



LISTENING TO PARENT VOICES:

How Technology Changed What's Possible in Home Visiting & Infant Mental Health Programs

CASE STUDY:

Greater Brockton Healthy Families

Research conducted by:



And support from:



Acknowledgements

We want to acknowledge the staff and families from Healthy Families America Arkansas, Southeast Kansas Community Action Program, Brockton Healthy Families in Massachusetts, Inter-Tribal Council of Michigan, Family Building Blocks and Family Nurturing Center in Oregon, and Mary's Center in Washington D.C., who generously provided their time and shared their stories and experiences with us. We are also indebted to the wisdom provided by the Parent Research Consultants, and the amazing community partners who facilitated their input, Ms. Nelda Reyes (AB Cultural Drivers) and Ms. MaryEtta Callier-Wells (Self Enhancement, Inc). Thanks also to Elizabeth Krause and Becca Graves from the Perigee Fund, who provided unwavering support and ongoing guidance for this project. Finally, we want to thank the members of the study Advisory Board who graciously shared their expertise with us, including: Ernestine Benedict (Zero to Three), Robin Hill Dunbar (The Ford Family Foundation), Sara Haight (Aspen Institute), Angel Fettig (University of Washington), Neal Horen (Georgetown University), Mary Louis McClintock (The Oregon Community Foundation), Cat MacDonald (Association of State and Tribal Home Visiting Administrators), Lisa Mennet (The Perigee Fund), Aleta Meyer (USDHHS, Administration for Children and Families, Office of Planning, Research and Evaluation), Shannon Rudisill (Early Childhood Funders Collaborative), and Letty Sanchez (First Five LA).

Suggested Citation (authors listed in alphabetical order): Chazan-Cohen, R., Fisk, E., Ginsberg, I., Gordon, A., Green, B. L., Kappeser, K., Lau, S., Ordonez-Rojas, D., Perry, D.F., Reid, D., Rodriguez, L., & Tomkunas, A. "*Parents' Experiences with Remote Home Visiting and Infant Mental Health Programs During COVID-19: Important Lessons for Future Service Delivery*". Report submitted to the Perigee Fund, Seattle WA., September 2021.

Funding Source: Funding for this project was provided by a grant to Portland State University from Perigee Fund and The Ford Family Foundation.

For more information about this study and access to community case studies and other project reports, please visit: perigeefund.org/parentvoicestudy.

About the Study

In Summer 2020, in response to the COVID-19 global pandemic, and the abrupt shut-down of most face-to-face early childhood services, the [Perigee Fund](#) contracted with a team of researchers from Portland State University, Georgetown University, and the University of Connecticut to learn more about how programs were shifting their strategies to serve families through remote or “distance” technologies. In particular, Perigee and the study team identified a critical need to hear more from parents about their experiences during this shift, and if/how these programs were continuing to provide important supports for them and their young children.

The research team partnered with programs in seven different communities across the country: Healthy Families America (HFA) Arkansas, Southeast Kansas Community Action Program, HFA Brockton Massachusetts, Inter-Tribal Council of Michigan, Family Building Blocks and Family Nurturing Center in Oregon, and Mary’s Center in Washington D.C., using a case study approach that allowed a contextualized understanding of service delivery in communities characterized by different social, political,

and cultural characteristics. Programs all served families with children ages 0-3¹ and used a variety of different program models/curricula. Programs provided home-based early childhood services based on a relationship-based approach; some also provided direct early childhood mental health supports. Telephone or video interviews were conducted with the program director and up to 7 staff, and up to 14 families (two families per staff). Based on these interviews, a case study was developed for each program, which in turn was analyzed to identify key cross-site findings.

As of this writing, as restrictions begin to be lifted on in-person services, there are important lessons to be learned about the role of remote or “technology supported” services moving forward. This study begins to provide some of these lessons by highlighting what it took to effectively engage families, what worked well and warrants further support, and what was lost in terms of quality, effectiveness, or equity in providing relationship-based home visiting and early childhood mental health services to families with very young children.

