



Helping Families Through Upheaval: How Home Visiting Programs Supported Families' Economic Well-Being During the COVID-19 Pandemic

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Introduction

The COVID-19 pandemic upended society physically, socially, emotionally, and for many, economically. In 2020, the government declared COVID-19 a public health crisis and then a national emergency.ⁱⁱ Most states issued orders to stay at home and later implemented masking mandates.ⁱⁱⁱ Millions lost their jobs, and in late 2021, 20 million households reported having too little to eat, and 10 million households reported being behind on rent.^{iv} The economic impacts disproportionately affected people of color and households with children, reflecting both current and long-standing structural inequalities.^v

Early childhood home visiting programs (Exhibit 1) were in a position to help families with economic issues but also faced challenges in doing so. Programs had established relationships with families they worked with, yet they could no longer carry out in-person visits in the home. Early childhood home visiting programs had to shift from in-person home visits to virtual visits and adapt planned content to serve families with pressing economic needs. Home visiting staff also had to contend with their own pandemic-related challenges, including stress, isolation, and the logistics of caring for their own families^{vi} while trying to support the families they served.

In this report, we examine how early childhood home visiting programs supported families' economic well-being (Exhibit 2) during the COVID-19 pandemic. We draw on existing literature and interviews with nine programs¹ to better understand the experiences of families and programs during this time. The findings are not only a window into what happened during the pandemic, but also provide information that early childhood home visiting programs could use moving forward, both during regular operations and if they face other disruptions to service delivery, such as natural disasters (Exhibit 3).

Exhibit 1. What is early childhood home visiting?

Early childhood home visiting programs serve families with children ages 5 or younger or a pregnant family member. Typically, a home visitor regularly meets the family in the home or another location of the family's choosing. Home visitors aim to build strong, positive relationships with families to improve child and family outcomes. Services may be delivered on a defined schedule or tailored to meet family needs.ⁱ The frequency and duration of home visits depends on the home visiting model. ▲

¹ Six of the programs received funds from the Maternal, Infant, and Early Childhood Home Visiting program.

Exhibit 2. Definition of family economic well-being

The degree to which a family's self-defined economic needs and goals are aligned with its economic resources and enable it to limit financial stress, which might include a family's ability to:



^a Earnings include wages, salaries, and income from self-employment for individuals. Income can come from other sources such as public assistance.

^b Financial services include professional services for investing, lending, and managing money and assets. This definition assumes nonpredatory credit and lending. Financial transactions include purchases or credit to acquire goods, assets, and wealth.

For individual families, achieving economic well-being is situated within structural conditions that create inequity and external economic forces. Structural conditions include systemic racism, gender inequality, immigration policy. External economic forces such as recessions and inflation might both threaten economic well-being and result in related but temporary protections such as eviction moratoriums or benefits increases. These conditions can affect a family's economic resources and access to resources.^{vii} ▲

We start with the key considerations from this study that early childhood home visiting practitioners might apply to their work. These do not include all findings from this study, but they do highlight actionable lessons that could be applied to practice, which the team developed based on themes from the interviews and literature. Next, we describe the research questions and data sources before summarizing findings from the literature and interviews about families' and programs' experiences.

Exhibit 3. Funding for early childhood visiting programs during and after the public health emergency

Some practices described in this brief might not be allowed under all fundings sources. The programs described in this report often had multiple funding sources, with different requirements and restrictions. The programs may have also had additional flexibility during the public health emergency because the government changed some funding requirements and provided additional funds to programs. Two of these changes that affected home visiting include the following:

- During the public health emergency, the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program—which funds states, jurisdictions, and tribal entities to develop and implement home visiting programs—was allowed some flexibilities in how funds were used under the Consolidated Appropriations Act, 2021 (P.L. 116-260). For example, programs could use funds for emergency supplies to families enrolled in the program, regardless of whether the provision of such supplies was within the scope of the approved program, including diapers, formula, and non-perishable food. These flexibilities ended in 2023, with the expiration of the public health emergency. For more information about MIECHV, see <https://mchb.hrsa.gov/programs-impact/programs/home-visiting/maternal-infant-early-childhood-home-visiting-miechv-program>. For more information about flexibilities provided under the Consolidated Appropriations Act, see <https://www.congress.gov/bill/116th-congress/house-bill/133/text>.
- The American Rescue Plan (ARP) provided funds to government agencies to award to programs to support to children, families, and communities in response to the COVID-19 pandemic and resulting economic downturn, which have been exacerbated by historic racial injustices. For example, the Administration for Children and Families received more than \$48 billion in supplemental funds from ARP to further their mission. The ARP funds were allocated to be used within a specified period of time. For more information about ARP, see <https://www.congress.gov/bill/117th-congress/house-bill/1319/text>.

