



COVID-19's Continued Impact on Home Visiting

Report of Results from a National HARC-Beat Follow-up 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

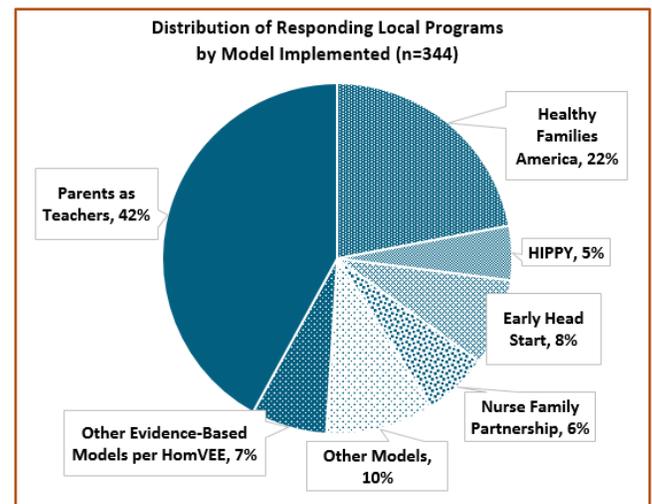
The COVID-19 pandemic continues to affect communities across the United States. Breakthrough advances in vaccines and state and local policies on masking and social distancing have reduced case rates, but authorities still emphasize caution. In April 2020, HARC reached out to local programs to ask how they were adapting services in response to the pandemic. Over 1100 programs responded and the results of that survey are available on our website.² Most programs had stopped in-home visits completely and were exploring the use of interactive video conferencing (IVC) as a replacement. There was no shortage of challenges in shifting to IVC. Challenges included low home visitor and family comfort level, lack of guidance from models and local implementing agencies, and lack of access to the necessary technology. Since our initial survey, research has tracked the shift to virtual home visiting and has provided a more robust picture of both challenges and successes.³

With increasing vaccination rates and decreasing case rates across the country, home visiting programs have begun to return to in-person home visits. However, little is known about this shift on a national level and the criteria that local programs use to make this decision. This HARC-Beat survey followed up with a subset of programs that responded to the survey in April 2020. It aimed to assess programs' return to in-person home visits, how programs made those decisions and the challenges programs faced.

Methods and Sample

HARC fielded the internet-based survey June 29th to July 14th, 2021. The survey asked about *each* model implemented by a particular local agency. The survey link was sent to the 901 individual local programs that had provided contact information as part of the HARC-Beat conducted in April 2020.

Respondents from 280 agencies provided information on 344 local programs implementing 30 different models across 41 states. Overall, 43% of the local programs received MIECHV Program funding. Most served communities with varied population densities. Overall, 54% had catchment areas that included urban centers; 55% suburban communities; 67% rural areas; and 5% frontier areas. This subset of local programs distributed similarly on these characteristics to the full sample of programs responding in April 2020.



Initial Results

This brief shares results from the July 2021 survey to give a snapshot of programs' experience at that time. Some survey questions were the same as those asked in April 2020. In a forthcoming brief and paper, we will link individual responses to this survey with those of the April 2020 survey data to describe program-specific changes over time.

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 <https://www.hvresearch.org/wp-content/uploads/2020/04/COVID-19s-Early-Impact-on-Home-Visiting.pdf>

³ <https://www.erikson.edu/research/optimizing-reach-engagement-and-effectiveness-of-interactive-video-conferencing-ivc-visits/>; <https://nhvrc.org/wp-content/uploads/NHVRC-Brief-012821-FINAL.pdf>; <https://periqeefund.org/parentvoicestudy>

State and Local Requirements for Social Distancing and Mask Wearing

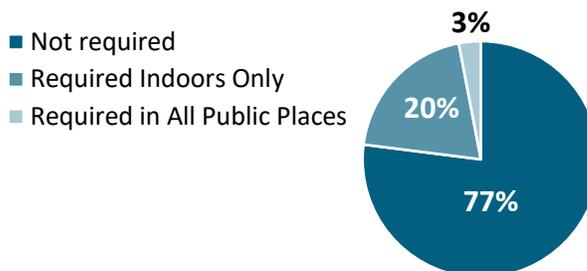
Fewer programs were subject to social distancing requirements **than in April 2020 (Table 1)**.