About This Program

Community & Program Context

This report describes key findings for the Greater Brockton Healthy Families home visiting program funded by Children’s Trust, which provides home visiting and other early childhood and mental health services using the [Healthy Families America \(HFA\) model](#). This program’s “demographic area is Brockton, which is an urban city...also cover[s] nine surrounding suburban towns, for a total of 10 towns.” Brockton is a city of approximately 95,000 residents in Plymouth County, Massachusetts. Brockton is comprised of a majority non-White population, has a 15% poverty rate, and 7% of its population is children under the age of 5².

Greater Brockton Healthy Families employs four home visitors, two supervisors, and a program coordinator. Notably, the program is funded for seven home visitors, with three openings since November 2020. Despite being

funded for 140 families, Greater Brockton Healthy Families has been operating at decreased capacity, with the program coordinator sharing that, “we’re so sporadic right now, or have been for the past year...Even last year, our capacity was down some. I’ll attribute that to the birthrate because we do service 24 and under.” As of February 2021, the program was enrolled at 57% capacity.

80% of families served by Greater Brockton Healthy Families are Cape Verdean/Black, 14% are Latinx/Hispanic, and 3% each are White and Black/African American; and these families speak a variety of languages, including Cape Verdean, English, Portuguese, and Spanish. Healthy Families Massachusetts eligibility criteria is that parents must be aged 20 or younger, and either pregnant with their first child or parenting a first child under a year. With additional funding from the Department of Public Health through the Massachusetts Home Visiting Initiative funded

¹ Some also served somewhat older children.

² United States Census Bureau. (2019). Quick Facts Brockton city, Massachusetts. <https://www.census.gov/quickfacts/brocktoncitymassachusetts>

by MIECHV, Greater Brockton Healthy Families has been able to increase the age of eligibility for families to 24.

COVID-19 Context & Remote Services Provided

On March 23, 2020, Massachusetts Governor Charlie Baker issued a statewide “stay at home” order³. Like much of the country, surges in identified cases followed by statewide and local shut-downs created a constantly shifting approaches and recommendations regarding mask-wearing, social distancing, and other interpersonal contacts. Guidance for home visiting and other in-home early childhood services was provided by both the HFA national model⁴ as well as by the Massachusetts Home

Visiting Initiative and Department of Public Health⁵, strongly recommended against providing face-to-face, in-home services.

For the Greater Brockton Healthy Families program, as the program coordinator shared with us, in-home services were stopped, and the program began to implement a variety of strategies to support families remotely, specifically offering remote “home visits” and parent-child play groups. While “home visits” had to be conducted via video conferencing (e.g., Zoom) in order to officially count toward quotas, providers also engaged creatively with parents through telephone calls, text messaging, social media, email, and dropping materials/resources off at families’ homes.

Case Study Participants

During the course of the PETES project, we coordinated with Greater Brockton Healthy Families to interview five staff members (including the program coordinator) and 7 of the families that they serve. Below is a snapshot of the demographic information provided through a short survey administered to all participants (see Appendix A for survey items).

Parents/Caregivers

Families were referred to the study by their home visitors, and a total of seven parents/caregivers were interviewed. 100% were female, 29% each were White and Black/African American, and 14% each were Latina/Hispanic, Pacific Islander, and Multiracial (Cape Verdean/Black). Families spoke a variety of languages at home, including English (43%), Spanish (14%), Portuguese and English (14%), and Cape Verdean Criollo and English (29%). All parents/caregivers were under the age of 24, per Greater Brockton Healthy Families eligibility criteria, with one parent/caregiver under age 18. Households had 1-4 children, with ages of children ranging from under a year to 18 (children participating in the program were under 1 to 3 years old). Parents/caregivers had completed

some high school (14%) or had a high school diploma/GED (86%) and were either not employed (57%) or had part-time employment (43%) as of April 2021, when they completed the survey component of this study. Families were surveyed about the effectiveness of virtual methods, feelings about remote services, and supports received from the program. Parents/caregivers most often thought video conferencing was a very effective method (86%), mostly felt it was easy to engage with remote services (71%), no families reported disliking remote services, and all families found the food and emotional support provided by the program to be very important.

