Understanding the Needs of California's Home Visiting Workforce during COVID-19

Erin Bultinck, Maggie Haas, Danielle Hegseth, Rowan Hilty, Sarah Crowne, and Rachel Chazan Cohen

Introduction

In March 2020, home visiting services in California quickly shifted from an in-person format to an almost entirely virtual setting to meet new public health requirements put in place as a result of the COVID-19 pandemic. This impacted the more than 15,000 families[1] across the state who receive home visiting services through programs administered by the California departments of Public Health (CDPH) and Social Services (CDSS), as well as individual First 5 county commissions.[2] While some home visiting models had been exploring the addition of a virtual component to home visiting service delivery,[3] the pandemic required nearly all home visitors in California—and across the country[4]—to make this change at once.

To help California learn the implications of its shift to virtual home visits, the COVID study team (study team) conducted interviews with home visitors and program managers during June and July 2020. In addition, the study team administered a survey to families from the home visiting programs represented in the interviews. This brief describes findings from these interviews and survey, including the implementation supports needed for virtual service delivery, the COVID-related challenges and stressors impacting home visiting staff and the families they serve, and families' perspectives on virtual home visiting during the pandemic.

📷 California Home Visiting Snapshot

Home visiting programs representing over 30 different models are being implemented across 57 of the 58 counties in California.

Home visiting is a primary service delivery strategy for two-generational, family-centered supports from pregnancy through early childhood. Home visiting services are provided by trained professionals with pregnant or parenting families who have children from birth to age 5. Services are voluntary and provided in the family's home or another location (physical or virtual) of the family's choice, on an ongoing schedule.

Programs recruited for this study[2] provide home visits focusing primarily on the following:

- Assessing child and family strengths and needs
- Setting family goals
- Linking participants with prenatal and postpartum care
- Fostering connections with pediatric care
- Providing information on pregnancy and child developmental stages
- Promoting strong parent-child attachment
- Coaching parents on learning activities that foster child development
- Coordination with community services

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[1] National Home Visiting Resource Center (2019), *2019 Home Visiting Yearbook: California*. Retrieved from https://nhvrc.org/state_profile/california-2019/ in September 2020. The NHVRC data only include data from evidence-based models, which do not capture the entirety of home visiting in California.

[2] Home visiting programs administered in California include evidence based and home-grown models; this study addresses a range of home visiting models, not just those funded by MIECHV.
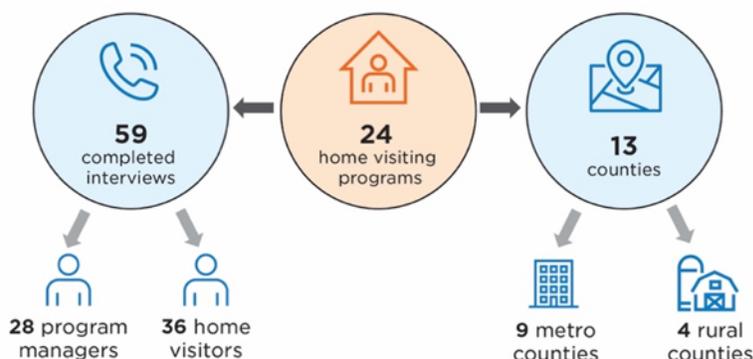
[3] Parents as Teachers National Center. (March 18, 2020). *National Nonprofit Organization Turns to Telehealth to Help Mitigate Coronavirus Outbreak.* Retrieved from https://parentsasteachers.org/news/2020/3/18/national-nonprofit-organization-turns-tonbsptelehealth-to-help-mitigate-coronavirus-outbreak in September 2020.

[4] O'Neill, K., Korfmacher, J., Zagaja, C., and Duggan, A. for the Home Visiting Applied Research Collaborative. (April 10, 2020). *COVID19's Early Impact on Home Visiting*. First report from a national HARC-Beat survey of local home visiting programs. https://www.hvresearch.org/wp-content/uploads/2020/04/COVID-19s-Early-Impact-on-Home-Visiting.pdf

Methodology

The study team conducted interviews online or over the phone with home visitors and program managers. Families working with the home visitors we interviewed were asked to take a short online survey about their experiences with virtual home visits.

Research questions

The study team focused on the following research questions to develop the interview questionnaires and survey for the COVID study. These research questions represent a subset of questions that have been developed as part of a larger study on the home visiting workforce in California.[5]

1. How has the home visiting workforce adapted to providing virtual home visits?
2. What challenges and successes are staff encountering during the transition to virtual visits?
3. What do families like and dislike about virtual home visiting? What challenges are families facing and how have home visitors helped them meet these challenges during the pandemic?
4. To what extent should virtual visits remain an option for home visiting after the pandemic?
5. How do families feel about the eventual transition back to in-person home visits?

Data sources and analysis

Interviews with home visiting staff

The study team purposefully selected home visiting programs that represented both evidence-based and home-grown models, as well as different geographic regions of the state, including rural and urban communities (Figure 1). Twenty-four home visiting programs representing 12 models[6] across 13 counties were invited to be interviewed. These programs were selected from a larger list of programs identified by First 5 California, in an online search, and via consultation with members of the study's core advisory group.[7] The study team conducted interviews with 64 home visiting staff in June and July 2020.[8] With consent, interviews were recorded and audio from the recordings were transcribed verbatim. The transcripts, along with high-level notes taken during the interviews, were

Figure 1. Map of interview respondents by county

Source: COVID Home Visiting Interviews, 2020, Child Trends

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[5] This COVID study is part of a larger, multi-year study on the home visiting workforce in California, which is also funded by First 5 California and being conducted in collaboration with Harder+Company Community Research and Advent Consulting.

[6] Home visiting models represented in the COVID study included Healthy Families America (HFA), Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Early Head Start – Home-Based Option, and a number of other smaller and home-grown models.