Early childhood visiting programs should always check with the program funder(s) before using funds for new activities. ▲



Key considerations for early childhood home visiting programs' support of family economic well-being

- **Normalize economic challenges.** Early childhood home visiting programs work to develop a trusting relationship with families, yet economic issues can be particularly sensitive to discuss. During the pandemic, families' economic needs were often greater, making it even more important for staff and families to be comfortable discussing it, which would likely be true during future disruptions as well. Understanding the shame that families may experience if they are struggling financially might help home visitors connect with families and encourage them to share information about what they need. Home visitors can also discuss how common economic challenges are, particularly during times of disruption or crisis. More broadly, programs might also want to train staff about the larger historical and structural factors that affect the communities they serve. This knowledge could help staff better understand that certain families face barriers to their economic well-being that are beyond their control. Programs can build on their foundation of trust with families by engaging in empathic listening, being compassionate and understanding, and communicating that economic challenges are common.
- **Be specific when asking families about their economic well-being.** Some programs found that families did not disclose their economic challenges in response to general questions such as, "Are you

doing okay?” Instead, specific questions like, “Do you have enough food for your family?” or “Do you have enough formula and diapers for the next month?” were better for encouraging families to share information about their pressing needs. During the pandemic, families often had critical, immediate needs, and so it was essential that program staff learned about them as quickly and precisely as possible to provide appropriate support and assistance.

- **Expand services—including direct material or financial assistance—to address families’ basic needs during national emergencies.** Many families’ ability to meet their basic needs—such as having enough food, stable housing, and adequate baby and household supplies—worsened during the pandemic. Programs pivoted to address these needs by, for example, delivering free meals provided by schools and food banks and partnering with other organizations to offer direct financial and material assistance to families. Recognizing that many families’ economic challenges persisted after the end of the public health emergency, some programs decided to continue these expanded services themselves or by partnering with other organizations. MIECHV funds cannot be used to provide direct material assistance outside of the scope of the approved program after May 2023.
- **Invest in partnerships.** Partnerships with food and diaper banks, places of worship, and other organizations were key to providing needed services during the pandemic. Early childhood home visiting programs used their existing community partnerships to quickly meet families’ needs at the beginning of the pandemic. They also developed partnerships with other organizations to expand their services. Some program staff also talked about their community’s desire to help those in need during the pandemic. Programs could consider assessing new opportunities for partnerships and community support by increasing community awareness about themselves and their mission, or sharing ways people can volunteer their time or resources to support families.



Research questions and sources

For this report, we examined three research questions:

1. How has the COVID-19 pandemic exacerbated structural and historical inequities in family economic well-being for populations served by early childhood home visiting programs?
2. How did selected early childhood home visiting programs respond to the COVID-19 pandemic and any challenges to family economic well-being? How did the approach to supporting family economic well-being change in early childhood home visiting programs during the COVID-19 pandemic?
3. What lessons from the COVID-19 pandemic could apply to early childhood home visiting programs’ ongoing practices with regard to supporting family economic well-being and responding to other external threats?

To answer these questions, we reviewed the literature and interviewed staff from early childhood home visiting programs. We first examined literature published since 2020 on economic well-being and early childhood home visiting, to coincide with the period of the COVID-19 pandemic. We searched databases and other literature for peer-reviewed, published literature and did a Google Scholar search to find federal- and foundation-funded research. We met with a technical work group of researchers and practitioners to identify additional sources. For the identified literature, we screened and selected relevant

articles for review. (The Appendix has more information on the process.)

We also spoke to staff at nine early childhood home visiting programs that had offered services to promote economic well-being during the pandemic. The interviews enabled us to hear directly from staff and complemented the literature review findings, which are still emerging because the pandemic was so recent. We conducted 90-minute virtual interviews with staff who knew what the programs did before and during the pandemic. We interviewed a director or supervisor from each of the selected early childhood home visiting programs. All interviewed staff members worked for early childhood home visiting programs that supported family economic well-being; provided home visiting services during the pandemic either in person, virtually, or in combination; served families with young children and/or a pregnant family member; and worked with families prioritized by the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program,² such as families with low incomes, families with a history of child abuse or neglect, or families with children who have developmental delays or disabilities.

The findings are not representative of all families or early childhood home visiting programs. Although some of the literature included representative samples—which we note when applicable—other literature did not. In addition, our sample of early childhood home visiting programs was small, purposively selected, and not representative of a larger group of programs. However, other early childhood home visiting programs might find the findings relevant for improving services to their families now or in the future.



Families' economic experiences during the COVID-19 pandemic

We begin by contrasting families' economic well-being during the pandemic with their well-being before the pandemic. Economic inequality has a long history that precedes the pandemic and affects how families experienced it (Exhibit 2). In the rest of this section, we integrate findings from the literature and interviews, which largely align. That is, the experiences of families in early childhood home visiting programs do not appear to be isolated to a few particular programs or areas, but were likely common and widespread.

Being able to meet their basic needs was the biggest economic challenge families faced during the pandemic.

Many families already had difficulty meeting their basic needs before March 2020, and the pandemic only made things worse. When considering supports and goods to meet basic needs, one staff member said, "Access has always been an issue." The challenges spanned the areas of food, housing, employment, and more.

Food insecurity. Food insecurity—that is, not having access to quality, variety, or desired food, which may result in reduced food intake or disrupted eating^{viii}—was common during the pandemic.^{ix} This insecurity was the result of many factors such as reduced access to school lunches because children were attending

² The Maternal, Infant, and Early Childhood Home Visiting Program funds states, territories, and tribal entities to develop and implement home visiting programs. For more information, see <https://mchb.hrsa.gov/programs-impact/programs/home-visiting/maternal-infant-early-childhood-home-visiting-miechv-program>.

class remotely, fragility in the food supply chain due to some disruption in production and manufacturing during the pandemic, rising food costs, and unemployment.^x In our interviews with program staff, they corroborated this finding, saying many of the families their programs served struggled to keep enough food in the household.