Staff

The four home visitors that we interviewed were all female, either African American/Black (75%) or White/Caucasian (25%), all over 30 years old, and all reported English as being their primary home language. Home visitors had either completed some college or technical school (50%) or a Bachelor’s degree (50%), had an average of 13 years of experience working in the field, and had an average of 3 years of experience in their current role. Staff were surveyed about their comfort level

³ Office of Governor Charlie Baker and Lt. Governor Karyn Polito. (2020, March 23). *Governor Charlie Baker Orders All Non-Essential Businesses To Cease In Person Operation, Directs the Department of Public Health to Issue Stay at Home Advisory For Two Weeks*. [Press Release]. <https://www.mass.gov/news/governor-charlie-baker-orders-all-non-essential-businesses-to-cess-in-person-operation>

⁴ Healthy Families America. (n.d.). *Guidance for HFA Sites in Response to COVID-19*. <https://www.healthyfamiliesamerica.org/hfa-response-to-covid-19/>

⁵ Massachusetts Home Visiting Initiative. (2020, March 24). *MHVI COVID-19 Digest*.

<https://archives.lib.state.ma.us/bitstream/handle/2452/828218/on1158573118-v1-2020-03-24.pdf?sequence=1&isAllowed=y>

providing services remotely. Here we see home visitors reporting varying levels of comfort with providing remote services, of feeling like they received the necessary support from the program, of wanting to continue any

remote services, and of changes in frequency in contact with families; and mostly disagreeing (75%) with remote services being as effective as in person.

About This Report

Drawing on these in-depth interviews, this report provides a brief summary from the perspectives of both families and staff about their experiences receiving or providing services during the COVID-19 pandemic. Within each section, we highlight three key areas:

(1) What does it take to deliver remote/distance services more effectively?

(2) What worked well and what could be retained moving forward?

(3) What (or who) was lost, where did the system fail and how could these gaps be addressed to build a more equitable service delivery system?

Value of Early Childhood Services During Crisis

During the COVID-19 pandemic, families accessing services at Greater Brockton Healthy Families were provided with essential basic supports and social and emotional supports, which were all critically important during this challenging time.

Even if the program couldn't directly provide the basic support a family needed, families appreciated being connected with resources where they could find an item they needed.

Basic Supports

Greater Brockton Healthy Families was able to provide a multitude of basic supports, materials, and resources to their families during the pandemic, including items like **cell phones and tablets** that were of particular importance during this time. The program coordinator shared that this was due in part to, *"saving money on travel...We've been able to just take that money and put it to families, ongoing."* Both staff and families reported that receiving these resources was very important during these challenging times.

"[Home visitor] connects me whenever I need something and she won't be able to give me that, or they don't have that item...she would tell me, 'Well we don't have any, but I have a few numbers of places that I think you could call', and she would give me those numbers and then she would check back on me to ask me if I got through." – Parent/Caregiver

Social & Emotional Supports

The social and emotional support provided by the program helped to **maintain valuable relationships** and also created an **opportunity for connection during a time of social isolation**, which families appreciated.

"We've been giving them gift cards, diapers, a lot of stuff that we used to, but I think now we give them more formula. The other day a participant had a baby...so we had to make a basket for her with a lot of baby stuff, things for her too." – Staff

"It's the Zoom interactions just to talk about anything." – Parent/Caregiver

"It gave me someone to connect with." – Parent/Caregiver

"I remember there was many occasions where, because I didn't leave the house or no one could give me a ride to go somewhere to buy diapers, there's many occasions [home visitor] did bring diapers." – Parent/Caregiver

"I feel like I can confide in [home visitor], talk to her more than I can with other people." – Parent/Caregiver

Specifically, the **parent-child playgroups** that Greater Brockton Healthy Families offered on Zoom during the

pandemic seemed to provide this social and emotional support for both staff and families.

