



LISTENING TO PARENT VOICES:

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

CASE STUDY:  
**Family Building Blocks**

---

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](https://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 0-3<sup>1</sup> 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 Healthy Families Oregon (HFO) home visiting program, Early Head Start, Relief Nursery and Family Mental Health Program operated by Family Building Blocks (FBB). These programs are located in Marion and Polk counties in Western Oregon, a region that includes the capital of Oregon (Salem, population 174,365 in 2019<sup>2</sup>) as well as a large rural area that is home to a relatively large population of Hispanic and Latinx families, many of whom work as farm laborers. Twenty-one (21) of the 38 zip codes in these counties is designated rural by the OHSU Office of Rural health. The remaining 17 zip codes are designated as urban.<sup>3</sup> 13% of people in Marion County and 20% of people in Polk County live rurally.<sup>4</sup> Family Building Blocks

employs 80 direct service staff and serves approximately 800 families.

FBB HFO provides home visiting and other early childhood and mental health services using the [Healthy Families America](#) model. Many of the families served by FBB are Hispanic/Latinx and speak and receive services in Spanish, typically delivered by a bilingual/bicultural home visitor. Overall, Family Building Blocks serves families with the following demographics: 46% Latinx/Hispanic, 24% White, 15% multiracial, 1% AA/Black, 1% American Indian/Native, and 1% Asian/Pacific Islander. Eligible families are those who are pregnant or enrolled within 3 months of birth, and who have other social/demographic risk factors (e.g., living in poverty, maternal depression or substance abuse risk; lack of prenatal care, premature birth, teen parent status, etc.). Marion County, with 12.2% of persons living in poverty, has a higher percentage of poverty than

---

<sup>1</sup> Some also served somewhat older children.

<sup>2</sup> United State Census Bureau. *QuickFacts: Salem City*. Census.gov. Retrieved June 2021 from: <https://www.census.gov/quickfacts/fact/table/salemcityoregon,US/PST045219>

<sup>3</sup> Oregon office of rural health. OHSU. (n.d.). <https://www.ohsu.edu/oregon-office-of-rural-health/about-rural-and-frontier-data>.

<sup>4</sup> The Ford Family Foundation. (2020, November 23). *Oregon by the Numbers: Key Measures for Oregon and its counties*. Tfff.org. Retrieved July 2021 from: [https://www.tfff.org/sites/default/files/OregonByTheNumbers2020\\_23Nov.pdf](https://www.tfff.org/sites/default/files/OregonByTheNumbers2020_23Nov.pdf)

Oregon (11%) and the same rate as the US overall (12%). Polk county has a lower rate of 9.4%.<sup>5</sup> While poverty data for children 5 and under is not available by county, poverty rates for young children are universally higher. In Oregon, 14% of children aged 5 and under are living in poverty and the national rate for children 5 and under living in poverty is 18%.<sup>6</sup> The unemployment rate was 5.8% for Polk County and 6% for Marion County in April of 2021. However, in April of 2020, the unemployment rate peaked at 12.7% in Polk and 13.3% in Marion.<sup>7</sup> According to the 2019 census data, 86% of families in this region have a broadband internet subscription.<sup>5</sup>

## COVID-19 Context & Remote Services Provided

---

On March 23, 2020, Oregon's Governor issued a statewide "shelter in place" order. Like much of the country, surges

in identified cases followed by statewide and local shut-downs created 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 model as well as by the Oregon Health Authority, strongly recommended against providing face-to-face, in-home services.

For the Family Building Blocks HFO program, in-home services were stopped, and the program began to implement a variety of strategies to support families remotely. This included telephone calls, video conferencing, texting, and email. Since March 2020 the program has enrolled fewer families.

## Case Study Participants

---

For the PETES project, PSU researchers coordinated with FBB to interview seven (7) staff members and thirteen (13) of the families that they work with. Below is some basic demographic information provided through a short survey administered to all participants. The research team purposively sampled one of FBB's HFO staff teams that worked predominantly with Spanish-speaking parents for the study, as well as the program's mental health consultant.

### Parents/Caregivers

---

Out of the 13 parents/caregivers we interviewed, 12 were active in services. The parents/caregivers interviewed were predominantly (82%) Latinx; one was multiracial and one chose not to respond. All of the parents/caregivers interviewed were women, and all were within the age range of 18-49 years. One of 11 was employed full-time, 2 were employed part-time (less than 20 hours per week), and the remainder were not employed. All of the families interviewed spoke Spanish. Most of the families

interviewed felt that it was easy for them to engage in the services provided by FBB remotely (75%). Over three-quarters (83%) also indicated that they liked receiving services remotely, and almost half (44%) indicated that they would like to continue to receive some support remotely after face-to-face services resumed.

### Staff

---

The seven (7) staff members interviewed were primarily female (6) with one male. Of the staff, 6 identified as Latinx while one identified as white. They all hold at least an Associate's Degree with 71% having at least a Bachelor's degree and have varied experience working at FBB. When asked about their comfort level providing services remotely, all felt comfortable providing services remotely and all staff felt supported by their agency to shift to remote services. Notably, over half (57%) reported that providing services remotely is less effective than face-to-face.

