Virtual Delivery in Home Visiting: Insights from Administrative, Survey, and Focus Group Data

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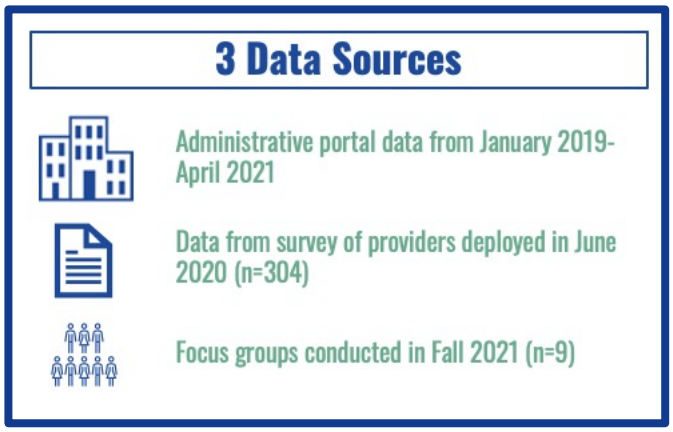
Introduction

At the start of the COVID-19 pandemic, child maltreatment prevention services, including home visiting programs, pivoted quickly to virtual service delivery to continue serving families while adhering to public health guidelines of social distancing. In March 2020, most agencies providing SafeCare—a structured, empirically-supported parenting home visiting program—began delivering services virtually. We examined the impacts of this shift to virtual delivery to consider how home visiting programs might deliver services to reach families most effectively in the future.

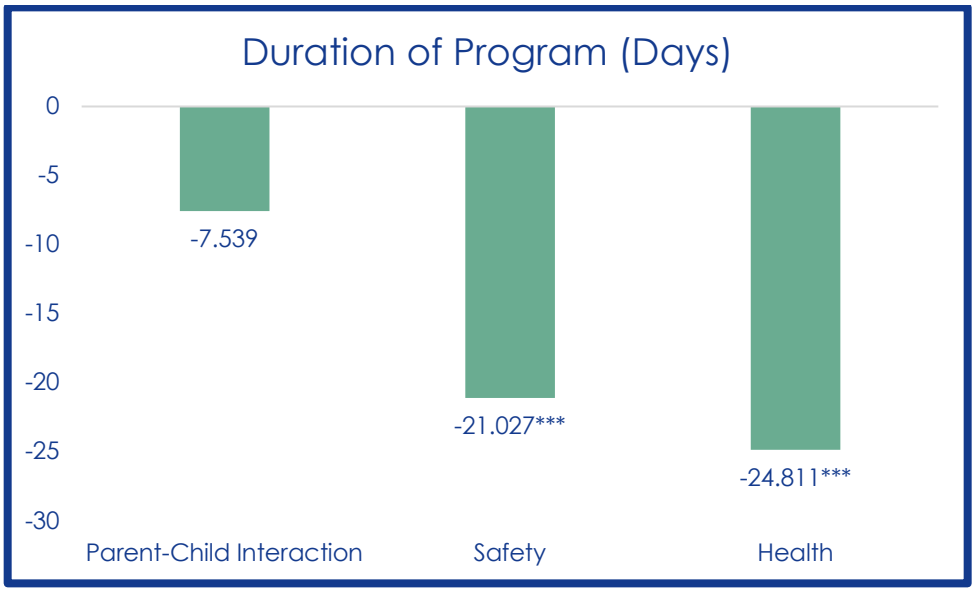
We analyzed multiple sources of data. First, we examined administrative data from the SafeCare portal dated 2019-2021, which included measures of (1) the number of SafeCare sessions delivered, (2) mastery of the program, (3) duration of the program, and (4) client satisfaction with SafeCare's virtual delivery. Second, we analyzed data from a June 2020 survey of SafeCare providers to understand how they were responding to the transition to virtual program delivery while maintaining program fidelity. Finally, we conducted focus groups of SafeCare providers in Fall 2021 to further investigate emerging themes and determine how experiences may have changed over time.