“When we initially went remote, I was like, ‘We have to stay connected, how are we going to do this?’...Had groups up and running by the week after, so we went headfirst...We created. We did a paint night, so we got a lot of canvases to paint, and brushes, and really some painting to promote that care support and social connection.” – Staff

“We have groups every other Wednesday, so we try to involve parents...and we’ve seen lots of happiness, a lot of engagement. So that’s one thing that I really like, even though it’s Zoom, but parents, they interact with each other as well.” – Staff

“I like the group activities a lot because, especially like I think it was four, four weeks ago where we did painting and stuff and well I did it with [child] and she was super happy and excited to do it, and she was helping me. And you also get to communicate with other moms and the workers and stuff. So, you get to know everyone, not just [home visitor], you get to experience and get to know everyone.” – Parent/Caregiver

“There’s a program that meets every Wednesday at 6pm and they do activities...We do art projects, we talk about goals [and] dreams, and then we do them in a project...and also we get to interact with other home visitors and other clients.” – Parent/Caregiver

Experiences of Remote Services

What’s needed to make it work?

All of the parents we spoke with indicated that they were only connecting with their home visitors remotely, including **Zoom**, **phone calls**, **texting**, and/or **getting materials dropped off**. Parents shared that consistent communication and casual check-ins with their home visitors helped them feel like remote home visiting was successful.

Communication

Beyond just the Zoom “home visits” the program required, families felt grateful that their home visitors were willing to stay in touch using **other methods of communication** and **frequent check-ins**.

“We text almost once a day, [home visitor] just wants to make sure that we’re okay.” – Parent/Caregiver

“[Home visitor] sends texts, and sometimes, she sends resources...she sends me links, she tells me stuff that’s going around, or she calls me and asks me if I’m OK.” – Parent/Caregiver

“[Home visitor] calls me...if I need something she’ll be there for me.” – Parent/Caregiver

“[Home visitor] regularly texts me when I text her...And she makes that effort to call me back when I call her, answer my calls, even when we’re

not scheduled for that day, so that’s, that’s really helpful.” – Parent/Caregiver

The home visitors shared about their own abilities that made this consistent communication that families appreciated so much possible.

For example, one home visitor mentioned persistence as a skill that was particularly valuable:

“I think just being persistent is one of my strengths. And it’s working now...I don’t quit bothering people. So that’s working in my favor now, because I’m constantly calling and being persistent and just saying like, ‘We have a visit, let’s go’.” – Staff

For another, tailoring communication to particular families was important:

“Some of them work, so I use text message for them, but the other ones that I know that they’re home, I call and they always answer.” – Staff

For Staff

Beyond their own abilities, staff shared that they felt better able to do their jobs because of multiple things during the pandemic, including **flexibility** provided by the program, and **support** they received from coworkers.

Flexibility

Multiple home visitors shared that the flexibility the program provided them with made their jobs easier.

"I changed my schedule. Not too long ago. Just for myself, so I have time for myself, and it was very easy, they didn't say no. Like I said, they're very flexible." – Staff

"They understand I have kids, they understand I have a family. And, I've changed my schedule like three times. And that's because they allowed me to just find something that works for me. And that's been very helpful." – Staff

"We can make our own hours...Eight hours is eight hours, whatever way you want to put them." – Staff

Support

Staff stayed in touch during the pandemic, in a way such that coworkers served as friends, confidantes, and/or people to vent to, which staff appreciated.

"We do check-ins, they call to check on us, to see how we're doing. We do have supervision, that happens every week, so that's the time that you can just vent to your supervisor." – Staff

"They're very supportive. It's [an] open door policy." – Staff

"We have to support each other, because, besides our family, this is our second family...We have to deal with each other every single day from Monday to Friday, from 9 to 5, 5:30. Even though we're not seeing each other as often, but we're seeing each other through video because we have meetings, we talk to each other, we're finding something." – Staff

"Everyone [staff] is on their group text, 'Good morning,' this, that, happy." – Staff

What worked well? What changed for the better?

Logistics

These young mothers frequently talked about how virtual services made it much **easier**, and often just **more comfortable**, for them to participate because of the **convenience** of not preparing themselves or their home for in-person visits, and through **modalities** that were most useful for them.

