Virtual Human Services for Different Populations

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During the COVID-19 pandemic, many human services programs rapidly shifted to serving a wide range of families, children, youth, and individuals virtually instead of in person. Interviews with 56 program administrators and frontline workers across a range of human services programs offered rich information about how well virtual service delivery worked for different types of participants. Virtual services easily and effectively met the needs of some participants, while virtual delivery did not fit as seamlessly into others' lives, given their resources, needs, and experiences. This brief highlights populations for whom virtual services more easily (or less easily) met their needs. 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.

Virtual approaches may have the potential to both exacerbate and help mitigate disparities in equitable program and system access, making equity an important lens through which to view service delivery decisions. For information on differences across types of services, see "Easy or Hard? Delivering Different Types of Human Services Virtually."

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.

Virtual Services Do Not Meet the Needs of Some Populations as Easily

Individuals without Access to Internet and Devices. Staff from almost every program[i] noted that virtual services can be hard to use effectively when people have no or unreliable broadband connection, or lack reliable access to necessary devices (e.g., tablet, laptop, smartphone, prepaid phone with sufficient minutes, etc.). In some cases, families may have a device in the home but need to share it among children or other household members, making it difficult for all family members to be virtually connected. Several staff reported success using non-smartphone telephonic supports, though this required more creative approaches (e.g., snail mail, texting) for document sharing and other internet-enabled functions. All-virtual approaches could exacerbate existing digital and service access gaps for those without access to reliable and appropriate technology.

People with Limited Technology Experience/Knowledge. Several staff said that it could be difficult and/or more time-consuming to provide training to and virtually serve those who had access to technology but were not well versed in how to use it.

Individuals with Intellectual Disabilities. Some staff found that that virtual services were not as good of a fit for individuals with intellectual disabilities. For example, staff often found it hard to review documents virtually if the person was using technology that lacked screen-sharing functionality. To serve these participants well virtually, programs may need to provide additional support.

"They [people with disabilities] really kind of need more of that step by step, going through each document, visually and verbally at the same time." *Administrator*

Young Children. Some staff reported that – developmentally – young children do not respond as quickly or easily to virtual services. For example, young children tend to have difficulty focusing on a computer or tablet for extended periods. Some young children also did not understand that the staff member on the other side of the screen was an actual person. Staff also found that promoting social-emotional development (including socialization with other children) was more difficult through virtual platforms. There is growing concern that the lack of access to in person early childhood programs and services, in particular, for young children may exacerbate learning disparities across socioeconomic and race/ethnic lines.

"Kids get a better service in person. They need…socialization skills too. You don't get that as often sitting looking at a computer screen." *Administrator*

Older Adults. Many staff shared that trying to virtually serve older adults who had limited comfort with technology was more time-consuming than serving them in-person and could require extra staff support. These challenges could be compounded for older adults with memory issues or cognitive impairment. In some cases, caregivers played an additional role of helping facilitate the technology setup and use. A few people also noted that older *staff* may struggle to deliver services virtually if they themselves are not well versed in technology.

"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 worker*

People with Limited/No English Proficiency or Immigration Concerns. A few staff said that coordinating translator participation and building trust between translators and participants was more difficult virtually. Virtually serving clients with limited or no English proficiency may require extra staff support. In addition, some staff said that individuals who were undocumented had concerns around confidentiality, particularly how their personal information would be recorded, used, or shared. If virtual services prevent some of these individuals from accessing services entirely, this could exacerbate existing program access inequities.

Migrant/Seasonal Farmworkers. Staff from one program serving migrant and seasonal farmworkers reported that their busy schedules and limited technological access added challenges to serving them virtually.

Individuals in Small/Busy Households. Those who live in crowded spaces and have difficulty finding a quiet, private space may find that virtual services are not as good of a fit for the reality of their lives.

People in Immediate Crisis. Individuals in the midst of experiencing a crisis may need more services or services that need to be delivered in person (e.g., shelter), highlighting the limits of virtual service for these individuals in some cases.