Finding #1: Virtual delivery can increase service availability and efficient program completion, without affecting client mastery or satisfaction

During the pandemic virtual delivery period, we found that SafeCare services were delivered more efficiently. Across all three of SafeCare's modules—parent/child interaction, health, and

safety—participants completed the program faster during virtual delivery. For the safety and health modules, the program was done in approximately 21-24 fewer days, a reduction of 40-70%. At the same time, we found no significant effect on (1) the number of sessions it took to finish the program, (2) assessment scores, or (3) client satisfaction scores. These findings imply that virtual delivery is promising for shortening program duration without disrupting program mastery or client satisfaction.



Virtual delivery also increased availability of services for both providers and families. Program providers noted, for example, that virtual delivery offered more flexibility for parents in the form of shorter, more frequent visits. For program providers, virtual delivery eliminated driving and waiting time, which increased the amount of time they could spend with families or prepare for sessions. Reducing driving time was particularly helpful in the event of cancelled sessions. With cancellations, providers could immediately reach out to another family to see if they were available for a virtual session.

> "Drive time is eliminated and we can spend that time on the clients. If there is a cancellation, we only lost a minute instead of up to 3 hours of drive time."

Finding #2: Virtual delivery can increase access to services for some groups, but others may be best served with traditional, in-person services

Providers also indicated that program access was improved for families in certain situations, such as families living in unsafe environments, those with household members uncomfortable with strangers in the home, and those who frequently traveled to other states or countries.

> "For my families who live in an unsafe environment or don't feel comfortable having someone come into the home for whatever reason, which may be because of other disadvantages they're experiencing – that gives them that option to actually work with our program, when before they would not have been able to."

Nevertheless, virtual delivery may not be suitable for all families moving forward. Program providers indicated challenges with virtual delivery for families with limited reading/writing skills or learning and other disabilities, elderly kinship caregivers, and those located in geographical areas with limited or slow internet.

> "Having reliable internet capability in rural areas has been a hurdle of remote delivery."

Finding #3: Service providers used creative adaptations to deliver the program virtually, but need additional support and guidance to overcome challenges specific to virtual service delivery

Providers identified some challenges with virtual delivery, including challenges with (1) modeling SafeCare target skills for caregivers, (2) building rapport and engagement, and (3) effectively using technology. However, they described creative ways they sought to overcome these challenges. For example, to model parenting behavioral skills, providers utilized videos and demonstrated behaviors using dolls and/or stuffed animals.

> "When it comes to modeling and interacting, I've been able to read to the kids, and I've used that as a modeling exercise. I've used activities, online games…where I'm able to model for the mom."

Strategies for building rapport and engaging with clients virtually included regular check-ins via phone and text messages. Providers leveraged multiple platforms, such as Zoom and FaceTime, that allowed them to build rapport by imitating face-to-face interaction. Providers also delivered materials such as introduction letters and booklets to clients (while maintaining a safe distance to prevent the spread of COVID-19).

> "We have each home visitor write up a little introduction letter (including a picture of themselves). This helps the families get to know a little more about each home visitor. The letter includes a little bit of personal info (likes), educational information, and why they love home visiting and the SafeCare program. We also have an intake done via the phone that serves as an icebreaker for the family to begin building that rapport."

Finally, technological challenges created difficulty in virtual program delivery. Instructing clients on how to set up their camera placement for target skill assessments and allowing extra time during sessions to address and account for these issues were common strategies.

Conclusions and Future Directions

Virtual and/or hybrid service delivery is a promising direction for home visiting programs. For example, virtual delivery can reduce program completion time for often overburdened families, likely due to increased scheduling flexibility, fewer cancellations, and reduced travel. Virtual delivery can also increase program access for some groups. However, there are nuances with this modality of program delivery that need to be addressed. Home visiting programs will need to adapt program curricula, training, and resources for virtual delivery so that program providers have the support and guidance they need. Some program components – and some families – may be better suited for virtual delivery than others. As such, determining who gets to decide which families receive virtual or hybrid services (e.g., home visiting programs, local agencies, individual providers, or families themselves) remains a challenge for home visiting programs. Finally, we did not interview or survey clients directly; hearing from families themselves will be an important part of future research.