"I like phone calls better. I do like being in person, but where we can't go outside and do an activity...I like being on the phone better than just

sitting in a room and talking...It's definitely more convenient, and another thing is, I have a toddler so my house isn't always clean there's always toys everywhere...so if I'm on the phone you don't necessarily think that my house is that dirty." – Parent/Caregiver

"I feel like it's way easier than having to schedule an appointment and coming, sometimes I'll be busy so I'll have to reschedule the visit; I like this better, it's easier." – Parent/Caregiver

"It was easier for me not to worry about having to get home in time for things because we could still do it somewhere else." – Parent/Caregiver

"Being flexible about whenever I can actually meet because sometimes I'm working, or [partner]'s working, or the baby's not home yet, or I might not feel up to talking to somebody that day, and [home visitor]'s very understanding with sometimes I feel anti-social." – Parent/Caregiver

Two staff members also shared that they also thought that the convenience of remote home visiting was beneficial.

Opportunities for Engagement

The **virtual parent-child playgroups** that Greater Brockton Healthy Families offered during the pandemic (described in detail above) provided a new way for families to participate in programming and be engaged. As one home visitor described:

"We had these beautiful series of workshops...we'll put these group bags together and we'll drop them off at the doors...we also slip in the bag some information for the fathers, trying to engage them also...Then we'll all meet together on Zoom, on an early evening at six o'clock, and play a little game or do a little introduction and then do our group night, whether it's a paint night or a story and a cookie, or a story and a craft. And both engaging the parent and the child...We did a survey, we asked them what they would like, trying to meet service needs...I think it's successful." – Staff

What didn't work? What was lost? What changed for the worse?

Overwhelmingly, families enrolled in Greater Brockton Healthy Families had positive experiences with remote home visiting and saw many benefits. Four of the seven

families we interviewed specifically said, “no,” when asked if there was anything not working well or if they had any difficulties with remote home visiting. There were a few challenges experienced by families related to receiving their services virtually and staff in providing those services.

Child Engagement

Parents and staff both mentioned that there were challenges around engaging children in remote home visits, including with **activities and play**, but also with the **logistics of holding the screen to show the child**.

“[Child] kind of just does his own thing...[home visitor] used to do activities with him, while we talked.” – Parent/Caregiver

“We'd all play with [child], which was nice. [Home visitor] would play with him, which was really cute and I miss that.” – Parent/Caregiver

“The relationship, especially with the kids...because of the kids I wish I was there; we used to bring activities bags for us to play along. We can still do that, but you just have to drop it off and then do this via Zoom but you're not there, so it's just the parent. Sometimes it's hard for them to hold the phone or just put the phone there.” – Staff

Despite this lessened direct child engagement in person, several parents shared that home visitors would **ask about the child** during Zoom or phone calls, often as the first thing they did, and even sometimes be able to **try to engage the child**.

“We would talk about [child]. I would tell [home visitor] anything new that [child] has started doing.” – Parent/Caregiver

“With [home visitor], we get on Zoom and she talks to [child], we play around, she asks how I'm doing and [child's] and sometimes she'll sing a song and play with [child], and we talk.” – Parent/Caregiver

“[Home visitor] checks on the baby, she asks about his development. If [child] was awake now, he would also be the camera, so he interacts with her and she interacts with him, and she asks me to...do this with him and you could slowly start to do this with him...And she said, ‘Well he's doing that, well it's time for you to try and do this, or do this and let me see if he would give you the toy. So now, you can teach him how to share his toy’ so

she gives me great tips on how to help him to interact.” – Parent/Caregiver

Parent-Provider Relationship

In addition to feeling like their children were less engaged with their home visitor, parents also shared that they missed having the **in-person interactions and connections** with the staff as well.

“It would be nice to actually have [home visitor] in person, I know we can't because of COVID, but it would actually be nice because I'm a single mom and just being a home doing everything over Zoom there has been like a week when I haven't been outside at all.” – Parent/Caregiver

“I felt like it was more fun to have them in person.” – Parent/Caregiver

“I wish we could meet outside, even if we were six feet apart and had a mask on. I just miss actually seeing her.” – Parent/Caregiver

Staff also shared that they experienced these challenges with relationships with their families during the pandemic too:

“[I find] it very challenging to get them to engage.” – Staff

“I prefer to be face to, be close with my participants.” – Staff

“I thought that in person was better...clients have expressed to me that they have enjoyed that more. They find it easy, they find it more calming, more hands on, they like it...it's very hard doing it on Zoom or trying to get my point across on a phone call. So, it's hard, it's challenging times.” – Staff

Despite these challenges in not having home visitors be in person during the pandemic, families still emphasized the important role their home visitors played during the challenging time, and how they were still able to count on the relationships for **motivation, human connection, and respect**.

