LISTENING TO PARENT VOICES:

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

CASE STUDY:

## The Arkansas Home Visiting Network Healthy Families America Program


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 0-3[1], 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 Prevention Education Programs and the Circle of Life program, two (2) home visiting programs under Healthy Families America Arkansas funded through the Maternal, Infant, and Early Childhood Home Visiting program. Healthy Families America (HFA) Arkansas *"*helps families address challenges like single parenthood, low income, mental health issues, substance abuse or child or spousal abuse by building on strengths (and not focusing on weaknesses)."[2] HFA Arkansas offers a variety of services to new parents including home visiting, infant mental health consultation, parent-child play groups, and Parent-Child Interaction Therapy (PCIT). In our data collection, we focused on those providing and receiving home visiting services.

Prevention Education Programs provides home visiting services to parents age 25 and younger. The home visiting services promote *"positive parent-child interactions, healthy childhood growth and development."* Prevention Education Programs employs two direct service staff and serves approximately 28 families across Arkansas. The children they serve are between 0 (pregnant mothers) and 36 months. Most (71%) of the families they serve are African American/Black, 25% are White, and 4% are Latinx/Hispanic.

The second program, Circle of Life, also provides services to young parents (those age 24 and younger). They provide case management to parents and work on *"attachment and help moms develop a healthy attachment to their babies and learn love and nurture."* Circle of Life employs four direct service staff (three full-time and one part-time) and serves approximately 53 families across four counties in Arkansas: Boone, Carroll, Newton, and Marion. The children they serve are between 0 (pregnant mothers) and 48 months. Most (96%) of the families they

[1] Some also served somewhat older children.

[2] Arkansas Home Visiting Network. (n.d.) *Healthy families America.* Arhomevisiting.org. https://www.arhomevisiting.org/modelname/healthy-families-america/

serve at White, 2% are African American/Black, and 2% are Latinx/Hispanic.

Arkansas has an overall poverty rate of 16% and the rate of poverty for those under five is 25%.[3] Both of these rates are higher than the US (12% and 18%, respectively). The unemployment rate in April 2021 was 4.1%. However, in April of 2020, the unemployment rates peaked at 10.8%.[4] According to the 2019 census data, 73% of families in Arkansas have a broadband internet subscription, although this likely varies substantially from more urban to rural regions of the state.[5]

Due to the similarities between programs and the small number of providers and families we could speak with, this report combines the findings for the two programs.

## COVID-19 Context & Remote Services Provided

On March 15, 2020, Arkansas' Governor reported that all public schools would close starting on March 17, 2020 and remain closed for the remainder of the school year. Although a statewide "shelter in place" order was never issued in Arkansas, there were steps taken to limit the spread of COVID-19, including the closure of many businesses. Like much of the country, surges in identified cases followed by statewide and local shut-downs created 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 model as well as by the federal MIECHV program, both of which strongly recommended against providing face-to-face, in-home services.

For both programs under HFA Arkansas, in-home and on-site mental health services stopped, and the program began to implement a variety of strategies to support families remotely. This included offering remote home visiting, infant mental health consultation, and Parent-Child Interaction Therapy (PCIT). Providers utilized phone, video conferencing (zoom, skype, facetime), and social media (Facebook, program website) to connect with families. Providers were also able to drop materials/resources off at families' homes and arrange to pick up items needed for enrollment. One of the programs had returned to in-person visits after a few months and the other program still doing all virtual at the time of data collection.

While HFA Arkansas continued to enroll families when COVID-19 hit, their referral pathways changed. Since they serve young parents, most of their referrals had previously come from schools, doctor's offices, and hospitals. This primarily shifted to hospitals when the pandemic closed schools and in-person doctor's visits. This was challenging for the HFA Arkansas programs because it prevented prenatal enrollment and services; these newly enrolled parents had *"gone this whole pregnancy and we really needed to see them during the pregnancy."* Along with this shift in referral sources, HFA Arkansas noticed that they weren't *"getting as many teen parent referrals."* Though this has been a clear challenge for these programs, one benefit of offering virtual services has been that they have been able to keep *"several clients that ended up being out of our [geographic service] area."*

# Case Study Participants & Data Collection

For the PETES project, PSU researchers coordinated with HFA Arkansas to interview five (5) staff members and six (6) of the families that they work with (see Appendices C, D & E for interview protocols). In addition, a short online survey was developed to capture demographic information as well as quantitative questions about staff and families' level of interest and engagement in remote services. Below we summarize the demographic information provided through the online survey (see Appendices A and B for more detail).