---

<sup>5</sup> United State Census Bureau. *QuickFacts: Marion and Polk Counties*. Census.gov. Retrieved June 2021 from:

<https://www.census.gov/quickfacts/fact/table/polkcounyoregon,marioncountvoregon/INT100219>

<sup>6</sup> United State Census Bureau. *Small Area Income and Poverty Estimates (SAIPE)*. Census.gov. Retrieved June 2021 from:

[https://www.census.gov/data-tools/demo/saie/#/?map\\_geoSelector=u5\\_s&s\\_state=41&s\\_year=2019&s\\_county=41047,41053&s\\_measures=u5\\_s](https://www.census.gov/data-tools/demo/saie/#/?map_geoSelector=u5_s&s_state=41&s_year=2019&s_county=41047,41053&s_measures=u5_s)

<sup>7</sup> Reno Gazette Journal. (n.d.) *Unemployment Rate*. Data.rhj.com. Retrieved in June of 2021 from:

[https://data.rgj.com/unemployment/marion\\_county\\_or/CN4104700000000/2021-april/](https://data.rgj.com/unemployment/marion_county_or/CN4104700000000/2021-april/) and [https://data.rgj.com/unemployment/polk\\_county\\_or/CN4105300000000/2021-april/](https://data.rgj.com/unemployment/polk_county_or/CN4105300000000/2021-april/)

## 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

---

The families we spoke with described the immense value of being able to continue to receive early childhood services during the pandemic. This included not only the continued **parenting and child development support** typically provided by their home visitors, but also providing **basic resources** (e.g., food, diapers, etc.) and crucial **emotional and social supports** in response to families' escalating needs during the pandemic. In addition, counseling provided by the program's in-house mental health consultant and therapist, was perhaps especially crucial during this time.

### Continued Provision of Parenting and Child Developmental Supports

---

All parents expressed appreciation for Family Building Blocks continuing to provide remote home visiting services during the pandemic, including early childhood and parent education:

*"[Nuestra visitante de casa] nos ha ayudado mucho porque como hemos estado más tiempo en la casa, nos trae actividades que podemos hacer [en casa], libros que puedo leer con las niñas y eso es algo muy valioso que ellos han hecho para mí, y mi familia." [Our home visitor has helped us a lot because, as we have spent more time at home, the home visitor brings us activities that we can do [at home], books that I can read with the girls, and that is something very valuable that they have done for me and my family.] —Parent/Caregiver*

Although families expressed that face-to-face home visits provide more of a personal and social connection between the providers and the families they serve, many parents mentioned that they are still receiving the **same valuable content** and developmental curriculum with the virtual home visits.

*"Ella sigue siendo muy explícita en todo lo que me dice, muy detallista en todo lo que dice, para yo tratar de entender todo y aparte como tienen un libro que a mí me comparten, entonces pues ahí ella me dice vamos a ver tal tema igual dice, Ud. si quiere repasar su libro para que le quede más claro, porque a veces vienen." [My home visitor remains very explicit in everything she says to me, very detailed in everything she says, so I can understand everything. Since she has the same book that they share with me, she says that we are going to talk about a certain topic and mentions what I might want to review prior to our call so it will be clearer. I am getting the information via phone.] —Parent/Caregiver*

*"[FBB] no paran la información ni los temas. [mi visitadora de casa] no se ha detenido en lo que es el [niña]. Cómo se puede decir, el avance el crecimiento de mi niña, con los temas no ha parado. Se podría decir que eso es lo que me gusta porque no hubo un alto, en sabe que, ya hubo pandemia, ya vamos a cerrar y vamos a parar, no? Continuó ella con todo, como si no pasara nada pero por teléfono." [FBB do not stop the information nor the topics. My home visitor has not stopped...the progress, the growth of my girl with the topics, has not stopped. We can say that is what I like, because there was no pause, like 'you know there is a pandemic and we are going to close, we are going to stop, right?' She continued again with everything like nothing was happening, but by phone.] —Parent/Caregiver*

Information about child developmental milestones, parenting information, quarantine friendly learning activities, and information about the everchanging COVID-19 regulations were particularly helpful.

*"Pues pienso que toda la información que nos da [es valioso], porque a veces decían que solamente podíamos usar las máscaras afuera, también lo tienes que usarlos en casa, en la tienda o en lugares públicos, como en el parque." [I think all the information that she provides [is valuable], because sometimes they would say that we only have to use the masks outside, you also have to wear them in the house, in the store, in public places, like the park] —Parent/Caregiver*

*"Pues yo pienso que todo el programa... Bueno, que nos van enseñando o nos va mostrando el desarrollo de cada etapa de mi bebé, a mí también se me estaba olvidando...empezaron a decirme cada etapa que es lo que iba hacer [Nombre del niño] y todo." [I think the whole program. Well, because they are teaching us, they are showing us the development of each stage of my baby that I had also been forgetting. They started by telling me what [child's name] was going to do in each stage and all.] —Parent/Caregiver*

*"Definitely the information. I'm a single parent. I'm only 20 years old. I was 19 when I first had them. I live with my mom and my sisters, and all of my family and their family on our dad's side live in another state. So. it was kind of difficult not having a lot of information. And with Covid, there weren't any mom's groups that were kind of available. So, it was nice to be able to have a spot to go to and get information, like modern information, because, like, my mom's got great tips and whatnot, but all of that is like 20 something years old. It was nice to have some modern updated information about the children." —Parent/Caregiver*

## Basic Resources

Many families lost their jobs or had their hours reduced, and had increased stressors in their lives. Families reported the uncertainty of work and changing COVID-19 restrictions created more stress than usual. These needs were exacerbated not only by stress related to the pandemic and ensuing shut-downs, but to local environmental events such as devastating wildfires and a serious week-long ice storm. Families described their deep appreciation for home visitor's assistance with obtaining basic supports, as well as providing much-needed emotional support. The basic resources provided to families by FBB included necessities such as diapers, food, and rental assistance while participating in remote home visiting services.

