



Lessons Learned Delivering Remote Services to Job Seekers with Low Incomes During the COVID-19 Pandemic

With the onset of the COVID-19 pandemic, organizations that serve job seekers who have low incomes were forced to adapt to new forms of service delivery. Many organizations delivered services remotely, some for the first time. This brief describes lessons learned from three organizations that adapted existing interventions to remotely provide work readiness activities or education and training services to job seekers with low incomes. Lessons learned from these service adaptations can help other organizations offering similar employment services remotely.

The findings in this brief are based on interviews with leaders and frontline staff from an [Integrated Basic Education and Skills Training \(I-BEST\)](#) site in Des Moines, WA; [Project Quality Employment Through Skills Training \(QUEST\)](#) in San Antonio, TX; and a [Wisconsin Regional Training Partnerships \(WRTP\)](#) site in Milwaukee, WI.

What were common challenges that made it difficult for participants to engage in remote services?

Staff across the three organizations described similar challenges facing participants during the COVID-19 pandemic, including the following:

- **Caregiving responsibilities** made it difficult for participants to participate in services remotely.
- **Accessing the Internet or computers** at school or coffee shops was not an option during the COVID-19 pandemic, which meant participants often purchased Internet service on their own. Others without computer access struggled to take classes on their cell phones, which were the only point of Internet access for some participants.
- **Sharing technology**, including computers or Internet bandwidth, among multiple household members was difficult to navigate.
- **Learning remotely** proved challenging to many participants who had never participated in remote learning before and who did not have the necessary computer skills to participate.

The Pathways to Work Evidence Clearinghouse

The Pathways Clearinghouse provides reliable, accessible information about what works to help job seekers with low incomes succeed in the labor market.

The interventions described in this brief were identified as [interventions that work](#)—meaning, they were rated as supported in at least one outcome domain—before they were delivered remotely.

Remote service adaptations described in this brief have not been rigorously evaluated to assess their effectiveness.

Work readiness activities

include employment coaching, job development or job placement, and job search assistance.

Education and training services

include services to support educational attainment; training that is tied to an occupation; and soft-skills training, such as training in punctuality or conflict.

As a result of changing participant needs associated with the pandemic, the three organizations experienced changes in the number of participants interested in their services. Two organizations saw an initial decrease in demand, noting participants' lack of technology access or hesitation to participate remotely. As of January 2021, however, two organizations were serving two to three times the number of participants they served prior to the pandemic. One organization noted that offering online services allowed them to reach more participants. Another organization used Coronavirus Aid, Relief, and Economic Security (CARES) Act funding to provide stipends to participants who lost income due to the pandemic and to hire additional staff who conducted outreach to promote the new stipends and other services.

How did organizations change their service delivery in response to the COVID-19 pandemic?

In Spring 2020, all three organizations changed how they implemented their work readiness or education and training services to continue delivering these services remotely. Table 1 describes the major changes discussed during interviews with selected sites from these organization. For more information about the services offered by each organization before the COVID-19 pandemic and their implementation, please click on the links embedded in Table 1.

Table 1. Implementation of select work readiness and education and training services before and during the COVID-19 pandemic in sites from three organizations

Service content	Implementation before the COVID-19 pandemic	Major adaptations in response to the COVID-19 pandemic
I-BEST site in Des Moines, WA		
<ul style="list-style-type: none"> • Integrated occupational training and adult basic education classes • Academic advising 	<ul style="list-style-type: none"> • Two teachers delivered classes in person • One-on-one, in-person academic advising was offered as needed before or after class 	<ul style="list-style-type: none"> • Classes were delivered via videoconferencing and online learning platforms • Classes used a combination of asynchronous and synchronous instruction • Instructors required weekly one-on-one remote academic advising • Class time was reduced per session
Project QUEST		
<ul style="list-style-type: none"> • VIP life skills sessions • Academic and career counseling 	<ul style="list-style-type: none"> • Career coaches delivered biweekly group VIP sessions in person with participants of all experience levels • Career coaches offered individual biweekly academic and career counseling sessions in person 	<ul style="list-style-type: none"> • VIP sessions and one-on-one academic and career counseling sessions were delivered via videoconferencing • VIP sessions were organized by participant experience level
WRTP site in Milwaukee, WI		
<ul style="list-style-type: none"> • Occupational and soft-skills training • Tutoring in occupational skills 	<ul style="list-style-type: none"> • Training classes were delivered in person • Small group tutoring sessions were offered in person 	<ul style="list-style-type: none"> • Trainings were delivered via videoconferencing and online learning platforms • Trainings used a combination of asynchronous and synchronous instruction • Hands-on occupational training activities took place in person with safety precautions • Classes and tutoring sessions were shortened • Remote tutoring was delivered one-on-one

I-BEST = Integrated Basic Education and Skills Training; Project QUEST = Project Quality Employment Through Skills Training; VIP = Vision, Initiative and Perseverance; WRTP = Wisconsin Regional Training Partnerships.

