

“But it’s not the same” What happens in virtual home visits?



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The COVID-19 pandemic compelled home visitors to transition rapidly from in-person to virtual contact with families,¹ which has created a unique opportunity to capture this change in method of virtual service delivery on a large scale. Understanding how home visitors have made the shift to virtual home visiting and what they have learned from this experience will be important to best support the field going forward. In a separate brief, we reported data from a national survey of home visitors conducted in September 2020.² These home visitors noted the challenge of engaging children on virtual screens but reported that the core of their home visiting work remained largely the same: families still engaged with home visitors, content was reported as similar to what was provided before, visits still largely emphasized child development and caregiving guidance, and there was an ongoing emphasis on referrals to community services. Even though most of the home visitors saw virtual visits as an option going forward, they still preferred to conduct the majority of their visits in-person and feared that some families would be left behind in the shift to virtual.

Given the ongoing question of how different virtual practice is from in-person services, how do we define skilled use of virtual techniques, and what supports do home visitors need to use these techniques skillfully? How do home visitors and families experience virtual home visits? This brief begins to unpack these and

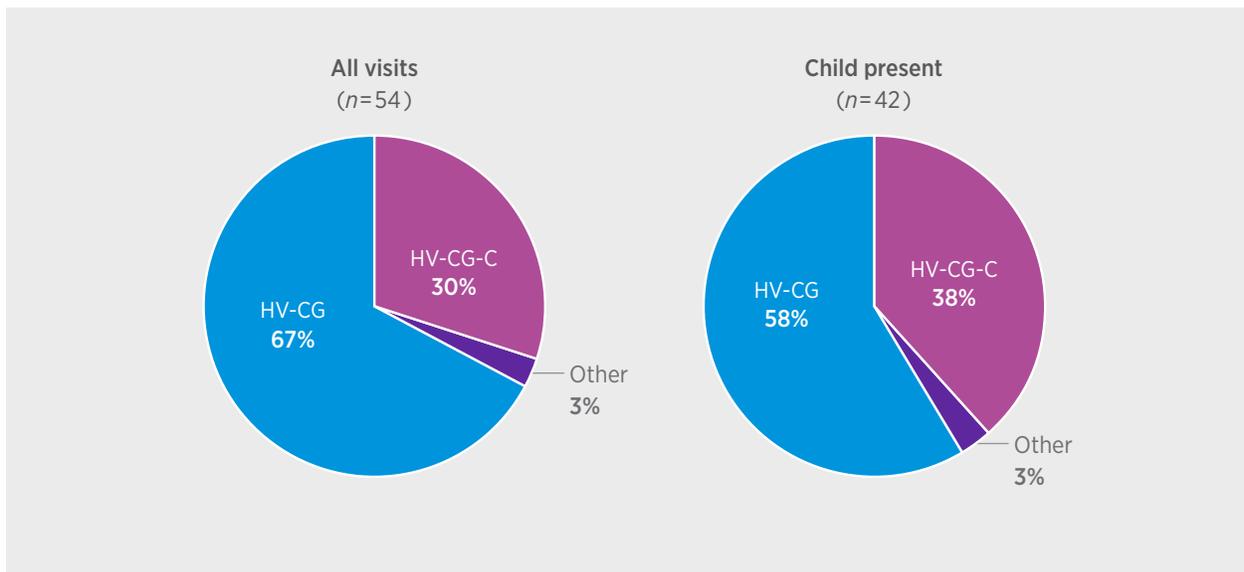
other questions of home visitor practice and caregiver experiences in interactive virtual home visits by presenting findings from an analysis of recordings of virtual interactive home visits, as well as interviews with a subset of the home visitors and caregivers who recorded those visits.³

Observation of Virtual Visits

We reviewed and coded 54 virtual home visits across different program models.

- Overall, observers rated caregiver and child **visit engagement** very highly: 4.5 and 4.1., respectively, on a 5-point scale ranging from little interaction (other than being present) to involved in all of the visit. This may be partly a function of the convenience sample: home visitors selected families with whom they have established relationships.
- Most **interactions** occurred between the home visitor and the caregiver and the home visitor-caregiver-child triad. Even when removing visits where the child was not present, home visitor-caregiver interaction predominated. Other types of interactions were observed infrequently. Note that triadic interactions, as defined by the HVOF, include both times where the home visitor is observing the caregiver and child interacting, or the caregiver is observing the home visitor and child interacting.