## Parents/Caregivers

Three (3) of the six (6) parents/caregivers completing the survey identified as White, two (2) were African American/Black, and one was Multiracial. Five (5) of the

[3] United State Census Bureau. Small Area Income and Poverty Estimates (SAIPE). Census.gov. Retrieved June, 2021 from https://www.census.gov/data-tools/demo/saipe/#/?map_geoSelector=aa_s&s_state=05&s_year=2019&s_measures=aa_snc
[4] Reno Gazette Journal. (n.d.) Unemployment Rate – Arkansas.data.rgj.com. Retrieved June, 2021 from https://data.rgj.com/unemployment/arkansas/ST0500000000000/2020-april/
[5] United State Census Bureau. QuickFacts Arkansas. Census.gov. https://www.census.gov/quickfacts/AR

parents/caregivers identified as women and all were within the age range of 18-39. Three (3) were not employed, two (2) were employed full-time, and one (1) was employed part-time (less than 20 hours per week). All of the families interviewed spoke English. Most of the families interviewed felt that it was easy for them to engage in the services provided by HFA Arkansas remotely. While only half (3) indicated that they liked receiving services remotely, most (4) indicated that they would like to continue to receive some support remotely after face-to-face services resumed.

### Staff

Out of the five (5) staff members interviewed, two (2) were African American/Black, two (2) were White, and one (1) was Multiracial. Their ages ranged from 18 to 49. They all had gone to some college or technical school and have been working with HFA Arkansas for 3-6 years. When asked about their comfort level providing services remotely, all (5) indicated that they felt comfortable providing services remotely. Most (4) of staff felt supported by their agency to shift to remote services. Although most (3) believe that providing services remotely is less effective, most (4) would like to continue offering remote services in the future.

## 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 HFA Arkansas were provided with essential basic supports, emotional supports, and social supports, which were all critically important during the global and local crises.

### Basic Supports

Parents/caregivers described the importance of the basic supports they had been provided through the HFA Arkansas programs. One parent shared how their provider *"really makes sure that we always have everything that we need because she knows it's harder for us to get out [during the pandemic] than normal."* Most parents shared that when they are *"struggling with food and struggling with paying the bills"* they could rely on their provider to be a source of support for them.

Providers reported that they helped bridge the gap between resources and the families they serve because families often didn't *"know how to get [resources] or don't know about [resources]."* Providing basic supports for families was an important piece of their work during remote home visiting. Parents and staff talked about an existing **incentive program** that allowed families to receive points for things such as: attending their home visiting appointment, taking their child for a well-child checkup, completing assessments, and taking their child for immunizations. These points were stored and can be redeemed for anything the parent might need including *"diapers, wipes, clothes, shoes."*

### Emotional Support

Both parents and staff shared the value of **emotional supports**. When asked about the most important support they received during the shutdown, parents often talked about the value of reassurance from their provider.

> *"I would actually say the peace of mind that [provider] gives me. Knowing that I'm a good parent. That I'm a good mom. I'm doing a great job raising her. I love that support that I get from her. It really means a lot to me." – Parent/Caregiver*

When there are multiple caregivers involved, the home visitor provides emotional support to the whole family. One family with multiple caregivers enrolled in services shared that the "*support*" and *"bond"* between the provider and the family as a unit has been *"invaluable."* This caregiver added that the provider also helps to alert them when *"something's going on that I haven't caught on to,"* which strengthened existing family bonds.

Staff also felt that emotional support and help normalizing COVID-19 related fears was one of the most important supports they provided to families during the pandemic.