To deliver services remotely during the COVID-19 pandemic, the sites from Project QUEST, I-BEST and WRTP adapted in the following ways.

1 To give participants more options to continue participating, staff offered multiple modalities to receive session content. Before the COVID-19 pandemic, these three organizations did not provide participants with options for how they could receive services—all were delivered face-to-face. At the start of the pandemic, all three organizations began using free videoconferencing platforms for providers and participants, such as Zoom, to communicate with participants and deliver services, sometimes allowing participants to choose online, in-person, or hybrid instruction. Some of the organizations also used virtual learning management platforms, such as Google Classroom and Canvas, and one-on-one messaging services, such as GroupMe. Offering multiple modalities to participants meant that staff spent more time planning sessions and preparing content and materials than they did when services were only provided in person. Staff offered new modalities in the following ways:

- **Prerecording sessions** allowed participants to view coursework on their own schedule. Although creating recorded content required an up-front investment of staff time, staff then had this content available for use when in-person services resumed.
- **Offering synchronous videoconference sessions** for discussion-based topics allowed staff to interact with students and answer questions in real time. For the first time, staff created PowerPoint presentations to deliver content during sessions, having previously used projectors or paper materials. Before sessions, some staff mailed paper materials to participants who did not have a printer at home.
- **Providing in-person training with social distancing and other, related safety precautions** for occupational training that could only be conducted hands-on allowed participants to stay safe while still learning important skills.
- **Creating new publicly available content** allowed staff to reach additional audiences outside of regular service offerings. One organization created online videos for a general audience of youth, not just those who receive services, to learn about different occupations and how to navigate the job application process.

“Everyone across the state can log in and watch a presentation. Before, if you weren’t at the recruitment [center] that particular day, you may not have gotten that information. Now, individuals can access that whenever they’re inclined to.”

— Organization leader

2 To accommodate participants’ needs, organizations modified intervention policies. Before the COVID-19 pandemic, some of the organizations had strict attendance and assignment policies designed to hold participants accountable. Recognizing the demands participants were facing at home and Internet connectivity challenges, organizations changed their attendance policies to be more flexible than they were pre-pandemic. Staff emphasized the importance of having empathy to understand the challenges participants faced at home with remote services. Modified policies included the following:

- **Lenient late policies** accommodated participants who faced connectivity issues before and during a virtual session.
- **Flexible due dates** on assignments gave more time to participants who were unable to complete assignments by the due date.
- **Shorter session times** acknowledged participants’ difficulty with sitting at a computer for long hours or the need to share technology with others in their homes.
- **Offering multiple synchronous sessions** accommodated participants’ schedules by allowing them to choose the best day and time to attend group sessions.

“Put yourselves in the shoes of the other person. What is common to you might not be common in someone else’s household when you’re thinking virtually. I have a decent job, and I notice my Internet is spotty after a couple kids jump on for school...Then I think about the low-income guy. Think about it in terms of the person you’re delivering services to.”

— Frontline staff

3 To support the remote transition, organizations and partners offered technology assistance to participants. Before the COVID-19 pandemic, most participants accessed computers and Internet connection at the organizations or schools they attended. The organizations knew job seekers with low incomes might face challenges with accessing technology, so they responded by offering support. Staff saw participant technology skills improve after the start of the pandemic and were surprised at how well participants responded to remote services. However, access to computers and Internet remained a challenge for some participants. The organizations or their partners provided the following supports:

- **Laptop and hot spot loaner programs** were started or expanded, with one organization providing its staff’s old laptops to participants. Some organizations loaned hot spots – mobile devices that provide Internet access—to participants to allow them to access the Internet without a home connection.
- **Technology support** in the form of one-on-one meetings with participants and informal support enabled participants to learn skills for accessing remote services. Staff helped participants troubleshoot new technology challenges, such as becoming familiar with Zoom, taking remote classes on a cell phone, and using Google Docs.