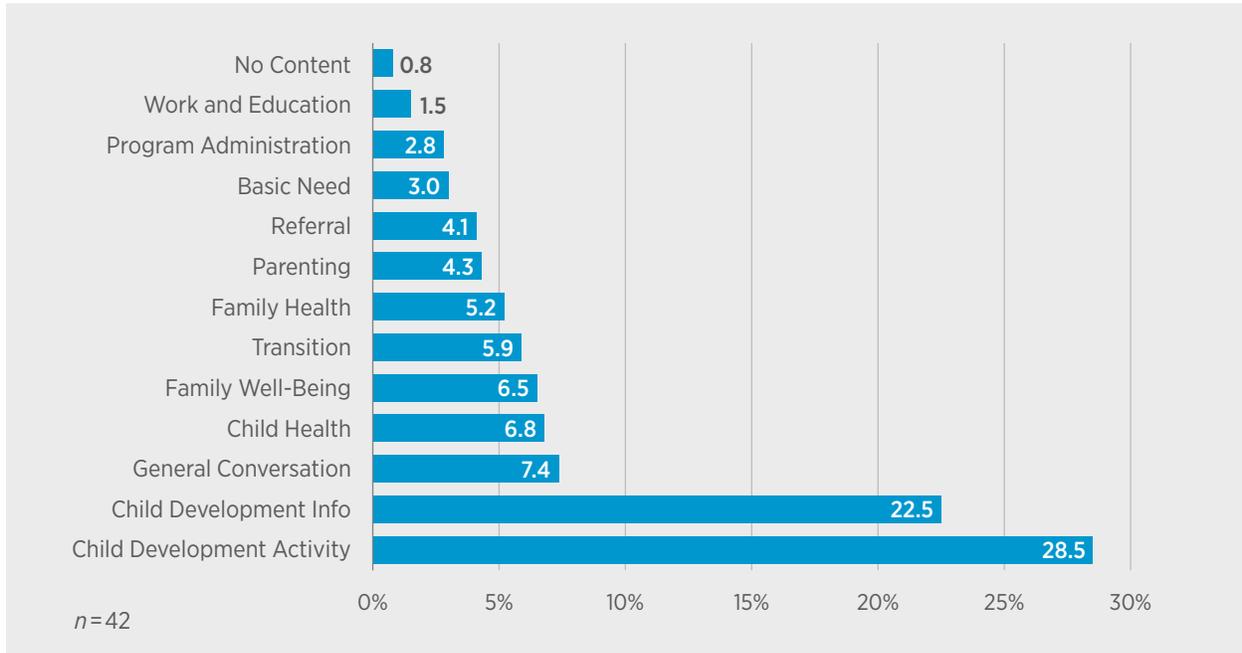
Interaction Partners



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- The figure below shows the **content of home visits**, as measured by the HVOF, for observations of visits with the child present. The most frequent visit topics were child-focused, including child development information, child development activities, child health, and parenting.

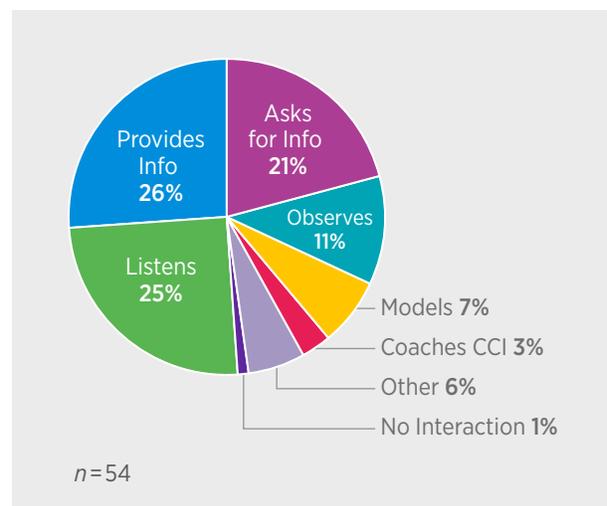
Visit Content (Percent Intervals)



- For the 12 recorded visits without the child present (not shown in graph), time spent on child development activities were largely replaced by corresponding increases in discussions around child development (31%) and child health (21%). Family centered issues remained a less frequent focus of visits.