[7] Core Advisory Group members include representatives from First 5 California, CDSS, CDPH, local DSS and DPH agencies, County First 5 Associations, higher education institutions, state advocacy and policy groups, private foundations, and Tribal MIECHV.

[8] Home visiting staff included various roles, such as nurses, parent educators, social workers, paraprofessionals, and community members. Interviews with home visitors were conducted in English and Spanish.

qualitatively coded to identify themes across transcripts with regard to each research question.[9] Additional details about the participating programs are shown in Figure 2.

Figure 2. Interview participants

Source: COVID Study Home Visiting Interviews, 2020, Child Trends

Family survey

The study team worked with some of the home visitors who completed an interview to invite families from their caseloads to participate in a short online survey to learn about families' experiences with virtual home visiting.[10] The study team coordinated with home visitors to disseminate survey links to these families. Together, the study team and home visitors recruited 46 parents from eight home visiting programs across eight counties to complete the survey (Table 1).

Table 1. Family survey respondents by county

	N	%
Alameda County	8	17%
Kern County	3	7%
Los Angeles County	3	7%
San Diego County	4	9%
San Francisco County	1	2%
Tehama County	2	4%
Tulare County	19	41%
Yolo County	6	13%
Total	46	100%

Source: COVID Family Survey, 2020, Child Trends.

The survey was available to families in English and Spanish and was compatible with both computer and cellphone internet browsers. Spanish and English survey responses were combined and the study team conducted descriptive analyses in Excel to summarize the experiences and perspectives held by families participating in a home visiting program during the COVID-19 pandemic.[11] More information on survey respondent characteristics can be found in Table 2.

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[9] Two independent analysts started with a predetermined set of codes derived from the high-level notes and then created additional codes based on emerging themes and restructured the coding scheme based on subsequent text analyses. Two rounds of reliability were conducted throughout the coding process, where each analyst independently coded the same transcripts and achieved consensus on over 80 percent of the codes. A third party also performed a review on a subset of transcripts to ensure quality assurance. Themes were analyzed separately for home visitors and their program managers; themes were not analyzed by staff role, as that information was not collected during the interviews.

[10] Only a subset of the home visitors interviewed chose to distribute the survey to families on their caseloads, so the family survey does not represent all home visitors in the COVID study.

[11] While survey responses were confidential at the individual level, the programs that provided home visiting services to families are known by the study team.

Table 2. Family survey respondent information

	N	%
Total surveys completed	**46**	**100%**
English	41	89%
Spanish	5	11%
Length of time family has been with the program		
Under 6 months	15	33%
7-12 months	6	13%
Over one year	25	54%

Source: COVID Family Survey, 2020, Child Trends

Findings

Findings from the home visiting staff interviews and family survey are organized by key themes that address the COVID study's research questions. These include experiences with the transition from in-person to virtual home visits, the extent to which families' needs are being met through virtual visits, professional development supports for virtual home visiting, and implications for a virtual home visiting option in the future. While the study team could not analyze findings by home visitor role type (e.g., social worker, nurse), the themes presented here were consistent across interviewees.

Transition from in-person to virtual home visits

Overall, most home visitors reported that the transition to virtual home visits has gone well (85%; Figure 3); most families reported that they like being able to stay in touch with their home visitor during the COVID-19 pandemic (78%, Figure 6). While families and home visitors know there are limitations to virtual visits, they find value in remaining connected through the available virtual alternatives to in-home visits.

Figure 3. Home visitors: overall impression of virtual home visits (n = 33)
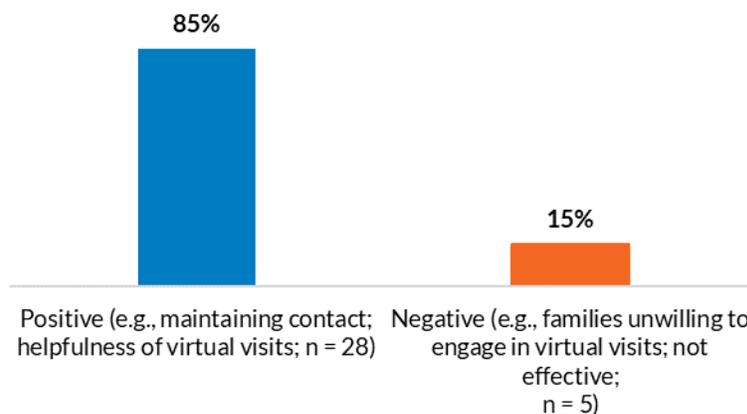
Source: COVID Home Visiting Interviews, 2020, Child Trends

New families have continued to enroll in home visiting during the pandemic. A majority of home visitors reported that they have enrolled new families virtually since the pandemic started (71%); however, two program managers reported challenges with recruiting new families virtually and several other program managers reported challenges with retaining existing families who were newer to the program.

Alternatives to in-home visits

All families reported maintaining some form of communication with their home visitor in place of in-home visits, and all home visitors reported maintaining contact with their families via (at minimum) texting or phone calls.

Home visitors were asked to describe the alternative services they are providing to families in place of in-home visits (Table 3). In their interviews, all home visitors reported communicating with families through phone calls and texting, and most reported using video calls such as Zoom or FaceTime (89%). In addition, most home visitors reported performing drop-off services to some families' homes to deliver items such as diapers, formula, or food (74%). Some home visitors also identified home drop-off as a new service offered since the beginning of the COVID-19 pandemic.

Table 3. Home visitors: alternative communication and services in place of in-home visits (n = 35)

	N	%
Phone calls/texting	35	100%
Video calls (e.g., FaceTime, Google Duo, Zoom, etc.)	31	89%
Drop-off services (e.g., diapers, formula, food, etc.)	26	74%

Source: COVID Home Visiting Interviews, 2020, Child Trends

In their survey, families were asked to select the different types of contact they had with their home visitor in place of in-home visits (Table 4). As with home visitors, all families reported maintaining some form of communication with their home visitor during the pandemic, with the most popular being voice-only phone calls (85%). Texting was also a popular way for families to communicate with their home visitor, with about half of families reporting use of this method (54%). Other methods reported by families include video phone calls and computer video calls. No families reported seeing their home visitor in-person and none reported having zero contact with their home visitor.

