

HFA Guidance – Resume in-home visits or virtual visits?

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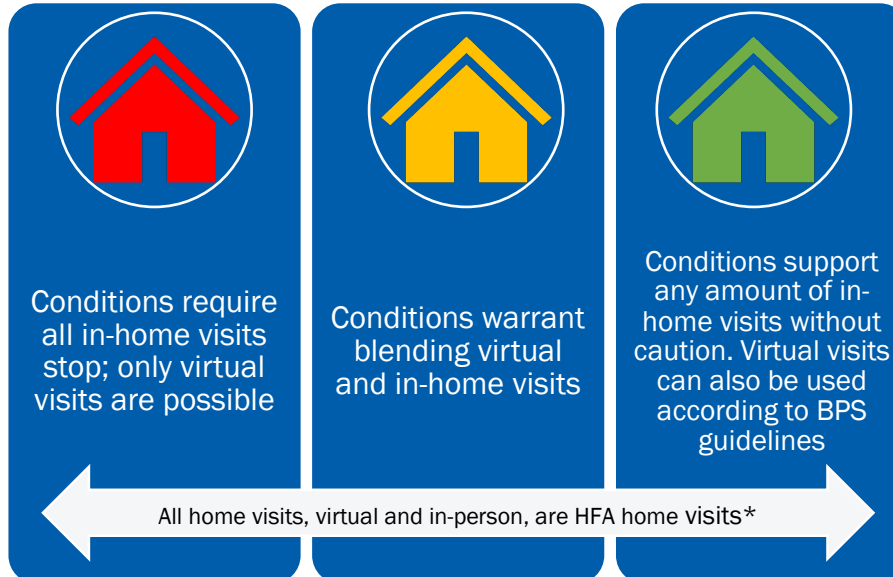
COVID-19 conditions and vaccine availability vary significantly across states and communities, which means there is no “one size fits all” approach or timeframe associated with the full return to in-home visits. Given this variability and the ever changing conditions, it would be irresponsible for the HFA National to give an across the board green light to resume in-home visits. While COVID conditions in some communities support in-home visits, many others do not.

GUIDANCE

This guidance is provided to assist sites in their decision-making at the local level and in some cases at an individual family and/or staff level.

HFA continues to allow the use of virtual home visits conducted via phone or ideally, a video conference platform like Zoom, FaceTime, etc., for all families, consistent with existing HFA Best Practice Standards.

The options currently available to sites:



* From a fidelity perspective, HFA regards virtual home visits and in-home visits equally, when conducted in accordance with [existing home visit definition criteria and guidance](#). We trust local service providers to make the best decision on which visit format to utilize given community conditions, family needs, and individual staff and family health and safety issues.

Decisions at the local level to resume in-home visits or to return to virtual visits (if already resumed) will be made based multiple factors, all driven by the goal of minimizing public health risks and prioritizing the health and safety of staff and families. Staff and supervisors will make decisions related to each family and whether it is safe to conduct an in-home visit. In some cases, these decisions will need to be made in-the-moment based on changing circumstances.

DECISION MAKING

Factors to consider in decision-making:

- What is the current COVID-19 prevalence within the community?
- How long has it been since the community has had an increase in new COVID cases?
- If the community is considered low-risk, is the staff member comfortable resuming in-home visits? Is the family comfortable with receiving visitors?
- What is the level of vaccination in the community?
- What is the vaccination status of the HFA staff?
- Have staff or participant family members self-identified at increased risk for severe illness related to COVID-19? [See CDC Guidance](#)
- Can physical distance (6 ft) be maintained and face coverings utilized?
- Are sanitizing supplies available to staff and procedures in place for cleaning between visits for all surfaces and materials used for more than one visit?
- What will be the procedure if the staff member arrives at the home and subsequently determines not to enter, or to leave soon after arriving?

When a decision to resume in-home visits has been made, we recommend staff utilize all recommended public health precautions during visits:

- Minimize contact with others (wear cloth face covering, maintain physical distance, and avoid groups).
- Practice good hygiene (frequent hand washing including when entering and exiting a new environment, use of hand sanitizer, disinfecting surfaces).
- Staff and families monitor their own health status and contacts, and cancel visits if symptoms are present or if there has been exposure to someone with COVID.

Resources for sites:

- [CDC guidance is available](#) concerning cleaning and disinfecting public spaces, as well as [safe behavioral practices](#).
- Information about [COVID-19 vaccines](#) from the CDC
- [COVID metrics by state, county and congressional district](#) to help sites monitor conditions.
- HFA allows continuation of 100% virtual supervision sessions for as long as needed and will continue to provide [guidance and tips about how to do so effectively](#).
- Sites should consult Human Resources professionals for guidance about managing any requests for accommodations from employees covered by the ADA, as well as managing employer requirements as dictated in the Families First Coronavirus Response Act (FFCRA).

