

## COVID Resilience Planning for Nonprofits

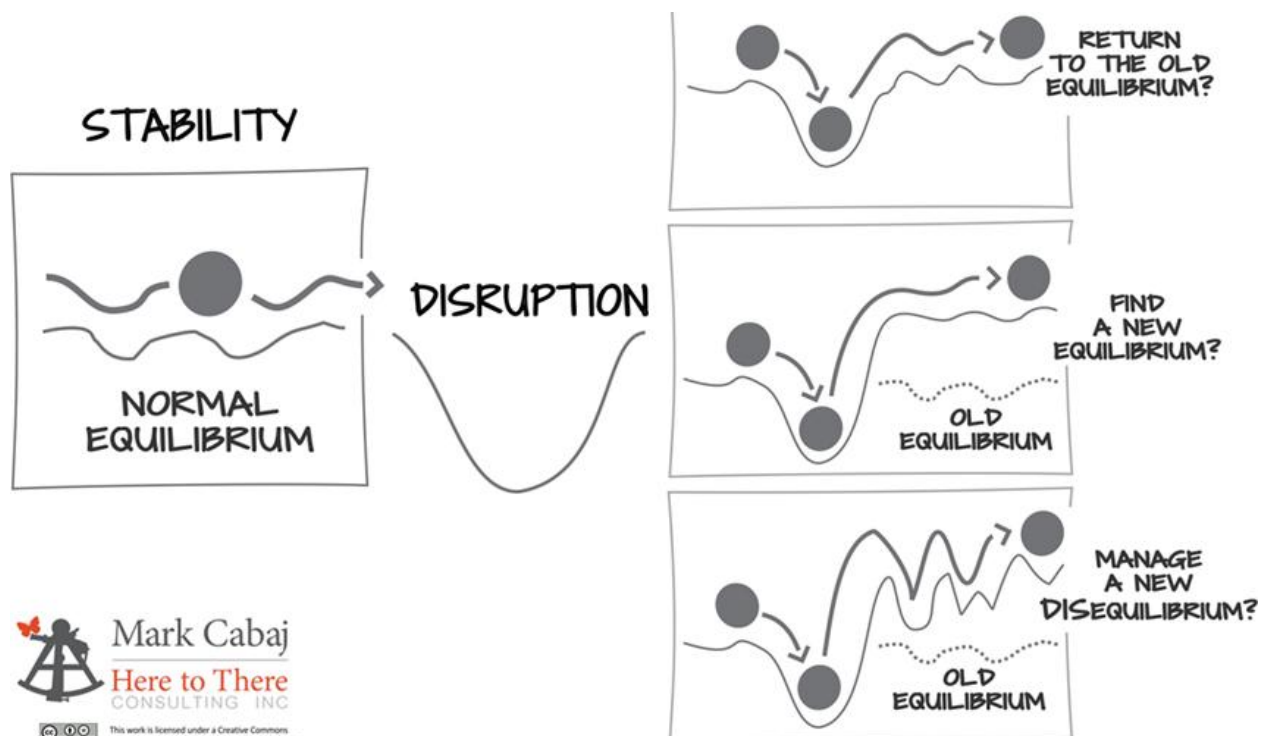
COVID-19 changed the world and the way we practice, and some of those changes need to be permanent.

COVID-19 placed unique and unprecedented stress on families, staff, and communities while also exacerbating already existing health and economic disparities. On March 18, 2020, Wisconsin's governor issued a 'Safer-at-Home' order to mitigate the impact of COVID-19 that dramatically impacted nonprofit service delivery, a \$14.6 billion sector in Wisconsin that accounts for 1 in 12 employees in the state. In one survey, 27.6% of nonprofits reported widespread conversion to virtual programming<sup>1</sup>.

“At no time in our profession's history has innovation occurred on this scale so rapidly. How do we identify what will be useful to carry into the 'new normal'?”

- Mark Cabaj, Here to There Consulting

Children's Wisconsin's Community Services' child welfare, home visiting, child and family counseling, and family resource center programs had to abruptly adapt to this unprecedented situation having to quickly, and creatively, adapt evidence-based interventions for virtual delivery, navigate and learn available technology, and redesign



outreach and engagement with families. The scale and speed of social innovations in this uncertainty context present a unique challenge to organizations.

