

AN ABSTRACT OF THE THESIS OF

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This study utilized a qualitative approach to explore how Healthy Start home visiting services affect participants' parenting and lives in general. The purpose of this study was to explore both the intended and unintended outcomes of Healthy Start, using the theory of transformative learning. This theory postulates that through education individuals examine their thoughts, beliefs, and behaviors. This self-examination results in changes in self-perception that can impact lives in many unexpected ways.

Through interviews with 20 families, who had participated in Healthy Start for at least 6 months, families reported both anticipated and unanticipated changes in their lives. It was found that Healthy Start influences a variety of positive outcomes for families. Previous quantitative findings were supported. According to the parents interviewed, Healthy Start is achieving its intended outcomes and goals. Parents reported greater ability to access health care services, improvements in their home learning environment, and improved interactions with their child. Parents also indicated increased knowledge of child development and community resources.

Findings also provided support for the occurrence of transformative learning. Interviewed parents indicated that their involvement with Healthy Start impacted more than just their parenting. Through a supportive relationship and goal setting, the participants were able to reach beyond basic parent education. The interviews suggest that the mechanism for transformative learning lies in the supportive, non-threatening relationship that develops between parent and home visitor. This supportive relationship, in addition to guided goals setting, enhances a parent's feelings of self-efficacy and increases their ability to make life changes and persist in the face of challenges. Parents reported improved relationships with others, increased feelings of confidence, and the ability to accomplish otherwise unattainable things.

Families' Experiences with Oregon Healthy Start

by  
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I understand that my thesis will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my thesis to any reader upon request.

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Marybeth M. Kapsch, Author

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## TABLE OF CONTENTS

INTRODUCTION	1
LITERATURE REVIEW	2
OREGON HEALTHY START	2
EVALUATIONS OF HOME VISITING PROGRAMS FOR HIGHER RISK FAMILIES	4
TRANSFORMATIVE LEARNING AND HOME VISITING	8
RESEARCH QUESTION AND METHODOLOGY	11
RESULTS	15
SAMPLE	15
PROGRAM GOALS	18
TRANSFORMATIVE LEARNING AND UNANTICIPATED LIFE CHANGES	24
DISCUSSION AND CONCLUSIONS	31
SUMMARY OF FINDINGS	31
LIMITATIONS AND DIRECTIONS FOR FUTURE RESEARCH	34
IMPLICATIONS FOR PRACTICE	36
BIBLIOGRAPHY	38
APPENDIX	41

## **DEDICATION**

This thesis is dedicated to my husband, Danny. Without your support and willingness to help with the endless hours of transcribing interviews, this project might never have been completed. Thank you for always encouraging me to pursue my dreams.

# Families' Experiences with Oregon Healthy Start

## Introduction

Home visiting is a widely used strategy for improving the health, well-being, and life opportunities of higher-risk parents and their children (U. S. General Accounting Office, 1990). According to research (Weiss, 1993), home visiting provides a unique opportunity to transmit information and support families. First and foremost, home visiting delivers services where the family's life takes place. This is especially important when families are geographically, socially, or psychologically isolated. Secondly, home visiting accommodates families' needs and schedules. When families are visited in their private domain the balance of power is equalized and the stage is set for more relaxed, friendly relationships. Furthermore, the home visitor can achieve a holistic view of the family and can better consider family circumstances when tailoring interventions (Weiss, 1993). This study examines the experiences of families who are currently participating in the Oregon Healthy Start home-visiting program; exploring how Healthy Start home visiting services affect participants' parenting and lives in general.

## Literature Review

### **Oregon Healthy Start**

Oregon Healthy Start was established in 1993 with the passage of HB 2008. This legislation established pilot projects in select counties to provide parents of newborns with home visiting support services. The first wave of projects were initiated in eight counties: Clackamas, Clatsop, Deschutes, Jackson, Josephine, Marion, Polk and Tillamook. Under state funding, four more counties were added the following year, including Hood River, Lane, Linn, and Union. The 2001 Legislature allocated funds to expand Healthy Start statewide.

Oregon Healthy Start is a voluntary program that offers home visits to first time parents either prenatally or shortly after their child's birth. Families are screened for risk characteristics using the 15-item Hawaii Risk Indicators. If the screening indicates the presence of risk characteristics, families are interviewed by a trained assessment worker who uses Kempe Family Stress Inventory (KFSI). This in-depth interview assesses ten areas of potential stress, including family history and lifestyle, social supports, parent expectations for infant development and behavior, and parent-child bonding. The presence of moderate to high levels of stress in these areas has been empirically related to the increased likelihood of poor child and family outcomes, including child abuse and neglect (Korfmacher, 2000; Murphy, Orkow, & Nicola, 1985; Orkow, 1985, Pratt & McGuigan, 2000).