Although food insecurity was widespread, it was not evenly experienced. Overall, levels of food insecurity were relatively stable from 2019 to 2020, but increased for Black households and households with children.^{xi} During the pandemic, food insecurity was particularly high in Latinx, non-Hispanic Black, and multiracial households.^{xii} For example, worry about not having enough food for their families was a common concern among Latinx mothers in households with incomes below the Federal poverty level.^{xiii}

In response to the pandemic, local, state and federal governments provided economic relief to families, which might have reduced the prevalence or severity of food insecurity.^{xiv} For example, food insecurity rose when schools closed in March 2020, then gradually decreased over time.^{xv} Possible reasons for that decline include the financial support—such as stimulus checks, increased Supplemental Nutrition Assistance Program (SNAP) allotments, and increased unemployment benefits—provided through the Families First Coronavirus Response Act (2020) and the Coronavirus Aid Relief and Economic Security (CARES) Act (2020).^{xvi}

The most recent census data suggest that once again food insecurity is on the rise. USDA noted that the 2022 rates for both food insecurity and very low food security were statistically significantly higher than the rates recorded in 2021.^{xvii}

Housing. Housing challenges also increased during the pandemic, particularly for people of color. Based on a representative sample, during the early months of the pandemic, Black and Hispanic respondents were disproportionately evicted, and delayed in mortgage, rent and utility bill payments compared to White respondents.^{xviii} For example, 30 percent of Black renters were late or delayed on rent payments compared to 15 percent of White renters.^{xix} Without access to affordable housing, some families (both those in the general population and early childhood home visiting participants) faced homelessness or moved in with other family members, which can result in overcrowded living conditions.^{xx}

Despite the CARES Act's federal mandate that families could not be evicted during the COVID-19 pandemic, families were concerned that they would be accruing housing bills and that if they could not pay back rent, they would be evicted.^{xxi} For example, one program staff member identified affordable housing as the biggest need for families they served, noting that "Housing was kind of tricky ... [they] weren't supposed [to] get evicted because we were in the height of COVID-19. However, a lot of our families did have that threat ... of eviction."

Transportation. Lack of transportation can affect a family's ability to meet most needs, including employment, food, and medical care. Early childhood home visiting staff in one state reported that the families they worked with, particularly those in rural areas, had transportation challenges.^{xxii} Staff interviewed for this study noted the consequences when public transportation shut down during the pandemic. People could not get to their jobs or access resources like food banks. As one staff member noted, "If you can't get the bus to the store because only nine people are allowed on the bus ... and you're there with four kids trying to get a bus to the store to get your formula, and then you get there

and there's no formula anyways, right? That was ... one of the major challenges I think for our families as far as making sure their basic needs are being met.”

Medical care and health insurance. Medical and dental visits among U.S. children ages 1–17 declined between 2019 and 2020.^{xxiii} Accordingly, many young children experienced delays in medical care,^{xxiv} which suggests children may not have been getting the care they needed to remain healthy and prevent illness. Families might have delayed or not used medical care for many reasons, such as fear of exposing their children to COVID-19, limited availability at medical care facilities, or changes in insurance. In a national survey of parents with children younger than 18, parents reported that employer-sponsored insurance coverage of children decreased from 63 to 60 percent as unemployment increased.^{xxv} However, there was no substantial change in the proportion who were uninsured, which they attributed to Medicaid bridging any short-term gaps in employment.^{xxvi}

In fact, the proportion of uninsured children decreased during the pandemic as Medicaid and CHIP enrollment increased by 28 percent from February 2020 to August 2022. A pandemic-era policy increased the federal government’s contributions to state Medicaid programs and required states to maintain continuous coverage for all Medicaid beneficiaries during the COVID-19 pandemic. As the public health emergency from the COVID-19 pandemic has ended, some children and families now risk becoming uninsured as states conduct Medicaid eligibility checks and the federal government ends enhanced funding for state Medicaid programs.^{xxvii}

In our interviews, several staff members discussed the detrimental effects of being uninsured on access to both physical and mental health care during the COVID-19 pandemic. One staff member mentioned the additional economic burden of large medical bills and debt that a lack of health insurance causes, particularly for families who have chronic health conditions requiring regular treatment.

Employment. Throughout the nation and the world, businesses closed their doors during mandated stay-at-home orders to limit the spread of the virus. As businesses temporarily or permanently closed, people faced furlough or unemployment. For example, in April 2020, employment fell by more than 20 million jobs, the largest monthly decline on record.^{xxviii} Our interviews reinforced these points. Many parents lost their jobs, particularly those who worked in the hospitality industry. Other parents worked reduced schedules or were temporarily unemployed. In small (nonrepresentative) studies, Latinx and Black parents noted their concerns about job and income loss and their ability to make ends meet.^{xxix}

The pandemic posed additional challenges for working parents because schools closed, and they could not secure child care.^{xxx} Employed mothers of school-age children had to take more leave from work than other women did.^{xxxi} Many parents were unable to continue working. Staff members noted in interviews that some parents they served quit their jobs, citing child care challenges and poor working conditions as contributing to the decision. More broadly, parents were more likely than nonparents to report losing their jobs due to COVID-19 and experiencing a worsened financial situation.^{xxxii} The risks were even higher for single parents, who in a nationally representative study consistently faced higher rates of unemployment and poverty relative to two-parent families.^{xxxiii} In addition, the rate of unemployment recovered more slowly for single parents, in part because they were more impacted by school and child care closures than two-parent families were.^{xxxiv}

According to the literature and our interviews, unemployment or underemployment caused financial stress and could lead to many of the economic challenges discussed here.^{xxxv} In addition, the interviewed staff members reported that for some parents, loss of employment resulted in feelings of isolation and mental health concerns.

