID-19: Scan of Implementation and Lessons Learned

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Project Purpose and Approach

- Qualitative **quick-turnaround research** scan to:
  - Understand, identify successes, challenges, and lessons learned
  - Assess which human services appear to be successfully delivered remotely, to whom, and under what circumstances
- 18 **purposively selected program sites** across the US (not representative):
  - Head Start, home visiting, child welfare, child support, DV, responsible fatherhood, workforce, TANF, housing, elder services, Project Launch, CSBG
  - Semi-structured interviews with 56 program administrators and frontline workers and 11 federal and national key informant organizations; participant focus groups
  - Only represents one point in time in fluid situation

Who Does Virtual Work Least Well For?

- Most programs stated that **virtual did not work as well for individuals who didn't have access to technology** (internet and devices).

- Multiple programs consistently mentioned that **virtual could be challenging for**:
  - Those with limited **technology experience** or knowledge
  - Individuals with **intellectual disabilities**
  - Participants who are **young** children
  - Individuals who are **non or limited English** speakers
  - People who are **undocumented**
  - Migrant or seasonal **farmworkers**
  - **Older** adults
  - Individuals with **large families** living in small spaces/busy households
  - People experiencing **crisis**

Who Does Virtual Work Best For?

Many programs reported **virtual service delivery worked best for**:

- **Families with young children** who otherwise would need child care
- Those with **transportation issues** (though programs noted that some of these people do not have access to technology)
- Those with **health concerns**
- Those who are **tech savvy** and have easy **access to the internet and devices**

Opinions Varied about Some Populations' Experiences with Virtual

Programs had **varied opinions** about whether virtual worked for:

- Those with mental health issues such as anxiety
- Working families
- Rural populations
- Youth and young adults
- People at-risk for, experiencing, or surviving domestic violence

Quotes from the Field

"For example, today we had a patient who is 95 years old, having memory problems, and he got very frustrated because he couldn't find his [insurance] cards and he kept saying, 'I don't know why you're making me do all this stuff on the computer. This is not right.'" *Frontline Staff*

For family preservation services or any situation that involves a family in a rural or urban area that lacks transportation, we can help accommodate with virtual visits. Virtual delivery provides more access for those populations, and it can provide more access and equity in the system." *Administrator*

Perceived Effectiveness

- **Easier or more effective: introduced** more convenience for many participants (e.g. electronic signatures); increased staff productivity and communication; streamlined direct exchanges; group activities.

- **Harder or less effective:** rapport-building and having a "human touch;" social emotional learning/interactions for children; some assessments (including safety-focused ones).

- Some said **no impact** on effectiveness or **too soon to tell**.

Perceived Effects on Efficiency

- Wide agreement about **areas of greater efficiency**:
  - **Staff and participant travel time:** Staff commuting, travel to off-site meetings, visits with clients (e.g. home visiting, child welfare); participant travel for routine in-person services or workshops/events; travel reimbursements
  - **Electronic or verbal signatures** versus required in-person signatures
  - **Other efficiencies:** larger events at lower cost; increased staff responsiveness

- Concerns about **areas of decreased efficiency**:
  - **Participants may need more time and help to:** build rapport / human touch
  - **Technology issues and gaps**: faced by both staff and participants
  - **Staff productivity:** home distractions, adapting to new systems, burnout

Quotes From the Field

"We have a social worker who could do six one-hour long visits a day remotely. But for those same families, she could only do three in-person visits in a day because of the drive time." *Administrator*

"We may be on the phone a lot longer because people are starved for someone to talk to." *Frontline Staff*

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Suggestions for Future Research

- Effectiveness of virtual and hybrid services
- Guidance for programs on selecting and using technologies
- Promising practices in virtual and hybrid service delivery
- How to effectively serve populations who have historically faced barriers to service
- Participants' perspectives on virtual and hybrid approaches

Conclusion

- There is **no one size that fits all**. Virtual services have many strengths to leverage, but they also have substantial limitations.
- Most sites we spoke with **expect to continue incorporating virtual approaches** into their services after the pandemic is over.
- A **well-considered, individualized approach** to combining or choosing between virtual and in-person service delivery is likely required for complex services to be as accessible, effective, and efficient as possible.
- Careful thought about **strengths and trade-offs** will be necessary to ensure programs work best for the people who need them.

Connect with Us

https://aspe.hhs.gov/virtual-human-services

We want to hear from you (put responses in the chat box)!

What population(s) benefited from the shift to virtual service delivery?

What population(s) was most challenged by the shift to virtual service delivery?

Questions for us? Please put any questions in the chat!

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