

CFRP POLICY BRIEF

The Future of Social Service Delivery: Balancing In-Person and Virtual Services

Study Overview

The COVID-19 pandemic necessitated major changes to service delivery for MIECHV-funded home visiting in Texas. Almost all providers adapted by switching to a virtual service delivery model. To study these changes, the Texas Department of Family and Protective Services' Prevention and Early Intervention Division (PEI), which oversees MIECHV-funded home visiting in Texas, contracted with Dr. Cynthia Osborne and the Child and Family Research Partnership (CFRP) at the LBJ School of Public Affairs at The University of Texas at Austin.

Home visitors found that families valued virtual services. Families appreciated the convenience of virtual services and found scheduling and re-scheduling visits easier. Families also sometimes felt more comfortable sharing their personal information with home visitors in the virtual environment. Home visitors also note that they may be able to serve more families with limited resources if some components of home visiting remain virtual.

However, new challenges also arose. Families often could not conduct visits over video because they did not have the needed technology or skills. Similarly, home visitors often needed new equipment to effectively work from home. Home visitors generally agree that recruiting, building relationships with new clients, and conducting formal assessments are activities best completed in person.

The key lessons learned during the study provide insight for providers across the spectrum of social services who are considering how to serve clients in the future, specifically providers considering offering a blend of in-person and virtual options.

Introduction and Purpose

In March 2020, Texas identified its first cases of the COVID-19 virus. As fighting the COVID-19 pandemic quickly became one of the greatest global public health efforts in history, Texas Governor Greg Abbott issued a disaster proclamation and implemented social distancing guidelines for the state of Texas. In response to the health risks of COVID-19 and the Governor's guidelines, MIECHV-funded home visiting programs across the state shifted almost exclusively to a virtual service delivery model. Considering that the core function of home visiting traditionally includes meeting families where they live to build relationships and provide meaningful support, shifting service delivery online represented a monumental and unprecedented shift for families and providers.

To better understand these changes, the Texas Department of Family and Protective Services' Prevention and Early Intervention Division (PEI), which oversees MIECHV-funded home visiting in Texas, contracted with Dr. Cynthia Osborne and the Child and Family Research Partnership (CFRP) at the LBJ School of Public Affairs at The University of Texas at Austin. By surveying more than 130 home visitors and program leads and conducting focus groups with nearly 20 home visitors in July and August 2020, CFRP studied the changes in how home visitors served families and how families' needs evolved during the COVID-19 pandemic.

Through our study, we found that serving families virtually comes with distinct challenges and benefits compared to traditional in-home services. Virtual services provide additional convenience and flexibility that can potentially help keep families engaged longer. However, many families did not have the skills or technology at home to participate in virtual visits, making some aspects of service delivery more difficult. Similarly, home visitors often needed new equipment to effectively work from home. Home visitors generally agree that recruiting, building relationships with new clients, and conducting formal assessments are very difficult in a virtual setting, and these activities are best completed in person in the future.

The purpose of this brief is to provide service providers across the country, who may be facing similar changes and considering how to provide in-person services in the future, when it is safe again, with key considerations for how to balance the benefits of virtual services with the advantages of in-home services to best serve families.

Balancing the Benefits: Key Considerations for Social Service Delivery

1. Blending in-person and virtual services could best meet families' needs for social services such as home visiting in the future.

The transition to a long season of social distancing, self-isolating, and online events and activities posed a major challenge for families all over Texas, including families served by home visiting programs and the home visitors themselves. Like many other activities and events, providing social services such as home visiting in-person, in the home, brings intangible benefits that are difficult to quantify. However, during the COVID-19 pandemic, home visitors across Texas worked tirelessly to continue to provide high-quality services to families virtually when in-home services were not safe.

Nearly 80 percent of home visitors think their families would benefit from a blended approach of virtual and in-person home visits in the future.