Table 1. Current Policy on Social Distancing

	April '20	June '21
No restrictions or recommendations	<1%	14%
Social distancing is recommended, not required	9%	81%
Social distancing is required	91%	5%

Most programs were **not subject** to local or state mask mandates (**Figure 1**).

Figure 1. Current Policy on Mask Wearing



Program Staff Vaccination Status

- **Few** programs **required** home visitors to be vaccinated (2%). However, **most encouraged** home visitors to be vaccinated (**Table 2**)
- **64%** of programs estimated that **at least three-quarters** of their staff had had at least one dose of a COVID vaccine.

Table 2. Program Stance on Vaccination

No stance on home visitor vaccination	16%
We encourage home visitors to be vaccinated	82%
We require home visitors to be vaccinated	2%

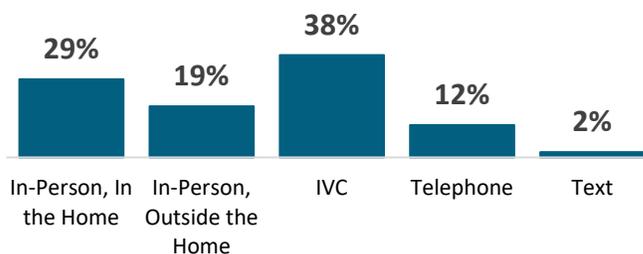
In-Person Contact with Families

- Most programs (**83%**) allowed **in-person contact with families**, either inside or outside the home (**Table 3**).
- Of the programs that allowed in-home visits, a quarter (26%) had resumed in-home visits by March 2021, 57% by May, and **98% had resumed in-home visits by July 2021**.
- On average, nearly **half of all visits** were being completed in-person, either inside or outside the home (**Figure 2**).
- Interactive video conferencing was still being used in **over a third** (38%) of all visits.

Table 3. Greatest Level of In-Person Contact with Families Allowed

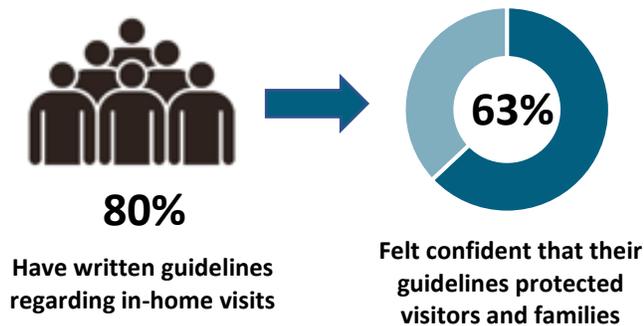
Allow in-person visits in the home	59%
Allow in-person visits only outside (i.e. porch)	24%
Allow only drop-offs of materials	15%
Do not allow any in-person contact	2%

Figure 2. Average Percent of Visits, by Method of Delivery



Guidance for Returning to In-Home Visits*

*For the 202 programs allowing in-home visits



While 63% of programs felt **confident** that their **guidelines protected visitors and families**:

- **53%** reported they **would like more complete guidance** on returning to in-home visits.
- **31%** agreed that they **have received conflicting guidance** on how to return to in-home visits.

- Most programs with written guidelines developed the guidelines themselves, using other sources (**Figure 3**).
 - They used a **variety of sources** to develop their guidelines.
 - **Nearly half (49%) used three or more sources** to inform their guidelines.
- Guidance from the CDC was the source most often used (**Table 4**).