*"We [staff] support each other regarding resources...the mom told us: 'My husband lost his job.' We heard that a lot. 'My husband lost his job. I got my work hours reduced'."- Provider*

*"Ellos me han ayudado bastante. Por ejemplo, nos han traído comida. Cada semana nos daban comida y pañales." [They have helped us a lot. For example, they have brought us food. Every week they gave us food, and diapers.] — Parent/Caregiver*

*"Mi esposo dejó de trabajar, pues lo dejó poco a poco. Y yo tenía una necesidad con una silla de carro que no podíamos comprar y ellos me ayudaron, me dieron uno para mi niña." [My husband didn't stop working, but he did lose a lot of hours, and we were needing a car seat that we couldn't buy, and they helped me and gave me one for my child.] —Parent/Caregiver*

## Emotional & Social Support

Other families described the importance of the ways the program provided **emotional and social support** during a period of tremendous social isolation:

*"Familia, sí tengo, pero no convivo con ellos. Mi papá y mi mamá trabajan. Mi esposo trabaja. Y estoy aquí en casa todo el día con mis hijos no tengo con nadie con quien convivir y a veces ese ratito que platico con ella [Visitante de Casa] pues aparte de que me entretengo un ratito, como que me despejo la mente, aunque sea sólo como para dar información, decir oye, ¿cómo te fue el fin de semana, que hiciste? Es algo que me gusta." [I do have family, but I do not interact with them...And I am here all day with my children and I have no one to interact with and [the time] that I talk with [HV] other than being entertaining for me for a bit, I clear my mind, even if it is only to get information, to say: 'Hey, how was your weekend? What did you do?' It is something I like.] — Parent/Caregiver*

*"El hecho de que siempre están ahí, como preguntando si quieres, si necesitas algo, a qué se te ofrece, como que están como atentos, atentos a de que si uno ocupa algo... ellos ahí están como para ayudarte." [The fact that they are always there, asking what you need, if you need something, in what ways they can help you, they are attentive to whatever you need...they are there to help you.] —Parent/Caregiver*

A home visitor stated:

*“What I think is the difference between a family that is in the program and a family that is not, is that you never feel abandoned, there is always someone there. For example, every teacher is trained and receives a lot of training on how to approach the families, how to talk to them. At the beginning, when the pandemic started, I called all the families on Mondays and Fridays to let them know that ‘It’s Monday, how was your weekend? Do you need assistance? How do you feel? We all feel the same with the pandemic’ It was an effort to normalize everything. ‘We all feel the same, because I feel the same’.” —Provider*

Social supports such as play groups were mentioned by parents/caregivers as an important service that was able to be continued during the pandemic. Similarly, providers reported the continuation of programs and check-ins, even if they were remote, helped families feel connected and supported.

*“We have a service called play group. It’s like a Zoom call and all the family can come, and the home visitor gives them ideas on activities to do, books she reads, and song she sings. That gives a family time to have something that’s not just being at home and doing the same thing.” —Provider*

*“When we have classes, the mothers socialize among them...when they see each other, they greet, and I feel there is a connection that ‘someone in the community does the same as I do and probably feels the same way as I do’.” —Provider*

These supports and the ability of home visitors to explain and describe them to families also helped bridge cultural barriers, as described by one parent:

*“Compartió una foto de un folleto, entonces ahí fue donde yo leí un poco más o menos de lo que se iba a tratar. Entonces, hay cositas así, para mí es bueno saber lo que sea que ellos me platicuen, me enseñen, porque pues es otro país y son otras culturas y son otras reglas y son otras cosas que no se ven en México, para mí eso es un cambio que todavía lo estoy aprendiendo junto con el crecimiento de mis niños.” [She shared a photo of a brochure, and that is where I read a bit more of what it was going to be about. So, there are little things like that, and for me is good to know anything they talk about, for them to tell me, and*

*teach me, because, well, it is another country and there are other cultures and other rules and other things that we don’t see in Mexico, for me it is a change that I am still learning about along with the growth of my children.] —Parent/Caregiver*

Finally, the holistic nature of the supports provided was clear. One provider shared their perspective stating that their ability to provide virtual visits supporting parenting and child development were opportunities to learn about and respond to other needs, and attributed the program’s success to providing support across multiple areas. Thus, ongoing child development supports were also facilitated by having provided the needed basic and emotional resources to relieve everyday stress and strengthen parents’ connection with their children. The HV stated that, *“at the virtual visit we become aware of other situations that we can attend to during the visit or with the resource as well. I think that it is the set of everything.”* In other words, providing basic, emotional and social support allows families to participate in their home visiting services in a more meaningful way without being preoccupied or worried about making ends meet.

## Mental Health Counseling

This program was also able to continue to provide individual counseling for adults during the pandemic. Those receiving virtual counseling services during COVID expressed how beneficial and extremely important it has been for them, especially during these challenging times.

*“El aporte más valioso hacia mi persona fue el de la consejería. Yo tomo consejería y creo que eso me ha ayudado mucho. Al igual que los consejos de desarrollo de mi bebé y el ser mama primeriza.” [The most valuable support for me was counseling...I think that has helped me a lot, like my baby’s developmental advice, and being a first-time mom.] —Parent/Caregiver*

*“Pues estoy recibiendo buenos servicios del programa, uno es este por parte de consejería [...] me ha ayudado mucho, especialmente con lo del COVID y este me ha ayudado a hablar sobre las cosas que están pasando.” [Right now, with COVID, the counseling I receive through Family Building has helped me a lot, especially talking about the things that are happening due to the pandemic...] —Parent/Caregiver*

# Experiences of Remote Services

## What's needed to make it work?

Overall, parents shared that they had positive experiences transitioning to remote services. Parents interviewed described several factors related to what they felt was important to make remote visits more successful. These included providers being **well-informed** about COVID-19 and community resources; being **flexible and accommodating** in their approach, and providing **multiple opportunities** and ways to engage in services.