Home visitors emphasized that virtual home visits provided many of the same benefits as in-person services and even provided some distinct advantages. Considering both the unique benefits of virtual home visits along with the advantages of traditional in-home services, home visitors and other program staff agree that most families would benefit from a blend of in-person and virtual services in the future. Understanding that the way we provide services continues to evolve as we consider life beyond the COVID-19 pandemic, in the remainder of this brief we dive deeper into the benefits and challenges of virtual service provision. Building on these lessons learned by Texas home visitors, service providers across Texas and beyond can consider these lessons as we plan how to best serve families in the future.

2. Virtual service delivery offers families convenience and flexibility, and may help some families feel more comfortable participating in services.

Families value virtual home visiting services because the virtual environment offers increased scheduling flexibility and, for some families, increased comfort with participating in the service. Specifically, virtual service delivery provides flexibility for both the client and the service providers. Visits can be scheduled during a wider range of times and re-scheduled easier when they are virtual. Scheduling flexibility can mean that clients are less likely to cancel appointments and remain engaged in services for longer.

Additionally, nearly 70 percent of home visitors agree that their families were more comfortable with virtual visits than in-person visits. For some clients, the distance provided by a phone or computer allowed them to relax and open-up more than they would during an in-person visit. These results do not provide a complete picture of services during the COVID-19 pandemic, because the families who could not participate in or did not prefer virtual services may have disengaged, and therefore did not provide their opinion. However, clearly many

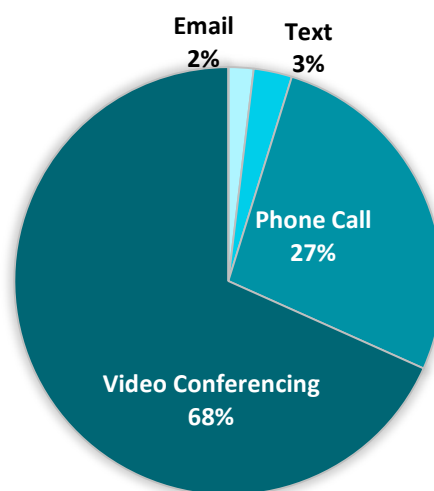
families value the additional flexibility of virtual services, and other families felt more comfortable talking with their home visitor over the computer or phone rather than in-person, further indicating the value of a blended service delivery approach in the future.

3. Though videoconferencing provides services most similar to in-person, many Texas families do not have the resources to participate in teleconferencing visits.

When Texas home visiting programs switched almost completely to virtual service delivery, the programs generally preferred to deliver services via videoconferencing (FaceTime, Zoom, etc.) because these platforms allowed for face-to-face interactions most similar to an in-person visit. Though meeting over various videoconferencing platforms worked well for many families, home visitors also served many families over the phone instead (see Figure 1).

Some families simply preferred to meet on the phone; these parents felt more at ease on the phone, not worrying about dressing nicely or cleaning their house for the visit. However, other families did not have the tools or skills necessary for video visits. As shown in Figure 2, the two most common barriers to virtual services reported by home visitors include a lack of tools necessary for virtual visits (65% of home visitors) and limited understanding of video conferencing software (56% of home visitors). Specifically, many families did not have Wi-Fi at their homes. Though many families had at least one smartphone with video capabilities, they often purchased monthly data plans with a limited amount of data. Because video calls use a relatively large amount of data, these families could not afford to conduct their home visits on video.