Figure 3. Description of Guidelines

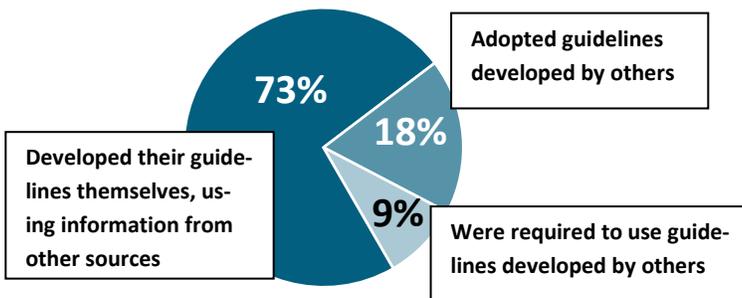
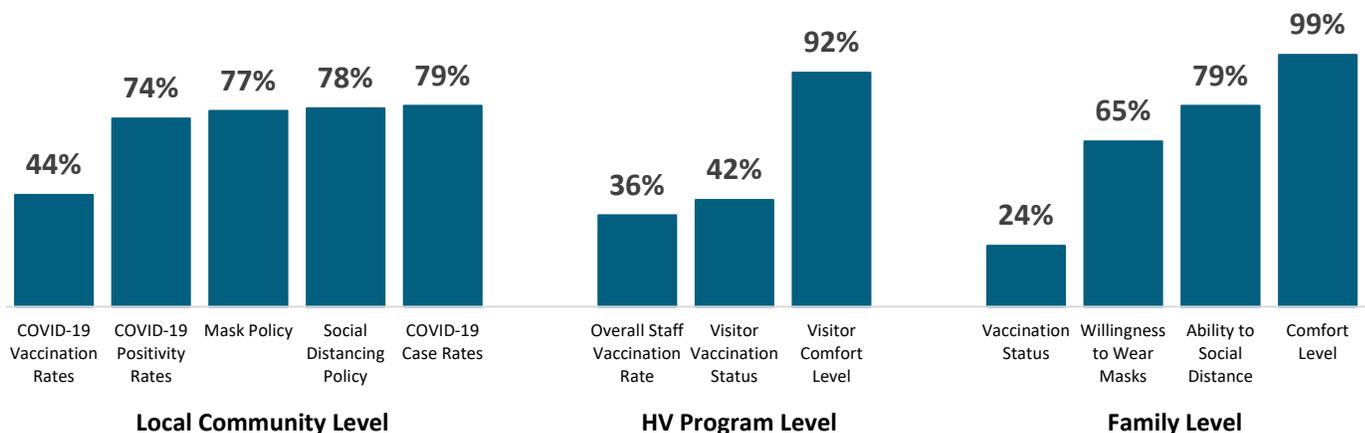


Table 4. Source of Written Guidelines

CDC	61%
Local health agency	44%
National model	37%
Local implementing agency	22%
State lead MIECHV agency	20%
Other state agency	19%
Other federal agency	3%

- Programs considered many factors in their guidelines for in-home visits (**Figure 4**).
 - They **considered home visitor and family comfort level most often**.
 - They **considered home visitor and family vaccination rates and status least often**.

Figure 4. Factors Considered in Guidelines for In-Home Visits



Challenges in Using Interactive Video Conferencing

In April of 2020, programs faced many challenges in implementing IVC.² Different home visiting initiatives worked to provide programs with resources to build their virtual home visiting capacity.⁴ Even so, many programs still reported challenges using IVC 15 months after our first survey (**Table 5**). Most challenges were related to families' opportunity for receiving IVC, particularly due to lack of visitor or family internet access, devices and software. Additional analyses will consider how challenges in IVC have changed over time and factors for such changes.

Table 5. Challenges Using Interactive Video Conferencing

	Not a Problem	Minor Challenge	Major Challenge
Visitors do not have stable internet access	46%	46%	8%
Visitors do not have tablets, webcams, and/or computers	88%	10%	2%
Visitors do not have software to do interactive video conferencing	91%	8%	2%
Visitors are uncomfortable doing virtual home visits	54%	42%	4%
Families do not have stable internet access	5%	51%	44%
Families do not have tablets, webcams or computers	13%	51%	36%
Families do not have software to do interactive video conferencing	19%	56%	25%
Families seem uncomfortable doing virtual home visits	20%	67%	13%
Families are not interested in doing virtual home visits	22%	58%	21%
Our program hasn't received guidance from our model	82%	14%	4%
Our program hasn't received guidance from state or local officials	77%	19%	5%
Our program is unsure how to adapt visit content for virtual visits	70%	26%	4%
Our program is concerned about confidentiality and privacy	54%	37%	9%

Future of Virtual Home Visiting

- Going forward, most programs (93%) plan to offer both in-home visits and IVC to families.
- **Appendix Table A4** (page 8) provides additional context about these intentions.