Families with low scores (less than 25 on a 0 – 100 scale) on the KFSI are assessed to be at low risk for poor outcomes and are offered short-term services. These short-term services typically include a one time home visit and a packet of child development and parenting information. Families with moderate to high scores (25 or higher on a 0 – 100 scale) on the KFSI are assessed to be at higher risk for poor outcomes. These higher risk families are offered longer-term, Intensive Services, which include regular home visits by a trained home visitor.

As Intensive Service begins, visits with higher-risk families are made each week. Visit frequency decreases as families gain skills and become linked to needed community services. Families may be served from their child's birth through age five. Through parent education, support, and problem-solving, home visitors work with parents to increase parent knowledge and skills in the areas of child development, guidance and discipline, child health and safety, and community resources. Through goal setting using an Individual Family Support Plan, home visitors work with families to identify and pursue actions that will reduce the stressors in their lives and support healthy child development. These may include pursuing education or work, finding more stable housing, or reducing risks such as drug and alcohol abuse or domestic violence. Trusting and supportive relationships with families are essential to effective home visiting services; therefore, home visitors offer both emotional support and objective information.

## **Evaluations of Home Visiting Programs for Higher Risk Families**

Since 1994, the Oregon Healthy Start Evaluation Project has gathered extensive quantitative data about outcomes for higher risk families who participate in Healthy Start Intensive Services that are delivered through home visitation. This evaluation has found that Healthy Start contributes to positive outcomes for higher risk families (Katzev, Pratt, Grobe, & McGuigan, 2001). These positive outcomes are observed in three areas: health and health care access, home learning environments, and child maltreatment.

***Health and health care access.*** Almost all (98%) of children seen by Healthy Start are linked to a primary health care provider. Most (92%) have received regular, well-child checkups. In addition, 94% of Healthy Start children are up-to-date on their immunizations, compared to only 81% of Oregon two year olds (Katzev, Pratt, Grobe, & McGuigan, 2001).

These findings are consistent with outcomes found by other home visiting programs. For example, other home visiting programs have been shown to increase family compliance with preventative health care (Hardy & Street, 1989; Muslow & Murry, 1996). Specifically, the Children and Youth Program (CYP), a paraprofessional home visiting program, found that 88% of children visited were up-to-date on their immunizations, compared to 69% of the control group (Hardy, & Street, 1989).

***Home learning environments.*** After 12 months of Intensive Services, 68% of higher risk families are creating “good or better” learning environments for their

children. In the general population, only 25% of families meet this standard. Over 76% of these higher risk families also read books with their toddlers on a weekly basis (Katzev, Pratt, Grobe, & McGuigan, 2001).

Other home visitation programs have also been shown to positively influence the home learning environment. A study of Canadian working class women found that visited mothers provided more appropriate play materials and increased opportunities for variety in their children's daily routine than a group of mothers who did not receive home visits (Larson, 1980). Similarly, compared to a control group, Olds and Kitzman (1990) found significantly more educationally stimulating toys in the homes of poor, unmarried teenagers who were visited by nurses over the first two years of their children's lives. In a review of eight reports on the effectiveness of public health nurse home visiting, Combs-Orme, Reis, and Ward (1985) found positive changes in maternal attitude and parenting practices. These in turn contributed to positive health and development among the infants visited.

***Child Maltreatment.*** Participating in Oregon Healthy Start intensive home visitation has been linked to decreases in child maltreatment risk processes, including decreased rates of substance abuse, domestic violence, and criminal activity. Recent data demonstrated a 7% decrease in the number of families involved in substance abuse after 12 months of service. A 10% decrease in the number of families experiencing family violence was found for the same time period. Additionally, there was a 12% decrease in the number of families involved

in criminal activity after 12 months of service (Katzev, Pratt, Grobe, & McGuigan, 2001).

Other home visitation programs have reported similar decreases in child maltreatment risk processes. The Hawaii Healthy Start Program found that participating mothers reported greater use of nonviolent discipline techniques than a control group. After two years of service, Hawaii Healthy Start mothers also reported less stress related to their parenting and more confidence in their parenting skills than mothers in the control group did (Duggan, et. al., 1999). In a randomized, control trial that examined the impact of home visitation on young, low income mothers, Olds and Kitzman (1990) found significantly less restrictive and punishing behavior on the part of the mothers who were served through home visiting.

