Approaching a New Normal: Lessons Learned Transitioning Family Education Programming to a Virtual Environment

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The COVID-19 pandemic is highlighting deep-rooted health inequities. While the virus itself does not discriminate, gaps in access to services and disparities in health outcomes are prevalent. Concerns over worsening mental health outcomes and increases in family violence exist. Thus, service organizations have faced an unprecedented call to rethink services, with many transitioning to virtual programming to ensure the needs of their clients can be met. This brief highlights lessons learned as one organization pivoted to meet critical client needs during the COVID-19 pandemic. Evidence suggests atypically high engagement and retention in family education and family violence reduction programming under Safer at Home orders when compared with pre-COVID engagement. Findings suggest key tenants for program success are tied to strong programming, staff engagement, and participation retention and satisfaction. Program adaptations create opportunities for increasing service equity, improving engagement and satisfaction, and improving family and mental health outcomes by maintaining connections, while providing a model for delivering services to reduce child maltreatment during times of social isolation and increased hardship.

Keywords: *virtual programming; COVID-19; family violence; engagement; zoom*

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ASSESSMENT OF NEED

The COVID-19 pandemic is highlighting deep-rooted health inequities. While the virus itself does not discriminate, gaps in access to services and vast disparities in health outcomes exist (Sistovaris et al., 2020). Concerns over worsening mental health outcomes and increases in family violence resulting from the social isolation and economic crisis brought about by the COVID-19 pandemic compound disparities already faced by our most vulnerable. Globally, child welfare organizations, including WHO (World Health Organization), UNICEF, and the CDC (Centers for Disease Control and Prevention) warn of increases in child maltreatment as families struggle with the multiple effects of economic distress, social isolation, lack of school structure, and stress of coping during the pandemic (Humphreys et al., 2020).

Across the globe, local organizations such as Champions for Children (CFC), provide services aimed at preventing family violence. In response to COVID-19, these organizations faced an unprecedented call to

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rethink services, with many transitioning typically face-to-face and onsite programming to virtual services. Organizations were forced to pivot, with varying levels of success, as they aimed to provide services that reduce risk for poor child and family outcomes, including family violence.

Although remote service delivery through telehealth models have facilitated increased access to medical and psychiatric care, studies suggest an association with higher rates of attrition and challenges with engagement in educational and prevention programming (Perle & Nierenber, 2013). Gaps also exist in the literature on evaluation of staff experiences. Evaluations suggest moderate to high staff satisfaction with teleprogramming (Sorrells-Jones et al., 2006). Missing, however, is an understanding of the staff experience in transitioning prevention programs online, particularly during crisis response. This brief aims to fill that gap, highlighting lessons learned as one organization pivoted to meet critical client needs during the COVID-19 pandemic.

TRANSITIONING DURING A PANDEMIC: THE STRATEGY

CFC is a nationally accredited, nonprofit that provides child abuse and neglect related services. CFC received federal funding (HHS-2015-ACF-OFA-FM-0985:2015-2020) to implement the Positive Parenting Partnership (P3), a comprehensive suite of services, which included Triple P (Sanders et al., 2002), an evidence-based curriculum, along with case management, and financial coaching to improve family stability, parenting, and overall family well-being. Participants included at risk families.

Between 2015 and 2020, P3 served 1,032 participants. Participants received Triple P workshops and engaged in case management and financial coaching, all designed for in-person delivery. In March 2020, Tampa went under "Safer at Home" orders in response to COVID-19. To ensure participants, especially those at high risk for adverse events, did not lose critical services, CFC immediately began strategic planning initiatives to guide a seamless pivot into virtual services. Within 2 weeks, all clients transitioned into virtual programming, including individual case management and group workshops via zoom, online assessments, and electronic incentives. Steps and critical considerations related to planning, implementation, and support are outlined in Table 1.

A VIRTUAL POSITIVE PARENTING PARTNERSHIP: OUTCOMES

Evidence from the final 6 months of programming under Safer at Home orders suggest atypically high engagement compared to pre-COVID engagement. During the first half of CY2019–2020 (October–March), 161 participants enrolled in the P3 program; 79.4% completed services. Trends mirror prior year's enrollment and completion. However, while both recruitment and retention were expected to drop in the second half, based on annual trends and the contract ending, 185 participants enrolled during the final half, a significant increase. Due to demand, CFC continued enrolling participants after enrollment goals were surpassed (P3 met 163% enrollment targets CY2019–2020). P3 also experienced significantly higher completion rates, 93% compared with 79% (October–March) and 78% (4-year average). Spikes in client and staff satisfaction were also reported.