Systems disruption<sup>ii</sup> can lead to one of three types of outcomes for families and service providers to navigate; a return to the old equilibrium, finding a new equilibrium, or managing a new disequilibrium (see figure 1). The scale of the innovation required to adapt to the challenges associated with COVID-19 have been staggering, from rapid expansion of virtual therapy to radical shifts in group-based parent support programs. At no time in our profession's history has innovation occurred on this scale so rapidly. How might organizations move quickly, but also identify what has value that will be useful to carry into the 'new normal' of a post-COVID social service delivery system?

### **Children's Well-Being Response: COVID Resilience Plan**

Resilience is defined as the ability to overcome serious hardship, which has gained even further importance in consideration of the increased stress and vulnerability during the pandemic. This is true for both families and the programs dedicated to serving them. As nonprofits have adapted to these challenges, there is opportunity to capitalize on the learning that can inform future strategy in an environment that will likely be permanently changed. Children's Child Well-Being COVID Resilience Plan was created to enhance family resilience by supporting organizational innovation to address four core challenges stemming from the pandemic:

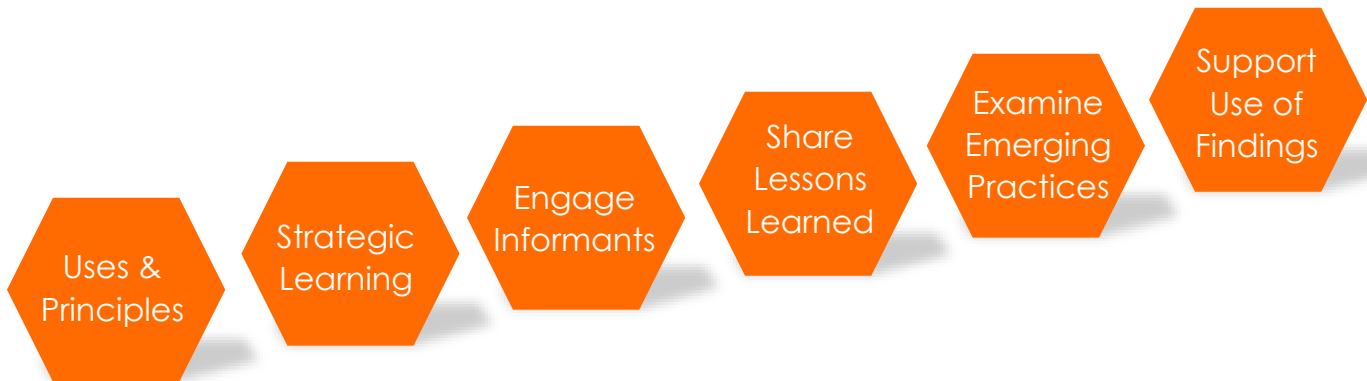
1. Practice has had to radically shift and may not return to the normal equilibrium.
2. Families face unprecedented stress from economic and other pre-existing challenges.
3. Disparities in outcomes have been amplified by COVID-19.
4. How we functioned in the past may not meet these new needs.

The mission of the COVID Resilience Plan team was to "Identify and elevate innovative practices that have surfaced since the start of the COVID-19 crisis that supports the well-being of families, are adaptable to our current limitations, and may enhance future practice." The team was also tasked with highlighting policy and system gaps that impact family well-being to inform advocacy efforts. To accomplish these goals, Children's Institute for Child and Family Well-being (ICFW) team, in collaboration with program staff and leaders, established five guiding principles for this endeavor.

- User focused: The information collected was intended for use by Director-level leadership decisions around supporting innovation, program direction, and advocacy efforts.
- Inclusive of community voice: During times of stress there can be a desire to move quickly, but the voice of "context experts", people with lived/living experiences served by Children's Well-Being programs, was essential in informing the process and decision-making in the uncertain context.

- Generalist: The COVID Resilience Plan group was intended to address practice from a generalist perspective, avoiding a procedural, program-by-program approach in favor of one that looked at practice in terms of engagement with individuals (parent or child), parent-child dyads, or group-based services (training or parent education groups).
- Pragmatic: The Resilience Plan goals had to be accomplished without the support of new financial resources for planning and innovation.
- Shared Learning: As staff in each program were working feverishly to support families, pre-existing program silos prevent rapid sharing of insights across different departments. The COVID Resilience Plan needed to support inter-departmental learning.