“Just the home visitor that she is, she is real, she's motivating. She motivates you, she doesn't let you put yourself down. She helps so much with the baby, she let me know that she has three kids and with every kid it was like starting over. So I shouldn't beat myself up, because this is my first kid, so when he changes I should also just, there's

nothing that I'm doing wrong, so that's good." – Parent/Caregiver

"Because now we're doing everything over the phone it's nice to connect on Zoom, it's the closest thing to feeling like you're right there with someone in person." – Parent/Caregiver

"Even though it's over the phone now, it still feels like we're still a part of the same big family." – Parent/Caregiver

"[Home visitor]'s just herself...she doesn't place herself, she doesn't esteem herself high above anyone else. So she gives honor to everyone and I like that...so you get to see the real human side and not just the business professional side, but you get to see the relaxed at home experience, and I like that." – Parent/Caregiver

"I feel like I got to know [home visitor] even more...when we would meet I was like a little bit shy, and you know holding back and stuff and now I get to open up or share everything and it's better." – Parent/Caregiver

Technology

Despite all home visits occurring virtually during the pandemic, only one family mentioned technological-related challenges with remote home visiting, sharing that *"Sometimes the Internet is bad."* Staff mentioned a few more concerns about **internet connectivity** and the **use of cell phones**:

"For the ones that don't have good service, a good plan on their phone, don't have internet or Wi-Fi, they have to go based on the internet from the phone, it's very hard for them to connect in; it disconnects, it freezes...When you take the video off and have only the voice, it seems to work a little bit better. But then your visit has to put the video on and it's a whole mess." – Staff

"When you don't have Wi Fi, it's kind of a little difficult. Because you have to be in a place that you have that connection for you to use Zoom." – Staff

Lessons from Staff

Family Retention

Greater Brockton Healthy Families did experience a decrease in referrals to the program (e.g., *"We've had a drop in referrals from our local WIC."*) and some challenges when new families were referred (*"When you have a family who comes in, or is referred in, sometimes they don't have a phone."*) during COVID-19. However, outside of the families who graduated from the program as expected, **there were no families who dropped out due to the pandemic**. Home visitors shared what they learned about keeping families engaged during challenging times, including creative outreach ideas, such as **sending mail**, **checking in between visits**, and **having the option to meet at varying frequencies**.

"I went out and bought cards, and actually write the note, I'm sending table confetti, stick a little bit of that in there, maybe that will spark them, you know something to hopefully engage them, something different." – Staff

"I learned to call them, check in in between the time we're doing the visit, to just keep them engaged." – Staff

"I keep in touch with them, via phone call, text messages...I do have to see them either every week, biweekly, or monthly; especially for those monthlies I keep in touch with them, make sure, everything is okay, I send them reminders about our visits." – Staff

"My home visitors, they did a really good job at providing information, translating information, on recommendations and best practices around social distancing, mask-wearing, handwashing and all of that good stuff." – Staff

The program also put in effort to ensure that remote home visiting remained accessible to the diverse families they serve, who traditionally *"tend to enroll and stick with it."*

"We ran an English, a Spanish, and Cape Verdean Creole group...Moving forward, we'll start the group together as a whole. It doesn't matter the language capacity or capability. Then, we'll have three facilitators - one for English, Spanish, and for Cape Verdean Creole - and we'll go into breakout rooms. They'll all do the same activity, but there just won't have to be all that translation going on,

and then come back together as a whole to share.” – Staff

“During the Zoom visit, it's very hard for you to even interact with any other family member in the house. I just had a visit today and I heard the

grandmother speak in the background. And I was like, ‘Hola Senora’ and then she came over and said, ‘Hola’ and I don't normally speak Spanish, but I tried. Just kind of get her, but you have to go an extra mile.” – Staff