Figure 1: Most Common Method of Virtual Home Visit

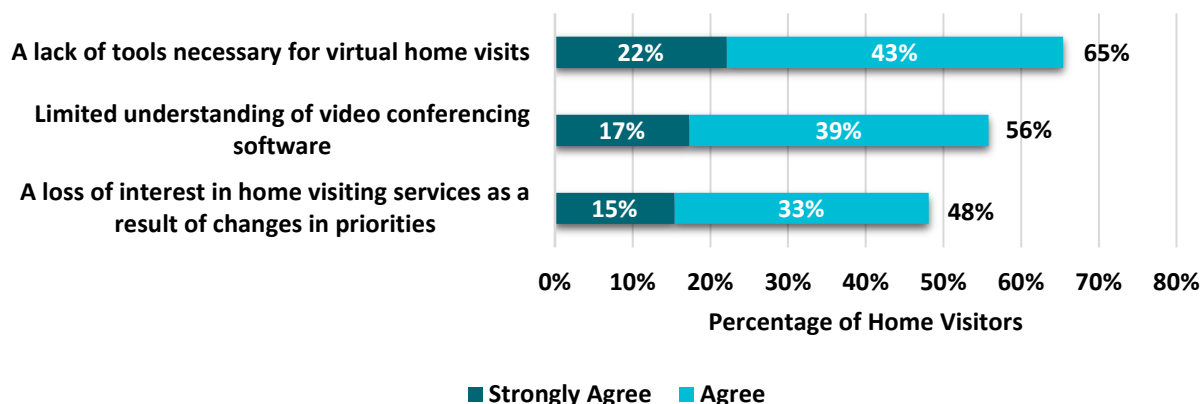


*Note: N=104. Source: Home visitor survey, 2020.

“A lot of [my visits] are phone calls because a lot of my families may not have the phone capabilities to ... video chat.” - Home Visitor

Service providers who plan to provide services virtually in the future and intend to rely on video conferencing need to consider how to ensure families have the technological resources to participate and plan to teach families how to use video conferencing when needed. Organizations may need to allocate funding to provide families with additional data for their plans or support families to obtain Wi-Fi for their homes, for example.

Figure 2: Family Challenges to Home Visiting



**Note: N=104. This question asked home visitors about the challenges families on their caseload faced to staying engaged in home visiting. Additional items assessed whether families disliked the virtual format or had concerns with confidentiality while video conferencing. The chart includes items for which home visitors most commonly selected “Agree” or “Strongly Agree.” Source: Home visitor survey, 2020.*

4. Virtual service provision may bring some cost savings for provider organizations, but new costs may also arise.

While providing virtual services during the COVID-19 pandemic, home visitors noted that the reduced commuting needs brought on by virtual home visits could potentially provide an opportunity to serve more families with limited funding. Virtual services may also lead to additional costs, however, signaling that organizations may need to reconsider how they allocate their funds and consider the full spectrum of costs to determine whether the net cost to provide services increases or decreases.

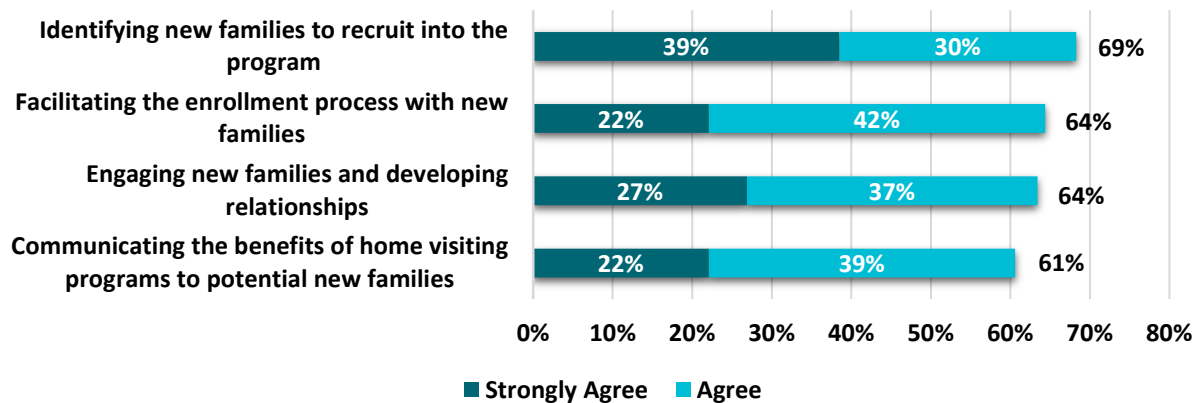
Supporting families to purchase technology needed for virtual services is one component of virtual services that could lead to additional costs, but providers may also incur new costs for their staff. During the COVID-19 pandemic, home visitors often needed new supplies to facilitate high-quality service delivery from home, including an upgraded Wi-Fi connection, a printer to print needed materials and documents, and supplies to create private spaces in their homes for confidential calls.