Children and Adults at Risk of Abuse/Neglect. Many staff in programs serving people at risk of abuse or neglect found that it was more difficult to observe and detect signs of these dangers virtually than in person.

Some Populations' Needs are More Easily Met through Virtual Services

Families with Young Children. A large number of staff noted that delivering some services virtually can eliminate the need for parents to secure child care for all or some of their children, making it easier for parents to engage in some services virtually.

People with Limited Transportation Access. Many staff shared that offering services virtually not only eliminates transportation barriers but also removes the need to build in travel time for staff and/or participants. At least one person noted that this increased ease of access could improve equity in program and system access.

Individuals Physically Distant from Services. At least two programs were able to expand their service area when delivering services virtually, particularly benefiting those who live in service "deserts."

Individuals with Technology Access and Expertise. A wide range of staff reported that it was easier for individuals to participate in services when they have easy access to the internet and devices and familiarity and expertise with using technology.

People with Health Concerns. A few staff reported that virtual services made it easier for individuals with COVID-19 or other health concerns to access services, for example by not requiring them to leave the house to access services.

How Well Virtual Services Meet Other Populations' Needs Varies

Rural Populations. People in rural areas may find it more difficult or time-consuming to access faraway services in person, making virtual services an asset. However, several staff noted that these same families also often lack access to reliable internet or devices, making virtual services harder to use and less beneficial. It is thus important to consider at both an individual and systemic level the implications of decisions about virtual and in-person service delivery on equitable access to supports.

Youth and Young Adults. Most staff found that virtual services worked particularly well for youth, in part due to their often high levels of technological expertise and comfort. However, at least one person noted that some youth may require in-person assistance to receive the necessary level of help and may be more likely to miss virtual meetings than in-person ones without a reminder.

Individuals with Mental Health Issues. A few staff reported that people with mental health concerns may require additional, more intensive support; in-person support may be a better fit for these individuals in some cases. However, other staff noted that participants with anxiety about leaving the house or interacting with people seemed to prefer and do better with virtual services.

Working Families. While working parents are busy and may thus have difficulty engaging virtually, a few staff found that virtual opportunities allowed some working families (especially nonresident fathers) to be *more* engaged than they would otherwise have been able to be.

People Experiencing or at Risk of Domestic Violence. Staff cannot tell who may be eavesdropping on a call or able to access messages sent to a participant, making safety-focused services possibly quite dangerous to deliver virtually. However, in other cases—particularly where the perpetrator of violence may be particularly controlling and not allow an individual to leave the house without being tracked—it can be *safer* for survivors of violence to chat virtually from a secure space in their own home when safe to do so than to try to access in-person services. Several staff emphasized the importance of highly individualized safety planning for survivors of domestic violence.

> "I've had one client…that I did have to email her information for, kind of like for her own safety…She's in a DV [domestic violence] relationship, and her partner has access to her phone. We wanted her to have access [to] the hotline…and also the police number in private. We did that through email…so her partner wouldn't be able to have access to it." *Frontline worker*

Conclusion

A key finding from the interviews is the importance of individualized service planning that considers a participant's characteristics, experiences, resources, preferences, and service needs. Service providers and participants can weigh multiple, perhaps conflicting factors to determine the best approach in that particular situation to meet the participant's needs. Given the disparities in ease and value of virtual services for different populations, some staff expressed concern that virtual services might further isolate hard-to-reach populations and could risk exacerbating existing inequities. For example, all-virtual services may risk exacerbating gaps associated with the lack of access to broadband and devices, but they may also improve program use for some, such as those without ready access to transportation. While virtual human services thus offer a range of opportunities and potential for improved service delivery in some circumstances, they also carry risks and drawbacks in others.

> "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*

[i] Key findings were identified across interviews by summarizing information in a range of thematic areas across each of the 18 sites and federal/national interviews. Findings were then identified by looking across site summaries in each thematic area.