"I can't tell you how many times I get feedback from my clients, and they've mostly been saying like, this is the most consistent thing they've had to like look forward to with all this stuff going on in the world."
-Home visitor

Table 4. Families: alternative communication in place of in-home visits (n = 46)

	N	%
Phone (voice)	39	85%
Phone (text)	25	54%
Phone (video)	18	39%
Computer (video)	4	9%
Computer (voice)	0	0%
In-person visits	0	0%
No contact with home visitor	0	0%

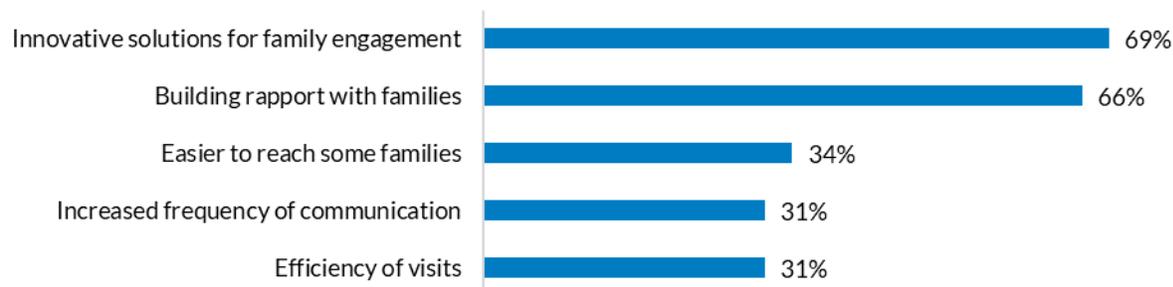**Source:** COVID Family Survey, 2020, Child Trends

Successes and challenges of virtual home visiting

Overall, home visitors and families reported that being able to stay engaged and in contact has been a success of virtual home visiting. A key challenge for home visitors is their inability to physically see the home environment, while a key challenge for families has been issues with technology.

Successes

Home visitors and families were asked to reflect on what has gone well with virtual home visits during the pandemic (Figure 4). Most home visitors reported developing creative and innovative solutions to maintain family engagement as a key success (69%). These solutions included posting recorded videos to YouTube to demonstrate parenting practices, developing activities for children using products families already had at home (e.g., a maraca instrument made with rice and beans), and coming up with creative communication methods. Most home visitors also reported successfully building rapport with families during their virtual home visits (66%).

Figure 4. Home visitors: reported successes working with families virtually (n = 35)

Category	Percentage
Innovative solutions for family engagement	69%
Building rapport with families	66%
Easier to reach some families	34%
Increased frequency of communication	31%
Efficiency of visits	31%

Source: COVID Home Visiting Interviews, 2020, Child Trends

Home visitors described some of their families' successes from participating in virtual home visits (Figure 5). Most home visitors reported that families have kept high levels of engagement throughout the transition to virtual visits (83%)—communicating more frequently or just as often and using many new avenues to connect. Many home visitors also reported that families appreciated the emotional support and encouragement they provided and were often eager to share family and life updates during virtual visits (77%).

"We do the remote visits over the phone. And at the beginning, it was very difficult to even keep a family on the phone for 30 minutes. But now, sometimes they go to 45 minutes, and sometimes an hour. And I'm like, oh my gosh, but that just means that they are yearning for that social interaction with somebody else other than the three-month-old, or the one-year-old."
-Home visitor

Figure 5. Home visitors: perceptions of families' successes in virtual visits (n = 35)
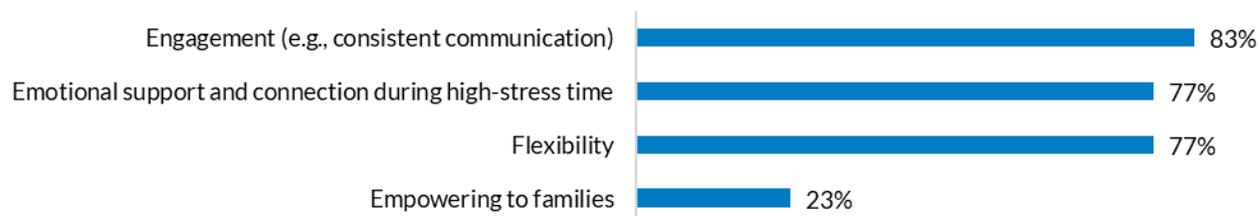
Category	Percentage
Engagement (e.g., consistent communication)	83%
Emotional support and connection during high-stress time	77%
Flexibility	77%
Empowering to families	23%

Source: COVID Home Visiting Interviews, 2020, Child Trends

In their survey, families were asked what they like about virtual home visits (Figure 6); the most frequent response was that they appreciated being able to stay in touch with their home visitor (78%). Families also reported appreciating the flexibility of their home visitors during this time—not only their flexibility with scheduling (46%) and means of communication used (41%), but also their ability to help families in new ways as they experienced challenges related to the pandemic (43%).