Summary

The COVID-19 pandemic required that home visiting programs make operational adaptations to continue providing services while aligning with social distancing policies to ensure the safety of staff and families. Local programs swiftly transitioned to alternatives to in-home visits, namely IVC, to maintain contact with families. At the time of this survey, 98% of local programs had resumed in-home visits in some circumstances, but for over a third of visits, on average, IVC was the method of delivery. Most program managers reported both positive and negative experiences with IVC (See Appendix). While staff and families are eager to resume in-home visits without restrictions, many program managers expressed the value of using IVC in some capacity going forward.

As home visiting programs adopt IVC as a more permanent method of service delivery, research is needed to determine the implications for reaching families, achieving model fidelity, addressing staff and family concerns, preparing the workforce to deliver IVC services effectively, and addressing enduring challenges to the use of IVC. HARC's Precision Paradigm incorporates methods of service delivery as a factor for family reach, engagement and outcomes and thus can be a useful framework for research to learn what works best in IVC and in-home visits.⁵

⁴ <https://institute4sp.org/covid-19-rapid-response>

⁵ <https://www.hvresearch.org/the-precision-paradigm>

Appendix: Qualitative Responses

The survey asked three open-ended questions to give respondents the opportunity to expand on their experiences with IVC. The questions asked respondents to share their thoughts on the benefits and drawbacks of IVC, how home visitor and family relationships have changed over the pandemic, and whether and how their program plans to continue using IVC as a method of delivery for home visit services.

Benefits and Drawbacks of Having IVC as an Option for Connecting with Families

Program managers identified both benefits and drawbacks in IVC home visits. While service flexibility and family convenience were frequently noted as benefits, family technology, loss of personal connection, and inability to observe the environment were commonly noted as major drawbacks. As one program manager responded:

“We are able to continue to support families that are temporarily staying with a family member out of the service area, that may have illness in the home, or are more comfortable with the virtual visits. Families and staff transitioned quickly to video home visits and still felt the support and were still able to do activities during the pandemic. Our home visit numbers increased this past year because families were needing additional support during this time and video visits allowed more flexibility in when they could meet. It also allowed home visitors more time to spend with the family and advocating for them since they were not traveling so much. Drawbacks - unable for our home visitors to get a full picture of the environment. If one person was holding the child and was off camera, the home visitor couldn't chime in about the PCI or use some of those more "teachable moments". Families were able to cancel virtual visits easier than when they were in person. Some families have missed the in-person contact and many families are burned out on virtual services in general.”

Tables A1 and A2 include quotes that represent some of the general themes across respondents.

Table A1. Benefits of Using IVC for Connecting with Families

Themes	Exemplar Quotes
Convenient for Families	<i>Benefits are that they are more convenient for some families. They are able to "squeeze" the visit in when they may not have otherwise been able to.</i>
Staying Connected	<i>Continue to provide support to families that need our services. Being able to stay connected with those hard-to-reach families in different ways. Being able to reach our home visitation numbers. In some instances, it has been a better way to get families to schedule and keep home visit appointments. Virtual home visits where there is sickness, weather related cancellations and delays and/or safety concerns for staff have been increasingly successful and our program has experienced little rescheduling of appointments which is a time saver.</i>
Adapted Service Methods	<i>I have heard quite a bit that home visitors feel better at coaching because they are forced to guide parent behavior and interactions and that parents have become better observers and reporters of their child's growth and development. One major benefit is that home visitors are doing much more parent education. The parent is responsible for gathering materials and for interacting with their child as the home visitor is not in the room. The home visitor is talking and coaching instead of parents looking to them to do the activities.</i>
Scheduling Flexibility	<i>Easy to schedule, flexible, no childcare needed, no transportation needed, comfort of family and of home visitor, no need to assess space and enforce distancing and mask wearing. Major benefit is that the visits rates for all families improved during this time and they are easily rescheduled and can occur off normal business hours in the evening or Saturdays.</i>
Safety	<i>Families and home visitors are at a lower risk of getting COVID. Parents do not need to leave their home to receive a home visit. Benefits are not being out late doing home visits with working moms in high crime areas.</i>