For provider organizations who decide to provide virtual services, an additional consideration will be determining whether providers also work from home or conduct virtual services at a central office space. If providers also work from home, organizations may need to purchase extra materials and supplies for providers to keep at home or may choose for providers to come into the office for tasks such as printing.

5. Maintaining in-person recruiting events and relationship-building opportunities with new clients may facilitate the best service delivery.

Two of the most challenging components of virtual service delivery during the COVID-19 pandemic for home visitors included recruiting new families for home visiting and building relationships with new clients (see Figure 3). Home visitors described that in most cases they could seamlessly transition to virtual service delivery with families they already knew and previously visited in-person. However, home visitors explained that it was more difficult to build a relationship with families who were newly enrolled in home visiting. It was also more difficult to assess these families’ needs and help them feel connected and engaged in the program. Similarly, recruiting new participants felt like a much more difficult task to home visitors because home visitors no longer had the option to recruit new families at in-person community events, which allowed them to meet families in an informal setting and begin developing a relationship with them while sharing information about home visiting services.

Figure 3: Recruitment and Enrollment Challenges



**Note: N=104. This question asked home visitors about the challenges to the recruitment and enrollment of new families. Source: Home visitor survey, 2020.*

Both challenges point to the importance of maintaining in-person components of social services to best serve families. Providing more in-person services up-front during service delivery may also help providers best assess which families might benefit from ongoing in-person services rather than virtual services. For example, while providing virtual services during the COVID-19 pandemic, home visitors often described that though virtual services worked effectively for most of their families, they struggled to keep several families engaged and were worried that these families had needs that they may not choose to share with the home visitors during virtual visits. For families facing higher levels of need, in-person visits may better enable home visitors to assess needs and offer connections to community resources to support the family.

Overall, these findings demonstrate that organizations considering remaining virtual or transitioning to a virtual model of service delivery should consider maintaining in-person components to give providers the opportunity to build relationships with new families before starting the virtual component of services to best serve families.

6. In-person visits provide the best environment for conducting formal assessments, such as to identify strengths and areas of need or assess developmental progress.

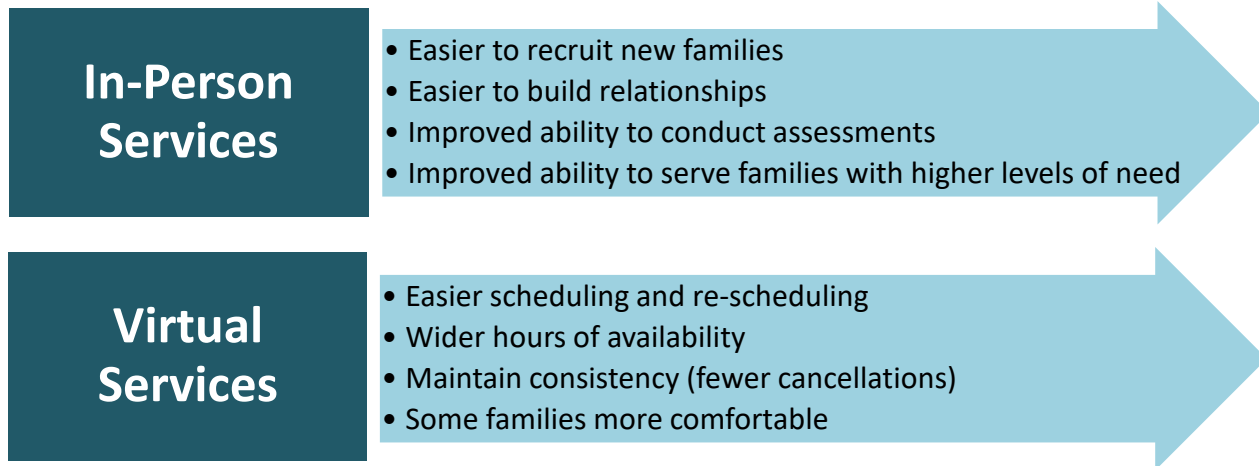
A key component of home visiting includes conducting assessments to identify families' strengths, needs, progress toward goals, and additional community services or resources that could benefit a family. While providing virtual services during the COVID-19 pandemic, home visitors used creative strategies to conduct assessments through videoconferencing or phone calls. However, home visitors and program leads emphasize that in-person visits provide the best environment for conducting assessments. Home visitors list a few specific challenges to conducting assessments virtually. When assessing family needs such as family violence, home visitors find it difficult to confirm that the parent is in a safe place to honestly share any risks they may face in their home. When assessing child development, it can be much more difficult to ask questions about what a child can do when the home visitor is not in the room to demonstrate the action or watch the child complete the action.