4 To keep participants engaged, staff interacted and communicated with participants more frequently. Before the COVID-19 pandemic, staff frequently met with participants informally before or after classes or sessions to check in or answer questions. When interventions moved online, informal, in-person interactions could no longer take place, and staff and participants had to adjust. Staff noted they worked hard to maintain communication and to ensure participants did not fall through the cracks. Examples of interactions included the following:

- **More participants requested individual meetings** via videoconferencing, which allowed staff to check in about academic or employment concerns or issues participants were facing at home.
- **More required check-ins** that focused on how participants were doing at home and in their virtual classes allowed staff to get pulse checks on participants individually.
- **More text messaging** interactions allowed staff to leverage participant access to cell phones as a way to conduct outreach and engagement.

“My philosophy has always been high expectations with high support; this [remote services] is beautiful evidence that this works.”

— Frontline staff

5 To support staff in the remote transition, organizations updated their infrastructure and helped staff adapt to new technology. Organizational leaders noted that updated infrastructure, including technology and administrative processes, were critical to support remote service delivery. The organizations that primarily operated using hard copy paperwork before the COVID-19 pandemic transitioned most of their files online, increasing staff and participant access. Those who had made technological investments in information sharing before the COVID-19 pandemic more easily transitioned to remote service delivery. Technology infrastructure included not only ensuring staff accessed videoconferencing software but also ensuring the infrastructure had the capacity to support delivering remote services to large numbers of users. Administratively, staff spent more time on tasks such as downloading transcripts from videoconferences and updating session notes to keep track of topics covered in each

session and interactions with participants. Although staff initially struggled with new processes and learning new technology, they adapted in the following ways:

- **Practicing with other staff** before synchronous sessions to get familiar with new technology and feel more comfortable delivering services remotely. Staff reported they became used to delivering videoconferencing sessions, although they missed in-person interactions.
- **Having virtual staff meetings** allowed staff to share successes and challenges and learn from each other.
- **Continuously trying new things and adjusting** if a platform, practice, or policy did not work as intended for staff or participants. For example, staff who struggled to read participant body language during videoconference sessions tried new ways to engage participants, including using breaks, polls, chats, and icebreakers.
- **Motivating and supporting each other** through mental health seminars, weekly meetings, and virtual social gatherings helped address staff fatigue and burnout from multiple back-to-back sessions and leading more sessions with participants.

What will service delivery look like after the COVID-19 pandemic?

To continue service delivery during the pandemic, Project QUEST, WRTP and I-BEST had little choice but to quickly adapt their interventions to a remote environment if they wanted to continue reaching their participants. According to one staff member, adapting in-person services to remote service delivery required, “dedicated and motivated staff (people), a way for participants to continue engaging in services (process), and the infrastructure (technology).” Organization leaders shared that they were proud of dedicated staff who adjusted to delivering services remotely and participants who completed their services. Reflecting on successes and lessons learned in delivering remote services helped the organizations consider how to transition back to in-person services post-pandemic.

“*I’m excited to move forward in an environment where everyone has access to as many resources as possible.*”

— Organization leader

After the COVID-19 pandemic, these organizations plan to continue using materials and content they adapted and created during the pandemic. Online resources and asynchronous content might make it easier for more job seekers with low incomes to access employment services. Although staff see benefits of remote and in-person service delivery, they recognize that participant access to computers and Internet connection remains a challenge. Staff also miss in-person interactions and prefer to work with participants face-to-face. As organizations look to the future of service delivery after the COVID-19 pandemic, they will continue to consider how remote services can supplement in-person services to best meet the needs of job seekers with low incomes.

How we gathered this information: methodology appendix

We selected three interventions (I-BEST, QUEST, and WRTP) in the Pathways Clearinghouse evidence review that were shown to be effective before the COVID-19 pandemic. We focused on interventions with a [high quality](#) study and at least one [supported](#) outcome, indicating there is some evidence that the intervention improves specific outcomes. We focused on interventions offering work readiness activities, education and training services, or both. We examined the organizations’ websites and confirmed via email that the three interventions identified were delivering similar services for low-income job seekers remotely.

We conducted one-hour interviews with seven total frontline staff and organization leaders from these interventions to learn more about their remote services. We interviewed staff in December 2020 and January 2021. For interventions with multiple locations, we spoke to staff from one site recommended by organization leaders as representative of the intervention’s response to the COVID-19 pandemic. The high-quality study of the I-BEST intervention in the Pathways Clearinghouse examined outcomes in three sites. The I-BEST site in Des Moines, WA was not one of the sites included in the study and therefore is not in Pathways Clearinghouse database but was identified by I-BEST leadership as representative of the intervention’s response to the COVID-19 pandemic for the purpose of this brief.