LISTENING TO PARENT VOICES:

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

CASE STUDY:
Southeast Kansas Community Action Program

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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 Univ0ersity, 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] 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 Southeast Kansas Community Action Program (SEK-CAP) home visiting program. This program serves twelve (12) counties in the southeastern corner of the state covering over 7,100 square miles. The area that SEK– CAP serves is largely rural, with two (2) counties classified as frontier and two (2) as semi– urban (40–149ppsm).[2] The largest city in the services area is Pittsburg, in Crawford County, with a population of 20,050.[3] All twelve of the counties in the SEK– CAP service area have a higher percentage of poverty than Kansas overall (11%) and eleven have rates higher than the US overall (12%). The average poverty rate across these counties is 16% for all age groups. While poverty data for children under age 5 living in these counties was not available, poverty rates for young children are universally higher. For example, statewide in Kansas, 17% of children aged 5 and under live in poverty; the national rate in the U.S. is 18%.[4] The unemployment rate in this region is currently relatively low, ranging from 2.9-4.6%. However, in April of 2020, the unemployment rates peaked at 8.9-22.1%.[5] According to 2019 census data, 82% of families in Kansas have a broadband internet

[1] Some also served somewhat older children.

[2] Governor's Behavioral Health Services Planning Council Rural and Frontier Subcommittee. (2016, May 26). Retrieved on 6/16/2021 from https://www.kdads.ks.gov/docs/default– source/csp/gbhspc/rural– and– frontier– subcommittee– annual–report2016.pdf?sfvrsn=17493bee_0#:~:text=Rural%20counties%20are%20designated%20as,149.9%20people%20per%20square%20mile.

[3] United State Census Bureau. (2019). *QuickFacts: Pittsburg city, Kansas.* Census.gov. Retrieved 6/2021 from https://www.census.gov/quickfacts/fact/table/pittsburgcitykansas/PST045219

[4] United State Census Bureau. (n.d.*) Small Area Income and Poverty Estimates (SAIPE)*. Retried 6/2021 from: https://www.census.gov/data-tools/demo/saipe/#/?map_geoSelector=aa_c

[5] Kansas Department of Labor. (n.d.) *Kansas Labor Force & Unemployment Rates.* Retrieved 6/17/2021 from https://klic.dol.ks.gov/gsipub/index.asp?docid=697

subscription.[6] However, in this rural region, a recent Community Needs Assessment (2019-2021) identified access to internet as a barrier to families seeking employment.[7]

SEK– CAP is the "only private non-profit agency in Southeast Kansas providing services for early childhood, transportation, and housing services under one roof."[7] SEK-CAP provides center and home– based early childhood services, including Head Start and Early Head Start (EHS) home visiting and center-based care, parenting classes, parent-child play groups, and direct attachment-based therapy (Parent-Child Interaction Therapy). SEK-CAP employs over 200 direct service employees and serves over 200 families and children from the prenatal period to children's fifth birthday. Most (85%) of the families they serve are White, 8% are African American/Black, 4% are Latinx/Hispanic, 2% are Asian/Pacific Islander, and 1% are American Indian/Native American. SEK– CAP serves families who generally have fewer financial resources and face multiple barriers to affordable housing, child services, public transportation, and employment. For this study, we focused on staff and families in SEK-CAP's EHS home visiting services, which focus on pregnant women and families with children three years old and younger.

COVID-19 Context & Remote Services Provided

On March 28, 2020, the Kansas Governor issued a "statewide stay-at-home order taking effect on March 30th." 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. Kansas had 316,059 total cases (10,849 per 100,000) with a death rate of 175 per 100,000. In the 12 counties served by SEK-CAP there were 19,669 cases and 165 deaths. While the case rate in this region was consistent with Kansas overall, the death rate (per 100k) was less than half that for the state.[8]

For the SEK-CAP program, in-home services were stopped between March and July 2020, and the program began to implement a variety of strategies to support families remotely. These included: calling, video conferencing, texting, emailing, weekly porch drops of supplies and/or food, and social media engagement. On July 15th, families were offered a choice between in-person, remote or hybrid. At the time of these interviews, almost all of the providers and families had returned to in-home services, using remote options only when it was preferred by the parent or for providing services after potential COVID-19 exposure.