TIPS FOR WHEN A DECISION TO RESUME IN-HOME VISITS HAS BEEN MADE

Communication tips with families:

- ❑ Preparing families for a return to in-person home visits will take time. As sites begin to consider resuming in-person home visits, site leaders should allow time to prepare families for this transition. Discussions with families can include the benefits of home visiting as a support to families.
- ❑ It is important for families to know that the site will be basing decisions about whether to do virtual or in-home visits on the safety of the family and staff, and that families will have a voice in determining when and how in-person visits resume (the decision should be confirmed with the family prior to each visit, understanding health status and community conditions can change rapidly and unexpectedly).
- ❑ Families who used to get In-home visits are probably looking forward to seeing their FSS again and having them in their home. Families enrolled into virtual visits may or may not be thinking about this or may be anxious about this. Staff will want to check in with families regularly about their feelings associated with in-home and virtual visits.
- ❑ Sites may develop information resources to share with families as in-person home visits resume, including information about the steps the site is taking to keep staff and families safe. This may also include an acknowledgement of staff and family responsibilities related to safe home visiting, such as notifications of any COVID exposure or symptoms.
- ❑ When talking with families about resuming in-person visits, it may be helpful to think about options that are a good fit for the family and staff. Not all visits need to take place inside a home. It may be more conducive for front porch visits, taking walks for a visit, visiting in parks or community locations with space for distancing (if available).



Initial In-Home Visits

- † Family Support Specialists are encouraged to keep the HFA approach to relationship-building in mind for the initial in-home visits with a family. Staff may feel pressure to catch up on administrative tasks now that they are finally in the home (such as signatures on forms or conducting screenings), but this may not be a good fit for the first few visits. Building trust with families in a new setting is a priority.
- † Staff may be establishing new relationships with family members they have never interacted with and re-establishing in-person relationships with parents after a year of virtual contact. Children in the family may feel unsure or frightened of



a new face in the home. Staff are encouraged to approach this transition with the components of a healthy relationship in mind: safety, predictability, comfort, and pleasure.

- † Wearing protective masks during a visit could be a challenge to developing and maintaining the relationship with the parent. It limits one's ability to read facial expression cues and can impact the ability to hear clearly what another is saying. Some individuals may have strong feelings related to mask-wearing. It is important to be sensitive to how these nuances affect the connection with the family.
- † Initial visits are an opportunity to reflect on family progress together and set shared expectations about what comes next. Families and Family Support Specialists can discuss what a typical in-person home visit might look like, and they can look ahead and discuss how best the FSS can support the family in the future.
- † In-home visits provide an opportunity for Family Support Specialists to bring a renewed focus to the parent-child relationship. CHEERS observations in the home may bring a fuller picture of family strengths and areas for growth, which can lead to FSS activities to promote and address the attachment relationship, such as using Reflective Strategies.
- † The FSS and Supervisor should re-visit the family's Service Plan after the initial in-home visits take place. The FSS may become aware of new stressors or changes in the family, the resumption of screening tools may identify an opportunity to provide additional support, in-person CHEERS observations may highlight new areas to address. It may also be a good time to revisit family progress in supervision, with family needs and level change criteria in mind.

Supporting HFA Staff During the Transition to In-Home Visits

- ✈ Staff feelings about resuming (or beginning) in-person visits after a long period of virtual visits will vary. Some may be looking forward to resuming in-person visits and feeling isolated by remote work. Other staff may have entered the field during the pandemic and may be unsure or nervous about what an in-home visit looks like.
- ✈ Supervision offers a predictable and safe place to consider staff feelings around this transition. Reflective supervision creates space for staff to hold strong feelings and step back from the work and consider its impact on them. Professional support and skill development in supervision may help staff feel more competent or confident in returning to in-home visits.
- ✈ Supports for staff who were hired more recently and who have never provided in-person home visits can include opportunities to shadow in-person visits with more experienced staff.



- ✈ The Foundations for Family Support manual may be a resource for individual staff or in team meetings, to re-visit some of the reasons we visit families in their homes (p. 26) or to walk through the stages of a healthy helping relationship (p.67).
- ✈ Staff may have life and family considerations that come into play when returning to in-home visits, including those related to the care of children or others in their own home or continued health and safety concerns. A sudden transition from virtual to in-home visits may increase these stressors for staff.
- ✈ Supervisors should consider what kinds of supports individual staff may need to support unbiased decision-making regarding whether to visit each family in-person or virtually. Supervisors and managers are encouraged track or monitor data around virtual and in-person visiting, and the reasons some families may receive in-home while others receive virtual, as a way to ensure equitable services and equitable staff policies.

Policy Recommendations

Some HFA sites may be required by a funder or by their organization to develop a policy related to the return to in-home visits. While HFA does not require such a policy, here are some recommendations about what sites may want to include in their policy:



- ☑ A description of how decisions to return to in-home visits will be made in supervision evaluating the circumstances for each family.
- ☑ Factors involved in decision making, including specific community or state metrics or COVID phases/levels as defined by the state if necessary. See list of factors above.
- ☑ The site's approach to communication with families about processes and commitments, mutually agreeing about in-person visiting.
- ☑ Health and safety precautions that staff and families will take ahead of and during visits.
- ☑ Any special accommodations that may be considered for employees who are not yet able to resume in-home visits.