

Home Visiting Service Delivery as States Re-open: Q & A Session with HV Models

Note: Watch the recording of the webinar [here](#).

“Safety is our primary concern. As home visiting models, we continue to advise that virtual service delivery is the safest way to serve families.”

~ Model Perspective



Safety

1. As states move to re-open, how should we continue to serve families while keeping them safe?

As states and local implementing agencies make decisions on when and how to best re-open, it is important to remember that home visiting has never closed. We continue to serve families through this uncertain time, and it is recommended to continue with virtual services.

2. Home should be a safe place, so how do we maintain that and visit too? Will funders and national model standards support a program-by-program process for re-entering the home?

The safety of home visitors and the families they serve is the priority. Families can continue to be feel supported through virtual connections. Programs are encouraged to take time to assess risk, community response, and data for a gradual return. Home visitors should also take each family's needs and wishes into account to ensure that everyone remains safe. Home visiting has always centered around following the family's lead, therefore, if families are not comfortable with in-person visits, their wishes should be respected.

3. How do we protect everyone we see when we are going into homes with a variety of people living in them, and using items from house to house, sitting on the floor and playing with parents and children?

As mentioned before, virtual visits are the recommended option. While personal protective equipment (PPE) is part of local CDC plans, on-ground home visiting is different. Young children may not be able to understand why their home visitor is wearing a mask, or why they must remain a certain distance away from the child. In addition, to ask home visitors to change clothes in between visits, have new PPE for each home, and wash hands between visits is extremely difficult and taxing. Not to mention the strain it puts on programs and funding.

Our main goal as home visitors is to support the family and let them know they are not alone. This is achieved through the relationships with families. How would the use of masks and gloves make the family feel? Are they worried and/or scared to see their home visitor with PPE? Would seeing their home visitor dressed like that distress the child? For now, virtual home visiting is the way to serve families until everyone can feel safe.

**If a family wants to meet outside and the home visitor can social distance and keep everyone safe, it may be an option.*

4. Are home visitors essential workers?

“Essential” can mean different things for different communities and programs. Home visitors are still working and providing support. When it comes to going into the home, there is an increase of risk and a need for protection for both the home visitor and the family. Home visitors are essential in the sense that they provide support and a lifeline to families, but it does not have to be provided in the home. We can achieve this through virtual connections.

Privacy and Technology

1. What is the model guidance on what platforms to use?

Home visitors are recommended to speak to their programs about what platforms are best to use and what rules must be followed when providing virtual services. As home visitors, it’s also important to discuss with families the importance of not sharing personal information and keeping sensitive information to the minimum. The U.S. Department of Health and Human Services has also released guidance on virtual visits, which can be found [here](#).

2. How can we help families to access technology?

There are resources that can help families access technology (please see this guide for additional resources). Programs may also want to connect with internet and phone providers to provide reduced or free service.

Parent-Child Interaction

How are parent educators responding to disruptions that occur during virtual visits?

Patience with process! Home visitors must remain flexible and follow the family’s lead to meet them where they are.

What does focus look like during this time?

Focus on in-the-moment interactions or natural connections. Home visitors can also discuss how interactions have changed during this time and may be able to capitalize on the interruptions. Also, remember to check in with families. Are there better times to engage? Or a best time to connect? Are parents open to discussing curriculum? Do they want to engage in activities? If so, focus on the moment and build from naturally-occurring

developmentally-appropriate activities. The Rapid Response project will focus on parent child interaction in June.

Current Allowable Changes To Service Delivery

What are we doing to assure model fidelity during remote visitation?

Allowable changes: In partnership with Local Implementing Agencies (LIAS) and state implementers, determine that services are being delivered appropriately. Provide services along model expectations. There is variability across all models. Generally, if services are up-to-date and programs are keeping up expectations then model fidelity is being adhered to. Rule of thumb, if you are doing everything you can in best interest of each family and staff person then you are doing enough. Models are advocating on behalf of home visiting during this time. The quality of a visit hinges on the families ability to engage (pre-COVID as well).

Please remember that we are having a positive impact! Home visiting completion rates are high. Families are receptive.

Consent and Enrollment

- a. How do we make sure we are providing access to our programs?
- b. How to get new families interested in virtual services?
- c. How do you take applications for recruitment without a home visit?
- d. Can we get verbal consent and document once we are able to visit in-person?

*As previously mentioned, it's important to look at agency guidance and program policies to determine what are the best strategies to use when it comes to consent and enrollment. A common theme that is being seen in the field is **flexibility**. Strategies that have been used to gather consent include: telephone calls, virtual, drop-off, picture text, verbal consent, document, and then have families off when in person.*

Screening and Assessment

1. Is there guidance related to resuming assessments that were not done during this time? Should we catch up or not just complete them?

As recommended, please look to your program's individual guidance on how and when to best complete a screening. Please check the Rapid Response resources for screening at: <https://instituteofsp.org/covid-19-rapid-response-resources-screening>

2. How do you assess for child abuse and neglect? Also, intimate partner violence?

This is a very concerning time for those families that may be experiencing violence in their home. Please follow-up with concerns for a family with supervisors, and use state and agency guidelines to ensure what processes are currently in place. In addition, remember to use resources and the system of care in the community. Double check hours and functionality of hotlines and first responders.

*Futures Without Violence webinar: **Remote Home Visitation: Supporting Clients Experiencing Intimate Partner Violence in the Time of COVID-19***

Data and Reporting

- a. How have family assessment and program measurement guidance shifted to align with virtual visits?

One of the important reasons to collect data is to tell a story. Through this pandemic, we are now telling a different story. The data collection process may look a little different but programs but are still recording and inputting important information. Models may be shifting on what is due, therefore, it's important to follow your program's data process systems in place. All models have full confidence in the work that is being done to meet families.

- b. How are child health visits being handled? Most clients are not meeting the requirements, therefore, reflects in reporting.

Please read HHRSA guidance on this topic [here](#).

Program Needs

- a. What resources are available for adult mental health/workforce supports?

While programs may have access to Infant/Early Childhood Mental Health consultants to help them address the mental health needs of participants, it seems there are a lack of options for home visitors and other direct service staff who are dealing with unprecedented levels of stress and their own trauma.

- b. Where does the mental health of the workforce fit into our plan moving forward?

Home visitors have done an amazing job in quickly pivoting the way they deliver services to families during this pandemic. They have encountered huge challenges and have managed extremely well. As a field, it's imperative that mental health training and support become part of the process.

- c. How to continue to support home visitors with virtual platform use? I wonder if some of the discomfort of conducting virtual visits come from our home visitors rather than families?

Home visiting will be in the virtual services space for a while. It is imperative the field provides more training and pool existing resources. As the past couple of months have shown- it is possible to have high quality visits over the phone and during virtual visits. The Rapid Response Project is a great resource for the field as it tailors its webinars and resources to what home visitors need right now. In addition, as a field, it is vital to advocate to use funds for high-quality technology.

In conclusion, we recognize that returning to delivering services in homes presents a risk to both the families we work with and our workforce. Therefore, recommend the continued use of virtual services at this time.

We need to support home visitors to best support families!