

Home visit or friendly chat? What makes a virtual home visit a visit?

Healthy Families America sites are responding to new challenges related to the current COVID-19 pandemic with resilience and are making families a priority despite barriers to services. Recognizing that families with young children still need support, sites and staff have adapted and are supporting families remotely, often through phone and video calls. As programs adapt, many are wondering about whether they are still truly doing home visiting at this time.

The Healthy Families America Best Practice Standards are a great resource for sites seeking guidance in this area. The following is included in the definition of Home Visit in the glossary:

Typically, home visits occur in the home, last a minimum of an hour and the child is present. Extenuating circumstances may occur where visits take place outside the home, be of slightly shorter duration than an hour, or occur with the child not present. These may be counted as a home visit only if the overall goals of a home visit and some of the focus areas (listed below) have been addressed. Also, in very limited, special situations such as when severe weather, natural disaster or community safety advisory impedes the ability to conduct a home visit with a family, a virtual home visit, via phone (skype, FaceTime or other video technology preferred), can be counted when documented on a home visit record and the goals of a home visit are met including some of the focus areas (below).

Promotion of positive parent-child interaction/attachment:

- Development of healthy relationships with parent(s)
- Support of parental attachment to child(ren)
- Support of parent-child attachment
- Social-emotional relationship
- Support for parent role in promoting and guiding child development
- Parent-child play activities
- Support for parent-child goals, etc.

Promotion of healthy childhood growth & development:

- Child development milestones
- Child health & safety,
- Nutrition
- Parenting skills (discipline, weaning, etc.)
- Access to health care (well-child check-ups, immunizations)
- School readiness
- Linkage to appropriate early intervention services

Enhancement of family functioning:

- Trust-building and relationship development
- Strength-based strategies to support family well-being and improved self-sufficiency
- Identifying parental capacity and building on it
- Family goals
- Building protective factors
- Assessment tools
- Coping & problem-solving skills
- Stress management & self-care
- Home management & life skills
- Linkage to appropriate community resources (e.g., food stamps, employment, education)
- Access to health care
- Reduction of challenging issues (e.g., substance abuse, domestic violence)
- Reduction of social isolation
- Crisis management
- Advocacy

Supervisors and Family Support Specialists may want to review this definition and the focus areas to ensure that the work that they are doing fits the definition of a home visit.

Additional information about the definition of a home visit, and the use of HFA's service levels in response to this crisis can be found on the HFA website:

<https://www.healthyfamiliesamerica.org/hfa-response-to-covid-19/>

What is it that makes a phone call or video chat a home visit?

As sites move forward with phone and video connections with families, they may find that it can be challenging to distinguish a remote home visit from other phone or video calls. It is possible to have a relatively brief call with a parent and address some of the focus areas above. Does that mean it was a home visit?

There are many similarities between a regular phone or video contact with a parent and a virtual home visit. Both are friendly and comfortable, both involve checking in on the well being of the family, both create opportunities for social connection. With so many similarities, home visitors and supervisors may be wondering how to make sure that what we are doing is home visiting.

How to make sure you are doing home visiting:

- **Schedule it and call it a visit-** Make sure the family knows your intention to make this a visit. Avoid unscheduled virtual visits when possible. Scheduling visits allows the

FSS and the family to come to agreement about a time when the parent is likely to be available for an extended call and it sets some expectations about what the call will be about.

- **Be prepared-** Hold the family in your mind ahead of the visit. Think about what you know about them, about the child’s developmental status, about their goals and needs. Be flexible and follow the family’s lead but have a plan in mind as you prepare to start your visit.
- **Act with intentionality-** Bring awareness to your self and your intentions each time you speak or interact with a family during a virtual visit. Many times, this is what is missing from an informal check-in phone call. Consider use of Reflective Strategies and other elements of HFA’s trauma-informed approach.
- **Be fully present-** This can be challenging for HFA staff working from their homes and may require home visitors to be strategic about where they are in their own home during visits. While on the call or connecting through video, create space in the same way you would do in person: allow for quiet moments, notice feelings, attune to the parent. Be an active listener: when your mind wanders, use Mindful Self-Regulation to bring yourself back into connection with the family.
- **Observe Parent Child Interaction and “bring the baby into the call”-** Have CHEERS in mind throughout the virtual visit as you observe the interaction between parent and child (keep your [virtual tip sheet for CHEERS](#) handy). When conversation veers away from the child, be intentional about bringing the parent child relationship back into focus. Ask parents “How is the baby reacting to all of this stress?” or “It sounds like you are feeling isolated- how do your feelings show up in his behaviors?”. Invite parents to record videos throughout the week of their routines and play with the baby so they can share them with you! Using video to reflect together on parent strengths is a powerful way to promote attachment and nurturing parenting.
- **Use your curriculum, community resources and screening tools-** Things like sharing parenting curriculum and connecting families to needed community resources will feel familiar to the parents you work with and will help staff and parents distinguish a visit from a regular phone call. Whenever possible, complete regularly used screening tools such as ASQ-3 and perinatal depression screenings with families during virtual visits. Continuing “regular” home visit activities can bring a sense of normalcy for staff and families.
- **When in doubt, support the family-** connections with families that don’t fit the definition of a home visit are absolutely valuable. Families in communities everywhere are facing additional stressors related to increased isolation and economic challenges. HFA sites should make every effort to connect regularly with families, using whatever modalities are available to the families (including phone calls, texts and even notes and letters). Dr. Bruce Perry has shared that even 3 minutes of connection can reduce stress and regulate us.

A brief contact with a caring compassionate home visitor can make a difference for a family, whether it is “counted” as a home visit or not. The predictability and comfort that a safe and



healthy relationship with a Family Support Specialist offers to overwhelmed parents is more important than ever right now. HFA encourages sites to be creative and flexible in serving families with young children in these unprecedented and uncertain times, and we are grateful for the efforts of staff in sites in communities everywhere for the difference they are making in the lives of parents and young children.