Providers described some of these same strengths, and also shared a few other things that they believed helped keep them motivated and supported while providing virtual services. These factors included having ongoing **strong relationships with families** prior to the pandemic, the importance of seeing the **positive impact** of their work on families, **program/organizational support for staff**, and **self-care**.

Parents described home visitors as **informed about COVID-19 and safety**, as well as how to get auxiliary resources.

*"[Mi visitadora de Casa] es una persona muy preparada, está muy empapada en todo lo que tiene que saber...Por ejemplo, ella nos ayudó a ver lo del pago de la renta, porque si se vio muy afectado mi esposo, él es el único que trabaja en la casa." [My home visitor is very well prepared, she is very informed about everything she has to know...For example, she helped us with the issue of the rent payment, because my husband was very affected, and he is the only one that works in the house.] —Parent/Caregiver*

Families reported that their providers' **flexibility**, understanding and support were some of the key factors in making the virtual visits successful for them and their children. In addition to HVs' flexibility, parents shared that the program at large was very **accommodating** to families, allowing parents to choose their preferred method of contact, schedule virtual home visits (even in the evenings) and reschedule their visits as needed due to the parent's work schedule and family needs.

*"Ella se acomoda a nuestras necesidades. Como hay veces que tengo a las niñas que están inquietas...[Mi visitadora de casa] se da el tiempo de terminar la videollamada y cambia la cita a una llamada. Y para lo que sea nos está ayudando*

*mucho, porque se ajusta a las necesidades de las niñas así que podemos tener nuestra visita con ella." [She does accommodate to what we need. There are times when my girls are restless... [My home visitor] takes the time to finish the video call and changes the visit to a phone call. She adjusts to the needs of my girls very well so we can have our visit with her.] —Parent/Caregiver*

*"Sí, Pues pienso que dan la opción de que si uno quiere... en primera pues si te preguntan el horario el día, pues son hasta muy tarde. Si es que por ejemplo, como algunos padres trabajan, te dan opciones hasta en la tarde." [Yes. I think they give you the options you want...first they ask you about the schedule, the day, and they are available until very late. If, for example, some parents work, they give you choices [to have the visits] in the afternoon.] —Parent/Caregiver*

*"[Visitante de Casa] se acopla a que también uno a veces no puede hacer la visita o le sale algo de imprevisto y ellos dicen que también entienden y tratan de acoplarse a las familias que también tienen cosas que hacer, entonces programan las citas o cambio de días, también se acoplan a las necesidades de las familias." [She [HV] adjusts to the fact that sometimes I cannot make the visit, or if something unexpected comes up, they understand and they try to accommodate us. The families also have things to do, then they schedule the appointments or change the days, they also try to fit to the family's needs.] —Parent/Caregiver*

Parents described how they were given **multiple options to connect remotely** with their HVs (i.e. via phone, video call using WhatsApp or their preferred method of contact). Providers reported that due to families' varying levels of comfort with technology, they were open to figuring out what worked best for each family. For example, several staff talked about how they pivoted to using WhatsApp instead of Zoom because many of their Latinx families use it to connect with their families and are comfortable with it.

*"A mí se me dificulta mucho lo de la tecnología. Me dicen que [tener nuestras visitas virtuales] está bien por teléfono. Si quiero por teléfono, puedo hacerlo por teléfono. Sí pienso que es porque tienen posibilidades de cómo adaptar el horario de uno y también como uno pueda. Porque si a mí, si se me dificulta la tecnología." [Because I find*

*technology very difficult, they told me it's okay to [have our virtual visits] over the phone. If I want to do it by phone, they can do it by phone. Yes, I think that they are flexible to fit one's schedule, and also give you options on what technology you can use, because I have difficulties with technology.] — Parent/Caregiver*

## Providers' Perspective – What Makes it Work?

Staff described how their **strong relationships with families** and the **positive impact on families** were primary motivators to continue services during the pandemic. They also described how **mutual learning** helped both families and staff persevere through the challenges of shifting to virtual services.

*"When families tell you something like 'Do you remember that you told me to do it like that? Yes, it's working.' It gives us a lot of joy. I think that impels us." -Provider*

*"For the families that I already had, it was the strength of having that connection, that relationship with them already. I feel like they trusted me when I said, 'It's going to work out. I'm going to try my best to support you.' I feel like when I said that to the families, they were like, 'If you say it's going to work, let's try it.'" —Provider*

Another key element in making remote services work was **program support** from the organization's leadership. The program seemingly modeled the traits of adaptability, flexibility, and availability in how they worked with staff, which staff in turn modeled with their families. FBB prioritized supervision, provider self-care, and were particularly mindful of providers' caseloads. Staff reported that **group supervision** and other opportunities for **peer support** such as team lunches were important sources of support for their work with families during the shift to virtual services.