The six step COVID Resilience Plan process was developed with strategic learning and innovation at its core, with the intention of achieving the plan’s mission while avoiding any obstructions to the rapid program innovations that needed to occur to reach families at the start of the pandemic. Informed by the processes and principles of Outcomes Harvesting<sup>iii</sup>, Children’s COVID Resilience Plan process established six steps to elevate lessons learned, though these steps are iterative and not entirely distinct. As lessons were collected, both the process and prior lessons were adjusted because of the context and input from staff and families.



#### COVID-19 Resilience Plan Steps:

1. Uses and principles: Clearly identify the end-users of collected information and routinely engage for feedback.
2. Strategic Learning: Collecting information, reflecting on it, and sharing findings to improve family and organizational resilience.
3. Engage Informants: Program staff, people with lived/living experience, and stakeholders all have critical information on the impact and value of innovations.
4. Share lessons learned: Sharing lessons learned strengthens our hypothesis, uncovers hidden assumptions, and ensures future work is informed by these learnings.
5. Substantiate emergent practices: Ensures alignment of emergent practices with brain science and trauma-informed care principles by developing precise theories of change.

6. Support use of findings: Empower programs to learn and adapt from findings as they see fit in their context.

At the time of this writing, the project has completed the first four stages of the plan and is actively working on elevating the lessons learned as well as substantiating emergent practice, which will be covered in later materials.

[Strategic Learning](#) is the intentional practice of collecting information, reflecting on it, and sharing the findings, to improve the performance of an organization and inform its direction<sup>iv</sup>. During times of massive uncertainty and disruption, strategic learning tools provide processes that can elevate key lessons learned and insights that can quickly propel organizations and practice forward.

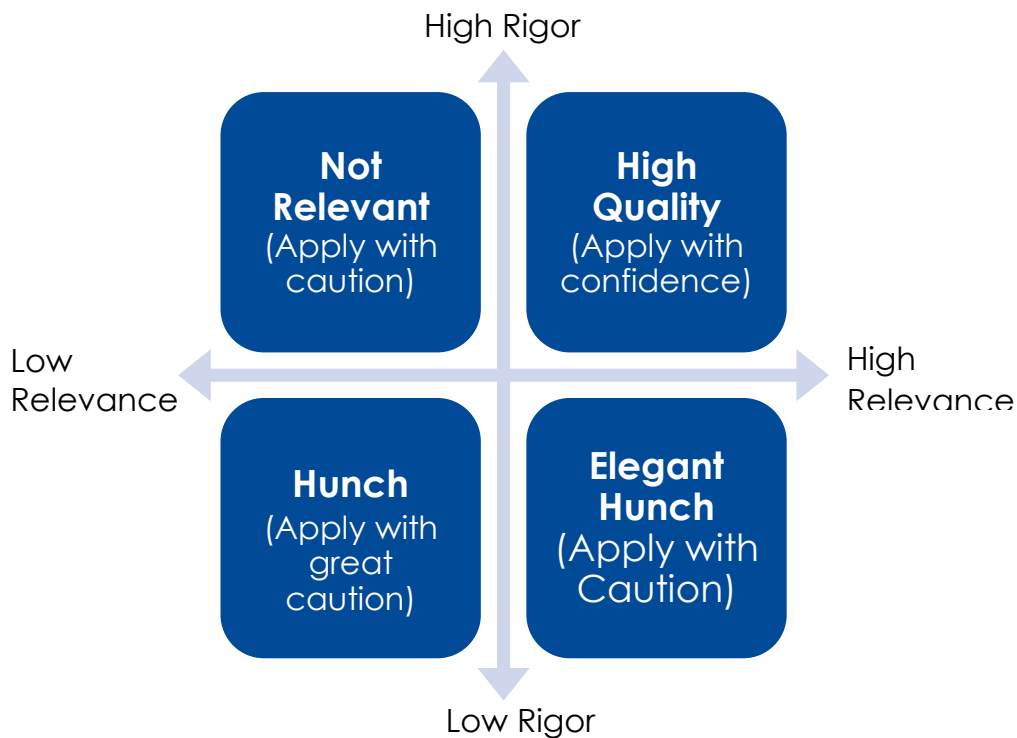
The key strategic learning activity for the plan was conducting After Action Reviews. A broad call for pandemic-related innovations (mostly virtual adaptations) was put out to staff and leaders on a weekly basis to identify innovations to review through an [After-Action Review](#) (AAR) process. Conducted following an activity or event, AARs use a series of questions to help clarify desired results and reflect on what actually occurred to identify potential ways to improve the next time. AARs can be used for everything from major events and meetings to phone calls or writing assignments.