- On top of interaction partners and home visit content, the HVOF also measures the **behavior** of the home visitor. Home visitors spent most of their time in visits doing one of three things: providing information, asking for information, or listening. This is true whether the child was participating in the visit or not. This suggests home visitors spent most of their visit in direct conversation with the caregiver. They spent significantly less time observing, modeling parenting behaviors, and coaching caregiver-child interactions. These distributions are similar to those in published studies with in-person home visits.⁴

Home Visitor Behavior Towards CG



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- Observers also coded videos for the frequency of positive communication techniques used by home visitors with caregivers. Overall, each virtual visit had approximately 18 instances of the home visitor using one of the techniques, and at least one technique was seen in each recording, although it varied greatly by visit and no single technique was seen across all the visits. Home visitors asked caregivers' opinions most frequently, followed by making affirmations. These findings are similar to those found in a sample of in-person home visits recorded as part of toolkit piloting.⁵

Communication techniques with caregivers

<i>Number per visit</i>	Mean	SD	Range
Asks Opinion	4.6	3.8	0-15
Affirmation	3.1	2.2	0-7
Checks Own Understanding	2.2	2.8	0-12
Empathy Validation	1.6	2.8	0-16
Reassure Legitimize	1.4	1.9	0-7
Use Caregiver Expertise	1.4	2.6	0-10
Ask Permission	1.1	3.9	0-29
Complex Reflection	1.0	1.4	0-6
Collaborate	1.0	1.5	0-7
Checks Caregiver Understanding	0.8	1.9	0-13
Address Concern	0.5	1.0	0-6
Total Number of Techniques	18.4	11.6	1-49

n=54

Interviews with Home Visitors and Caregivers

We interviewed approximately half of the caregivers and home visitors observed in virtual visits, showing them short segments of the visit, and asking them to reflect on their experience. Our full report provides a more in-depth analysis, but here we highlight a few of the insights gleaned from review of these interviews.

- **Almost all the home visitors and caregivers preferred in-person to virtual visits.** This was true even when they could acknowledge benefits of virtual visits, such as flexibility in scheduling, safety (not transmitting viruses), and the reduced pressure on caregivers for having guests physically in the home. A few home visitors and caregivers did not express a preference, and only one home visitor and two caregivers noted a preference for virtual visits (mostly because of scheduling).
- **Home visitors miss being able to experience the environment of the home:** how it feels, who is there, and to see the surroundings. This more limited view made it more challenging to read non-verbal cues, which help to assess if the caregiver understands what information the home visitor is conveying. It was also difficult to assess the safety of the home, both physically but also emotionally:

Home Visitor: That's one of the things we try to do is observe without asking questions, you know. Because if we're asking questions about domestic violence and she's telling me "No, no, no, no," but if I was in the home and saw holes in the wall, bruises on her, and stuff like that, I would know that she's just saying that.

Privacy concerns were mentioned, in that home visitors were never sure who else is nearby during the virtual visit. There was also simply the overall feeling of the place that they miss by not being there. As one home visitor noted: "People can say they're doing good, but to see them in their own place, I think, helps. Are they really able to relax at home?"

- One the greatest struggles home visitors reported was **keeping the child engaged in the virtual home visit.** Some of this was due to the developmental needs of the child. It is hard for a toddler to sit still and stay within frame of a phone, which is what the caregivers were typically using for their video visits.

Caregiver: I felt like it, kind of, breaks that bond between the child and the [home visitor] because [child] loves [her], but it's pretty obvious on camera he really doesn't care for her, or what's going on. He'd rather just go about his own business.

This caregiver's home visitor succinctly described the challenge: "I mean, kids that young don't really want to sit in front of a screen with nothing else going on."

- In some cases, the **caregivers did not want the child involved** and scheduled visits when their child would be napping or otherwise preoccupied. This created a dilemma for home visitors who needed to focus on parent-child activities:

Home Visitor: I'm missing the richness of the parent child communication. They're missing communication with me, I think. So this has become pretty common that 'I want to visit with (home visitor) when I'm not being encumbered by my child.'... So, I'm getting less parent child, mother child interaction. So that really hampers my job...But yet, I don't want to be so prescriptive to say, 'You have to have your kids with you.' Because then she would have said, 'Well, then we can't visit because I'm not gonna have any time or energy to hear you over a newborn and a 14-month-old... So you can look at it as a strength: you knew you needed a break.