*"An extra step that I feel like my supervisor is taking... we do a 30-minute little meeting over Zoom every morning except Fridays. It's not necessarily to talk about work, but just check-in and talk to somebody else. That way, they know how we're doing. We know how they're doing. In our little group, there's I think four people right now. We get to still keep connected and know how everybody is doing." —Provider*

Another way in which FBB built its internal capacity with the shift to remote services was through **training**. Providers identified this as another way in which FBB

supported them during the pandemic. *"They've been providing us with a lot of trainings on ways to support families virtually, which is nice."*

Finally, FBB therapists offered mental health groups as well as individual counseling for staff. The program made these services readily available to staff during the pandemic.

*"The [counselor] offers us the service like, 'You don't need to wait another month. If you need help right now, if you are in need of emotional support, or you don't know what to do or you feel too stressed, talk to me and we'll see. We schedule a visit or an appointment, or at this time if I have the chance, I can answer you and if it is an emergency, I can cancel my appointments and I can attend you'." — Provider*

## What worked well? What changed for the better?

### Increased Communication

Parents mentioned that they were having more **frequent check-ins** with their home visitors and their overall communication had increased. In addition, providers were more available to answer and respond to their phone calls and text messages when they have a question and to regularly check in on them.

*"[nuestra comunicacion] ha aumentado para bien, porque ella se ha comunicado más con nosotros, como por ejemplo, si hay recursos de la comunidad y ella nos manda muchos mensajes de texto que si necesitamos algo y nos manda mucha información. Y de hecho pienso que he hablado más con ella [visitadora de casa] porque antes nada más era como la visita a la casa una vez al mes; pero ahorita como igual trae actividades, aunque desde lejos, pero viene a dejarnos actividades, que algún libro, o papeles para firmar, y pues sí, pienso que hemos estado más en contacto ahora que antes." [Our communication has increased for good, because she has communicated more with us. For example, there are community resources, and they send us many messages, asking if we need anything, and they send us a lot of information. In fact, I think I have talked more with her [home visitor], because before, it was only the visit to the house once a month, but now she brings activities, books or papers to sign, and I think we have been more in contact now than before.] —Parent/Caregiver*

Providers also described how they tried to be more **available** to families telling them, “‘If you ever need anything, we are here. If I don’t know, I will find it.’ I feel this has helped me to have that connection with the families...I was there to tell them ‘I am here whenever you need me.’” Increased staff availability demonstrated a willingness to be present with families which was especially helpful for families who were initially reluctant to engage in remote services. One home visitor explained it this way,

*“I believe that connection of knowing that they are not alone, that there is someone there who says ‘I’m here if you need me. I don’t know everything, but my organization has a lot to offer.’” —Provider*

### Increased Convenience of Remote Visits

Families often reported that having virtual visits at their home and in their own environment has been **very convenient** for them, because prior to COVID-19, **lack of transportation and childcare** were one of the major obstacles to having in-person visits with their providers.

*“La facilidad de que no me tengo que mover con mis dos niñas, o si me tengo que transportar o si necesito hacer una cita que no tenga que buscar por guarderia o dónde dejarlas... ellas van a estar en casa, es la facilidad de tener ese servicio.” [The ease that I don’t have to transport with my two girls, if I have to transport myself, or that, if I need to make an appointment, let’s say that just for [child’s name], that I don’t have to look for [childcare] or where to leave her, where to take her...they will be here at home, it is like the ease of having the service.] —Parent/Caregiver*

### Increased Flexibility in Program Requirements

Staff and families reported that since COVID-19, visits were more flexible and manageable as the requirements have changed and generally visits are shorter. Families can complete their required visit in a shorter time and in some cases, families can take a call while running an errand or being involve in another activity as long as they have their child present.

*“It’s also more flexible with the family because the mom can have a short phone call or a 30-minute phone call, with cleaning the house, or paying attention to the children, or doing her own things she needs to do while still having the phone call with me.” —Provider*

*“[Before} home [visits] only counted as visits if you were in the home physically. Now they’ve changed it to where visits can be...as short as I want...say 15 minutes, as long as you’re talking about certain aspects of health or safety, for it to count as a visit. That can be via email, phone call, text, if you’re constantly exchanging texting back and forth discussing information or child development, that can count as a visit now as well.” —Provider*

In large part due to increased convenience and flexibility in program requirements, providers reported seeing a **lower number of cancellations** and **‘no show’ visits**, sharing that families were less likely to miss their virtual visits and are more willing to do them over the phone or video call then before.

*“Being able to do appointments over the phone and through video has decreased the no show/cancellation rate [for families].” —Provider*

*“[Parents] miss less visits when we have been doing them remotely just because we’re doing them over the phone. I feel like if my family’s out at the park, and we want to do a visit with them, and they forgot, and I call them, they’re still, ‘Yeah, I’ll take the call. Sit down with my child.’ Then, we’ll do that visit. If they’re on their way somewhere, and they’re, ‘Oh, I was on my way here, but I’ll stop. I have my child here. We’ll do the visit over the phone.’” —Provider*

### Increased Creativity in Service Delivery

Additionally, staff talked about how felt they tried to be more **open and creative in trying new things** to address families’ needs and engage them in services. For example, they transitioned their parent-child interaction group to a parent socialization group because of the challenge of capturing interaction with babies and young children by video. They also supported a virtual parenting group, which normally would involve a meal, by providing food stipends or home delivery. However, they found that a virtual coffee and conversation parent group did not work well and put that on hold.

### Increased Access to Mental Health Services

Although those who talked about receiving virtual counseling felt that it was not as effective as face-to-face therapy, remote sessions did bring benefits to many of these families during the pandemic, and in fact both staff and families shared that one noticeable benefit of providing remote services to families was the increased accessibility due to teletherapy. Teletherapy, it was felt, provided more flexibility and accessibility for families who

couldn't access therapy pre-pandemic due to lack of transportation and/or childcare services.