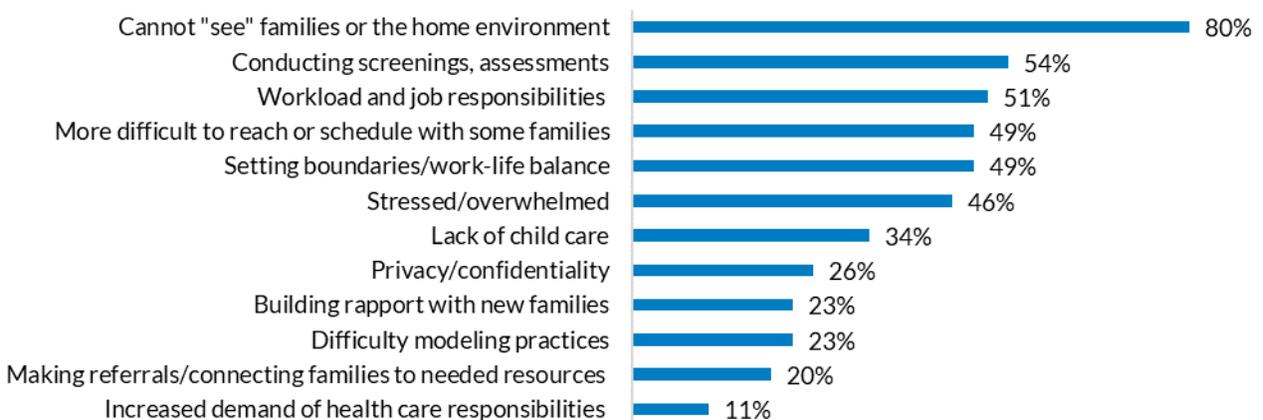**Figure 6. Families: reported successes with virtual home visits (n = 46)**

Category	Percentage
Can stay in touch with home visitor	78%
Scheduling is more flexible	46%
Home visitor has helped in new ways, like getting food or supplies	43%
How long and how they connect with home visitor is more flexible	41%
Have more contact with home visitor now than before	26%
More family members can be involved in visits	15%

Source: COVID Family Survey, 2020, Child Trends

Challenges

In addition to successes, home visitors were also asked to reflect on challenges with providing virtual home visits during COVID-19 (Figure 7). Home visitors' most frequently reported challenge was the inability to see families in-person or see their home environment (80%). Relatedly, over half of home visitors reported that conducting screenings and assessments was more difficult to do virtually, particularly for assessments of child abuse and neglect, intimate partner violence, and the health and safety of the living environment (54%). Half of home visitors also shared challenges maintaining their workload and job responsibilities. In some cases, it was difficult for home visitors to maintain the increase in job responsibilities due to the shift to virtual visits, such as new or additional paperwork, documentation, and data entry; the timing of virtual visits (more back-to-back visits scheduled now); and the need to respond to texts or emails after hours (51%).

Home visitors also shared challenges related to working from home, such as the need to set boundaries to maintain a work-life balance (49%) and working with their own children at home due to the lack of child care (34%). Almost half of home visitors reported feeling stressed and overwhelmed while adjusting to virtual home visiting given the change in routine, job responsibilities, and pandemic restrictions (46%).

Figure 7. Home visitors: challenges with virtual home visits (n = 35)

Category	Percentage
Cannot "see" families or the home environment	80%
Conducting screenings, assessments	54%
Workload and job responsibilities	51%
More difficult to reach or schedule with some families	49%
Setting boundaries/work-life balance	49%
Stressed/overwhelmed	46%
Lack of child care	34%
Privacy/confidentiality	26%
Building rapport with new families	23%
Difficulty modeling practices	23%
Making referrals/connecting families to needed resources	20%
Increased demand of health care responsibilities	11%

Source: COVID Home Visiting Interviews, 2020, Child Trends

Home visitors also described challenges their families have faced while participating in virtual visits (Figure 8). Most home visitors reported that families have experienced challenges with technology, including access to phone or internet data, Wi-Fi, or other devices (83%), as well as a lack of child care (74%).
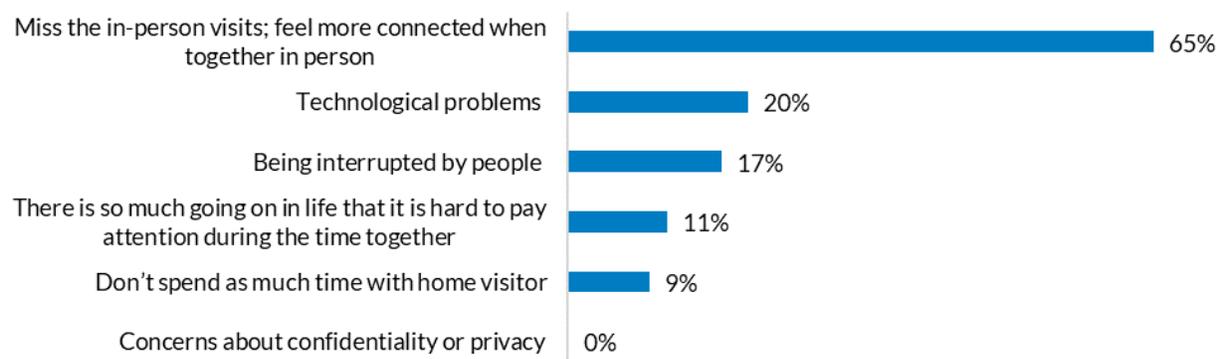
Figure 8. Home visitors: reported challenges families experienced in virtual home visits (n = 35)

Phone/internet data, Wi-Fi, or devices	83%
Lack of child care	74%
Privacy/confidentiality	46%
Housing	37%
Stress about meeting basic needs (e.g., food)	29%

Source: COVID Home Visiting Interviews, 2020, Child Trends

In their survey, families were also asked what they did not like, or what had been hard about, virtual home visits (Figure 9). Their most frequent response was that they felt more connected when they worked together with their home visitor in-person (65%). While no other challenge seemed to be as prominent as feeling less connected, families did report experiencing some technical difficulties (20%) and being interrupted by others during virtual sessions with their home visitor (17%).

Figure 9. Families: reported challenges with virtual home visits (n = 46)

Miss the in-person visits; feel more connected when together in person	65%
Technological problems	20%
Being interrupted by people	17%
There is so much going on in life that it is hard to pay attention during the time together	11%
Don't spend as much time with home visitor	9%
Concerns about confidentiality or privacy	0%

Source: COVID Family Survey, 2020, Child Trends

Meeting families' needs

Families' needs have changed as a result of the COVID-19 pandemic. Home visitors reported helping families with things like applying for assistance and accessing necessities (e.g., food, diapers), and families reported that home visitors helped them reduce their stress or worries and access services and supplies.