Table A2. Drawbacks of Using IVC for Connecting with Families

Themes	Exemplar Quotes
Family Technology	<p><i>Many of our Spanish speaking families and low-income families do not have the technology to complete virtual visits and have been provided telephone contacts. This has been challenging for families and parent educators, and we are hopeful that with the upcoming ARPA funding that we will be able to support those families getting access to technology while we prepare to return to in person services over more time.</i></p> <p><i>A drawback is that many families in this area (and staff) don't have good enough internet to use the video conferencing. It ends up being more distracting than helpful. For those families, regular telephone calls are the best option.</i></p>
Families Prefer In-Person	<p><i>Families were more engaged and willing to participate with in-home visitor versus video.</i></p> <p><i>Our families are begging us to come back into their homes. Services have been less hands on, and we have not been able to fully celebrate with our families all their accomplishments. Watching children grow and develop is much harder and staff & participants feel like opportunities were missed.</i></p>
Personal Connection	<p><i>There is no human centered connection, too easy to get distracted and not really know what is going on and what the families is struggling with. Too easy to breach confidentiality. Kids are still distracted. Home visits need to go back 100% in order to be effective.</i></p> <p><i>Hard to have an engaging conversation as parent is using their phone to connect with, and they have young children who have needs and are running around. This makes it challenging for parents to look at a screen at the same time they have to watch and interact with their kiddos and take care of their needs. Parents yearn for adult connection. Children are not as engaged and excited to do activities during video conferencing appointments Children also like human contact and connection</i></p>

How Relationships Between Home Visitors and Families Have Changed Over the Pandemic

Program managers expressed mixed views, both positive and negative, about the impact of the pandemic on home visitor and family relationships. Many expressed that relationships with existing families improved during the pandemic, but that relationships were harder to establish with families newly enrolled during the pandemic when contact was entirely virtual. The varied responses indicate recognition that IVC is a valuable option for connecting with families sometimes, but not optimal as the only method of service delivery. As one program manager responded:

“Obviously relationships have changed for some, and especially we are seeing a struggle to connect with newly enrolled families to develop those relationships. Many long-term families have noted it has been a different experience engaging in HV programming, and some have enjoyed it, while others have not. Every relationship has looked different over the last 15 months, and some feel the same level of support and connections, while others feel more strained and disengaged.”

Table A3 includes quotes that represent some of the general themes across respondents.

Table A3. Relationships Over the Pandemic

Themes	Exemplar Quotes
Positive Changes	<p><i>According to the parent satisfaction surveys we received, families felt well supported during the pandemic...If anything it strengthened our program and made our ability to connect with clients more versatile.</i></p> <p><i>The fact that we were able to pivot immediately to a virtual model reassured families of our commitment to our partnership and our deep care for their children's wellbeing and development.</i></p> <p><i>Parents have done more to actively engage during visits while sharing more 'successes' between visits by reaching out to their home visitor through email or text. The relationships have continued to grow and deepen, just in a slightly different way.</i></p>

Themes	Exemplar Quotes
Negative Changes	<p><i>The relationship has changed, they no longer see us as allies or mentors but instead as a service provider providing a service.</i></p> <p><i>Changes in service delivery over the course of the pandemic have resulted in visits feeling more casual in nature, the social cues are not there to be able to redirect the conversation back to the baby/curriculum.</i></p> <p><i>The pandemic has put a strain on the personal rapport we have with families in trusting us. We are the only support some of the families have and with this distance they don't call and some don't make the visits as they are too busy or while out are unable to let others hear they are a part of a home visiting program. Having in person visits made people more accountable for keeping the visits. Virtual visits make it easier for families to be able to not respond, forget visits or have less participation in programs.</i></p>
No Noticeable Changes	<p><i>There was an initial adjustment during the course of the pandemic but the relationship between home visitor and families remained stable. There were no changes in service delivery.</i></p> <p><i>Most home visitors state they miss in-person yet see the value in Zoom visits. Strong relationships remained strong and weak relationships did not withstand Zoom. This is the same when we only did in-person visits.</i></p>
Home Visitor & Family Variation	<p><i>Some relationships have strengthened, and some have weakened. It's really dependent on the mom's preferences for virtual or in person home visits, and dependent on the home visitors' comfort and digital confidence using virtual tools and materials.</i></p> <p><i>Some visitors have had a harder time connecting with families over virtual visits and really miss the home visits. Other visitors have shared that they are able to make great connections with families virtually. As we graduate families, we have heard them say that they felt they "missed out" on an entire year with their nurse and would like to extend the time spent with her. We are unable to extend their service longer than a month or two.</i></p>
Relationships with Those Enrolled Prior to vs. During COVID	<p><i>The families that were already established in the program prior to COVID continued to feel supported. New referrals and families received during the pandemic were harder to engage.</i></p> <p><i>It is more difficult to build a rapport and keep families engaged. Families that were engaged prior to the pandemic remain easier to engage in virtual visits.</i></p>