*"[Families] who prefer video conferencing because they have kids they're taking care of, they can't leave the house, they don't have transportation or childcare, so for them, tele-therapy is really a better option because there's better access... Teletherapy breaks down some of those barriers." —Provider*

*"I think the most valuable support for me was counseling, I take counseling and I think that has helped me a lot..." —Provider*

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

While both parents and staff noted the benefits of being able to participate in ongoing support remotely during the pandemic, they also spoke about challenges experienced providing and receiving services virtually. These challenges were related to factors specific to this program's **focus population and community context**, differences in the visit content with **less child engagement, shortened visit time, strains on the parent-provider relationship**, and **less social connection**. Parents and staff also provided examples of how **technology/connectivity** challenges impacted service delivery.

### Family & Community Context

FBB serves a high percentage of Latinx families who are farmworkers, migrant workers, and in the service industry. Providers reported that some families were unable to continue services during the pandemic because of stressors related to their work situations, English-language proficiency, and/or immigration status. For example, one home visitor described a family who just immigrated to the US and does not speak English. One of their older children needed to be homeschooled and all the materials were in English and the teachers did not speak Spanish. The mother would translate all the child's assignments through Google translator in order for them to continue their education. This took time away from the mother participating in other activities like home visiting services.

*"For example, one of [our mothers] that I could think of right now, she has her oldest child in the home now. That means that she has to support him with schooling. For this specific family, it's very challenging because they arrived in the US not so long ago. Their first language and their only language is Spanish. The schooling system,*

*everything, they are running it in English. They do have teachers who speak Spanish, but they're not her son's teachers. This mom is just amazing because she takes her time to translate all of his homework through Google Translate and then have it translated back into English when he's done." —Provider*

Additionally, providers talked about how farmworkers have irregular hours and this is a challenge for providing services. Although providers reported that this situation existed prior to the pandemic, the pandemic and resultant intermittent closures and shut-downs in the workplace had definitely exacerbated the challenges of supporting these families:

*"We've had to have some families close out, because there wasn't consistent communication or the outreach. We were never able to get a hold of them. A lot of those families actually were families working in nurseries, or whether it was like the blueberries or picking grapes. A lot of that was challenging because of the hours and how inconsistent they were, or if they got off later, if their carpool didn't...if they were the last to get dropped off." —Provider*

### Reduced Child Engagement & Child-Visitor Interaction

When asked about the differences between face-to-face and remote visits, parents reported that before the pandemic, the content of the visits consisted of activities like reviewing books or using instruments and activities to support parent-child play and child development. These have changed during the pandemic with most activities not being done anymore. In particular, parents talked about the fact that home visitors were no longer directly doing play activities with children. In turn, some families reported that the virtual format reduced the quality of the parent and/or child's connection to the provider.

*"Pues actividades que son más de juego con ella, es mejor que ella [visitante de casa] vea y observe y a uno le digan es mejor hacerlo así, para que a ella le llame la atención. Es tan simple como leer un libro, a veces uno lo hace, pero ellos te dan como más consejos o es mejor trata de cantarle o algo así más expresivo para que le llame la atención... ellos [las visitadoras de casa] no pueden apreciar en una llamada o en una videollamada, todo es mejor cuando es en persona." [Activities that are more like me playing with her, and it is better for her [home visitor] to see, to observe, and to tell us it is better to do it*

*like this, if it comes to her attention. It is as simple as reading a book, sometimes you do it, but they [home visitor] gives you more advice or that it is better to sing to her, or something more expressive...they [home visitors] cannot appreciate that on a call or video call, everything's better when they come in person.]—Parent/Caregiver*

*“Mi hija se divertía más cuando su maestra llegaba a la casa, porque jugaban juntas, ella le mostraba cómo hacer sus actividades, salíamos a jugar, muy diferente con Zoom ahora, todos tienen que estar encerrados.” [My daughter had more fun when her teacher came home, because they played together, she showed her how to do her activities, we went out to play, very different than now with Zoom, everyone has to be locked down.]—Parent/Caregiver*

Parents shared that remote visits usually meant less engagement from children, saying that their child participates little when on the phone since communication is more direct (visitor to parent) and their child doesn't usually pay the same attention to phone or computer screens as with people present in the room. The lack of attention to the child from parents and/or visitors because they are busy communicating or attending technology causes the child to get restless and move a lot.

*“...A veces estamos hablando o por video llamada que me está enseñando algo, [mi hija] como se puso en ese momento así con usted, casi siempre la mayor parte es así la niña, pues es muy complicado y casi siempre tratamos, más bien ella trata conmigo de que cuando se haga la cita que sea en un tiempo que no esté la niña tan latosa porque; también veces tengo a Mateo en la clase, tengo que ayudarle en sus clases en línea, con los dos es complicado y si ella quiere algo, que quiere la atención, que quiere comer o algo así.” [...sometimes we are talking by phone or by video call and she [home visitor] is showing me something, [daughter is being restless and moving], most of the time [my daughter] is like this, it is very complicated and almost all the time we try, I mean she [home visitor] tries...we make an appointment to be at a time when [my daughter] is not so restless, because sometimes I also have [other child] in the class and I have to help him with his classes online, with the two of them it is complicated, and if she wants something, if she wants attention, if she wants to eat or something like that.] —Parent/Caregiver*

*“... en el teléfono mis niñas no participan casi porque ella [vistadora] está hablando conmigo y es difícil que mis niñas también estén hablando, es casi soy yo nada más la que recibo los servicios.” [...on the phone, my daughters don't participate very little, because she [HV] is talking to me, and it is difficult for my girls to be talking too, that is, it is as if only I am receiving the service.] —Parent/Caregiver*

## Reduced Parent Participation

Some parents shared that they do not have the same time to engage in these remote visits or activities that are given to them by the HV. In addition, some families described husbands or spouses not being able to participate like they did in face-to-face visits.