> *"I believe it's support, and also normalizing their fears, maybe? Just let them know that this unknown place that you're in, that's what we're all in it together. I'm going to support you in whatever you need. If I don't know, I'm going to get some information and we're going to work this out and find out together. Normalizing the fear and the uncertainty of what's going on and happening in the world today, and reinforcing their importance as a mom to provide that safe environment for themselves and their child." – Provider*

# Experiences of Remote Services

## What's needed to make it work?

All of the parents we spoke with indicated that they were connecting with their provider through phone call, text, zoom sessions, or in-person distanced sessions. Families shared that their providers made a significant impact on their remote home visiting experience and that they needed **communicative, pro-active, and supportive home visitors** and **flexibility** to make the shift to remote services work.

### Communication

Parents shared how much they appreciated **communicative providers** who were "very good about reaching out" and checking in regularly.

> *"She is great about contacting you and saying, 'Remember we're going to meet on such and such day.' Mondays are our days, but she'll say, 'We're going to meet on Monday, and remember I sent you these papers. Did you all go over them? Did you look at them? Make sure you've looked at them and have tried these activities with [child].'" – Parent/Caregiver*

Families described how ongoing **support** and **encouragement from their provider** was impactful. One parent shared that their provider was consistently *"making sure we were OK and if we needed anything."* Other parents noted how important it was for them to feel recognized by their providers in their efforts.

> *"It's really nice having her tell me, 'Oh you're doing a great job.' She always tells, "I love the things that you say and that you do with your daughter'." – Parent/Caregiver*

> *"For little treats here and there, they literally would bring presents to the moms randomly just to be like, 'Hey, hope things are getting better,' without actually seeing us." – Parent/Caregiver*

> *"She's a listening ear. If I need someone to talk to or I have questions outside of our meetings, she's always there to answer them or hear me out." – Parent/Caregiver*

Providers also noticed how important communication was while providing services remotely. One provider shared that in order to maintain a strong connection with their families, they "*try to stay a part of their lives as much I can, beyond the bi-weekly visits."*

### Flexibility

Flexibility in how providers approached services and worked with families was also described as important for remote services. Parents shared that their home visitors were responsive to their personal comfort levels of participation:

> *"She always asks me if I'm feeling up to a visit beforehand and if I'm not, we won't do it." – Parent/Caregiver*

Providers also felt that this flexibility was vital for working with families, and appreciated that program management was willing to create more flexibility for them, as well, in response to the pandemic:

> *"Our schedule has to be flexed because our families are flexed. There's no set time with them. The routines are always something different… I could be having a visit at 7:00 PM at night and then go come and login to work an hour or two later in the mornings. We have the grace to set our own schedule and make the hours balance out*

*based off of our clients and their hours." – Provider*

## What worked well or changed for the better?

Although HFA Arkansas did not need to provide remote services for an extended period of time, parents still noted the benefits of receiving services this way. For parents, the convenience and comfort of receiving home visits virtually was a clear benefit.

### Convenience and Flexibility

Parents/caregivers reported that along with the shift to remote services came an increase in flexibility offered to families. Some parents found the option to connect virtually to be more *"convenient"* because phone/computer visits can be "*less time-consuming."* Parents/caregivers also appreciated the ability to multitask during visits.

> *"It is convenient that I don't have to stop everything I'm doing and I can do it while I'm on the phone. We can do it at the same time." – Parent/Caregiver*

> *"It's a lot easier, especially for the moms that work. Instead of trying to squeeze a visit somewhere in their week, they can say, 'Oh, I can call you on my lunch break or I can video chat you on my lunch break.' That's been really nice. I hope to keep that especially because I'm a single mom myself… The mom's at work the same hours as me, it's hard to get a visit in because then I have to get a babysitter to go see them after hours. That's been nice to be able to do that, for me personally, and for them, I think. That is one benefit." – Provider*

Providers also shared how remote visits were easier for them logistically as well. Some providers noted that they were able to be "*more organized"* because "*everything that I need is in this one place."* Instead of travelling from home to home, providers were able to work in one centralized location. In addition to increasing organization, remote home visiting also streamlined paperwork processes and helped prepare parents for visits.