Whether and How IVC Will Be Used with Families Going Forward

Most program managers indicated that IVC, in some form, would continue in the future. Respondents noted that IVC will continue to be used to allow greater flexibility in meeting with families, particularly during circumstances such as inclement weather, illness within the family's household, safety concerns, family preference, and for group activities. While home visitors and families are eager to return to in-home visits, most recognize that the value of IVC for visits as a continued option for providing optimal flexibility for serving families. As one program manager responded:

"We will continue to use interactive video conferencing until it is safe to conduct full home visits inside the home for most families. Now that we have learned how to use IVC we will be able to offer IVC when participants/families members have an outbreak of bedbugs/lice etc., some family members are ill, perhaps even snow days to maintain contact with certain families that tend to disengage when visits are missed. We will continue with IVC peer group meetings for those families that want to participate or those that cannot attend at the center. We will be able to use IVC for late afternoon/evening home visits when it might be unsafe for home visitors to be in certain neighborhoods after dark or to connect with teen parents or other parents that might prefer to build up a relationship prior to accepting a home visit.

Table A4 includes quotes that represent some of the general themes across respondents.

Table A4. Future Use of IVC with Families

Themes	Exemplar Quotes
Family Preference	<p><i>Many of our families are still interested in a hybrid approach for their visits, so a mix of face-to-face and interactive video conferencing.</i></p> <p><i>We are honoring the choice of the families we work with, and they will choose in person home visits (following agency guidelines) or virtual visits. We are offering flexibility if families need to move between in-person and virtual so that if a change is needed or asked for, it will be accommodated.</i></p>
Special Circumstances	<p><i>Currently, we plan to use both IVC and in-person visits. We anticipate that the mix of each modality will vary by participant; that said, we also plan to review practice and update/course correct as needed, depending on how this works out in practice. We are also hopeful that using IVC can support home visit completion in ad hoc ways, such as during weather events or when participants are away from home, e.g., visiting a home country or state, rather than moving to a service level like re-engagement. We anticipate continuing to use IVC for groups, when appropriate.</i></p> <p><i>Interactive Video conferencing is a great tool for home visits in certain situations: Bad weather/bad road conditions, someone in the family does not feel well - but still needs to meet/needs support, transportation issues-vehicle issues for staff or participants. Families who feel more comfortable meeting virtually because of cold/flu/COVID season. These are all great reasons to still have a home visit, but to offer it virtually so that support and interaction can still happen.</i></p>
Technology Dependent	<p><i>Because we live in a time where so many young parents use technology and prefer technology, we will continue to use interactive video conferencing with families.</i></p> <p><i>Our families do not have the capability to do interactive video in this very rural area that is technologically challenged.</i></p>
Program Model Directives	<p><i>Per PAT National, we will continue to have the option for virtual services indefinitely. Our local policy (effective Aug. 1, 2021) will be that while virtual are allowable, they must not account for more than 50% of the total visits for a family without special permission from program leadership. Our funder, the Department of Family and Protective Services, has asked all programs to 'have a plan' for returning to in-person services by September 1, 2021.</i></p> <p><i>The NFP model allowed for interactive video conferencing before COVID as a part of their model. We will continue to follow those guidelines for NFP only. Therefore, it will be used only in unique circumstances.</i></p> <p><i>If allowed by our model, we would like to use video as an option for some families that prefer not to have someone in their home or that are high-risk for COVID.</i></p>

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