Key Takeaways for Moving Forward

- Greater Brockton Healthy Families had incredible success with Zoom parent-child playgroups during the pandemic. These groups were conducted in multiple languages, home visitors reminded families when they were happening, and the program provided families with the materials they would need for any activities that were happening during the group. Having a virtual option for family events is a possible way to increase engagement.
- The young mothers interviewed appreciated being able to reach their home visitor via text or phone call in between regularly scheduled Zoom home visits. Similarly, staff spoke about feeling like it was important to check in on their families regularly. These more casual check-ins may be beneficial to relationship building moving forward.
- Both staff and families mentioned how remote home visiting allowed them for greater flexibility in their schedules. This flexibility could help staff and families have an easier time scheduling in-person home visits as well.
- Home visitors reported more challenges with remote home visiting than families did. Some families mentioned that they were more comfortable with remote home visits or talking on the phone than they were in person, while some home visitors talked about strongly disliking having to use these technologies. Hybrid home visiting is an option that is more balanced between these two perspectives than solely in-person or remote.

Appendix A: Family Survey Data

Parent/Caregiver Report of Effectiveness of Different Methods

N=7	Do not use	Not Very Effective	Mostly Effective	Very Effective
Telephone Calls	14 (1%)	--	29% (2)	57% (4)
Video Conferencing (Skype, Zoom, FaceTime)	--	--	14% (1)	86% (6)
Text Messages	--	--	43% (3)	57% (4)
Social Media	43% (3)	29% (2)	14% (1)	--
Email	29% (2)	29% (2)	--	43% (3)

Parent/Caregiver Perspectives on Receiving Remote Services

N=7	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
It has been easy for me to engage in the services provided by the program since face-to-face visits were stopped.	--	--	--	29% (2)	71% (5)
I like receiving services from the program remotely (through phone, video, etc.)	--	--	29% (2)	57% (4)	14% (1)
I would like to continue to get at least some supports remotely even after face-to-face visits can start again.	--	14% (1)	--	43% (3)	43% (3)
I hear from my provider more often now than before COVID.	14% (1)	29% (2)	29% (2)	14% (1)	14% (1)

Parent/Caregiver Perspectives on Important Supports

Food (N=7)			
No 29% (2)	Yes 71% (5)		
	Not Very Important --	Somewhat Important --	Very Important 100% (5)
Activities for my children (N=7)			
No --	Yes 100% (7)		
	Not Very Important --	Somewhat Important 14% (1)	Very Important 86% (6)
Emotional Support (N=7)			
No --	Yes 100% (7)		
	Not Very Important --	Somewhat Important --	Very Important 100% (7)
Emergency financial resources (N=7)			
No 43% (3)	Yes 57% (4)		
	Not Very Important --	Somewhat Important 25% (1)	Very Important 74% (3)
Information about COVID-19 and health/safety (N=7)			
No 14% (1)	Yes 86% (6)		
	Not Very Important --	Somewhat Important 33% (2)	Very Important 67% (4)
Parenting information and support (N=7)			
No --	Yes 100% (7)		
	Not Very Important --	Somewhat Important 29% (2)	Very Important 71% (5)
Access to community resources (N=6)			
No 17% (1)	Yes 83% (5)		
	Not Very Important --	Somewhat Important 40% (2)	Very Important 60% (3)

Appendix B: Staff Survey Data

Remote Technologies Used

N=4	% Yes
Telephone Calls	100%
Video Conferencing (Zoom, Skype, FaceTime)	100%
Text Messages	100%
Social Media (Facebook, etc.)	50%
Email	100%

Staff Experiences Providing Remote Services

N=4	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am comfortable providing services over the phone and/or online.	--	--	25% (1)	25% (1)	50% (2)
Providing services remotely is as effective as face-to-face.	--	75% (3)	25% (1)	--	--
I have received the necessary support from my program/agency to shift to remote/distance services.	--	--	25% (1)	25% (1)	50% (2)
I would like to continue providing remote supports in some way even after face-to-face visits can be resumed.	--	25% (1)	25% (1)	50% (2)	--
I have more frequent contact with families now than I did before COVID.	25% (1)	50% (2)	--	25% (1)	--