> *"When we take our education and our handouts and stuff, instead of printing them out and handing them to them, we have the option to text it to them... I could text the document before the visit and say, 'Hey, I sent this to you. This is what we'll be talking about today. You can read over it or save it for later,' which was a really great tool, and that we could still at least educate virtually, anyway." – Provider*

### Family Comfort

Beyond the convenience of remote services, parent/caregivers noted that this option also **helped ease anxieties** they had about face-to-face visits, some of which pre-dated COVID-19.

> *"I like it because I am more of an introverted person, so I don't have to see them face to face. And I can just go through the phone which kind of eases a lot of my anxieties about it." - Parent/Caregiver*

> *"It seemed like I could talk more to her over the phone than face-to-face. I don't like talking face-to-face... I guess it makes me nervous." – Parent/Caregiver*

Providers also noticed the comfort that some families felt with virtual services over in-person services. For some families, especially ones that "*work quite a bit"* or otherwise have barriers to in-person services, virtual services have been able to provide consistent support for families who would have otherwise needed to leave the program completely.

> *"Even now, currently, and in the future, it's going to be awesome because I feel our moms would be more active if I talk to them over the phone because of their...than what about going into the office and making an appointment on that. That's a good thing." – Provider*

> *"Some of the ones that moved out of the area, we've still been able to serve them through virtual and keep them on until we go fully back in person. Then, we'll have to dismiss them. Until then, we've still been able to serve them." – Provider*

### Support for Parent Mental Health/Wellness

Families reported that the emotional and mental health supports offered through their relationship with their provider was *"extremely necessary"* especially because providers can *"catch things about our mental health that we don't catch."* Providers **provided listening ears, advocacy,** and **support systems** for these families during the pandemic, and remote services provided them with service continuity.

> *"I feel like because I tend to stress a lot, so it is really very helpful for me, because, if he cries too much or something I can call [Provider], and she helps me. She's like 'have you tried doing this, or*

*this or this' and in like half of the calls it'd be what would be wrong with him." – Parent/Caregiver*

*"Even when we have our meeting, and after we get done discussing our plan or my goal, I know I could talk to her about anything that's going on and she'll give me advice." – Parent/Caregiver*

*"She just always makes sure that I'm doing good and well mentally. I think that it's very important that she still wants to connect with me and make sure that I'm doing okay." – Parent/Caregiver*

For some parents/caregivers, they described their relationship with their provider as **even stronger** since the COVID-19 shift to remote services.

*"The visits, it's made our relationship grow really close. I feel like I can talk to her about anything, tell her about anything so she can help me. I feel like she's a positive role model, positive piece of...I can come to her whenever I know that I need some assurance or something, I need an answer for something, because she's educated. I know I can depend on her. I can call on her for things. It's very helpful. Our relationship has really grown close. Like I said, I can talk to her about anything."- Parent/Caregiver*

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

During the past year, families reported several challenges related to receiving their services virtually. The primary challenges were related to child engagement, limits of virtual services, and weakened relationships with their providers.

### Child Engagement

Some parents reported that the virtual format made it **difficult for their child to engage fully** in visits.

*"Then there are some things that she would want to do hands-on with [child]. [Child] can't focus like that on a video call. She can't do it. She would have to keep trying over and over and over again, and then it wouldn't be successful. She had to come do it in person in a later date anyway." – Parent/Caregiver*

Providers also struggled to connect with children through the virtual format. One provider shared a challenge specific to connecting to *"kids that have been born during this time."* Since all of their interaction had taken place virtually, the provider felt like they *"don't even know the kids at all."*

### Limited Range of Services

Though half of the parents interviewed liked receiving services through phone/video, they also pointed out some limits of virtual services. Parents/caregivers reported that the virtual format limited how well assessments could be performed and what types of activities could be done.

