



COVID-19's Early Impact on Home Visiting

First Report of Results from a National HARC-Beat Survey of Local Home Visiting Programs

The Home Visiting Applied Research Collaborative (HARC) advances innovative methods in home visiting research and the translation of findings into policy and practice.¹

Background

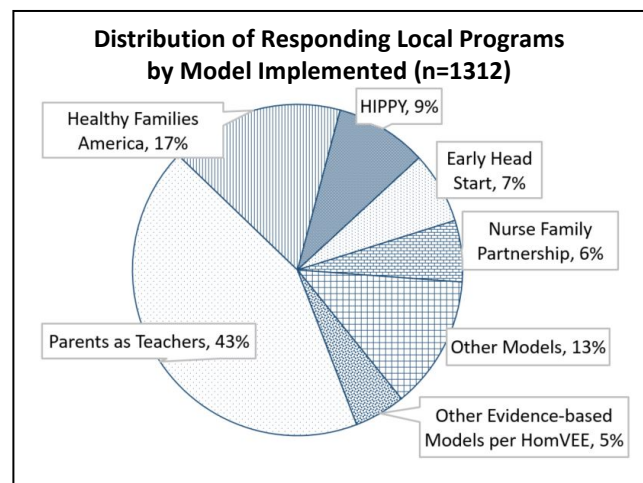
The COVID-19 pandemic affects communities across the United States. Social and economic disruptions abound. People are advised to leave home only to access essential services. Many have lost their jobs. Schools and child care centers are closed. Social distancing influences every aspect of family life, leading to significant changes in how early childhood home visiting programs can work with families.

This HARC-Beat survey “took the pulse” of local programs nationally in their early efforts to adapt to disruptions arising from the pandemic. It included all local programs regardless of model or funding sources. It aimed to provide useful information to advance the field overall in helping individual programs adapt to the pandemic, for example through efforts such as the Rapid Response Initiative.²

Methods and Sample

HARC fielded the internet-based survey April 3-9, 2020. The survey asked about *each* model implemented by a particular local program. We began by sending the survey link to individual local programs in HARC's practice-based research network. Many of our partners also helped distribute it, including state and local networks that are HARC members, the National Home Visiting Resource Center, many home visiting models, the Association of State and Tribal Home Visiting Initiatives, and the Ounce of Prevention Communities of Practice.

Respondents provided information on 1312 local programs implementing over 30 different models. Programs were located in every state, the District of Columbia, and several tribal communities. Overall, 40% of the local programs received MIECHV Program funding. Most served communities with varied population densities. Overall, 48% had catchment areas that included urban centers; 46% suburban communities; 63% rural areas; and 4% frontier areas.



First Results and a Look to the Future

The results that follow are designed to start a conversation by providing a snapshot in time to guide next steps. Even early into social distancing it is clear that local programs are adapting quickly, despite myriad challenges. We plan to conduct more research on how programs are overcoming these challenges, and over 75% of respondents expressed interest in continued participation in this work. Do you have ideas for new analyses? New studies? Let us know.

HARC is a national research and development platform with over a thousand members representing varied home visiting stakeholders – local programs, models, field leaders, researchers, and families. HARC members join forces in innovative precision-based research to broaden and strengthen benefits for families. Our central question is, “What interventions within home visiting work best, for which families, in which contexts?” If you would like to explore ways to work together, reach out to HARC's coordinating center at hvresearch.org.

¹ Core support for HARC is provided by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement UD5MC30792, Maternal, Infant and Early Childhood Home Visiting Research and Development Platform. The content and conclusions of this report are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

² See <https://institute4sp.org/covid-19-rapid-response>

State and Local Requirements for Social Distancing

- Nearly all local programs were subject to social distancing requirements.

Table 1. State and Local Current Policy on Social Distancing

No restrictions or recommendations	<1%
Social distancing is recommended, not required	9%
Social distancing is required	91%

Implementing Agencies' Policies regarding Social Distancing

- Almost nine of ten local programs were required by their implementing agency to stop in-person, in-home visits completely.