Although home visitors would note being frustrated by these types of decisions, it was not uncommon in their interviews, as this home visitor did, to reframe it as a strength.

- Overall, **not being able to see the child made the home visitor's job more difficult**. This was especially true for nurse home visitors, who typically had direct physical contact with the youngest children as part of their visits.

Home Visitor: Especially with babies it's hard not to see them. Even when you see them on camera is not the same... so that's the biggest issue. Not weighing them, not measuring them, not actually seeing how they interact... It's still helpful, but it's not the same.

- Home visitors and caregivers noted that **demonstrating and engaging in parent-child activities** was more difficult virtually. This was partly due to the child not always being present. One home visitor noted: "Like 'here's how you teach a baby to do something, you show them how and then you help them and then you give them a chance.' So I still model that for them, but they may not be sitting there with their baby copying it, you know. That's the problem." Caregivers noted that these activities can be harder to understand if the home visitor was not there with them.

Caregiver: I have to text her and just ask her like basically, am I doing it right? Sending her videos and just acting, like, is this it, or am I doing it right? So yeah, I guess they'll be easier if she was here to actually show me, demonstrate.

- As the previous example shows, home visitors and caregivers have worked on **creative ways to address these issues**, such as watching and responding to videos asynchronously, or being selective in the use of interactive video in their visits:

Caregiver: “[W]e try to make a call where she explains to me the activity and then we set up the child where he can be on camera. And when the activity is over, we connect through the cell phone, so I can talk and [child] can do other things, or I can be with him or feed him.

Other home visitors have used virtual visits to reflect on how they interact with families and being more intentional in how they practice:

Home Visitor: But it’s definitely been eye opening because it has changed the way that I think about how visits should be and everything too. Because not being able to actually be there with my hands into everything has made me kind of realize that maybe I do run the visits a little too much, and that I need to step back so the parents are doing more.

- In the end, most home visitors and caregivers noted their **relationship remained strong**. Despite the challenges of doing virtual visits, there was frequent acknowledgement of the home visitor’s helpfulness. Caregivers would qualify statements that might sound like dissatisfaction, for example: “So, it is a little bit challenging, but it, I’m just really thankful for the information I get on every meeting” One caregiver who had faced considerable adversity discussed her home visitor’s importance to her:

Caregiver: [She] mostly explains a lot of the situations that I went through growing up and it helps me understand what I went through and helps me know that I’m doing good. Because my kids aren’t in that environment like I was. And [she] will always say that she’s really surprised because when you’re molded in that kind of environment, you tend to be that way with your own kids. But I’m not that way. I’m the diamond in the rough, I guess, as she said.

When this caregiver reviewed a segment of the virtual visit where the home visitor was encouraging her, she said: “Just seeing that made me tear up a little bit. Because I’m just really thankful to have her because she’s really been very helpful in my life in teaching these things.”

Conclusions

The honest answer to almost any question in human services is “It depends.” Examining results from the observations of virtual home visits and interviews with the participants of these virtual visits suggests, on the one hand, that home visitors and families have adapted to the challenge of the COVID-19 pandemic. They found ways to engage in these services that are very similar to what was being done before the pandemic. Home visitors focused home visits on child development information and on promoting development within the context of the parent-child relationship. They used strategies to engage families in collaborative partnerships and caregivers showed high levels of engagements in the visits.

On the other hand, home visitors and caregivers repeatedly mentioned that it is not the same. There is an element to human interaction that is missed when done virtually, what one caregiver called “the need to have the person here close to you, that’s telling you that they’re supporting you.” Home visitors felt they had an incomplete picture of the family and their household, and they and caregivers acknowledged that children are simply more difficult to engage in the virtual visit.

HARC’s mission is to strengthen and broaden the impact of home visiting by using new research to promote precision home visiting—determining what works for whom under what conditions. This approach requires an unpacking of home visits, whether in person or virtual. There are no “silver linings” to a pandemic, but the shift that the home visiting field has undergone has forced a reckoning with not only what is delivered to families but how it is being delivered. Previously, modes of service delivery had been somewhat taken for granted: service providers went to the home. But in past 18 months home visitors have had to be more creative in delivering content virtually, especially when the focus is on parent-child activities. Many variables have come into play, including timing, method of contact, location, and who actually participates.