An interdisciplinary home-visiting program for at-risk pregnant and postpartum women in Philadelphia found that the intervention increased access to social support and needed services for the women being served. In addition, these women reported a decrease in psychological distress (Marcenko & Spence, 1994). Access to support and services, as well as decreased psychological distress, are associated with reduced risk of maltreatment (Cohen & Wills, 1985; Hashima & Amato, 1994; Singer, Davillier, Bruening, Hawkins & Yamashita, 1996) Clearly, quantitative evaluations indicate that home visiting can have the positive effect of reducing maltreatment risk among higher risk families.

The effects on actual maltreatment reduction are more complicated. Among the higher risk families served by Healthy Start home visitation, 96.7% of children birth to age two years were free from maltreatment in 1999, an incidence rate of 33 per 1,000 children. Although this incidence rate is higher than non-served higher risk families, it is believed that this is due to the increased contact that participating families have with mandatory reporters (Katzev, Pratt, Grobe, & McGuigan, 2001). Approximately 30% of confirmed incidents of maltreatment during 1999 among families receiving on-going visits were reported through Healthy Start (Katzev, Pratt, Grobe, & McGuigan, 2001). Similar findings have been documented in other home visiting programs serving higher risk families (Gomby, Culross, & Behrman, 1999).

Compared to higher risk families who are not served, however, served families do demonstrate reduced rates of maltreatment. For example, in a randomized control trial of the Hawaii Healthy Start Program, among the higher risk families visited, 96.6% were free from maltreatment after one year in comparison to 93.2% of the control group (Duggan, et. al., 1999). Similarly, the randomized control trial of nurse home visiting in Elmira, New York, participating families also had fewer substantiated reports of child abuse and/or neglect over the first 15 years of their children's lives than did families in the control group (an average of .29 versus .54 incidents per participant) (Olds, et. al., 1999). The CYP Program also reported a decreased incidence of child abuse and neglect with 98.5%

of their study population being free from maltreatment compared to 90.2% of the control group being free from maltreatment (Hardy & Street, 1989).

### **Transformative Learning and Home Visiting**

Although there is strong quantitative support for the effectiveness of home visiting for higher risk families, little qualitative information is available about families' subjective experiences with home visiting. Most importantly, valuable results for families may be missed when evaluations rely solely on quantitative data collection methods. This idea is supported by adult education literature that posits important learning outcomes may not be assessed by traditional quantitative methods because these outcomes are not anticipated by program objectives (Apps, 1989).

Transformative learning theory postulates that through education, individuals examine their thoughts, beliefs, and behaviors. This self-examination results in changes in self-perception that can impact lives in many unexpected ways. Paulo Freire (1970), a significant theorist in adult education, argued that education can (and should) help adult learners reexamine their life situations. With this new-found awareness, learners gain the ability to change their lives. The transformative learning perspective is also evident in the idea that education provides an opportunity for adult learners to reevaluate and alter fundamental assumptions and beliefs. As a result, perspective and lives are altered beyond the narrow subject focus of the educational experience (Mezirow, 1990).

Applying transformative learning theory to parenting education, a recent qualitative evaluation found that many of the program participants experienced major life changes that extended beyond confines of parent education. (First & Way, 1995). Parents attributed these life changes to the parent education class that was aimed at improving specific parenting skills. One woman commented,

Yeah, it (the class) was the turnaround point for me. I was heading straight down, and this was like . . . if you're falling straight down and that little tree branch is out there. That's like what this class was for me.

All of the women interviewed discussed how the class improved their problem solving and communication skills, although neither of these skills were the specific focus of the class. Thus, parenting education can have transformative qualities that lead to unexpected changes in participants' lives (First & Way, 1995).

The mechanism for transformative learning may lie in the supportive, non-threatening relationship that develops between student and teacher. This supportive relationship may enhance a parent's feelings of self-efficacy or belief in his/her ability to organize and execute the required actions to succeed. High levels of self-efficacy have been shown to enable individuals to make life changes and persist in the face of challenges. For example, a study of homeless adults found those participants with higher self-efficacy searched more for housing and employment and consequently stayed at the homeless shelter for a shorter duration (Elissa, Bandura, & Zimbardo, 1999). Self-efficacy is influenced by four sources of information: personal experience, vicarious experience, verbal persuasion, and emotional state (Bandura, 1977). Home visitors support and encourage parents to

set small, achievable goals, and thus, experience success. The personal experience of the small successes may lead to an “I can do it” emotional state. Thus, through the family support process, self-efficacy may be increased, leading to transformative learning.