Case Study Participants & Data Collection

For the PETES project, PSU researchers coordinated with SEK– CAP to conduct in-depth telephone or video interviews with five (5) staff members and eight (8) 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

Twelve (12) parents/caregivers were contacted and recruited by SEK– CAP home visitors, of whom eight (8) chose to participate in this project. Most participants identified as White (75%) and two (2) participants declined to provide their race/ethnicity. Similarly, most indicated that they speak English in the home, one (1) identified bilingual in English and Spanish, and one (1) declined to answer. These families had children ranging in age from several months to 17 years of age. On average, families

[6]United State Census Bureau. (2019). *QuickFacts Kansas.* Census.gov. https://www.census.gov/quickfacts/KS

[7] Southeast Kansas Community Action Program. (2021, May). *Community Needs Assessment 2019-2021*. https://www.sek-cap.com/images/Community-Assessment/2019 2021_Community_Assessment/2021_Community_Assessment_Update_SEKCAP.pdf

[8] Kansas Department of Health and Environment. (2021, March 18). *County Case Data Report.* Retrieved June 9, 2021 from https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas

had 3 children living in the home. Most (88%) of the parents/caregivers interviewed were mothers, and one (1) was a father.

While most participants (71%) agreed that it had been easy for them to engage in services remotely, most were neutral (29%) or disagreed (43%) that they *liked* receiving remote services. All were open to continuing to receive some supports remotely after face– to– face visits were reinstated.

Staff

We interviewed five (5) staff members at SEK-CAP, however, only 4 of them chose to complete the participant survey that was used to collect demographic and other information. Three of those 4 identified as white, and one (1) identified as multiracial. All identified as women, had at least a Bachelor's Degree, and were over the age of 30. All of the participants had been with the organization since before the pandemic and had at least three years of experience with the organization and in the field of early childhood.

When asked about their comfort level providing services remotely, most (3 of 4) felt comfortable providing services this way. Most (3 of 4) staff felt supported by their agency to shift to remote services and, although none of them agreed that providing services remotely is as effective, half (2) 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

The COVID-19 pandemic put a huge burden on families with young children, and offering virtual services during this time provided them with much-needed emotional support, access to needed resources, and activities and information to support their child's development.

Continued Services During a Time of Stress

Parents shared that continuing to receive services from their provider during the shutdown provided valuable continuity and stability for their family in times of turmoil. Most of the families we spoke with had long standing relationships with their providers, and providers were described as "*part of the family*." This ability to continue providing services also helped the children feel like things were *"a little more normal"* and *"provided some stability for them,"* and parents knew that *"if they needed anything, [provider] would be there."*

> *"The consistency for the children, because you can't go anywhere with things being different, you can't just go to the park. That way it feels a little more normal for them still, it doesn't feel like completely everything is changed... It provided some stability for them." – Parent/Caregiver*

While providers "*prefer face-to-face*," they agreed that "*the benefit [of virtual] was being able to continue [services] and keep that connection*" and not having to say, "'*We can't do this anymore. We're done*.'"

Parents were also incredibly appreciative of ongoing activities and ideas for how to engage and support their child's development and early learning. They shared that their child/children's needs didn't dissipate during the shutdown and access to ideas, support and encouragement from their provider in supporting their child was incredibly valuable.

> *"They have activities and stuff that they give out to help with getting her ready for kindergarten*

and pre– kindergarten before she got there. We did a lot of those activities and [...] they helped get her ready for school." – Parent/Caregiver

"She does provide us with different little coloring activities and different things that we can use. We've made books out of little photo albums for him. We've made a little bottle, it's a calming bottle, that he got to put that together on his own. And all of these different activities that we've been able to do through Zoom and through her dropping things off for us to be able to do these things is has really helped with them." – Parent/Caregiver

Emotional Support

The continuity provided by regular check-ins facilitated access to much needed emotional support.