Table 2. Implementing Agencies' Policies

Implementing Agency Policy on In-Person, In-Home Visits	
No restrictions	1%
Recommended to cut back on in-person home visits	2%
Recommended to stop in-person home visits	6%
Required to cut back on in-person home visits	2%
Required to stop in-person home visits	88%
Implementing Agency Policy on Office-Based Work	
No restrictions	12%
Recommended that staff do not work in the office	32%
Required that staff do not work in the office	56%
Status of Regular Supervision	
Virtually using Zoom or another digital platform	76%
Phone	62%
In-person	8%
No regular supervision	16%

- Slightly over half of local programs were required to stop office-based operations.

- Reduced office-based operations disrupted regular supervision of home visitors. Most programs used multiple modalities for supervision.

Changes in Workforce due to COVID-19

- A third of local programs had already experienced changes in their home visiting workforce due to the pandemic.
- Half had been unable to hire home visitors while a quarter had been compelled to reduce the percent effort of one or more of their current staff.
- Very few programs had laid off staff and few had had to deploy staff to work elsewhere. Few programs had staff who had to stop working because they themselves or someone with whom they were in contact had contracted COVID-19. This may well change going forward.

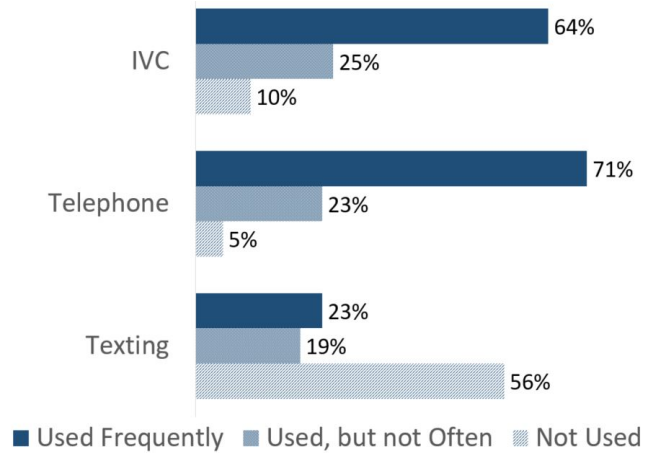
Table 3. Changes in Workforce due to COVID-19

Any Change in Workforce due to COVID-19	
Any Change in Workforce due to COVID-19	34%
Unable hire home visitors because of COVID-19	52%
Reduced the percent effort of one or more home visitors	25%
One or more home visitors re-deployed to work elsewhere	7%
Laid off one or more visitors	5%
Any Visitors Stopped Working Because Contracted COVID-19 or in Contact with Infected Individual	8%

Changes in How Programs Connect with Families

- Most local programs used multiple modalities to replace in-person, in-home visits.
- About half the local programs used text messaging, and nearly all used telephone calls and interactive video conferencing (IVC) on at least a limited basis.
- About two-thirds frequently used IVC and telephone visits.

Local Programs' Use of Alternatives to In-Person, In-Home Visits



- Programs relied equally on telephone and IVC to make home visits.
- Together, these two modalities accounted for nearly nine of ten home visits.

Table 4. Percent of Home Visits via Each Modality

Interactive video conferencing	44%
Telephone	44%
Text messaging	8%
In-person	1%

Challenges in Using Interactive Video Conferencing (IVC)

Local programs faced diverse challenges in using IVC (Table 5). Among home visitors, lack of stable internet access was the most common issue but over a quarter of programs reported issues related to hardware and software. Challenges were greater yet with regard to families' technical capacity. Many local programs felt they could benefit from additional guidance on how to transition and how to safeguard confidentiality. Respondents described specific challenges implementing IVC, spanning six key themes (Table 6).