## Research Questions and Methodology

This research examines participants' perceptions of the impact of Oregon Healthy Start Intensive Services on their lives. Specifically, the research explores the thoughts, feelings and experiences of families who have continued participation in the Oregon Healthy Start home-visiting program for at least 6 months. Utilizing a qualitative interviewing approach, the research examines and contrasts how parents assess, interpret, and utilize the information and support gained through home visits. Beyond the direct, intended outcomes of the service, the research further explores the degree to which participation leads higher-risk parents to critically self-reflect and change their perspectives and lives.

The research utilized qualitative interviews because this methodology offered the opportunity to gain deeper insight into individuals' experiences (Mezirow, 1996). This research addresses two key research questions:

- 1) Does Healthy Start home visiting achieve its intended goals?
- 2) In what unanticipated ways, if any, does Healthy Start home visiting services impact families' lives?

This second question sought to identify evidence supporting or not supporting transformative learning.

By examining the home visiting experience from the perspective of families served, this research may lead to initiatives to better serve a diversity of high-risk

families. This research also may enrich and strengthen the quantitative evidence that home visiting offers valuable support to higher risk families.

Utilizing the Oregon Healthy Start Evaluation database, a list of all first time parents who received at least 6 months of home visitation services from Marion/Polk or Linn County Healthy Starts in 1998 – 2000 was compiled. Only English-speaking families were eligible for participation in this study. The population of English speaking families participating in Marion/Polk and Linn County Healthy Starts is estimated to be approximately 67% and 74% respectively (Katzev, Pratt, Grobe, & McGuigan, 2001). Both Marion/Polk and Linn County Healthy Starts began in 1995 as first wave pilot project.

Higher risk families served by Marion/Polk and Linn County are demographically similar to Healthy Start families statewide. Rates of risk factors are also similar (Katzev, Pratt, Grobe, & McGuigan, 2001). Compared to the state overall, families served by these two programs are similar in age (20.8 years state; 20.9 years Marion/Polk; 20.6 years Linn), marital status (state 73% never married; Marion/Polk 69%; Linn 72%), and participation in the Oregon Health Plan (state 83%; Marion/Polk 83%; Linn 94%) (Katzev, Pratt, Grobe, & McGuigan, 2001). Families are also similar in educational level. Fifty percent of mothers served across the state report having less than a high school education/GED compared to 55% in Marion/Polk and 65% in Linn County.

Home visitors were informed of the study at an all staff meeting. They were encouraged to offer the study to all participants that met the criteria (English

speaking and been served for 6 months or longer). After having the family sign a release of information, the home visitor notified the researcher of the family's interest and contact information. All interested families were contacted by phone. During the telephone contact, the research was further described and questions were answered. Families were informed of their rights in the study and incentives for participation were described. These incentives included a \$25 gift certificate that could be used at a local Fred Meyer Shopping Center and a box of diapers, valued at approximately \$13.00. Near the end of the telephone call, families were asked if they would like to schedule a home visit to conduct the interview. Participation was completely voluntary and families were informed that refusal to participate would not influence the families' involvement in Healthy Start services. This process continued until the desired sample size was obtained.

For families who agreed to participate, interviews were scheduled during the telephone call. Interviews were scheduled at the family's convenience and were conducted during a home visit. Interviews began with a brief review of the purpose of the research, and a discussion of participants' rights. Families were informed that they had the right to refuse to answer any question and/or to end the interview at any time without affecting their participation in Healthy Start. All families who agreed to the interview received compensation, regardless of the length or content of the interview. Before the interview began, families were awarded the incentives and completed a confidentiality assurance.

Following the above introduction, the interviews examined families' experiences with Healthy Start Family Support Services. The interviews were semi-structured involving standardized questions and additional probes as needed. Semi-structured interviews are a common technique for qualitative research (Berg, 1998). Particular attention was paid to how, and/or if, families commented that they had integrated what they learned into their daily living and how, and/or if, involvement in Healthy Start had impacted unanticipated aspects of their lives. With the family's permission, interviews were audiotaped in their entirety. These tapes were transcribed verbatim and then destroyed. Pseudonyms were utilized in all transcriptions to insure confidentiality.

Once all interviews were completed and transcribed, a thorough content analysis was conducted on all interview transcripts to identify common themes. A blend of manifest and latent content analysis was used when analyzing the data. Manifest content analysis examines the actual language used, while latent content analysis attempts to get at the deeper meaning behind what is said (Berg, 1998). Analysis of the narratives was guided by the two key research questions:

- 1) Does Healthy Start home visiting achieve its intended goals?
- 2) In what unanticipated ways, if any, does Healthy Start home visiting services impact families' lives?