"[Provider]'s just a really great person. If you just need to talk about something she'll listen to you and she doesn't make you feel judged. She's very welcoming, just mostly the emotional and the mental support from her." – Parent/Caregiver

"We were trying to keep the families as much together as we could. Try to focus on our activity and build on those skills versus all the craziness that was going on. I think they really needed that, and I think it was necessary that we were there to provide that for them. I love that we were there to provide that for them." – Provider

"They [families] were like, 'Are you going through this too? Because I feel like I'm alone.' and I'm like 'Absolutely not, I am right there with you. I can relate. I am there. Don't worry about it, it's okay to need a minute.' […] I think the emotional support was huge." – Provider

As illustrated in the quote above, families and staff both shared how they saw their experiences as parallel to each other's experiences. They "*were going through the same crisis. They were going through the same pandemic. They had the same questions."* Providers were able to empathize with families and this shared experience fostered a sense of togetherness.

Basic Supports

Parents expressed that in addition to the emotional support provided, SEK-CAP also helped them connect with and access essential supports like food and emergency financial assistance.

"[SEK-CAP] helped with lunches and breakfasts with my kids. Not just the two, but for all four of my kids. There was enough for the adults. It helped a lot." – Parent/Caregiver

One person shared that SEK-CAP "*provided us free internet until we can afford to get our own."*

The value of these ongoing early childhood services was also reflected in the quantitative data provided by families. All of the families indicated that they accessed emotional support services, parenting information and support, and received activities for their children. All parents/caregivers indicated that these were "very important" to their families. For those connected with additional community resources (86%, 6 families), most (73%, 5 families) felt that was "very important." For the two families that accessed food and emergency financial assistance, it was "very important."

Staff perspectives about what they felt was most important during the pandemic echoed themes that had been shared by parents. Staff regularly identified continuity of contact with the family and access to emotional and basic supports as the most important service offered during the shutdown. Staff also described how their feelings of being able to provide support to families helped them maintain their motivation, in a time when staff were also dealing with their own trauma and challenges related to the pandemic.

Experiences of Remote Services

What's needed to make it work?

SEK-CAP pivoted to fully remote service delivery at the start of the pandemic, but due to a change in guidelines for COVID-19 safety in the SE Kansas area they were able to offer a hybrid of remote and in-person services only a few months later. While some families opted to continue receiving services remotely, most of the families that we spoke with received a combination of remote and in-person supports. Remote services were typically provided through text, phone calls, and zoom.

Parents/caregivers spoke very highly of their provider's efforts and ability to make the shift to virtual services successful. Some acknowledged that while the technology piece was difficult to navigate, their provider supported them however they could. Other traits such as providers' ability to engage children as well as experience and knowledge about available resources, were shared as important factors in making remote home visiting successful for these families. Parents shared some of the things they felt were most needed in order for remote service delivery to work:

- **Internet access and devices**
- **Creative ways to engage children virtually**
- **Supports for parents/caregivers to facilitate activities**
- **Strong provider-family relationships**

Technology Access & Workspace

During the shift to remote home visiting, families who needed technology support were **provided with internet connectivity and devices** to continue services. SEK-CAP was able to provide tablets and Wi-Fi hotspots to both staff and families that did not have sufficient devices to connect. This was, clearly, foundational to their ability to continue to work safely with families during the pandemic.

Although not specific to technology, providers shared that they learned quickly that having a good organizational set-up at home to manage the paperwork, requirements, porch drops, and all of the other things required and requested of them to meet family's needs was critical to providing virtual services.

Ability to Engage Children

Providers had to use their experience and skills to "*draw [the child's] attention back*" to activities because children in this age range "*get distracted easily*." They often had to adjust their approach to successfully **engage children** in virtual activities. Parents/caregivers shared some of the ways that providers were able to hold their child's attention, including their attunement with the child and switching activities when interested waned.