Lack of services in rural areas magnified families' economic challenges.

A study of early childhood home visiting programs in one state also noted that families in rural areas were already more isolated than families in other areas, which was exacerbated by the pandemic.^{xxxvi} Staff members from several programs we interviewed explained that although all of their families needed resources, the needs were even greater for some families in rural areas. They noted that those communities did not have many services available to support families, a condition that preceded the pandemic but became more salient as families' needs increased. One staff member said, "Some of our rural families, ... there just is not—there's not a lot there. I mean, you can drive 10 miles in between houses and [between] some of these counties. So there's not a lot of services." Lack of and limited access to personal or public transportation during the COVID-19 pandemic affected families' ability to access supports that promote well-being, especially employment and concrete goods. One staff member called it the "circle of struggle," noting that if a family does not have access to transportation, it is difficult for family members to obtain and keep a job. If family members do not have a job, they cannot pay for transportation. This reciprocating interaction was also happened between employment and child care.

Families of color continued to experience economic hardships due to historic and structural factors that existed prior to the pandemic, and staff members emphasized the unique challenges immigrant families faced during the pandemic.

As noted, families of color disproportionately suffered economic hardships during the pandemic, worsening long-standing average differences in economic well-being. One staff member noted the influence of a family's lived experiences on the services they need and their access to services, saying "We can call it a combination of ... language, race, and immigration status." One staff member described institutional barriers in place before and during the COVID-19 pandemic, noting, "You could look really big, and figure out why, why is it that my entire African American community ended up in this particular housing project ... And you could talk about redlining, and you could talk about it all, it all has an impact ... as far as how they're gonna ... reside in these cycles of poverty."

Staff were more likely to flag immigration status than race as a barrier to accessing employment opportunities, health insurance, health care, and mental health services. Staff noted the vulnerabilities associated with immigration in terms of employment. For example, one staff member talked about the structural challenges for immigrants whose education credentials are not accepted in the United States, families who could not afford to access the documentation of their credentials, or refugees who could not access that documentation because the school or institutions no longer existed. They noted, "Some of our immigrant population is just having to start over from ground zero ... And so there's ... a sense of shame ... [I]t's belittling to feel like you're told you don't know anything when you're a doctor, right?"

Another described the exploitation of some employed immigrant families: "They get taken advantage of ... There's a significant amount of oppression that happens because it's kind of held over their head that we could fire you, and you wouldn't have this job. And so they're expected to work like extra-long shifts

and not say anything about it or ... they're not allowed access to the tips that are provided or ... they're called in at the last minute and expected to come in without regard to whatever their schedule was. There's kind of this ... it's oppressive behavior that ... happens where families don't feel like they have the right or the ability to stand up against it for justice because of the situation they're in.”

The literature also documented difficult working conditions for immigrant families. For example, some social service providers in a midwestern state shared that immigrants whom they served were often in jobs deemed essential, such as food processing or food services, and faced unsafe working conditions because they were not given adequate protections from the virus.^{xxxvii}



Programs’ experiences supporting families’ economic well-being during the pandemic

To address families’ economic well-being in the context of the pandemic and its restrictions, programs had to adapt and do so quickly. In this section, we describe the challenges programs faced and how they supported families during this time. Most findings are from the interviews because the literature on this topic was quite limited; we also note any relevant findings from the literature here.

At the onset of pandemic, multiple challenges made it difficult for programs to continue serving families, but after the transition, some programs appreciated the flexibility of virtual services.

Many of the COVID-19-related challenges interfered with early childhood home visiting program operations, making it difficult for them to function and support families. Staff mentioned two overarching challenges, which affected, but were not limited to, programs’ ability to support family economic well-being.

Switching to virtual services. Pandemic-related policies restricted—and often prohibited—in-home visits, requiring programs to pivot quickly to continue serving families. Most staff we interviewed reported that virtual visits were the biggest program challenge because initially home visitors had difficulty delivering services of comparable quality to in-person services. For example, in virtual visits, home visitors could less easily interpret parents’ reactions or emotions because they could only see limited body language. This limitation might then affect discussions about sensitive topics like economic well-being. Home visitors also struggled to engage families during virtual visits because of distractions, such as lack of child care and children being home from school (which also could have been challenges if in-person services were permitted) and multitasking such as a family member driving during the visit. Some staff at early childhood home visiting programs noted that virtual services were problematic or impossible for families with slow or no internet service or no computer. These issues were more common for programs that served families with very low incomes and families in rural communities. Additionally, families’ comfort and skill levels with technology varied and impacted their ability to access and engage in virtual visits.

Although staff members talked about the difficulty of building and strengthening relationships with families virtually, virtual home visits enabled their programs to serve families during the pandemic and many planned to continue using them. One staff member shared that the main lesson she learned was this: “We can be flexible in the home visiting; we don't have to just be in the home to make a difference.”

