



Home Visiting in the Age of COVID-19

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NMAIMH competencies addressed:

Theoretical Foundations

- Relationship-focused, therapeutic practice

Direct Service Skills

- Observation & listening
- Screening & Assessment
- Responding with empathy
- Safety

Thinking

- Analyzing information
- Solving problems
- Exercising sound judgment
- Maintaining perspective
- Planning & organizing

Reflection

- Contemplation
- Self-awareness
- Parallel Process
- Professional/personal development

Collectively, the world is living through a historic Pandemic. There are so many things we all are facing both personally and professionally to live through these times. We all are holding an unbelievable amount of stress and anxiety as we navigate this situation, and some of us have even been personally affected by the virus, either from illness or the death of a loved one. In our country we have faced shortages of supplies such as food, personal protective equipment, and medical equipment. So much of the country has been working from home since mid-March. Our children's schools closed to encourage social distancing. We are adapting,



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changing, and learning everyday how to balance all of this and continue the work of Home Visiting during unprecedented times.

Although we may have previously discussed or thought about what a telehealth option might look like in Home Visiting, the COVID-19 Public Health Emergency forced us to move to that platform without preparation. With that switch it may have given us all some growing pains, but also allowed for opportunities to become extremely creative within our practice. During these times we have developed new strategies with the use of technology for Family Engagement, Connecting with families and our teams, Recruitment and Enrollment, and Screenings and Tools that have allowed us to keep the work of Home Visiting within New Mexico going.

Our work in Home Visiting is a vital lifeline to families especially during a Public Health Emergency. We are connecting with families, providing community based resources, basic necessities in some cases (such as food, hygiene products, masks, and cleaning products), learning activities and supplies to promote development of the child, safety, and overall morale/parenting support and connection during these times. Some parts of our roles have been amplified or adjusted during these times. Currently, Home Visiting programs continue to play a crucial “role in addressing the needs of pregnant women, young children, and families” even through a Telehealth platform (HRSA, 2020). No matter what the challenges or changes that have come up, through the use of foundational skills such as relationship building, being present, self-care, and reflective practice we have continued the critical work of Home Visitors and we have many successes to celebrate with the families of New Mexico and our teams.

Family Engagement

It seems fitting to mention that we are in uncharted territory due to the current pandemic of COVID-19. Not only are we dealing with so many unknowns, we are in the midst of attempting to manage home and work life, oftentimes simultaneously. Most likely as a home visitor, what may come to mind is: what can I do to support the families that I serve, especially when I am unable to see them face-to-face? How will I provide the best support to these families in a time of virtual visits? These are just a couple of questions that have crossed the minds of many home visitors. To help, provided below are ideas and support to encourage family engagement through tele visits to those that are serving the many wonderful families of New Mexico.

Respectful and trusting relationships are critical to the delivery of services. When a trusting relationship is built with a family, their engagement will most likely increase. Checking-in on the family often, through text messages, phone calls, video conferencing, or even “old-fashioned” mail are important ways of staying connected to families. Offering different opportunities for contact shows that as a home visitor you are meeting the family where they are. It is appropriate to have a discussion with the family about home visits and what form of



connecting may work best for them during the health emergency. Also, having a conversation with them regarding the best time for them to meet shows respect and understanding of the many challenges they may be facing. Regular contact is also important to ensure that the families being served are safe, getting their basic needs met, and for you as a home visitor to understand that they are under multiple stressors. In addition, home visiting programs are a lifeline for many children and families—especially during times of crisis—because they can connect them to skilled professionals such as nurses and social workers (Novoa, 2020).

Connection

As human beings we have a basic instinct to need connection. We all have recognized this as being an important need during this Public Health Emergency. We have come up with very creative ways to connect both personally and professionally. Access to technology has enabled us to keep the connections going for many. Unfortunately, living in a rural state, access to technology can be a barrier in many areas, especially on Tribal Lands. Despite these challenges it has been truly remarkable to hear some of the stories from the field regarding connection, such as families contacting Home Visitors to check-in on *them* because of the strong relationships that have been built.

