

Listening to Parent Voices

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



Early childhood and infant mental health services are critical programs that support the development of children ages 0-3 emotionally and socially, and help give them an equitable start in life. The earlier families start engaging with these programs, the more successful the outcomes for infants and children. This new report is a rare opportunity to hear directly from parents and caregivers who were most impacted by the COVID-19 pandemic about how programs can be better designed to fit their needs — increasing effectiveness and ensuring that programs are reaching the families most in need of support.

THE CHALLENGE

In March 2020, the world faced an abrupt shutdown in response to the COVID-19 global pandemic, which included most in-person early childhood services. Many of the families who participate in these programs were isolated and facing substantial challenges even before the pandemic. COVID-19 heightened that isolation by cutting off home visiting options and other opportunities for in-person connection. In order to continue operating, program providers had to drop the rigid requirements previously needed to be able to participate in the programs — like 90-min visits or in-person mandates. The providers featured in this report listened to parent needs and responded with creative solutions on how to keep families engaged. This report shows their key takeaways and makes recommendations on how to improve early childhood services by incorporating technology.



THE RESEARCH PURPOSE

A team of researchers supported by Perigee Fund and The Ford Family Foundation set out to hear directly from families about their experience participating in early childhood programs as they shifted to remote services like telehealth during the pandemic. The research team partnered with programs in seven different communities across the country to interview parents and providers, using a case study approach to better understand what worked and what didn't during the pivot to remote services and identify what can be changed to improve services going forward.

Brockton Healthy Families in Massachusetts

Oregon Family Building Blocks

Family Nurturing Center in Oregon

Healthy Families America (HFA) Arkansas

Inter-Tribal Council of Michigan

Mary's Center in Washington D.C.

Southeast Kansas Community Action Program



THE FINDINGS

Families want more flexibility in how they engage with programs

Parents and caregivers appreciated the flexibility that remote services like telehealth provided — including a combination of video check-ins and frequent, informal communications by text and email. This approach gave families the flexibility they needed to stay engaged in the program, increased retention and participation, and allowed service providers to continue their work throughout the pandemic.



67% of parents and 68% of providers would like to continue some support remotely.

“I feel like it’s way easier than having to schedule an appointment and coming, sometimes I’ll be busy so I’ll have to reschedule the visit; I like this better, it’s easier.”

- Caregiver/Parent

Having flexibility improved providers own mental health

With the additional flexibility and support from their supervisors, providers were able to prioritize their own self-care and mental health while still providing a relationship-based approach to care during the pandemic.

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

- Provider



CASE STUDY SPOTLIGHT

Family Nurturing Center: Confronting Local and Global Crises

Located in Jackson County in Southern Oregon, the community served by the Family Nurturing Center (FNC) was heavily impacted by some of the most destructive wildfires ever recorded in the state. 40,000 families were displaced due to evacuation orders and 2,800 structures were destroyed in the county alone. Staffed with 5 therapists and 3 home visitors, FNC serves 55 children and 45 families per year through in-home and on-site mental health services. Both local and global crises forced these programs to a halt and providers quickly began to implement a variety of strategies to continue to support their families remotely:

Basic Supports: FNC set up a website where families or providers could complete a form to help families access necessities such as diapers, food, and therapeutic toys, which were delivered to their homes. FNC also worked to provide internet access and devices to families to ensure they could stay engaged in services.

Emotional Support: Both staff and parents shared that emotional supports, such as the implementation of a “warmline” for mental health services and more frequent check-ins from FNC staff helped to maintain valuable relationships and connections between families and FNC providers.

Social Support: Services to increase social supports such as parenting classes were cited as a valuable resource, especially when offered in an online platform during this time of social isolation. All (100%) of the families indicated that they accessed emotional support services and almost all (90%) said that they accessed parenting information and support and received activities for their children. Almost all (78-89%) of parents/caregivers indicated that these were “very important” to their families.

“When we’re not talking or whatever or I’m having a bad day, I get a text message from her.... It’s like, how’d she know I’m not doing too great?... I can talk to her like she’s my friend, but she’s not my friend. She’s my support person. It’s a big support for sure. I don’t trust a lot of people like I trust her.”