Families' needs have changed due to COVID-19

Home visitors reported that, since the pandemic began, families have requested support with applying for assistance and accessing supplies like food and diapers, and have had an increased need for emotional support.

Almost all home visitors reported that families' needs have changed since the pandemic began (97%; Table 5). Of those, about half reported that families needed more emotional support (59%), more referrals to services (53%), and greater access to necessities, such as food, diapers, or formula (50%). One third of

home visitors also reported that families needed parenting and teaching supports related to the pandemic, such as guidance on responding to certain behaviors and tips for homeschooling activities (32%). Additionally, in their interviews, program managers reported that home visitors distributed informational resources on COVID-19 and hygiene practices for families, such as songs to help kids with hand washing.

Table 5. Home visitors: perceptions of how families' needs have changed during COVID-19

	N	%
Families' needs during COVID-19 are different *(specified below)*	34	97%
Emotional support	20	59%
Referrals to services and supports	18	53%
Access to necessities (e.g., diapers, formula, food, etc.)	17	50%
Parenting and teaching supports (e.g., responding to behaviors, homeschooling)	11	32%
Families' needs during COVID-19 are not different	1	3%
Total	35	100%

Source: COVID Home Visiting Interviews, 2020, Child Trends

In addition to the ways in which families' needs have changed, a few home visitors reported that some families with an adult who is recently unemployed due to COVID-19 have been afraid to apply for assistance due to their immigration status (11%).

In their survey, families also reported a variety of concerns related to their social and emotional well-being since the pandemic started, along with parenting and economic challenges (figures 10, 11, and 12, respectively). For social and emotional well-being, families reported that cancelled social gatherings (75%) and experiences of general stress and worries (71%) had been problematic. Fewer families reported problems related to themselves or someone they know having COVID-19 (28%).

Figure 10. Families: problems related to social and emotional well-being during COVID-19
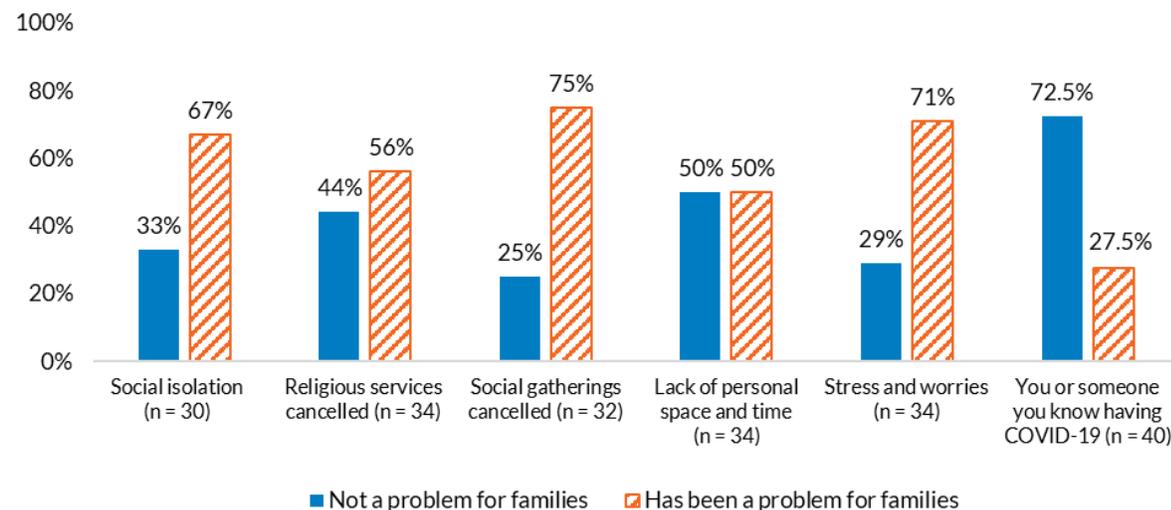
Source: COVID Family Survey, 2020, Child Trends

Families reported that their biggest parenting concerns were an inability to take their child(ren) to parks (71%) and the need to talk to their child(ren) about COVID-19 (51%). Parents experienced fewer problems related to stress getting in the way of their parenting (31%) and a lack of child care (25%).[12]

Figure 11. Families: problems related to parenting during COVID-19
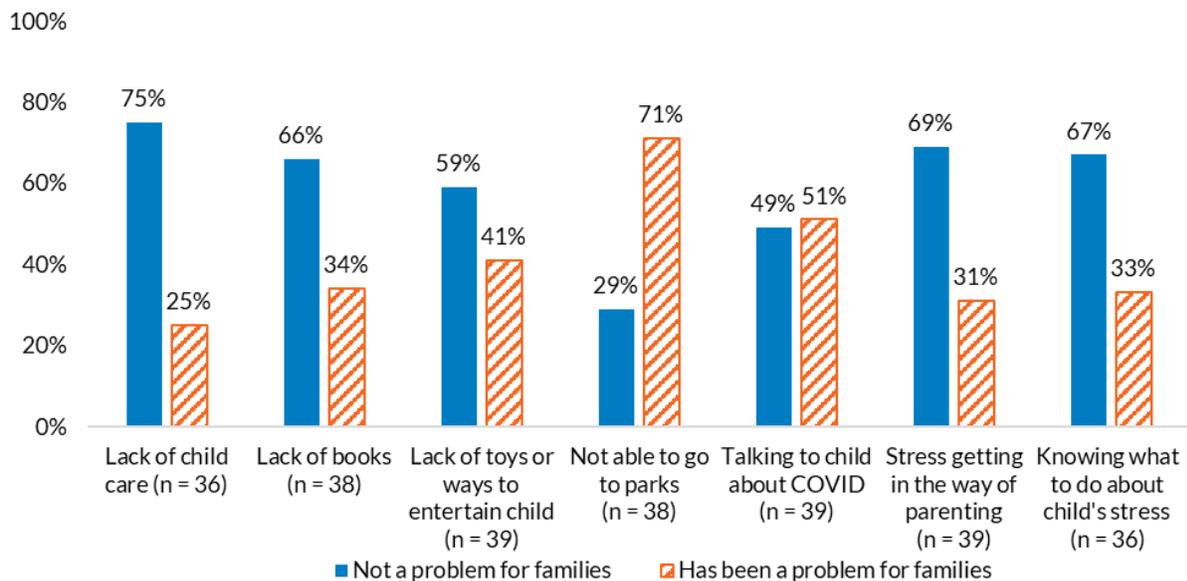
Source: COVID Family Survey, 2020, Child Trends