All of this needs to be part of serious examination to increase effectiveness of service delivery. As noted by one home visitor, “Because this is new, we don’t know everything. So, we are still learning how to do it.” Virtual visits may not be the same as in-person visits, but the changes the field has experienced has given the opportunity to examine practices that can ultimately be of benefit to families and children.

Methods

Home visitors (HV) were recruited for observations from those who completed our virtual visits survey and expressed willingness for additional research participation, with some additional outreach for participants from the HARC practice-based research network. HV selected a family from their caseload to recruit to record one virtual visit (with an average 1.5 years of experience with the family prior to the recording, ranging from 2–52 months). Observations were recorded between November 2020 and early March 2021. Interviews were conducted as closely as possible following the recorded visit. Almost half of HV and caregivers (CG) agreed to participate in the additional interviews after filling out a short post-observation survey.

- **A total of 54 visits were recorded**, with the majority (78%) from the four largest models: Parents as Teachers, Healthy Families America, Early Head Start, and Nurse Family Partnership. For twelve of the visits, the child was not present. **A total of 62 interviews were conducted** (26 full HV/CG dyad pairs, 8 additional HV and 2 additional CG), with the majority (72%) from those same four largest models. Participants came from a mix of urban, rural, and suburban programs.
- HV in recorded visits and in interviews were on average 40 years old and working in this role for 6 years. Over three-quarters had a bachelor's degree or higher.
- Observed CG averaged 32 years of age, with most (81%) caring for two or more children. Interviewed CG were the same average age, but only 43% cared for multiple children.
- Visits were conducted in English and Spanish (44 English, 9 Spanish, 1 both languages). Interviews were mostly conducted in English, with two CG interviews in Spanish.
- HV and CG were distributed across different racial/ethnic groups, although the majority of HV were White Non-Hispanic (67% in recorded visits, 76% interviewed). For CG, the majority were Hispanic/Latinx (63% in recorded visits and White, Non-Hispanic in interviews (57%; see full report for more details).

Observations and interviews were conducted and recorded via Zoom. Observed visits lasted an average of 48 minutes (range 20–60 minutes). Participants were asked to engage in a virtual visit as they typically would, and then to complete a brief post-visit survey to capture demographics and their opinions about the virtual visit. In the follow-up interviews with HV and CG (conducted independently), short visit segments were shown to participants, who reflected on their feelings and thoughts about the visit and on virtual home visiting in general.

Trained coders reviewed and coded the virtual visit recordings focusing on four elements: a) communication strategies used by the home visitor; b) visit content; c) HV interaction with CG and child; and d) CG engagement. Three measures were used to capture these elements: the Home Visit Observation Form (HVOF)⁶; the HARC Responsive Partnership Toolkit Communication Techniques checklist; and an overall rating of engagement. Interviews were transcribed and analyzed qualitatively, based on the interview protocol questions and recurrent themes in the interviews. See the full report for more details.

Endnotes

1. O’Neill K., Korfmacher, J., Zagaja, C., and Duggan, A., for the Home Visiting Applied Research Collaborative. (April 10, 2020). *COVID-19’s early impact on home visiting. First report from a national HARC-beat survey of local home visiting programs*. Available at <https://www.hvresearch.org/wp-content/uploads/2020/04/COVID-19s-Early-Impact-on-Home-Visiting.pdf>.
2. Korfmacher, J., Molloy, P., Frese, M. (2021). *Virtually the Same? Surveying Home Visitor Adaptations in Response to COVID-19. Research Brief prepared by Erikson Institute and the Home Visiting Applied Research Collaborative*. <https://www.erikson.edu/research/optimizing-reach-engagement-and-effectiveness-of-interactive-video-conferencing-ivc-visits/>.
3. The observations and interviews discussed here are part of a larger study conducted by Erikson Institute and the Home Visiting Applied Research Collaborative (HARC). A full report detailing the entire project, including additional findings not reported here or in the previous brief, will be available on the Erikson Institute and HARC websites.
4. Hughes–Belding et al. (2019). Quality home visits: activities to promote meaningful interactions. *Infant Mental Health Journal*, 40(3), 331-342. <https://doi.org/10.1002/imhj.21779>
5. HARC, unpublished data.
6. McBride, S.L., & Peterson, C.A. (1996). Home visit observation form. Unpublished manuscript, Iowa State University.

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