# Technology Considerations for Virtual Human Services Delivery

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To limit the viral transmission of COVID-19, the federal government and public health officials asked the public to engage in social distancing in spring 2020. As a result, many human services programs pivoted to delivering services primarily or entirely virtually. This brief summarizes our early research to capture preliminary lessons learned in the shift to virtual services. Virtual human services are a growing and emerging field. As programs and communities get more experience, collect more data, and conduct more rigorous evaluations, we expect that both lessons and practices will evolve. This brief highlights key considerations for programs to better incorporate technology in delivering virtual services and emphasizes the importance of technology access and capacity, support and training, and confidentiality and privacy in virtual settings. This brief is a part of series of reports and resources on virtual human service delivery and can be accessed [here].

## Technology

Research shows that participants' access to technology is essential for successful virtual human service delivery, and digital inequality adversely affects people in low-income households.[1] During the pandemic, technology became central to delivering services virtually.

In 2020, 18 million people, including 7 million children, lacked consistent internet access in their homes. Broadband internet coverage gaps exist even in urban areas.[2] In response to the pressing need for connectivity, the Bipartisan-Bicameral Omnibus COVID Relief Deal of 2020 was enacted, which included funds to improve broadband internet access.[3] Yet, many low-income households continue to lack high-speed, broadband internet access and sufficient devices (e.g., telephones, smartphones, tablets, laptops, or desktops). This poses a challenge for equitable virtual human service delivery.

As human services programs pivoted to delivering services virtually, we launched the Virtual Human Service Delivery study to learn more about program, staff, and participant experiences. This brief reports on the findings.

We found that issues surrounding technology were more complex than simply whether households had broadband internet access or sufficient devices. For virtual human services to be delivered widely, particularly through video calls or other internet-enabled platforms, households had to have sufficient devices for everyone to access the internet simultaneously when needed. For example,

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.

> "Phones can be an issue because most folks have phones which don't have the capacity for them to enter the Zoom meeting. For them, I actually have to call or send them a link [to the recording] so that they can have somebody else [with a device and internet] show them the recording." *Frontline Staff*

households need multiple devices for school-aged children to participate in distance learning while adults access virtual services. Multiple simultaneous online users can also stretch the capacity of a family's available internet speed.[1] The ability to upgrade household internet speed to accommodate multiple users may depend on family budgets and whether broadband internet infrastructure is in place. Where access to broadband internet was unavailable, some service providers directed program participants to community hotspots. For example, one program mentioned that the community outfitted a school bus with a hotspot to help those without internet access. Programs directed participants to the location of the school bus so that they could go online.

Human service providers also used telephone-based services that did not require internet access. Some programs found this approach effective. However, telephone-based services still required program participants to have sufficient disposable income to pay for ongoing home phone service and or sufficient minutes available on their cell phones to connect to agency services.

## Support and Training

> "I've been in some meetings, like unit meetings with supervisors and staff, and sometimes staff just don't know how to use business Skype—like turning their mic on or off. Before you send people to virtual work, they should be trained on the apps and devices that they will be using for virtual work." *Frontline Staff*

For services to be effectively delivered virtually, human service agencies and program participants often required support and training on how to use new virtual service delivery systems from both a technological and a practice standpoint. Our study found that when program participants were not supported on how to use technology, human service agencies struggled to engage them virtually. Human services staff also expressed the need for guidance on how to select the most appropriate technology or platform for the type of services they delivered, in part based on participants' access to and comfort level with technology.

We found that training service providers meant more than training them on the use of technology to administer services virtually. Staff also reported the importance of training in different practice methods because interacting with program participants over telephone or video often required different communication methods. They wanted to know how to adapt evidence-based practices developed for in-person service delivery to virtual human service delivery. For example, what strategies should a caseworker use when virtually observing parent-child interactions or home safety? Staff also reported that training on how to motivate program participants virtually could be helpful.

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[1] Based on study participants, families could include multiple individuals and or family units living under one roof.

**Confidentiality Concerns**

Maintaining a program participant's privacy was important whether the services were delivered in person or virtually. Health Insurance Portability and Accountability Act (HIPAA) rules were still in effect for protected health information. Programs still had to comply with Privacy, Security, and Breach Notification Rules to ensure participant confidentiality. However, confidentiality considerations for virtual services went beyond these formal rules. For example, some caseworkers noted that they were not sure who else was in the room with a participant or who could see a message log when participants accessed virtual services. In addition to the general confidentiality risk, this situation could be dangerous when safety-focused services are provided to individuals experiencing or at risk of domestic violence if the perpetrator could inadvertently access this information.

In addition, in part because many household members were at home because of the pandemic at the time the study was conducted, some program participants had difficulty finding a quiet and private place to discuss sensitive issues with caseworkers. This may have limited their full participation in services and the sharing of information. Some staff noted that participants who were undocumented expressed reservations about whether immigration or other authorities might have access to session information. Some program participants also had concerns about confidentiality and safety because they were unsure who might have access to their private information, or interaction documentation, when caseworkers worked from home or used technology for provider-participant interactions. Some staff reported using particular caution in documentation to avoid information falling into the wrong hands, and from potentially causing harm, through password-protecting sensitive digital files for example.

**Conclusion**

Technology, support and training, and privacy considerations are key aspects to consider for the virtual delivery of human services. In the area of technology, both internet access and sufficient devices are necessary for the delivery of widespread virtual human services. Also, supporting and training both staff and participants to use technology is essential for effective virtual human services utilization. Finally, privacy considerations can require additional caution in a virtual setting. The study highlighted the importance of helping program participants and caseworkers find creative ways to access and deliver virtual services while protecting participants' confidentiality to ensure virtual human services work safely and well.

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[1] https://www.huduser.gov/portal/periodicals/em/fall16/highlight2.html

[2] https://www.fcc.gov/about-fcc/fcc-initiatives/bridging-digital-divide-all-americans

[3] https://youth.gov/covid-coronavirus-resources/broadband-access