Finally, in the realm of economic challenges, about half of all families reported that job loss or a cut in income (53%) and the need to obtain food and supplies (49%) had been problems. Most families did not report problems related to work, either for working at home (92.5%) or outside the home (79%).

Figure 12. Families: economic problems experienced during COVID-19
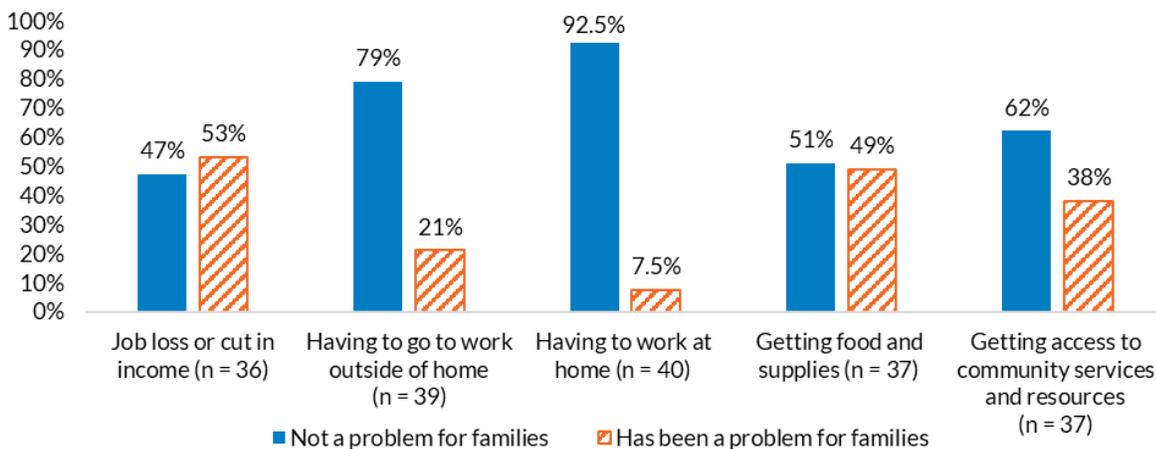
Source: COVID Family Survey, 2020, Child Trends

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[12] Child age would likely be related to concerns about child care and the ages of children for family survey respondents are unknown.

Supporting families' changing needs

As a reflection of the changing needs identified by home visitors, families also reported that their home visitors had helped them access supplies like food and diapers since the pandemic began, and had provided parenting support and supported their emotional well-being.

The study team examined family survey responses to understand whether home visitors were addressing families' specific needs during the COVID-19 pandemic. Families were asked what their home visitor had helped them with since the pandemic started (Table 6). Responses mirrored home visitors' perceptions of family needs: most commonly, receiving parenting help and tips (85%), reducing families' levels of stress and worries (59%), accessing services (59%), and accessing supplies like diapers and food (54%).

Table 6. Families: reported help that home visitors provided during COVID-19 (n = 46)

	N	%
Parenting support or tips	39	85%
Reducing stress or worries	27	59%
Accessing services	27	59%
Accessing supplies (such as diapers and food)	25	54%
Feeling less isolated	23	50%
Crisis help	12	26%
Connecting with other families (virtually)	6	13%

Source: COVID Family Survey, 2020, Child Trends

Through additional analyses, the study team found that families received some types of help from their home visitors that were associated with their reported needs (presented in figures 10, 11, and 12)—especially with their needs for social and emotional support and access to basic goods (Figure 13). Twenty-four parents reported having problems with stress and worry during the pandemic. Of those, most reported that their home visitor was working to address their concerns. This pattern was similar for concerns about social isolation and accessing food. Most parents who reported currently struggling with social isolation also reported that their home visitor was helping them feel less isolated during the pandemic, and half of parents who reported having problems accessing food or supplies reported receiving help from their home visitor.

Figure 13. Families: reported needs during the pandemic and home visiting support received to address those needs
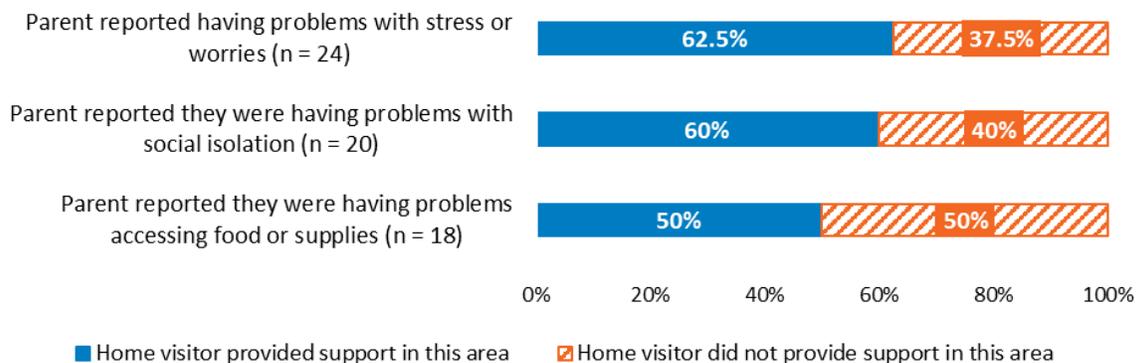
Source: COVID Family Survey, 2020, Child Trends

Supports for home visitors

A variety of supports were made available to home visitors as they transitioned to virtual visits. Almost all home visitors reported receiving some type of training to provide virtual home visits and felt well-supported in terms of technology to conduct those visits. In addition to training, almost all home visitors received ongoing guidance from their supervisors. Some home visitors reported concerns about their level of stress and issues related to work-life balance, including the need to juggle multiple responsibilities while working from home.