> *"She definitely tries to keep him engaged. If it's not something that he immediately has an interest in, he likes to go and grab a bunch of toys and then come and play with them in front of the computer and ignore whatever she's saying. Then she'll switch how she's doing things and she'll focus on whatever he has, over what she had had planned, so then it still works out and at least you're engaged in something." – Parent/Caregiver*

One provider shared the need to shift their approach from provider-led visits and trying to deliver visits using the same (face-to-face) routine to a strategy that more fully allowed the child to take the lead, noting that this helped to foster a sense of safety/control for children.

> *"In face-to-face, we would try to have it consistent. We would sit down, we connect, we do a calm down method, we go through these steps. Whereas via Zoom, I'm like 'What would you guys like to do first?' and 'What would you like to do next?' because they're disconnected. I'm not there, and they don't have that routine. It has to be something that they [children] feel like they're in control [of] because things are out of control. They're not in control of what they usually do or know." – Provider*

Supports for Parents to Facilitate Activities

Providers also supported families in preparing prior to the visits to help them run smoothly.

> *"They did everything that they could. They went out of their way to make sure that the remote visits were as easygoing for me even more so than for them. Like bringing me supplies so I didn't have to try to get out to go get supplies, telling me how to use the supplies beforehand. If there was anything that I had at home that I could use so that I'd have everything set up so that we wouldn't be taking time out of our visit to separate from [child] and them." – Parent/Caregiver*

Strong Family-Provider Relationships

Parents/caregivers shared the importance of the provider's relationship with them and their children. Many parents shared that they have been able to build existing long-term relationships with their providers; for example, one noted that their provider has "*been a stable person in our life for 3 and a half years now."* For some, it was the strength of their relationship with their provider that

helped them push through challenges with the remote format.

> *"I wouldn't want to lose [provider] because she has taught my kids a lot of stuff. We've had our hard moments, I can't say we haven't during the pandemic. But, I think that it has worked out pretty well because, when push comes to shove, they [provider] has always been there." – Parent/Caregiver*

Most of the providers we interviewed have been employed at SEK-CAP for many years and had families that they have been working with across multiple children. One provider shared "I *grew up in the county that I serve in… I know a lot of people and a lot of the resources. It's just easier to connect with people, because I do know who they are."* The providers strive to build these long-lasting, close relationships with families as foundational to how they approach their work.

> *"One of my biggest things, throughout everything I've ever done, is trying to meet a family soul-to-soul, not face-to-face." – Provider*

Flexible, Collaborative Approach

Providers talked about the importance of being collaborative and "*just working together*" with families to navigate it all. This included having an understanding that early on in the crisis, visits of this nature were not always the top priority for their families who were struggling with houselessness, jobless, or other immediate stressors.

What worked well? What changed for the better?

Beyond providing continuity, providers and families didn't see many benefits to offering home visiting virtually. One parent clearly sharing that she didn't "*like anything better about remote services*."

However, many families did feel like virtual visits could be easier logistically and offered more flexibility for the family. Providers felt that the virtual format pushed their work to focus on parent-child engagement and rely less on modeling or the provider-child interaction.

Logistics

Along with the consistency that remote services provide, families also shared that virtual visits were sometimes **easier** and **more comfortable** for them. Virtual visits partially removed the social pressure for families to "*get dressed and be completely presentable"* for a visit. Not only does this add to the comfort that families feel during home visiting, but it also gives them **flexibility**. One parent shared that they were able to be more *"reliable"* having the option of virtual services because *"if something comes up, you're able to have it over the phone."*

Another benefit of virtual services is that some activities are easier using online tools.

> *"I think it's a little easier, something that we've started doing with him is different videos to help out with counting and ABCs and stuff like that, and being able to have our laptops up, it seems like it helps a lot more with those types of things." – Parent/Caregiver*

Providers also noticed that some families appreciated the option for virtual service as these provided them with a sense of **safety** during the pandemic.