*“Yo no tengo tanto tiempo para hacer la actividad con mi hijo. Entonces es algo que me gustaba mucho, porque la maestra se tomaba el tiempo de hacer la actividad con él.” [Actually, I don't have that much time to do the activity with my son, so that was something I really liked [about in-person classes], because the teacher took the time to do the activity with him.] —Parent/Caregiver*

*“Al principio, cuando empezamos el programa siempre participaba la niña de 15 y luego mi esposo algunas veces. Ahora no, ahora solo soy yo y (nombre del niño).” [In the beginning, [when] we started with the program my 15-year-old daughter would always participate, and my husband would sometimes too. Not now, now it is just me and my child] —Parent/Caregiver*

Other differences shared by parents include activities now being sent via text (or email) and parents having less time to review them rather than when they were presented in person by the home visitor.

## Distractions and Limited Ability to Assess the Home Environment

Providers and parents expressed the challenges of not being able to see the home environment during a virtual visit with a parent, sometimes because of multiple distractions in the home. This was seen as a barrier to providing services successfully using remote technology:

*“I think the challenge right now a lot of the time is when you're on the phone or via Zoom kids are home and there's stuff going on around so you can't really see too much of what's going on. You can ask. It's hard to...you really have to focus on their cues, on parents cues. Do they keep looking*

away? Are they distracted? I definitely see that's a big challenge versus when you're in the home you can easily see what's going on in kind explore what's going on." —Provider

"Yes, it is difficult, because it has happened to me several times that the children are there fighting and I begin to say to the mother, 'I see that [child's name] is wanting the toy that [other child's name] wants', then, 'Oh!' and mom turns around, but without noticing; so, sometimes it takes a lot of work." —Provider

Parents, similarly felt that things were being missed during remote visits in terms of children's development:

"Pues yo creo que la interacción en persona, porque pues no es lo mismo platicar por el teléfono, que estar viendo a ella [visitadora de casa], mostrarme sus actividades que trae o como ya mi niña ya camina, ella la dejó chiquita era una bebé, ni siquiera se levantaba ni nada entonces ella fue viendo su desarrollo de mi niña, como se puede decir, no lo presencié." [Well, I think it is the interaction in person, because it is not the same to talk on the phone as it is to see [HV] when she is showing me the activities that she has or that my girl is already walking. She stopped coming when she was a baby and she would not stand up or anything back then, so she was not watching my daughter's development, how can I say it? She was not a witness of it.] —Parent/Caregiver

## Confidentiality

Providers mentioned needing to adjust their expectation of what could be kept confidential with families during remote services. They noted that in several situations it was important to make sure that parents understood possible challenges to maintaining confidentiality, in particular: 1) if families opted or could only use WhatsApp instead of Zoom, and 2) if families took phone calls or video calls with other children or family members in the room. Providers had to discuss privacy in advance and ensure parents were aware of discussions that may include sensitive information. This may have reduced the opportunities to discuss important personal and/or family situations with parents.

"...she[parent] doesn't have a working phone line. She has a phone where she has WhatsApp, but it doesn't have a working phone line. She can use Internet resources. She can do that, but she can't call or anything like that or receive text messages like the other families. We were just doing this through WhatsApp because she had access to

WiFi. A lot of them said, 'Hey, I already have this app. (referring to WhatsApp). It does video calls too. Can we just use that?' I had to ask. In the end, they said that if they were comfortable doing that... We had to remind them about confidentiality, how it wasn't as secure as Zoom. If they agree to do that, then we're doing it that way." —Provider

"Another adjustment is confidentiality. My impression is that most of the people I see virtually don't mind if their children or a parent are around. But I've had to redirect conversations if children are around to where we can't talk about certain things because it's not appropriate talking about those things in front of kids." —Provider

## Technology & Tech Literacy

Not surprisingly, technology and connectivity challenges were mentioned frequently as barriers to remote service delivery. Problems around connectivity and the related interruption to needed services was frustrating for families. If remote service delivery is to work, it is clear that problems with technology and connectivity need to be addressed. Families and staff members both need to have access to quality, fast Wi-Fi, as well as suitable equipment. FBB staff also talked about how it was beneficial to have organizational support to assist everybody in setting up the infrastructure needed.

"Now that I think of it, we did try video visits at first, but they wouldn't work. They would be freezing all the time and cutting off all the time. That's why we went to phone calls." —Provider

"Al principio era como un poco difícil usarlo (Zoom), porque no estaba muy familiarizada con todo esto..., entonces yo le explicaba a la maestra de mi niño ¿es fácil conectarme? ... ella nomás nos manda el link y ya esta, nos conectamos." [Well at first it was kind of difficult to use it (Zoom), because I wasn't very familiar with all of this...so I explained this to my child's teacher, is it easy to connect? ...she just sent us the link and that's it, we connected.]—Parent/Caregiver

Finally, it should be noted that in some cases, at the beginning of the pandemic, parents didn't receive resources unless they asked and thought the structure of the virtual visits were not well planned, this has gotten better over time as the staff and program have adjusted to remote services. Lastly, a few parents reported that they would prefer to have meeting links shared the day prior to the visit date instead of one or two days in advance.