LESSONS LEARNED

Findings suggest key tenants for program success are tied to strong programming, staff engagement and satisfaction, and participation retention and satisfaction (see Figure 1).

Strong programming is the foundation for a program with successful outcomes. In this case, Triple P was employed as part of a suite of services. However, when moving into a virtual, synchronous format, a format not previously tested by program developers, ensuring model fidelity was vital. Staff implemented the program using new technology, while monitoring fidelity to ensure programming standards. Critical to this, and to staff engagement and satisfaction, was training and support. While staff were trained and experienced in the intervention, the new modality required additional training and weekly check-ins/debriefs. These sessions helped staff to feel supported and confident in their efforts. Well trained, dedicated, and passionate staff are the backbone of any intervention. Thus, ensuring their well-being during this difficult transition was critical. It was also vital that staff and participants had the tools to engage in this new environment. For staff, this included new equipment (e.g., web-cameras, laptops) and training in advanced Zoom features. When these features and equipment worked well, they allowed staff to engage with participants through group workshops and individual sessions and enhanced the overall experience.

At the heart of the model are participants. As CFC shifted into virtual programming, ensuring participants had the tools and technology needed was vital. This included ensuring hotspots, providing internet services, and lending devices. When the technology worked, participants felt connected. With training, support, and resources, staff were able to overcome technological challenges for most participants. Finally, participants

TABLE 1
Steps for Successful Virtual Programming

Steps	*Critical Consideration*
Planning	
1. *Strategic planning* with all program staff to determine factors for online transformation.	It is imperative to have all programmatic staff involved in this planning.
2. *Consider model fidelity.* Develop protocols to ensure all requirements are met.	Model fidelity and fit is imperative. For evidence-based programs, meet with developers if possible.
3. *Practice and pilot* to troubleshoot any challenges, new technology, and so on	The unexpected will occur, and new tech leads to new challenges. Practicing and piloting will help.
Implementation	
4. *Technology* requirements must be piloted; proper equipment (e.g., microphones, lighting, webcam, laptops) purchased.	Upgraded equipment is vital for program staff. Microphones must be clear, connections strong, and lighting professional. Thus, there are important budgetary considerations. Relying on staff's personal equipment is not feasible or equitable.
5. *Flexibility* is particularly critical during a crisis. Balance fidelity and participant need.	Balancing program fidelity and changing needs (particularly during crisis) will help foster success. This includes working with staff and participants to make modifications to timing, schedule, and offerings that will further support success.
Support for program staff	
6. *Weekly* staff debriefings to troubleshoot challenges and discuss successes	Regular, open meetings are vital to help work through challenges, to ensure staff feel heard and supported, and to share success/facilitators to engagement.
7. *Regular meetings/check-ins* with leadership and fidelity checks.	More regular meetings with supervisors are vital, especially in a tumultuous time. This can be used to catch any challenges and ensure success of programming. Most important, this time can be used to provide support, positive acknowledgment, and ensure staff feel valued.
Support for participants	
8. *Assistance* with technology, revisions to incentives, and other supports to ensure program successes.	Providing hotspots, wifi, lending laptops and webcams helps to ensure access and engagement. Ensuring technology is not a barrier to participation is vital. This requires flexibility and rebudgeting, looking for community partnerships (e.g., local utility companies, children's board, and housing authorities), and innovative strategies to address.
9. *Enhanced* case management or additional linkages become increasingly important in a nontraditional setting, especially during crisis.	Even if programming does not have case management, considering the new needs and challenges faced by families, and filling those needs, will help to further support.

reported flexibility was paramount and lead to increased satisfaction and retention. The convenience of logging in from anywhere reduced the burden of child care, transportation, and timing.

IMPLICATIONS FOR PRACTICE

Program adaptations create opportunities for increasing service equity, improving engagement and satisfaction, and improving family and mental health outcomes by maintaining connections, while providing a model for delivering services to reduce child maltreatment during times of social isolation and increased hardship. CFC's experiences provide insight into emerging public health and family studies research on equity in child abuse prevention by highlighting unexpected positive outcomes, such as increased access and engagement in services and enhanced pathways to socialization for

FIGURE 1 Elements for Successful Virtual Programming

families. Experiences may help inform emerging best practices in the development of or translation to virtual family support and teleprogramming, using evidence based, staff- and participant-driven processes. These experiences may also help agencies better prepare for future crises that require flexible but engaged best practices to reach those isolated and at risk for child maltreatment, violence, depression, or other poor health outcomes.

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