### Developing High Quality Lessons Learned

A Lesson Learned is knowledge and experience - positive or negative - derived from actual incidents (US Army's Center for Lessons Learned) that can be translated into relevant and useful knowledge<sup>v</sup>. High quality lessons learned produce knowledge that can be applied to future action, supported by diverse, triangulated sources<sup>vi</sup>. To generate lessons learned from the COVID Resilience Plan process, Children's ICFW completed:

- 19 Facilitated After Action Reviews
- 7 Community of Practice sessions with Children's staff
- 2 Parent Focus Groups
- 1 Parent survey with 84 responses

Not all lessons learned should be applied. Understanding how the lesson aligns with the best available evidence (rigor) and how important it is to the work being done (relevance) determines how confidently we can apply the lesson. Lessons from the Resilience Plan activities were grouped into themes, which were then applied to the Rigor and Relevance matrix<sup>vii</sup>. It is important to note that utilization of the rigor and relevance matrix helps elevate important insights and lessons regardless of how frequently a theme was mentioned. High quality lessons learned are not just about what has been most frequently commented on, and the rigor and relevance matrix supports aligning staff feedback and the best available evidence.



### Importance of good questions

Strong questions help frame challenges, generate ideas, and prompt action. Crafting a good “How Might We” (HMW) question isn’t an exact science, but the process of reflecting on the right question to ask is just as valuable as the final questions you end up using<sup>viii</sup>. Children’s ICFW team developed HMW questions based on the COVID Resilience Plan Lessons Learned to prompt discussion and prioritization at the senior leadership level of the Community Services’ programs.

### Children’s Wisconsin’s COVID Resilience Plan Lessons Learned

**Lesson Learned 1:** Being able to provide services in a virtual environment is a new skill, that requires training, ongoing support, and preparation, to develop and master. We should not assume staff can be successful without such support.

HMW: How might we develop training, tips and workflows to improve staff confidence in delivery of those services and trainings that are provided virtually?

“ My child enjoyed being relaxed in her own environment and not having the doctor waiting room experience. She feels people judge her when she goes into different offices.”

-Parent, survey comment

**Lessons Learned 2:** Engaging families in what form of services (virtual, in-person, or hybrid) is best for

their family helps account for individual health or other concerns while still allowing for access to services.

HMW: How might we include family voice in developing new or sustained virtual services?

**Lessons Learned 3:** Staff and family connectivity, both in terms of quality and affordable access, can be a barrier to virtual services being an effective option.

How might we advocate for internal practices and policies that improve access to high quality internet connections and supportive technologies for virtual services?

How might we support staff and families in obtaining adequate resources (i.e. internet stipend, laptops/tablets) to ensure high quality virtual services?

**Lessons Learned 4:** Authentic and trauma responsive engagement in the Age of COVID, during lockdowns and social distancing, requires acknowledgement of the current stress and how it interacts with past trauma.

How might we center trauma-responsive culture and practices in our service delivery and team building?

**81%** of 84 parents completing the survey indicated that they had a positive experience with virtual services.

**41.7%** indicated that they 'prefer receiving my services through virtual technologies instead of in person'.

**Lessons Learned 5:** Organizational culture, leader expectations, and practices need to be intentionally and explicitly updated to support staff in the Work from Home and virtual experience.

How might we develop, adapt, or enhance trauma-informed culture, workflows, practices and support networks in our program standards to meet Work from Home and virtual environments?

**Lessons Learned 6:** The struggle of the families we serve, already marginalized and out-of-view of the community, are further hidden as they become more isolated, disconnected, and stressed by health and economic factors related to COVID.

How might we advocate for policies that improve access to economic empowerment and prevention services for families that are most vulnerable during and after COVID-19?

How might we center family/client voice in our program design and improvement efforts?