For providers that will continue to serve clients virtually moving forward and regularly conduct formal assessments, such as to assess family needs or child development, these findings indicate that prioritizing in-person time for assessments could best serve children and families. Further, providing staff training on how to conduct assessments or assess family risk while serving families virtually could enhance virtual services. One home visitor specifically suggested that providers receive training on identifying domestic violence and mental health concerns virtually:

"...[W]e have to go through like a domestic violence training, but maybe something on how to [identify domestic violence] in the virtual setting... because I'm sure there's been an increase in domestic violence, not only domestic violence, but maybe even mental health stress."

In addition, for services such as home visiting, for which assessing a family's safety and wellbeing are a critical component of the program, including more in-person services up front maximizes providers' ability to learn about the family's needs and what other community resources may benefit the family early on in service provision.

Figure 4: Advantages of In-Person and Virtual Services



Conclusions

The COVID-19 pandemic necessitated major changes to service delivery for home visiting in Texas, as well as for other social services across the state and country. MIECHV-funded home visiting in Texas adapted by switching to a virtual service delivery model, which presented new challenges, but also new benefits for families.

During such a difficult time for families and providers alike, one important realization was that families liked, and potentially benefitted from, some aspects of virtual service delivery. Families appreciated the convenience of virtual services and found scheduling and re-scheduling visits easier. Families also sometimes felt more comfortable sharing their personal information with home visitors in the virtual environment. Home visitors also note that they may be able to serve more families with limited resources if some components of home visiting remain virtual. However, new challenges also arose in the virtual environment. Families often could not conduct visits over video because they did not have the needed technology or skills. Similarly, home visitors often needed new equipment to effectively work from home. Home visitors generally agree that recruiting, building relationships with new clients, and conducting formal assessments are activities best completed in person.

As meeting in person becomes safe again, many organizations are considering how to maximize the benefits of virtual services with the advantages of in-person services, and these lessons learned from home visitors in Texas can help other providers decide how to balance in-person and virtual service delivery.

Authors

Cynthia Osborne, Ph.D.

Director, Child and Family Research Partnership
Associate Professor, Lyndon B. Johnson School of Public Affairs
The University of Texas at Austin

Mackenzie Sanderson, MPAff

Graduate Research Assistant
Child and Family Research Partnership

Michelle Gibson, MPAff

Research Associate
Child and Family Research Partnership

Research Support

Erin Wu, MPH

Research Associate
Child and Family Research Partnership

Jennifer Huffman, MPAff

Research Director
Child and Family Research Partnership

Preferred Citation

Osborne, C., Sanderson, M., Gibson, M., (September 2021). The Future of Social Service Delivery: Balancing In-Person and Virtual Service. Child and Family Research Partnership, LBJ School of Public Affairs, The University of Texas at Austin.

© September 2021, Child and Family Research Partnership, All Rights Reserved.

The Child and Family Research Partnership (CFRP) is an independent, nonpartisan research group at the LBJ School of Public Affairs at The University of Texas at Austin, specializing in issues related to young children, teens, and their parents. We engage in rigorous research and evaluation work aimed at strengthening families and enhancing public policy.