Appendix C: Family Interview Questions

Active

- To begin, can you tell me a little about your family? How many children do you have, how old are they?
- Tell me a little about how has COVID-19 impacted you, your family, and your child(ren)?
- How long have you been participating in the [PROGRAM NAME]? Were you enrolled before COVID-19?
- How are you connecting with your [home visitor/staff name _____] now?
- What do you like about getting remote/distance supports and services?
- What's not working well for you now? What has been difficult? What would you like to do differently?
- What has been the most valuable service or support you, your family or your child have gotten from [PROGRAM] since the COVID-19 shut down?
- Tell me about your experience with getting a typical "distance" visit.
- In what ways are these remote visits different than when you received services in person?
- How have you felt about these changes? Are there things that you like better about the supports you are getting now, and if so what and why?
- How, if at all, has COVID-19 impacted your relationship with your home visitor?
- What, if anything, has the program or your [home visitor/staff] done to make these remote visits work better for you?
- Is there anything else you think it's important to tell us about your experience with [program] during COVID-19?

Inactive

- How long have you been participating in the program? Were you enrolled before COVID-19?
- How are you connecting with your home visitor/clinician now, if at all?
- Did you participate in any remote home visits at all, and if so, what were these like?
- What about remote services has made it difficult for you to participate in services?
- What can the program do, if anything, to help you to be able to participate?
- Are there things that you need right now that you're not getting because you haven't been getting face-to-face home visits?
- How would you describe your relationship with your home visitor before COVID-19? How would you describe it now? Why do you think it's changed?
- Do you think you would participate again if face to face visits were brought back?
- Is there anything else that you would like to share with me or with the program that might improve remote services for yourself or other families?

Appendix D: Staff Interview Questions

- To begin, can you tell me a little about your role– what is your current position, how long have you worked here, how long have you been working in this field?
- Tell me about how you are providing services right now. What kinds of technology are you using? About what percent of your contacts involve each remote option? Does this vary for different families? If so, why?
- What strengths do you have that you think are helping you to connect with families right now?
- Do you see any benefits to providing services remotely, compared to providing face-to-face visits, and if so what are they?
- What are the biggest challenges for you in providing services this way?
- In what ways are these remote visits different than when you provided services in person?
- Do you think these changes are consistent across your families or does it vary? If so, why do you think that is?
- What do you see as the most important part of your program to provide to families during the pandemic?
- Thinking about the families you work with, are there families you feel have “fallen through the cracks”?
- How has your program or organization supported you to do your job more effectively since the shift to remote services?
- What keeps you doing this work right now? How are you handling this situation and managing other challenges and stressors?

Appendix E: Director Interview Questions

- Can you tell me about the services that your program provides, and what your role is within this program?
- Tell me about how your program is delivering technology-supported services right now.
 - What kinds of technology are your staff using to connect with families?
 - Do staff have any face-to-face contact with families, and if so, what does that look like?
 - What resources have you provided to staff or families to help facilitate remote visits?
 - In addition to home visiting and direct one-on-one services, is your program providing other kinds of supports for parents, such as parent groups or parent education?
- What is important for us to know about how COVID-19 has impacted your community and your program?
- In what ways, if any, do think that families or staff in your community have been disproportionately impacted by the COVID19 pandemic because of institutionalized racism, poverty, or other factors?
- Tell me about the staff you work with who have had an easier time shifting to remote services, or who you think are more effective working with families remotely?
- What about staff who've struggled more, or had a more difficult time making this shift?
- Has your program continued to enroll families during the COVID-19 pandemic? How open to services are families, knowing they are remote?
- Are the families you are recruiting different than those you used to recruit pre-Covid-19?
- Have you lost families who did not transition to the virtual format? If so, who did you tend to lose?
- What, if anything, do you think staff have been able to do more effectively – or at least as effectively using remote technology, compared to face-to-face?
- Have you had staff leave their positions since the shut-down? Why do you think this happened?
- Is there anything else you'd like to share with me today about how things are going with your program or what recommendations you would have to improve the nature or quality of technology-supported services?