*"A lot of what they do is checking the milestones that the kids are going through. They're checking if they're meeting all their milestones, and that there are not any interventions. That's a lot harder to do when you can't do it hands-on." – Parent/Caregiver*

*"It's different. Usually she would bring some crafts for the kids to do or read him a book or bring him some coloring pages, or something but usually now she just reads the book because that's really all we can do, we can't really do crafts over the phone." – Parent/Caregiver*

Providers also described the limits that they faced with the virtual format. The challenge that was very present for providers was the fact that they have a very **limited view of the family** through remote services due to not being able to see the entire home environment. This created difficulties with provider's ability to assess safety within the home and with their ability to be in the family's "*world*":

*"A lot of times on the phone, you don't know what's going on, you just do not know. It was really hard, it was tricky, especially for the families. One of the families that we wanted to see is one that we had a do a lot of phone calls, because she lives in a very rural area, it makes it difficult. It really does. That's been one of the hardest things, is not having that face-to-face contact, to get in there and see, because anybody can talk on the phone and sound fine, but until you can actually see them, it's hard to know exactly how they are really doing. I know I went through a lot for that, but basically, that was how we were doing it in the pandemic…Part of our job is to get eyeballs in the home, see how things are going, make sure kids are doing well, parents are doing well, there's no hazards, there's no safety concerns, all that." – Provider*

Some providers also shared concerns they had with their difficulties catching things like, *"domestic violence," "abuse,"* or *"neglect"* happening in the home because they *"did not have actual eyes in the home," and expressed* concern that they may not be catching these things and helping mitigate their impact on children.

*"You can't see anything since you're not in the home. You only get the square. You can't see anything else around them, or you can't see who's around them. You can't see the kids. I feel like I've hardly gotten to see kids at all, besides they put them in the camera for a second." – Provider*

## Relationship Impact

Despite many families sharing that they felt their relationship with their provider strengthened, it is important to note that others felt it weakened this relationship. While it was reported less often, a few parents did share they **felt more distant from their provider and generally less comfortable in the virtual format.**

*"[Provider] always going to be family, but when we weren't seeing each other very often, it got stiff and awkward. That is not what you want, when you're talking to someone about your mental health, and your child. You want it to be comfortable. They work really hard to make you comfortable. But when you just don't see someone for a long time, it's awkward to talk about like, 'Yeah, yesterday I had a breakdown, and bawled on my bathroom floor.' It's hard to say that to somebody, when you're like, 'This is a phone screen. This is the screen'." – Parent/Caregiver*

*"In person was just a lot more personal I think because [provider] always came out and wanted to make sure that we had everything, and if we didn't she would bring it to us, she always wanted to make sure I stayed in everything like money, gas, stuff like that, and I just feel like it was a lot more personal when it was in person, than it is over the phone." – Parent/Caregiver*

Providers also shared challenges around feeling like the remote home visits were of lower quality because they were *"not as personal"* or it was "*difficult to maintain [the] relationship*":

*"Yes, it can be strange. It's weird. One time, you'll be talking, and it'll be great. On the next visit, it is strained. It's hard to even get the bare minimum of the visit out with them. You're trying so hard. When I was doing an in-home visit, I could do things with the kids while I'm talking with mom or even just focus on the kid while mom was staying there and hopefully interacting with me and the child. With this, you don't have that. You don't have that other activity you can be working on to engage with the family. It's more like what we're doing right now, talking. If they're not wanting to talk or they're not vocal that day. I have a couple of very quiet moms. It can be very difficult." – Provider*

## Technology and Connectivity

Though HFA Arkansas tried to provide internet connectivity resources to families through their incentive program, **technology and connectivity** was still reported to be a challenge to some receiving virtual services. Some parents shared their challenges with connectivity:

*"I live very remote, out in the middle of the woods, so I don't get the greatest cell phone service out here. I think the biggest challenge is that we constantly are going back and forth, because my phone won't work or her computer won't work or I can't get Internet on my phone and that's the biggest issue for me." – Parent/Caregiver*

Parents also noticed that poor connectivity made it "*difficult for [home visitor] to focus, for me to focus*" because they were always "*worrying about whether the other person can see or hear us*."