- Parent/Caregiver

Retention remained stable and providers were able to recruit and support more families

Already concerned about retention, providers feared that even more families would drop out of programs when the switch was made to remote services. Providers instead found that creative, flexible approaches kept families engaged and even attracted new families to participate. The fact that a lot of families were able to continue participating, and new families were also able to access the program illustrates that flexibility can lead to increased access and equity within these pivotal relationship-based services.

“For instance, [the provider] had dogs. With the sessions virtually, she incorporated the dogs into the sessions, which my daughter loves. That connection was easily translated, and she used these homey things that, of course, in an office you can’t. I feel that she was good at incorporating that, not making it so that it was like an office session. It was different and my daughter loved it...Being able to normalize a situation which at the beginning was not normal, that’s a huge strength.”

- Caregiver/Parent

More connection between service providers and families

Many families were already experiencing isolation, which was only heightened during the pandemic. Service providers increased the methods and frequency of communications to fill that void. From virtual parenting groups and parent-child playgroups to frequent check-ins via text and email, the flexibility outside of the standard rigid requirements actually strengthened the relationship between the child, caregiver, and provider.

“Our communication has increased for good, because she has communicated more with us...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.”

- Caregiver/Parent



LOOKING AHEAD – RECOMMENDATIONS

This research presented an unprecedented opportunity to hear directly from families about how programs can best meet their needs so that caregiver, parent, and infant receive the care needed to thrive. Here is what the data suggests:

1. **Find the willingness to change.** What might have seemed impossible before the pandemic, like effectively providing remote and hybrid services, was actually made possible through flexibility and quick responsiveness to the needs of parents. Programs must actively listen to the voices of parents and be open to small or big shifts in practices to reflect those needs.
2. **Increase adult mental health services through telehealth.** Both providers and parents voiced the critical need for mental health services. Telehealth proved to be a promising option to increase access to programs and care.

3. **Expand availability of Infant and Early Childhood Mental Health Consultation (IECMHC) to infant and toddler programs.** IECMHC — an evidence based model that expands mental health and social, emotional support for families, children, and staff — can provide significant benefits in home visits.
4. **Add flexibility into the evidence-based models that are already proven to work.** Loosening requirements, especially those related to frequency and duration of visits, as well as allowing remote options, has shown to improve retention of current and new families, increase equity, work well for staff, and improve the quality of services provided.
5. **Embrace hybrid approaches.** Hybrid approaches that incorporate what works best from both in-person and telehealth can blend the best of both worlds (e.g., in-person for initial assessments and relationship-building, virtual for some sessions and check-ins with flexible scheduling).
6. **Rethink how programs support family basic needs.** Families' needs increased dramatically when faced with a crisis. Trusted programs must consider how to expand support to meet basic needs without compromising the time and energy going towards core services. Family stability supports child development and is an important point of entry for many.
7. **Invest in planning and advance preparation.** Flexibility needs planning and structure in order to work. Parents appreciated the additional pre-visit preparation offered during the pivot to remote services. Increased planning and pre-visit support, regardless of whether services are in-person or remote, can improve parent engagement and service quality.
8. **Explore leaning into a parent-coach model of support.** Pivoting to remote services forced providers to interact less directly with children and more directly with parents, with providers often acting as a coach. Many providers felt it represented an important practice change that may improve service effectiveness overall — even when some services resume face-to-face.

9. **Continue to expand organizational support for staff.** Additional staff support — such as mental health services and flexible scheduling — was a key factor in programs' ability to provide quality services during the pandemic. Retaining those supports and providing additional training could have long-term benefits for staff retention.
10. **Consider continuing remote support groups.** Several programs saw highly successful remote playgroups between parents and children, where some families with busy schedules or limited transportation preferred these remote groups as a way to reduce social isolation and connect with other parents in a convenient format.



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About Perigee Fund

Established in 2018, Perigee Fund is a national philanthropic organization committed to equitably advancing prenatal-to-3 mental health and family wellbeing.

Report conducted by a partnership between



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