

## **FSS Guidelines for Conducting Virtual Home Visits**

### **Healthy Families New York**

During this stressful and uncertain time, we realize that many programs are exploring alternative ways of connecting with families beyond face to face home visits. Please keep in mind that any support that you can give a family at this time will help them feel a little more secure and less anxious. You have worked hard to build relationships with your families, and sustaining these relationships where possible will help them through their current challenges. Contact may consist of a brief phone call or text to check in on someone, or a more substantial interaction that covers some or all aspects of a full home visit. We offer guidance here to help you with questions you may have.

#### **Setting Up the Visit**

The first step is to determine whether a remote home visit is possible. Each family and situation may be different, and any type of contact is always based on the family's willingness to participate. Questions to consider include:

Is the family able and willing to have alternative visits?

What form of remote contact (text, phone call, video chat) are they comfortable with?

Is there enough privacy for the parent to interact with their FSS via phone or computer? While there may not always be an ideal space, it's important for the home visitor to have privacy for conducting the visit and for the parent to feel comfortable in their home as they interact with their FSS in this manner.

Do they have the tech capability for video chats?

Are there topics that the parent prefers not to talk about via phone or video?

Some possible methods for virtual visits are Skype, FaceTime, doxy.me, Zoom, and Google Hangouts.

#### **Conducting the Visit**

If the family requests a virtual visit that mirrors their regular face to face visit, you may want to reach out ahead of time to determine what topics the family would like to cover during their virtual visit. You may also check in with the family at the beginning of the call to make sure that the chosen topic is still relevant for the family.

For video calls, attempt to position phones and computers so both you and the parent can be "hands free." That way the parent can interact with the child, you can observe the PCI, and you can present curriculum and use props.

For phone calls, you will need to rely on the parent's reporting, rather than on observation, to gain information. Lacking visual cues, you will also need to pay close attention to the parent's tone of voice and inflection to guide your service provision. The following questions can help you "check in" with the parent and keep them engaged:

"How is this working for you?"

"What's it like for you to have our visit on the phone/video?"

"What could we do to make this phone/video visit work better for you?"

## Home Visit Content

We recommend that you follow these steps in order as you conduct your home visit. If you're able to complete the first step, go on to the second, etc.

- 1) **Concrete Supports.** During the COVID-19 crisis, it's likely that parents will need to spend more time addressing Concrete Supports (accessing food, supplies, healthcare and other services, and making referrals as needed), and discussing their own feelings and experience. By helping the parent(s) to manage their stress and understand the impact of their stress on their children (whether prenatal, newborn, or toddler), you can positively affect the health and safety of the children. If this is all you can accomplish on your call, you have made an important and positive impact!
- 2) **Child Development and PCI.** Whenever possible, direct the conversation to the child and parent-child interaction with such open-ended questions as:

“How is Baby doing in this situation? What do you think he/she is experiencing?”

“What do you think Baby needs? How can you provide that?”

“What are you noticing about Baby's development?”

A “shortcut” to increasing positive PCI is building strength in the CHEERS domain of “Smiles” (sharing pleasure and joy). You might say:

“One of the best ways to support Baby and her development is to make sure she is experiencing joy and pleasure. What are you two doing together for fun?”

- 3) **Curriculum and Activities.** Where possible, you can present a piece of curriculum to the parent and/or facilitate an activity - ideally a fun one that increase “Smiles.” Again, take your lead from the parent; ask them if the curriculum or activity interests them. As you proceed, notice the parent's Cues. Does their facial expression, posture and/or tone of voice show interest and engagement? Some curriculum companies are working to create textable resources and handouts. Check the websites for your curricula to see what might be available.

### Other Options:

- **Assessments.** Where possible, you can offer ASQ and ASQ-SE assessments over the phone or through video chat as a way of supporting healthy child development.
- **FGP Process.** The Family Goal Plan process can be a great resource for empowering parents as they face current challenges. Where possible, you can work with the family to adjust their goals to meet their current needs. Working with and/or updating the FGP form is secondary at this time; if you are not able to, the family can still benefit from the FGP process.

## **Documentation**

Please follow the guidelines sent by Allison Contento on March 16<sup>th</sup>:

*If a family refuses visits because of concerns for exposure, please put the family on level TR and document in the notes in MIS that the family is refusing visits due to COVID-19 concerns. Virtual visits should be checked as “out of home visit” and include activities consistent with the HFA definition (see attachment). HFNY is currently following HFA’s guidance on documentation of CHEERS during virtual visits (see below).*

Consider confidentiality. Home visitors may be working from home and may have issues accessing a computer or the MIS. Whether you handwrite your documentation or use a computer, ensure that the information is not visible or accessible to others. Documentation can then be put into the MIS when access is regained.

When documenting CHEERS, follow the guidelines for prenatal families for all families: document a minimum of two domains (more if you can). “Smiles” and “Expression” may be the easiest to observe virtually. You can make use of the parent’s statements (for instance, “Dad said, ‘Marie started a patty cake game with me and I played along,’” for Rhythm and Reciprocity) and/or your own observations (for video calls).

## **Supervision**

Just as the parents you support may need more time now to discuss personal challenges before they can bring their attention to their child, you and your supervisor may need to allot more time in supervision for you to discuss personal challenges you’re facing related to this crisis before attending to your work with families. It’s very important that you have the support you need to manage your own stress level - for your benefit, and so you can return to your work with families with renewed strength. Remember you can divide supervision into two 45 minute sessions which may work well under the current circumstances for best supporting staff.

## **Follow-up**

Please be in touch with your PCANY QA Specialist if you have further questions, or want to discuss additional challenges related to providing virtual home visits or any other issues related to this crisis. We are here to support you!