Table 5. Challenges Using Interactive Video Conferencing

	Not a Problem	Minor Challenge	Major Challenge
Visitors do not have stable internet access	51%	39%	10%
Visitors do not have tablets, webcams, and/or computers	75%	17%	8%
Visitors do not have software to do interactive video conferencing	71%	20%	8%
Visitors are uncomfortable doing virtual home visits	41%	52%	7%
Families do not have stable internet access	5%	45%	50%
Families do not have tablets, webcams or computers	6%	42%	52%
Families do not have software to do interactive video conferencing	13%	43%	44%
Families seem/would be uncomfortable doing virtual home visits	18%	62%	20%
Families are not/would not be interested in doing virtual home visits	22%	60%	18%
Our program hasn't received guidance from our model	70%	25%	5%
Our program hasn't received guidance from state or local officials	70%	25%	5%
Our program is unsure how to adapt visit content for virtual visits	60%	35%	5%
Our program is concerned about confidentiality and privacy	46%	42%	11%

**Table 6. Themes in Respondents' Answers to the Open-ended Question,
"Does your program face any challenges in making visits
through interactive video conferencing?"**

Challenge	Exemplar Quotes
Families' Technical Resources	<i>Our program is very rural. Most homes do not have internet or an internet provider. Most families have phone, but pay as you go phones.</i> <i>Most of our families cannot afford internet services, computers, or cellular data to support downloading the various meeting applications.</i>
Issues of Confidentiality	<i>Too many people in the home and parents do not have a quiet space to engage in virtual home visits. Confidentiality is a challenge.</i> <i>Concern regarding confidentiality and others in the home due to COVID-19 shelter in place requirements whom otherwise would not participate in the home visits.</i>
Visitors' Home Environment	<i>Parent Educators feel overwhelmed trying to serve families during a crisis, when they are experiencing similar conditions.</i> <i>Sheltered in at home with our own children, it is hard to connect professionally, uninterrupted with other families. We are now working from home and home schooling, sharing routers with other children and working spouses.</i>
Families' Emotional Capacity to Engage in Visits	<i>Parents are having a really hard time in engaging with their programs right now. There are so many other stressors in their life and they are not focusing on their home visitation programs.</i> <i>The COVID-19 virus has caused all the schools to be closed down. Parents are laid off or losing their jobs. Everyone is extremely stressed out and anxious. Parents are challenged not only with their early childhood aged child, but also with educating older children at home as well. There are many more demands on the parents that make it extremely difficult to complete virtual home visits or telephone home visits.</i> <i>Home visitors report the children are distracted by the video on phones and it's difficult to get and keep the child engaged in an activity rather than the phone.</i> <i>I think this problem is common for both phone and video calls, but it is difficult to engage the children when we aren't in person and it is easy for parents to see them as "distracting" rather than part of the call. Also, it is hard for a busy parent to hold onto a phone/tablet for more than a few minutes with a busy kid, so we generally do 15-45 min visits rather than our usual 90.</i>
Fidelity to Program	<i>Providing parent child interaction and developmental centered parenting activities are more difficult through virtual visits. Some families do not have the needed supplies at their home. Providing Safety visits through [model] is a challenge as those visits require in home visits.</i> <i>A major piece of our visits involves interaction of the home visitor with the parent and child and observing and guiding the parent and child interaction. We also often share videos as part of our lessons. These aspects have been restricted due to video and phone visits.</i>
Distributing Materials to Families	<i>Interactive video conferencing does not solve how families are getting the curriculum packets in the first place. None of our families have printers, so the digital curriculum does not do any good. The lack of printers is a real concern.</i> <i>We are trying to do mailings that have most of the materials and parent handouts that go with our essential lesson plans. We mail these out to our families the week prior to our scheduled virtual visit. Families are really appreciative of the material handouts and follow up. For our program this has contributed to additional postage and material expenses we had not budgeted for.</i>

Recommended Citation:

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