For example, one described virtual visits as “what made it possible for us to do anything” during the pandemic, when families’ economic needs were often so critical and time-sensitive. Advantages of continuing to use the approach—usually as a supplement to in-person visits—were fostering parent participation (for example, holding a virtual visit, rather than in-person if a family member is ill) and staff retention, by reducing the time home visitors spend in their cars and in traffic, which are sometimes viewed as negative stressors of the job.

Recruiting and retaining staff. Turnover among home visitors increased during the pandemic as other industries, such as retail, increased wages and compensation (for example, benefits and sign-on bonuses) and staff suffered from burnout from pandemic-related stress and trauma. Staff mentioned three factors that increased burnout. First, one staff member talked about how difficult it was for home visitors to support families when they themselves needed support with similar challenges: “When you’re going through that [and] have to feed into other people who are also going through that ... it was too much.” Second, in the transition to virtual home visiting and working remotely, home visitors felt cut off from their colleagues, which made it harder for them to collaborate on how to best meet families’ needs, and left them feeling increasingly isolated in their work. Third, a few staff members also noted they did not have the resources to train staff to address the new challenges they faced, which might have contributed to staff feeling overwhelmed and unsupported. For example, they would have liked to train staff on how to serve families in the context of a national emergency, how to virtually engage families, and how to effectively use technology at the start of the pandemic. One staff member we spoke with said they had no official trainings on the pandemic until “well into 2021.”

Supporting the basic needs of families became a program focus during the pandemic.

Because of families’ increased economic challenges, programs shifted to focus more on addressing these needs in three ways: (1) changes in program content, (2) providing direct material assistance for basic necessities, and (3) making referrals and connecting families to resources. During the public health emergency, programs often had additional flexibility in how to use their funds; for some funding sources, such as MIECHV, funds cannot be used to provide direct material assistance after the end of the pandemic (Exhibit 3). However, some programs plan to continue supporting families’ basic needs in different ways (Exhibit 4).

Content. Programs often had to cover economic well-being more extensively in home visits held during the pandemic compared to those held before and shift the focus to immediate economic needs. One staff member said their home visitors regularly discussed family economic well-being during the pandemic, in part because it was difficult to address other program content such as parent-child interactions virtually. Staff also had to be responsive to families' changing economic needs. One staff member noted, "During the pandemic, it really wasn't so much about what their future plans were. It's about surviving, right? The pandemic."

The literature similarly noted shifts in the content of home visits. A study of parent educators implementing the Parents as Teachers home visiting model found they discussed child care issues less and talked about food insecurity more in home visits conducted during the pandemic than they did before the pandemic.^{xxxviii} Consistent with broader trends, another study found an increase in staff reports of unemployment and transportation challenges as pressing concerns faced by families they visited.^{xxxix}

Direct material assistance. Providing economic support was not new to these programs; they had all addressed families' basic needs before the pandemic. Previously, programs provided families with direct material assistance or referrals and information for food (for example, food delivery, food banks, applications for SNAP and the Special Supplemental Nutrition Program for Women, Infants, and Children), affordable housing, support for utility payments, health care (such as accompanying families to appointments, advocating on their behalf, and translating), transportation, clothing, and baby supplies (such as diapers, car seats, cribs, strollers). They also connected families to other resources, such as legal aid to assist with eviction proceedings or a church or nonprofit that could offer financial assistance.

During the pandemic, programs continued to provide these services, and the staff noted several areas in which they increased their efforts:

- **Food assistance.** Most programs we spoke with provided food assistance during the pandemic. One staff member said, "We kicked into really full and fast gear regarding food and diapers. So that ... at least they had food." Another staff member whose program provided food and cash assistance to all program families noted that "every, every, every family" needed the support. Programs used different approaches to accessing food, including developing a partnership with local food banks, picking up free

Exhibit 4. Continuing support for helping families meet their basic needs

Some staff said their agency was continuing to help families meet their basic needs even after the pandemic. One noted, "Self-sufficiency is great, and we're still supporting self-sufficiency, but sometimes you just need a little bit of help from somebody for some very particular thing." For example, some programs kept providing food boxes, produce delivery, or gift cards. These supports often existed before the pandemic, but with their strengthened or renewed partnerships with food banks, the programs were able to expand families' affordable food options, which they will continue doing. Another staff member said that in response to the COVID-19 pandemic, the state offered what the program called "family retention dollars." Intended to keep families in the early childhood home visiting program, this funding enabled programs to purchase materials and supplies for their families. The program continues to offer this incentive, using state funds, to support families' access to food, gas, diapers, and other supplies.▲

meals offered to families by schools, and delivering donated food and other essential supplies to families because they did not have transportation. One program started individualizing food boxes for families, developing an order form for families to select the items they needed, including fresh produce when possible. Some communities had monthly food deliveries available for families; one staff member said, "Providing the groceries once a month was a big boost to families ... particularly because they are often in food deserts, and we are providing produce."