Virtual home visiting training

Almost all home visitors participated in trainings on conducting virtual home visits.

Home visitors were asked about implementation supports offered during the transition to virtual home visits (Table 7). Most reported participating in trainings before implementing virtual visits with families (83%). Training topics included conducting virtual home visits (e.g., phone/video platforms, scheduling visits, 97%), ensuring clients' privacy and confidentiality (21%), and implementing a particular model or curriculum with fidelity (17%). Few home visitors reported that they did not participate in trainings (17%), but these home visitors did receive additional supports from their supervisor (presented in Figure 14).

Table 7. Home visitors: virtual home visiting training participation

	N	%
Home visitor did not participate in trainings	6	17%
Home visitor participated in trainings (*training topics specified below*)	29	83%
Virtual home visiting (e.g., platforms, scheduling, etc.)	28	97%
Privacy/confidentiality	6	21%
Training on implementing specific model or curriculum with fidelity	5	17%
Total	35	100%

Source: COVID Home Visiting Interviews, 2020, Child Trends
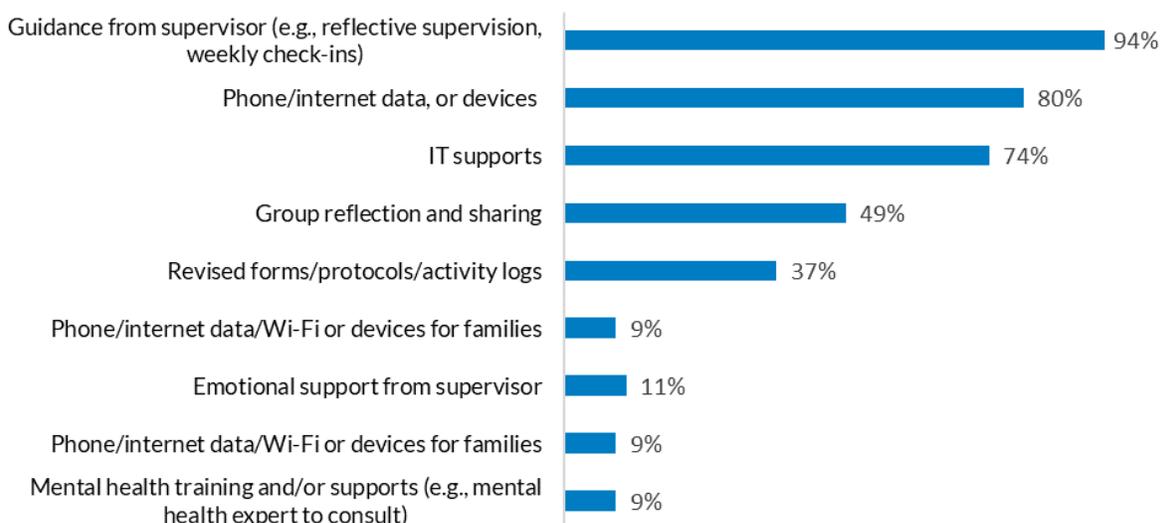
Other supports for virtual home visiting

Home visitors reported receiving many other supports in addition to formal trainings, including guidance from their supervisor, technology to conduct virtual visits, and peer support.

Home visitors highlighted a variety of additional supports they received to effectively provide virtual home visits (Figure 14). Almost all home visitors reported receiving guidance from their supervisor during reflective supervision or weekly check-ins, or as needed when questions or challenges arose (94%). Most also reported receiving phone and/or internet data or devices (80%), along with IT supports from their programs (74%). About half of home visitors reported participating in group reflections with their teams (49%). Fewer reported receiving revised forms, protocols, or activity logs (37%) and written resources such as tip sheets or instructions (26%).

"First of all my supervisor, [name], is amazing. She has given us a wealth of knowledge. She's always there and available if we have questions, especially in the home; she was flexible, you know, we could text her, email or call her if we had questions ... Our program has really been on top as far as starting at the top down to the management down to the supervisors and she makes sure that we get updated information on COVID, updated information on help to assist families with continuing during virtual visits or over the phone visits."
-Home visitor

Figure 14. Home visitors: additional supports received (n = 35)

Support	%
Guidance from supervisor (e.g., reflective supervision, weekly check-ins)	94%
Phone/internet data, or devices	80%
IT supports	74%
Group reflection and sharing	49%
Revised forms/protocols/activity logs	37%
Phone/internet data/Wi-Fi or devices for families	9%
Emotional support from supervisor	11%
Phone/internet data/Wi-Fi or devices for families	9%
Mental health training and/or supports (e.g., mental health expert to consult)	9%

Source: COVID Home Visiting Interviews, 2020, Child Trends

In addition, in their interviews, program managers reported that home visitors received revised forms, protocols, and other written resources from their respective home visiting models. Further resources have been provided by First 5 California and local governments (e.g., for COVID resources), and some have been developed in-house by the home visiting program. Program managers also described mental health supports put in place for home visitors, such as self-care webinars, the provision of mental health experts to home visitors, and covering a copay fee for visits with a mental health clinician.

Other services are needed to support virtual home visits

While home visitors have received a variety of supports for virtual home visiting delivery, some staff still need cellular data, Wi-Fi, technical devices, and office supplies.

During their interviews, home visitors were asked about additional supports that would benefit virtual home visit implementation (Table 8). About half of home visitors responded to this question (n = 17, 49%); the most frequent response was a request for additional phone or internet data, Wi-Fi, or technical devices; followed by a need for office supplies.