> *"They felt a lot more comfortable and they would prefer to do Zoom over face-to-face just because of how things were and their [own health-related] risks. It provided them with the opportunity to feel safe and not have to do something that they weren't 100% confident or comfortable with." – Provider*

Centering Parent-Child Engagement

While described as a challenge by parents, providers felt that the shift from visits focused on provider-child interaction to parent-child interaction was a practice improvement and helped parents to *"build their confidence."*

> *"It forced the parent to engage with the child. I know that probably sounds silly. In our job, a lot of times, we can model it first. Then, we have the parent model it or the parent do it with the child. This way, it made it where the parent was 100% having to do it with the child. We can role play it through [zoom], but for the activity, they had to do it. It really helped push that back to this parent." – Provider*

Some providers noticed that changes in the home visits increased parents' involvement, especially in terms of in the parent's ability to find new ways to help their child engage with the visit content. This created more of a partnership between the parent and the provider.

> *"I think the families are way more involved… Whenever it's on Zoom, they have no choice, like their child's going to need help, they're going to need to follow that routine. So, providing them*

with the materials and then they can be creative and flex it however they need to, to make their child stay engaged. I had a mom who she just – she's really creative, she's great, I truly enjoy her and she really just can make a whole visit keeping her child completely engaged 100% of the time for the whole hour and a half, even on Zoom. So, it was really great, she's amazing. And they work a lot better, they want to sit there and they want to be engaged, so we take turns versus me leading and them trying to follow. I think they're a lot more confident." – Provider

New Strategies for Engaging Children

Though keeping children engaged during visits was one of the most difficult challenges noted by both parents and providers (see below), providers developed various techniques to try to sustain children's interest and make virtual visits just as engaging as in-person visits had been.

"I try to make that engaging for them, like my little puppets and things behind me. If they get disengaged, I can put my puppet up here and play with them that way and just try to engage them in that capacity." – Provider

"I did more music videos, and then engaging them in those, instead of me trying to sing. I'll usually try to provide song lyrics to fun songs to my children, my families each week, and then we do those." – Provider

One provider was able to explore the advantages of virtual services and used the functions available on Zoom to find new and exciting ways to build a connection with children.

"The share screen, that was like my 'Aha,' I could write them messages and they were like 'oh she's writing to me,' and then they could write back and that was my connecting with them. We would practice writing letters or doing shapes and that's how they would do it. That was really fun for me, I love that we can share screens and write messages back and forth." – Provider

Providers also mentioned that having activity bags go to all the all the families for the week helped to streamline their efforts, while still providing flexibility in what the family might choose to work with.

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

Families reported a few challenges related to the shift to virtual home visiting services. The primary challenge noted by both parents and providers was **maintaining the child's interest and engagement** during virtual home visits. Along with engaging the child, there were also shifts in the **provider– family relationship** as well as challenges with **technology connectivity** throughout the pandemic.

Child Engagement

Parents/caregivers shared that one of the biggest challenges in the shift to remote services was **keeping their child engaged** for the home visit.

"My daughter… she's more of a face– to– face kind of person… after 15 minutes, she was already lost and doing something else" – Parent/Caregiver

One provider agreed that, *"one of the hardest challenges is keeping the families and the children engaged in the 90 minutes. That's a long time for a two– year– old to sit and engage with me."* Maintaining a young child's attention and interacting with them though a phone or computer proved to be very difficult.

"The kids don't do as well. They want to see you physically. They don't understand as well why, every week, I'm just through a phone or a computer." – Provider

When comparing virtual services with the in-person services, families shared that virtual visits (especially using video over the phone) limited the types of activities they could do and reduced the connection their child felt to the provider.