## Key Takeaways for Moving Forward

---

- Families appreciated, valued, and used the basic resources and supports provided during this time (e.g., food, diapers, emergency assistance); continuing to support these services, ensuring parents get timely and appropriate responses to these requests, and even expanding the availability of these could help improve systems of support moving forward.
- Emotional and social supports provided were also clearly critical during this stressful time, and were enhanced by the increased frequency of contact reported by many parents, as well as staff working to establish a sense of mutual learning and supported through a shared traumatic experience.
- In addition, the ability to provide mental health and counseling services using telehealth increased the accessibility of this service for families and appears to be a promising area to sustain and expand post-pandemic.
- Parents also appreciated the increased frequency of “check-ins” from home visitors, as well as the more flexible options in terms of times and duration of visits. Considering incorporating these new strategies as face-to-face visiting resumes could help to improve the quality of services and improve family engagement.
- Having more flexible options in terms of times and duration of visits also increased family participation. Considering incorporating these new strategies as face-to-face visiting resumes could help to improve the quality of services and improve family engagement. Increased flexibility in requirements for meeting national model standards may be important to consider moving forward, to better engage families and reduce family attrition.
- Shifting to virtual services also led to a variety of creative responses from staff in terms of new and different types of activities to engage children, many of which can be continued in face-to-face services or if a hybrid model were continued. At the same time, it seems clear that there is a need for better strategies for engaging young children in remote/distance visits, and especially in the process for doing things like ASQ/developmental assessments so that important developmental information can be accurately documented. The field might benefit from intentional efforts to identify best practices for working with very young children remotely.
- The program’s ability to provide support for staff was a key factor in successful service delivery; most notably, providing mental health services for staff as well as clearly attending to staff emotional needs and personal stressors through supervisory supports. Continuing these strong organizational supports moving forward could have a long-term beneficial effect on staff retention.
- Finally, it is clear that for remote services to truly be successful, the very real infrastructure and technology barriers need to be eliminated. Disruptions caused by internet failure and/or lack of access to appropriate devices can significantly reduce the quality of services provided.
- Moreover, providing services through telephone, while increasing the convenience, also introduced challenges related to environmental distractions and challenges in ensuring confidentiality that might be needed for discussion of sensitive or personal topics. Ensuring that distance services can be provided in an environment that still maintains a focus on the services and supports confidential conversations would be important for ongoing success of this service modality.

## Appendix A: Family Survey Data

### Parent/Caregiver Report of Effectiveness of Different Methods

N=11	Do not use	Not Very Effective	Mostly Effective	Very Effective
Telephone Calls	--	--	45% (5)	55% (6)
Video Conferencing (Skype, Zoom, FaceTime)	27% (3)	18% (2)	36% (4)	18% (2)
Text Messages	--	18% (2)	27% (3)	55% (6)
Social Media	45% (5)	18% (2)	36% (4)	--
Email	27% (3)	18% (2)	45% (5)	9% (1)

### Parent/Caregiver Perspectives on Receiving Remote Services

N=12	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.	--	17% (2)	8% (1)	33% (4)	42% (5)
I like receiving services from the program remotely (through phone, video, etc.)	--	17% (2)	--	33% (4)	50% (6)
I would like to continue to get at least some supports remotely even after face-to-face visits can start again.	17% (2)	17% (2)	25% (3)	25% (3)	17% (2)
I hear from my provider more often now than before COVID.	8% (1)	25% (3)	50% (6)	8% (1)	8% (1)

## Parent/Caregiver Perspectives on Important Supports

Food (N=12)			
No --	Yes 100% (12)		
	Not Very Important --	Somewhat Important 17% (2)	Very Important 83% (10)
Activities for my children (N=12)			
No 8% (1)	Yes 92% (11)		
	Not Very Important --	Somewhat Important 20% (2)	Very Important 80% (8)
Emotional Support (N=11)			
No 27% (3)	Yes 73% (8)		
	Not Very Important --	Somewhat Important 13% (1)	Very Important 88% (7)
Emergency financial resources (N=11)			
No 55% (6)	Yes 45% (5)		
	Not Very Important --	Somewhat Important 20% (1)	Very Important 80% (4)
Information about COVID-19 and health/safety (N=11)			
No 9% (1)	Yes 91% (10)		
	Not Very Important --	Somewhat Important --	Very Important 100% (10)
Parenting information and support (N=11)			
No 9% (1)	Yes 91% (10)		
	Not Very Important --	Somewhat Important 20% (2)	Very Important 80% (8)
Access to community resources (N=11)			
No 18% (2)	Yes 82% (9)		
	Not Very Important --	Somewhat Important 33% (3)	Very Important 66% (6)

## Appendix B: Staff Survey Data

### Remote Technologies Used

N=7	% Yes
Telephone Calls	100%
Video Conferencing (Zoom, Skype, FaceTime)	100%
Text Messages	100%
Social Media (Facebook, etc.)	14%
Email	100%

### Staff Experiences Providing Remote Services

N=7	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am comfortable providing services over the phone and/or online.	--	--	--	71% (5)	29% (2)
Providing services remotely is as effective as face-to-face.	14% (1)	43% (3)	14% (1)	--	29% (2)
I have received the necessary support from my program/agency to shift to remote/distance services.	--	--	--	71% (5)	29% (2)
I would like to continue providing remote supports in some way even after face-to-face visits can be resumed.	--	--	43% (3)	43% (3)	14% (1)
I have more frequent contact with families now than I did before COVID.	--	43% (3)	29% (2)	14% (1)	14% (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?