### **Prioritizing Lessons Learned**

One of the guiding principles of the plan development process was being user-focused, acknowledging that the group would be elevating different options for the programs' senior leadership. With that, program directors were tasked with cultivating strategic

priorities from the six lessons learned in the COVID Resilience Plan. As the Well-Being programs who contributed to the COVID Resilience Plan are a part of a much larger whole of Children's Wisconsin, some of the lessons learned were being addressed by broader initiatives throughout the organization. As a result, the following priorities were identified for further action.

### Strategic Innovation Priorities

**Innovation Goal 1a:** Virtual tools for staff to work with clients, foster parents, community stakeholders and each other add another method to connect that has flexibility and use in a post-COVID work environment. To provide services or work with others virtually, staff need to learn new skills. To support staff to fully take advantage of this new method, we need to do the following:

- 1) Develop the training and tools needed to ensure staff have what they need to successfully work virtually. This includes the social work inter-personal skills needed to engage through technology and the technical information needed to manage the technology that allows staff to engage meaningfully.
- 2) Develop training and tools on effective leader support and use of team meetings in a virtual environment.
- 3) Develop training and tools for leading and being a part of a virtual workgroup or advisory group.
- 4) Children's Wisconsin is a technology rich environment, but there are limits to the equipment we have for use in connecting with clients and others virtually. How might we leverage the technology we have to maximize its potential?

**Innovation Goal 1b:** Post-COVID we expect staff will have increased options on working from home versus working in the office. As we commit to keeping the ability to virtually connect with clients, community partners and each other we need to consider how we support staff in a manner that meets the increased flexibility in how staff will do their work. Looking at our organizational culture, leader expectations and use of our trauma-informed care model, make changes needed to match the increased options staff have for where and how they do their work.

**Innovation Goal 2a:** Barriers to including client voice in developing new programs and to improve current program practice are greatly reduced when we can engage clients virtually. We will develop the model and methods to have meaningful relationships with clients with lived experience (either current clients or former clients) and use their voice in program planning and improvement.

**Innovation Goal 2b:** Working with our Government Relations team, advocate for policy changes that address systemic barriers to our clients' ability to be successful.

## Conclusion

COVID-19 has forced nonprofit human services providers to rapidly adapt to new restrictions on how they might engage families made more vulnerable because of either disparities or the inability of systems to support their well-being. Coming out of this unprecedented level of disruption, nonprofits have an opportunity to reflect on what of their innovative responses can support their objectives moving forward. Children's Wisconsin's Well-Being programs developed a COVID Resilience Plan to identify and elevate innovative practices that have surfaced since the start of the COVID-19 crisis that supports the well-being of families, are adaptable to our current limitations, and may enhance future practice. This process leveraged strategic learning to highlight lessons learned to carry forward in the future state, including:

- Support for enhancing staff comfort and skill in providing virtual group-based home visiting, child welfare, and other supportive services. 42% of parents surveyed by the ICFW indicated that they preferred virtual services to traditional in-person services. While connectivity challenges and disparities likely left some families with a reduced amount of support, new families not previously served were connected to virtual programming. Segments of a nonprofit's target demographic may be more open to, or even prefer, having virtual options continue.
- Virtual training for staff, stakeholders, and foster parents, when done in an engaging manner, addresses some challenges around travel and childcare while also providing flexibility of how and when to deliver content. The COVID Resilience Plan will continue to explore the balance between convenience of virtual services and the quality of engagement and service delivery through these methods.
- Community engagement, providing authentic role and voice of people with lived experience in program development and feedback, continues to be essential. Families are stressed because of a lack of capacity of systems to meet their needs. Eliciting their voice and insight is fundamental to advocacy and systems change. Virtual connection options provide new, more widely accepted, methods for program participants to have input into program direction.

The ongoing work of the COVID Resilience Plan is now focused on facilitating Communities of Practice focused on these three prioritized findings to deliver recommendations on concrete next steps for activities that will carry forward beyond the restriction associated with social distancing. While these findings reflect a specific set of experiences, the role of virtual service provision in what was almost exclusively in-person supportive services is inescapable. Different organizations may be able to yield relevant insights for their own work from these lessons or adapt the strategic learning process to identify their own specific lessons learned to carry into the 'new normal' of a post-COVID world.

## References

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