- **Baby supplies.** Baby supplies, including diapers, wipes, and formula, were another common need identified in our interviews and the literature.^{xi} Several programs used program funds or donations and connections to diaper banks to provide the items. For example, one program used "family retention dollars" from the state to buy diapers, wipes, and pull-ups for families. Some programs encouraged families to get free diapers directly from the diaper banks so the families could use their money to pay for other essential items. "We did establish a partnership with the diaper bank, which was very beneficial because if we're giving you 50 diapers a month, then you can take that money and spend it on something else."
- **Other supplies and direct economic supports.** Early childhood home visiting programs—including those in our interviews and the literature^{xii}—also offered families other household items such as school supplies for children to use at home, cleaning supplies, laptops, hot spots, clothing, COVID-19 tests, and masks. Other services provided by programs included utility payment assistance, transportation assistance (for example, gas cards and ride share or taxi vouchers), and rental assistance. A few early childhood home visiting programs provided families with emergency cash assistance they could use as needed, such as for medical bills or essential goods. One program's staff described how they created a process for families to earn points and redeem the points to "shop" for household items, such as sheets, towels, or small appliances. Programs also helped families access COVID-19 relief funds. One program helped families who lost a family member to COVID-19 with funeral arrangements and travel for people to fly back to their home country. Interviewed staff noted that families particularly appreciated direct material assistance. Program funds, donations, and grant funds enabled programs to provide direct support.

Delivering essential items to families' homes allowed home visitors and families to maintain some in-person contact while social distancing. One staff member said that providing families with supplies during the pandemic helped her program become more aware of families' challenges and needs.

Referrals to external economic supports. Staff helped families navigate systems or needed services, which were often challenging to access. One staff member described it as "helping parents navigate that mess, and it was a mess for a lot of our families." For example, a staff member from one program mentioned that resources such as food banks and transportation assistance were less available during the pandemic. Some staff reported using resources like 211 (a resource line for essential community services),³ churches, and family resource centers that might know of additional resources available in the community. A staff member stated "We were the ones that they trusted. So we were the ones constantly saying it, there's a food drive over here ... they get diapers over here. So we ... were really the link to the rest of the services that were becoming available." Similarly, a study of early childhood home visiting

³ For more information about 211, see "Dial 211 for Essential Community Services," on the website of the Federal Communication Commission, <https://www.fcc.gov/consumers/guides/dial-211-essential-community-services>.

programs in one state noted that staff reported using time during virtual home visits to give families information about food banks, unemployment benefits, and food stamps.^{xlii}

The frequency of contact increased between some programs and families to meet economic and other needs.

Some staff told us that they met with families more often because families needed more support for economic needs or other reasons or were nervous about seeking out other resources because of their immigration status. As one staff member said, "I think our Hispanic families ... were more in need because they were less likely to go out and seek out other resources ... just out of fear of immigration." Staff from another program said families they worked with texted and called home visitors more often than they did before the pandemic, asking questions about their child's behavior and where to find resources. Another staff member stated, "Our interaction with our families went up by like 38 percent during the pandemic because we were the source of all information for families." However, this did not necessarily translate into more hours of home visits and other contacts. Because of the difficulty of engaging families virtually, programs sometimes shortened the length of their visits.

During the pandemic, programs focused less on long-term economic stability.

Before the pandemic, early childhood home visiting programs often supported families to help them reach long-term economic goals, like a new career or home ownership. Such goals might require substantial preparation—for example, acquiring more education, job training, or saving money over time for a big purchase. As noted, however, during the pandemic families' economic needs were more often immediate and critical, and programs shifted their focus away from education, training, and longer-term financial literacy.

Education and training. Before the COVID-19 pandemic, early childhood home visiting programs informed families about opportunities in the community for education or training, such as community colleges and GED, literacy, and training programs. One program mentioned working with teens to empower them to stay in or return to school. However, during the pandemic, programs found that some families could only focus on the basic necessities and were not interested in discussing educational opportunities. In addition, many education and training programs closed during the peak of the pandemic. One program indirectly supported education by providing tablets to support virtual visits, which some parents also used to support their children's virtual schooling or for online English learning classes.

Financial literacy. Before the pandemic, early childhood home visiting programs addressed financial literacy, according to the staff we interviewed, but their approaches were generally light-touch. Supports included home visitors discussing financial literacy with their families, such as talking through steps to achieve financial goals or teaching about budgeting; working with families as financial challenges arose, such as helping to determine what expenses to pay now versus later; or referring families to community organizations and resources, such as community classes about financial planning.

Most of the staff members we interviewed said that during the pandemic, their programs focused less on savings and stability and more on supporting a "survival mode," that is, helping families make it through with what they had. As one staff member said, "[I]t was difficult. We tried to have those conversations but

again, when you're only having 10-, 15-minute visits, it's hard to really plan and prepare and educate on, okay, what is this gonna look like in six months?"

This challenging context and need to focus on the short-term potentially had consequences for families' future well-being. As one staff member described, "Things were just really chaotic during that time, because ... the unemployment benefits were really high. SNAP was really high ... [S]o there was more money coming into families from assistance programs in some cases than they had before, but we also didn't know how long any of that was gonna last ... Families with kind of lower levels of financial literacy in general, that was just a really chaotic time. People were not able to plan for the future ... and a lot of the ... classes and things like that, they just weren't happening ... I would say that just general, it was just chaos frankly."

Programs' existing relationships with families created a strong foundation for adapting and expanding services to meet families' needs during the COVID-19 pandemic.

In interviews, staff members reported that the relationship between the family and home visitor was crucial during the COVID-19 pandemic. For example, one staff member said, "I think that we were considered kind of a sane and trusted source when everything felt really chaotic." Another noted that although they provided support for basic needs for families, they still expected families to engage with their home visitor during this time. They said: "We work really hard to not replace relationships with gift cards."

