

Virtual Human Services Delivery: Initial Findings ASPE-IRP Pop-Up Panel and Discussion

On April 6, 2021 ASPE in partnership with the National Poverty Research Center at the Institute for Research on Poverty hosted a Pop-Up Panel on *Virtual Human Services Delivery: Initial Findings*. The COVID-19 pandemic forced many human services programs to shift from in-person to virtual service delivery. Initial research on the successes and challenges of virtual approaches to delivering services can inform program administrators, policymakers, researchers, and providers as they consider long-term opportunities and limitations. In particular, national, state, and local stakeholders have begun to learn which human services appear to be effectively delivered remotely, how to best deliver them, to whom virtual services are easiest/hardest to deliver, and under what circumstances they can work well.

This virtual convening highlighted lessons learned over the past year, discussed emerging strategies, and identified next steps for policy, practice, and research.

Recent Initial Lessons:

Virtual Human Service Delivery Under COVID-19: Scan of Implementation and Lessons Learned – *Office of the Assistant Secretary for Planning and Evaluation* – Slides [here](#) and read more [here](#).

- In the future, programs will likely need to take a well-considered, individualized approach to combining or choosing between virtual, in-person, and hybrid service delivery to ensure services are as accessible, effective, and efficient as possible.
- Most programs stated that virtual approaches did not work as well for individuals who do not have access to technology (internet and devices) and multiple programs consistently mentioned that virtual services could be challenging for the following populations: those with limited technology experience or knowledge; individuals with intellectual disabilities; young children; individuals who are non- or limited-English speakers; people who are undocumented; migrant or seasonal farmworkers; older adults; individuals living in small spaces/busy households; and people experiencing crisis.
- Many programs reported that virtual service delivery worked best for: families with young children who otherwise would need child care; those with transportation issues; some people with health concerns, such as those whose health issues make leaving the house a struggle; and those who are tech savvy and have easy access to the internet and devices.

Meeting the Needs of Families: Virtual Home Visiting – *Jeanna Capito, National Alliance of Home Visiting Models* – Slides [here](#).

- Virtual services became a lifeline to the outside world for families in the first year of COVID-19.
- Resources and webinars supported providers in areas of greatest interest to them, including “screening in virtual visits,” “parent groups in a virtual world,” “engaging with fathers virtually,” and “personal support activities to ground virtual service delivery,” among other topics.
- Challenges for virtual service delivery include undertaking family recruitment; ensuring retention and ongoing engagement of families; supporting virtual parent-child interactions; and conducting developmental screenings in virtual contexts.

Local Community Action Agencies Virtual Services Overview – *Tiffney Marley, National Community Action Partnership* – Slides [here](#) and read more [here](#).

- Barriers to virtual service delivery include insufficient access to remote equipment for staff and program participants, as well as disparities in broadband access that potentially compound the existing technology divide.
- Virtual services present program participants with a “choice and a voice” in service delivery.

- Program efforts to support virtual services may help increase the overall well-being of families and individuals by improving their technology access and expertise.

Lessons Learned: Virtual Workforce Engagement – *Maisha Meminger, US Department of Labor* – Slides [here](#).

- Encouraging consistent and clear communication with youth through phone calls, emails, texts, and social media can help meet youth where they are, better engaging and serving them.
- Innovative partnerships can help bridge digital divides. For example, agency parking lots have been utilized as Wi-Fi hot spots, non-profits have sold refurbished computers to low-income families at affordable prices, and grant and program funds have helped purchase or reimburse programs for renting or acquiring Chromebooks or internet access.

Child Welfare: Opportunity for Virtual Service Delivery – *Uma Ahluwalia, Health Management Associates*– Slides [here](#) and read more [here](#).

- Lessons from telehealth can inform hybrid human services delivery models and research into the comparative effectiveness of virtual, hybrid, and in-person service delivery. For example, some telehealth providers attempted to avoid simply swapping in-person care for virtual care in favor of trying to leverage the strengths of both approaches, with in-person care facilitating a more intimate, established approach and virtual care offering ease and convenience.
- Through the pandemic and beyond, child welfare agencies can benefit from tracking ongoing technology and policy innovations to identify opportunities to improve outcomes for and better incorporate the perspectives of children and families.

Cross-Cutting Themes from Panel Discussions and Breakout Rooms: Virtual services can reduce some barriers to accessing services, such as removing the need for transportation and child care. However, they also risk introducing new inequities or worsening existing ones, such as a widening technology divide.

- **Serving Populations Who Face Historical and Current Barriers to Accessing Services:** Programs and providers can pay careful attention to disparities and incorporate participant feedback to help promote equity in service delivery, from recruitment and engagement to service retention and evaluation. Virtual services offer an additional tool that provides opportunities and increased access to some populations but presents challenges and new barriers for others.
- **Centering Participant Voices:** Programs can better administer virtual approaches by incorporating the perspectives of a wide range of participants in ways that promote cultural competence and minimize burdens. Consultation can help inform various elements of service delivery, from initial program design to continuous quality improvement.
- **Facilitating Partnerships:** Virtual services can ease some forms of collaboration, such as remote team meetings where family members, caretakers, case managers, and others can virtually gather to support a child/family.
- **Implementing Hybrid Approaches:** Adequate funding, guidance, and evaluation can inform and support hybrid service delivery models that combine in-person and virtual elements tailored to participant preferences and needs.
- **Supporting Staff:** Additional trainings, accessible team support, and scheduling and funding flexibilities can help staff adapt to and administer virtual services, helping to address issues ranging from competing family demands to overcoming staff and participant technology barriers.
- **Activating Federal Resources:** Additional funding can address gaps such as broadband access, and flexibility with existing funding streams and program requirements can facilitate hybrid approaches to service delivery. To help stakeholders identify allowable uses of funds and provide timely, actionable, and user-friendly guidance on evaluation strategies, programs can provide clear communication and TA.