# Key Takeaways for Moving Forward

- Families appreciated, valued, and needed help accessing basic resources (food, school supplies, health/safety advice, etc.) during the pandemic; working with families to ensure they know about and have access to emergency resources in the future could be an important thing to work on in the months ahead.
- Parents 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. Several parents felt that this more frequent, albeit less intensive, contact strengthened their relationship with the provider.
- Moreover, some families shared that in-person visits were somewhat more stressful, both because of concerns with household upkeep as

well as because of their interpersonal style (e.g., being more introverted) and had a preference for telephone support. The program may want to consider doing some family outreach and communication by telephone moving forward, and/or considering whether video options that reduce the burden on families to "prepare" for the visit might continue.

- For remote home visiting services to work, there is a need for better strategies for engaging young children in 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.
- Additionally, 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.

# Appendix A: Family Survey Data

## Parent/Caregiver Report of Effectiveness of Different Methods

| N=6 | Do not use | Not Very Effective | Mostly Effective | Very Effective |
|---|---|---|---|---|
| **Telephone Calls** | -- | -- | 50% (3) | 50% (3) |
| **Video Conferencing (Skype, Zoom, FaceTime)** | -- | 17% (1) | 50% (3) | 33% (2) |
| **Text Messages** | -- | -- | 67% (4) | 33% (2) |
| **Social Media** | 17% (1) | 17% (1) | 50% (3) | 17% (1) |
| **Email** | 17% (1) | 33% (2) | 33% (2) | 17% (1) |

## Parent/Caregiver Perspectives on Receiving Remote Services

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

## Parent/Caregiver Perspectives on Important Supports

| N=6 | | | |
|---|---|---|---|
| **Food** | | | |
| **No** 67% (4) | **Yes** 33% (2) | | |
| | **Not Very Important** | **Somewhat Important** | **Very Important** |
| | -- | -- | 100% (2) |
| **Activities for my children** | | | |
| **No** 17% (1) | **Yes** 83% (5) | | |
| | **Not Very Important** | **Somewhat Important** | **Very Important** |
| | -- | 22% (2) | 60% (3) |
| **Emotional Support** | | | |
| **No** -- | **Yes** 100% (6) | | |
| | **Not Very Important** | **Somewhat Important** | **Very Important** |
| | -- | -- | 100% (6) |
| **Emergency financial resources** | | | |
| **No** 67% (4) | **Yes** 33% (2) | | |
| | **Not Very Important** | **Somewhat Important** | **Very Important** |
| | -- | -- | 100% (2) |
| **Information about COVID-19 and health/safety** | | | |
| **No** 17% (1) | **Yes** 83% (5) | | |
| | **Not Very Important** | **Somewhat Important** | **Very Important** |
| | -- | 20% (1) | 80% (4) |
| **Parenting information and support** | | | |
| **No** -- | **Yes** 100% (6) | | |
| | **Not Very Important** | **Somewhat Important** | **Very Important** |
| | -- | 17% (1) | 83% (5) |
| **Access to community resources** | | | |
| **No** 50% (3) | **Yes** 50% (3) | | |
| | **Not Very Important** | **Somewhat Important** | **Very Important** |
| | -- | -- | 100% (3) |

# Appendix B: Staff Survey Data

## Remote Technologies Used

| N=5 | % Yes |
|---|---|
| Telephone Calls | 100% |
| Video Conferencing (Zoom, Skype, FaceTime) | 100% |
| Text Messages | 60% |
| Social Media (Facebook, etc.) | 80% |
| Email | 40% |

## Staff Experiences Providing Remote Services

| N=5 | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| **I am comfortable providing services over the phone and/or online.** | -- | -- | -- | 60% (3) | 40% (2) |
| **Providing services remotely is as effective as face-to-face.** | -- | 60% (3) | -- | 20% (1) | 20% (1) |
| **I have received the necessary support from my program/agency to shift to remote/distance services.** | -- | -- | 20% (1) | 40% (2) | 40% (2) |
| **I would like to continue providing remote supports in some way even after face-to-face visits can be resumed.** | -- | -- | 20% (1) | 40% (2) | 40% (2) |
| **I have more frequent contact with families now than I did before COVID.** | -- | -- | 60% (3) | 20% (1) | 20% (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?