Because of existing relationships between families and their home visitors, families often felt comfortable asking for help meeting their economic needs. However, staff from one program realized that some families felt ashamed asking for help with food, so they decided to be more "intentional and direct in asking about their needs, like 'Do you have enough food, diapers, formula?'" instead of asking more generic questions about their needs.

Partnerships and collaboration were key to supporting family economic well-being during the pandemic.

Many programs relied on community partners to help support families' economic well-being. Having strong, existing relationships with community organizations and corporate donors put some home visiting programs "in a better position to help [families]" as they could quickly solicit donations to create emergency cash assistance programs and provide families with diapers, gift cards, food, cleaning supplies, hand sanitizer, and other necessities. Staff from one program emphasized the importance of its partners' support for families, saying, "Home visiting is nothing ... without its collaborating partners. [W]e have a vast array of partners that we work with to make sure those basic needs are covered."

Partnerships were always part of early childhood home visiting services, but their importance grew during the pandemic. For example, before the pandemic, programs most commonly partnered with organizations that provided food and diapers, such as food banks and diaper banks, and also partnered with churches and nonprofits that provided financial assistance to pay bills. During the COVID-19 pandemic, the types of partnerships were similar to those that programs established before the pandemic. But programs sought out more partners or formalized existing relationships with organizations to address families' increased need for support. For example, one program negotiated monthly drop-offs with a food bank for all families, when previously they had referred families there. As one staff person said, "I think it's the

partnerships that we build. I think it is the collaboration across organizations that was, was always there, but this solidified it ... [T]hat really helped ... our own home visiting community ... come together and realize that, you know, there's a better way to work."

The pandemic motivated the broader community to recognize the needs of families served by ECHV programs.

Some program staff said their communities had an increased desire to help those in need during the pandemic. This led to some new relationships and donations by individuals, organizations, or corporations. The corporate sponsor for one program held drives to collect laundry detergent and diapers for families, and a local mill donated hundreds of desks to students to facilitate virtual learning. Another program received a donation of shoes for all the children enrolled in its Head Start program, describing the donation as "random acts of kindness from places that just wanted ... to help in some way."

A few staff noted that community members and community partners were more empathetic to families their programs served. One staff member said that because of the pandemic, community partners are facilitating important discussions about the needs of families with other agencies and their program advisory boards. This staff member reported that the community has learned about their neighbors' needs. "I think those types of relationships and conversations ... made things a little bit more real for our board that, you know, these are real people with real issues."



Conclusion

The pandemic triggered major upheavals in the lives of families and early childhood home visiting programs, but also created opportunities for programs to support families during an uncertain and difficult time. Economic needs grew for many families as they grappled with pandemic health issues, closed schools and child care sites, and spiking unemployment. Reflecting current and historic systemic inequalities, many of these issues disproportionately affected families of color. Program staff recognized how the challenges their families faced were changing. They also saw how current structural issues, such as exploitation of immigrants and limited infrastructure in rural areas, disadvantaged many of the families they served. Some broader issues, such as the effects of past and current systemic racism, might have been less obvious to staff.

Exhibit 5. Another examination of how home visiting programs supported families during the pandemic

For further reading on home visiting's role in supporting families during the pandemic, see resources from the HRSA-funded [MIECHV Advancing Health Equity in Response to the COVID-19 Public Health Emergency](#) project. Through case studies and secondary analysis of COVID-19 data, indicators of social determinants of health, and demographic data, the project identified economic factors like housing and food security as areas where families needed additional support during the pandemic and home visiting programs stepped in. While the Advancing Health Equity in Response to the COVID-19 Public Health Emergency project was conducted separately from this project, the similarity in findings suggests common experiences among MIECHV-funded home visiting programs and families enrolled in these programs during the pandemic. Together, these projects help us better understand how home visiting programs can support families during large-scale emergencies that may disproportionately affect their economic well-being.▲

However, such large-scale challenges were also beyond the scope of programs to address, although an awareness of this broader context might help staff as they work with families.

Early childhood home visiting programs had to change existing processes in real time and find different ways to support and connect with families when they could no longer meet in person. They did so while facing restrictions on in-person services, supply shortages, public transportation shutdowns, and increased unemployment and economic instability. Programs pivoted to offer virtual services and adjusted their focus to help families address critical, short-term economic needs. They relied on their staff and partners, as well as the community. Programs' strong relationships with families meant they were often a trusted resource for families in a confusing and unstable time. Engaging families, assessing their needs, and supporting them through direct services and connections to other resources enabled programs to safely serve families when other supports might have been less available.

There are some limitations to keep in mind when reviewing results from this study. Research on the pandemic is still emerging, and the picture evolving from the findings might change over time as other findings come out. We interviewed a small and nonrepresentative sample, and the experiences and perspectives of the staff we spoke to might not reflect those of other program staff or the families they serve. Nonetheless, the results provide insight into the economic-related experiences of selected early childhood home visiting programs and families during the pandemic. In addition, a separate project funded by HRSA had similar findings (Exhibit 5). The programs' successful adaptations in response to the pandemic can be incorporated into current operations as appropriate and might better equip them to serve families in the event of future disruptions or crises.