Table 8. Home visitors: additional supports needed by home visitors

	N	%
Additional supports are needed *(specified below)*	**17**	**49%**
Phone/internet data, Wi-Fi, or devices for HV staff	5	29%
Office supplies	4	24%
Guidance for virtual screenings	3	18%
Additional tech support (e.g., a 24-hour help line)	3	18%
Phone/internet data, Wi-Fi, or devices for families	2	12%
More modeling of successful virtual visits	2	12%
Training on privacy requirements for virtual sessions	1	6%

Source: COVID Home Visiting Interviews, 2020, Child Trends

Future of virtual home visiting

All home visitors believe that virtual visits should continue post-COVID for some families or some types of home visiting activities. Many families also report a desire to continue some virtual visits. While families and home visitors are excited about being able to see each other in person again, both groups are also concerned for their health and safety should in-home visits resume.

Home visitors were asked whether virtual home visits should be continued as an option in the future, once the COVID-19 pandemic has eased (Table 9).[13] Most home visitors reported that virtual visits should be continued as an option (85%); specifically, home visitors reported that virtual visits should be continued either as an option for some families or some types of home visiting activities (90% and 69%, respectively). No home visitors felt that virtual home visits should not be continued in any capacity, but many acknowledged the importance of in-person visits.

"Yes, definitely. I think that the way they'd benefit would be that, if we go back to our normal lives and we'd planned a visit in person, and they're not able to do it or are somewhere else, I think offering them the option of having a virtual visit would help them stay in control. Instead of canceling the visit, they'd know that they have another option or alternative."
-Home visitor

Table 9. Home visitors: perceptions of the future of virtual home visiting

	N	%
Virtual home visiting should be continued	29	100%
As an option for some families	26	90%
As an option for some types of home visiting activities with families	20	69%
Virtual home visiting should not be continued in any capacity	0	0%
Total	29	100%

Source: COVID Home Visiting Interviews, 2020, Child Trends
Note: This question was not asked in six interviews, resulting in the lower n.

"I absolutely think before, the idea would have been all home visits need to happen in the home to count. I think we were so careful with that, because I think there's a lot of value to being present. Now, after watching this [COVID/virtual visits] happen, we can think about a family in an unsafe environment or [that] lives in a multigenerational home, maybe these would be cases we could be more flexible. We can think about it like, let's see how we can make this work. Maybe if it's a version where you don't have a prescribed number of home visits, maybe this is where you can help fill the gaps."
-Program manager

"I think all the methods that are being used to reach out to the parents should continue to be used. Because at the end of the day, we're trying to meet the need of the parents, are trying to meet the needs of children ... So if that means that I have to meet you, to Skype for a while so you can get your scheduling together for us to actually get together, do something else. That's what needs to take place. I think that there needs to be that continuance of communication through whatever means necessary to communicate. I don't think that should change."
-Home visitor

When asked to consider their return to in-home visits post-COVID-19, most home visitors reported concerns about the transition—either for their own or their family's health and safety (63%). Over half of all home visitors noted that their families have expressed concerns about the transition back to in-home visits (57%).

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[13] Home visitors and families were asked about the future of virtual home visits and their concerns about returning to in-home visits in June and July 2020, only a few months into the COVID-19 pandemic. Perspectives may continue to shift as the pandemic continues through 2020.

In their survey, families were asked to look to the future when in-person visits could resume, and to reflect on how they felt about going back to this format (Table 10). While some families did report that they would worry about exposure to COVID-19 when these visits resumed (28%), nearly three quarters indicated that they were excited to see their home visitor again in person (72%). As with reports from home visitors, many families indicated that they would like to continue with some option for virtual visits moving forward (37%).

Table 10. Families: perceptions of a future transition to in-person home visits (n = 46)

	N	%
I'm excited to see my home visitor again	33	72%
I would like to continue some visits virtually	17	37%
I'm worried about being exposed to COVID-19	13	28%

Source: COVID Family Surveys, 2020, Child Trends

Discussion and Implications

Overall, the transition to virtual home visits has gone well in California. While families and home visitors know there are limitations to virtual visits, they find value in the virtual option and appreciate being able to stay connected. This is particularly important during the COVID-19 pandemic, as families are experiencing increased worry and a higher demand for basic goods such as food and diapers. Through the flexibility demonstrated by home visiting program leadership—and with guidance from the state (e.g., the state's partnership with the national Rapid Response Virtual Home Visiting project), home visiting models, and supervisors—home visitors have been able to transition to virtual home visiting while still feeling supported and meeting the changing needs of their families.

Furthermore, home visitors and families expressed a desire for some component of virtual visits to continue after the pandemic has eased. Home visiting staff reported that continuing a virtual option into the future will allow greater flexibility in meeting with families experiencing a variety of challenging circumstances—including unsafe living conditions or multigenerational homes—and can allow families to have more control over scheduling visits.

Data collected for this COVID study represent one point in time. While these findings are limited, they provide insights into the flexibility of home visitors and home visiting services during a time of crisis like the COVID-19 pandemic. In addition, this study suggests that emerging findings about the feasibility of virtual home visiting and the experiences of home visiting staff and families in California are similar to findings from other states during the pandemic.[14] Preliminary considerations for supporting virtual home visits, both during the pandemic and long-term, include the need to address challenges with enrolling and engaging new clients 100 percent virtually, to develop additional supports for the types of visits less well-suited or not yet adapted for virtual visits (e.g., intimate partner violence or health and safety screenings), and to ensure that home visitors have all technological resources needed to meet with families virtually. Future research should explore whether the needs of the home visiting workforce or families have shifted in the months since the pandemic began; this would advance our understanding of how to support California's home visiting system in the longer term.

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[14] Marshall, J., Kihlström, L., Buro, A., et al. (2020). Statewide Implementation of Virtual Perinatal Home Visiting During COVID-19. *Maternal and Child Health Journal.* 24, 1224–1230. https://link.springer.com/article/10.1007/s10995-020-02982-8

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