"With the Zoom, it's a screen. It's easier for him to lose that connection, and to not be doing it, versus when they're in-home. She comes in the house and she didn't even sit on my couch or anywhere. She's just right to the floor. [Child] is able to touch her. He's able to see her. There's a lot better connection with the in– home, personally." – Parent/Caregiver

"[The children] wanted to play instead of sitting in front of a phone that they couldn't see anybody on. On the phone you can read a book, but other than that there's not much you can do interacting– wise." – Parent/Caregiver

Child-Provider Relationship

Some children's comfort level with their provider decreased. One parent noticed "*a little bit distancing from my daughter. She wants to hide from [provider] now instead open the door and beat the door down to get it to her.*"

This shift in the child-provider was primarily noted by providers who described challenges with relationship building virtually.

> *"The connection is really hard, especially with little ones. That connection is really hard when they're trying to look at a computer screen and they're just looking at your face like, 'What are you doing in there?'" – Provider*

In order to maintain their relationships with families, one provider noted that "*it takes a little bit more communication*." Another provider shared that some parts of the work that they really enjoyed were lost with the virtual format.

> *"I think that was hard for me because I enjoy being around them. I enjoy getting to see them and watching them develop. It's harder for them to actually relate to you and be like 'Oh, that's the person that's coming to do an activity with me and do something fun!'" – Provider*

Centering Parent-Child Engagement

During virtual visits, parent responsibility for facilitating activities increased significantly. While this was seen as a positive practice shift for providers (as described above), some parents thought it was challenging to not have the provider in the home. Typically, providers and families would be able to do activities together during home visits, which parents like because *"we all work together"* and are *"hands on with it."* One parent shared that their children were *"not going to follow my lead"* like they would a provider's lead.

Technology

Though families were provided with technological tools to ensure they could participate in remote services, this was still described as a challenge. Using phones for visits appeared to be especially problematic. For example, when a parent's "*phone didn't really cooperate"* or they *"couldn't get it [zoom, the internet] to work"* it interrupted the continuity of services, which was really valuable to families during these tumultuous times. One provider talked about how some of her clients with cell phones didn't have enough memory to run the necessary apps. Obviously, for remote services to work in this region for a longer period of time, connectivity issues and comfort/confidence using the various platforms will need to be addressed.

Early Challenges in Shifting to Remote Services

Providers shared their regrets around the immediate shift early in the pandemic shutdown during which they provided shorter visits and broke from visit routines. While this seemed necessary for providers and families alike, it was not approved by the funder, who communicated that these were considered a waste of time and resources since it was not billable. Providers also wished they'd been more prepared to provide materials and resources to all of the families they served. The shutdown impacted so many things, including delivery times for receiving materials, and one provider mentioned it would have been helpful to have a backstock of materials on hand to meet needs more quickly and efficiently.

Key Takeaways for Moving Forward

- 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.
- 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, even over and above video/Zoom services. 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.

- Shifting home visitor practices to more intentionally focus and support caregiver-child interactions represents an important area for future development. While some parents experienced this shift as a loss of connection between providers and children, staff saw it more positively, as potentially improving service quality by having parents more actively engaged in learning through interactions with children.
- 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.
- At the same time, shifting to virtual services evoked 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.
- 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=7	Do not use	Not Very Effective	Mostly Effective	Very Effective
Telephone Calls	--	--	57% (4)	43% (3)
Video Conferencing (Skype, Zoom, FaceTime)	--	29% (2)	29% (2)	43% (3)
Text Messages	--	14% (1)	14% (1)	71% (5)
Social Media	29% (2)	29% (2)	29% (2)	14% (1)
Email	--	57% (4)	14% (1)	29% (2)

Parent/Caregiver Perspectives on Receiving Remote Services

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

Parent/Caregiver Perspectives on Important Supports

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

Appendix B: Staff Survey Data

Remote Technologies Used

	% Yes
Telephone Calls (N=4)	100%
Video Conferencing (Zoom, Skype, FaceTime) (N=4)	100%
Text Messages (N=4)	100%
Social Media (Facebook, etc.) (N=3)	33%
Email (N=4)	100%

Staff Experiences Providing Remote Services

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

Appendix C: Family Interview Questions

Active

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

Inactive

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

Appendix D: Staff Interview Questions

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

Appendix E: Director Interview Questions

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