Appendix

Literature review

Using keywords, a librarian at Mathematica conducted three separate searches. The first identified articles and publications concerning the effect the COVID-19 pandemic had on the economic well-being of parents and families. The second search focused on identifying studies that examined the effects of the COVID-19 pandemic on home visiting. The searches used the following databases: Academic Search Premier, E-Journals, SocINDEX with Full Text, CINAHL with Full Text, EconLit, Education Source, Health Policy Reference Center, and Business Source Corporate. We also searched a new resource called LitCOVID, which is a curated hub for tracking up-to-date scientific information about the 2019 novel coronavirus.⁴ The last and final search was for literature in Google Scholar using a series of search strings informed by Mathematica’s librarian. Across the searches, we initially identified 499 sources (Exhibit A.1).

Exhibit A.1. Results of database and Google scholar screening

Activity	Screened in	Screened out	Total
Database search	106	312	418
Google scholar	9	81	90
Database duplicates were subtracted	-9	0	-9
Total	106	393	499

The team then screened the identified sources for eligibility based on title, abstract, and other available descriptions. To be included as eligible, the study or source needed to:

- Be written in English
- Be conducted in the United States
- Be released from 2019 through 2023
- Have a sample that included young children (birth through age 5),⁵ caregivers, families, pregnant family members, or parents
- Address an outcome of interest. This included a study that examined the effect of the COVID-19 pandemic on food stability, food insecurity, access to food; housing stability, housing instability, shelter; loss of income, income changes, employment, debt, poverty, wealth; access to and use of health care/access to medical care; medical care and physical health (instead of illness and hospitalization); ability to pay bills, inability to pay bills, utilities; transportation; inequitable access to or distribution of government benefits (Unemployment Insurance, Economic Impact Payment, Earned Income Tax Credit, Emergency Rental Assistance); education.
- Address one or more of the project’s research questions.

The team determined that 106 sources were eligible, but it was beyond the scope of this work to review all of them. To identify the most relevant sources to review, we used the full text to prioritize each source

⁴ National Institutes of Health/National Library of Medicine. “A Literature Hub for Tracking Up-to-Date Scientific Information About the 2019 Novel Coronavirus.” <https://www.ncbi.nlm.nih.gov/research/coronavirus/>.

⁵ Some screened-in studies also included children older than ages 5.

as a Tier 1 study or a Tier 2 study:

- Tier 1 studies included the focal population (that is, children ages birth to 5, families, or pregnant family members), addressed the COVID-19 pandemic and its effects, examined relevant family economic well-being outcomes as defined by the project,⁶ and/or addressed equity.⁷
- Tier 2 studies were those that addressed the research questions less directly. Examples are studies that included the focal population but other populations as well (such as families with children of all ages). or studies determined to not include the focal population once we assessed the full text. These studies may have also included outcomes that did not align with constructs of family economic well-being as defined by the project. For example, mental health outcomes can affect a family's well-being, but are less directly tied to family *economic* well-being.

Of the 106 sources, the team categorized 30 as Tier 1 and 76 as Tier 2.

The team extracted key information from all Tier 1 sources. We read the article and then briefly documented the research methods, including a description of the sample reviewed, any major concerns with the methodology, and the findings. We then used this information to create thematic summaries based on the research questions.

Interview participants

To identify respondents from early childhood home visiting programs to participate in the interviews, we worked with the Home Visiting Applied Research Collaborative (HARC), a practice-based research network with members who are practitioners and researchers (<https://hvresearch.org/mission-and-history/>). After reviewing and approving our request and supporting materials, HARC emailed the request to members of its distribution list. The request asked HARC members to respond to a brief survey if their early childhood home visiting program, or a program they were familiar with, offered economic well-being services to families during the COVID-19 pandemic. We received 15 completed surveys and contacted 11 in total, striving for diversity in location, the type and intensity of economic well-being services offered, and the model the early childhood home visiting program used. Staff from one program withdrew their interest in participating because of external circumstances, and staff from another stopped responding to our requests. We ultimately interviewed staff with nine early childhood home visiting programs (Table A.2); six of the programs received funds from the Maternal, Infant, and Early Childhood Home Visiting program. The interviewers used a semi-structured interview guide that they could adapt to the program's context. After each interview was complete, members of the team cleaned and uploaded the interview transcripts into NVivo qualitative software to analyze the interview data. The team coded the interview data according to a priori codes related to the research questions. For the analysis, we organized the findings into themes for each research question.

⁶ We reviewed studies that examined changes during the pandemic on families' income, employment, debt, ability to pay rent and utilities, food stability, housing stability, and access health care and medical care.

⁷ Although we tried to make many of these determinations in the eligibility screening, sometimes we did not have enough information from the abstract to do this, so we used the full text to confirm the focus of the studies.

Table A.2. Characteristics of participating sites

Location	Economic well-being services	Intended hours of economic well-being services per family
Midwest	Case management, coaching, socialization opportunities	8
Midwest	Family retention dollars to purchase diapers and wipes; gift cards to assist with food purchasing	No hours specified
Midwest	Case management, goal setting	1–1.3 hours
Mid-Atlantic	Case management, financial assistance, provision of supplies and food	5
Mid-Atlantic	Case management for social services, coaching on meeting family financial goals, and connecting to food assistance	3
East Coast	Case management, coaching, other activities	8
East Coast	Connection to community resources, connection to eligible benefits, financial assistance	8
South	Referrals for financial assistance, financial education, financial assistance when funds available	0.5 hours
West Coast	Food boxes, resource referral, job and financial education	0.5–1

Source: Completed eligibility questionnaires.

Endnotes

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