Home Visitors connect families to many community based services including those addressing health, mental health, child care and educational needs, and other services, on a daily basis (HSRA, 2020). Connection can mean even more than connecting families to resources. It can simply mean the act of connecting with a parent over the phone or virtually just to check-in on them, their baby, and their family. Or it can allow for some families to open up more freely within this capacity versus face-to-face home visiting. The power of connection can occur in those moments of just simply being present and listening. By using reflective practice we can actively listen and connect with families with the use of open-ended reflective questions. Connection and continuing relationships with families and our teams has seemed at times magical during the COVID-19 Pandemic.

A telehealth study in 2014 discovered that we can build successful relationships that have a positive impact on lives using distance technology (Ali, Ekman, Heckemann, Sonntag, & Wolf). The study discussed how disadvantages of technology use can be counterbalanced with “attentive listening” and communication skills (Ali, Ekman, Heckemann, Sonntag, & Wolf, 2014). Ali, Ekman, Heckemann, Sonntag, & Wolf, also reported that focusing on the changes in the patient’s tone of voice or pitch, in addition to listening skills, allowed the healthcare professional to respond with sensitivity which emphasized the importance of personal qualities and communication skills while building successful relationships with patients (2014). A foundational skill of Home Visiting in New Mexico is to focus on skills just like this while building and maintaining relationships during connection through traditional Home Visiting or a Telehealth Platform.



In addition to those foundational Home Visiting skills of relationship building, being present, and reflective practice, is a focus on self-care. This may be a key element of self-regulation which is needed in order to maintain the other skills such as being present and practicing “attentive listening”.

Recruitment & Enrollment

Recruitment and Enrollment of program participants under our present circumstances has required the use of a creative and innovative lens. Some of the traditional activities or community based gatherings we rely on to meet new families have been effected by working from home and gathering limitations. This has required us to rethink these processes and make changes such as conducting more follow-up with referral sources and developing creative ways to reach out or host our own virtual events. Head Start’s Early Childhood Learning and Knowledge Center (ECLKC) gives us basic foundational areas to consider with recruitment that may be helpful through virtual platform messaging such as being audience specific, accessible, a system for inquires, and maximizing the use of social media (2020).

Enrolling new families under our current circumstances can present challenges as well. The first thing that may come to mind is, “How do I build relationships with new families if I cannot physically meet with them”? Relationship building takes time. With consistent connection and follow-up, programs have been successful at building new relationships during the Public Health Emergency using alternative means of connecting. ECLKC provides some key areas to keep in mind for creatively engaging families such as enrolling them on a virtual platform, and identifies that there may be additional impacts on families (job loss, income, food accessibility, homelessness) to keep in mind (2020).

Screenings & Tools

Screenings and tools in home visiting are typically completed in-person with the family. During this time of virtual visits completing these screens and tools over the phone, video, email or mail has been challenging for home visitors and families. The reasons behind completing specific screens and tools include: improvement in maternal, newborn, and child health; prevention of child injuries, child abuse, and neglect; improvements in school readiness and child academic achievement; reductions in crime or domestic violence; and improvements in family economic self-sufficiency (HRSA, 2020).

It is appropriate to consider the access to resources for families during this time and to also have a conversation regarding how families might feel most comfortable completing the screenings. A few ways that may be helpful to complete tools appropriately and effectively could include the following: provide a copy of the screening prior to the visit; consider the barriers that may prohibit the completion of the screening, for example, is the visit during a time the child is awake or asleep? Is the child needed for a particular screening? Be sure to ask

about and affirm the stressors that the family may be dealing with at this time. It is important, especially at this time of tele visits to be fully present with the families, have intention to your visits and be prepared. In doing all of these, you are meeting the families where they are and providing the appropriate support as a home visitor during a health crisis.

The Age of COVID-19 has not been easy for anyone to navigate especially within Home Visiting. However, during these times we have increased our skills and had opportunities to be innovative while thinking about how to continue home visiting in New Mexico, meeting the home visiting standards, and agency requirements. We have many successes to share. We can continue to move forward as we provide these services and thrive if we keep in mind the foundational elements of relationship building, being present, self-care, and reflective practice.

Questions to encourage discussion and reflection:

- What has been working overall in regards to telehealth?
- What have you noticed with your families surrounding the effectiveness of tele visits and how have they responded?
- How has it felt being a home visitor during a Public Health Emergency?

References/Additional resources:

Ali L., Ekman, Heckemann B, Sonntag & Wolf A. (2014) Discovering untapped relationship potential with patients in telehealth: a qualitative interview study
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