In this second question, the analysis looked for evidence supporting or not supporting transformative learning.

## Results

### Sample

The sample included 20 families; all agreed to have the interview audiotaped. Families had participated in Healthy Start for an average of 52 months, ranging from 6 months to 5 years and 6 months. Participating families had an average of two home visitors, ranging from one to five, during the course of their involvement with Healthy Start. The sample included 6 Hispanics, 12 Caucasians, 1 Asian/Pacific Islander, and 1 American Indian. Twelve of the mothers interviewed were unmarried. Thirteen of the mothers interviewed had less than a high school diploma. The mother's average age at the time of their child's birth was 21.7, ranging from 14 to 33.

Study sample families faced a variety of challenges. First, all families had two or more demographic or social status risks, such as low income, single parent households, or late or no prenatal care. Before enrollment in Healthy Start home visitation, families were interviewed to determine the level of family stress present due to inadequate income, unstable housing, and social isolation. This interview was conducted using the Kempe Family Stress Inventory. Only two of the twenty families reported low stress levels during these interviews. Of those with moderate to higher levels, three experienced child maltreatment during their childhood. Seven disclosed current or past issues with substance abuse and fourteen appeared to lack a basic knowledge of child development. In addition, parents mentioned involvement in stressful family or personal situations including domestic violence,

homelessness, and struggles with depression. The possible range of Kempe scores is 0-100; to be enrolled in Healthy Start home visitation services, a family must score 25 or over. Kempe Family Stress Inventory Scores in the study sample ranged from 25 to over 60. (See Table 1.)

**Table 1:****Demographic, Risk and Program Characteristics of Study Participants (N=20)**

<b>Mother's Study Pseudonym</b>	<b>Mother's Age (years)</b>	<b>Child's Age (months)</b>	<b>Risk Level Based on Kempe Score*</b>	<b>Number of Home Visitors During Service</b>	<b>Length of Time in Service (Year - Months)</b>
Nancy	27	64	Moderate	5	5 - 6
Anne	25	31	Moderate	1	3 - 0
Kelly*	29	29	Low	2	2 - 6
Mary	19	30	Moderate	2	2 - 6
Melissa	18	28	Moderate	3	2 - 0
Tammy	19	24	High	1	2 - 0
Jan	18	25	High	1	2 - 0
Nicole	14	15	Moderate	2	1 - 8
Katie	18	18	Moderate	2	1 - 6
Ashley	21	19	High	1	1 - 6
Amanda	16	17	High	2	1 - 4
Fay	31	15	Moderate	1	1 - 3
Diana	21	16	High	1	1 - 1
Joyce	21	13	High	1	1 - 1
Louise	33	16	Severe	1	1 - 0
Page	23	12	Moderate	1	0 - 10
Jessica*	25	9	Low	1	0 - 9
Martha	18	9	High	1	0 - 9
Jennifer	17	8	Moderate	1	0 - 8
Shannon	Unknown	6	High	1	0 - 6

Kempe Family Stress Total Score Categories

Low Stress = under 25

Moderated Stress = 26 – 50

Severe Stress = Over 50

\*Kempe stress score was below 25, but mom was served because of other stressors not assessed by Kempe.

## **Program Goals**

In relation to the first research question, the findings of this research support the earlier quantitative conclusions that Healthy Start is achieving its intended goals. According to the families interviewed, Healthy Start did increase access to health care, improve the home learning environment, and improve parent-child interactions. Parents also felt more knowledgeable about child development and needed community resources, both goals of Oregon Healthy Start. All of this occurred within the context of a trusting relationship with their home visitor.

***Health and Health Care Access:*** Healthy Start seeks to connect families to a primary care provider and works with families on accessing health care. Although families were not specifically asked about health care, three families spontaneously mentioned that Healthy Start helped them access needed health care services. Home visitors advocated for the families to ensure that children receive needed treatment, they have helped families access public health insurance, and they have provided families with the knowledge to know when to take their child to the doctor.

Nancy, whose son is autistic, commented that her home visitor “led her to the right resources.” When she was having trouble getting the treatment her son needed, Nancy said her home visitor “helped advocate for John and also got the health department advocating for him so that we could get treatment.” Kelly mentioned that she was having trouble getting on the Oregon Health Plan when her home visitor began visiting her. Kelly stated that Julia (Kelly’s home visitor) “knew the people to go through to get it all straightened out.” Finally, Katie

commented that the information that her home visitor provided her has helped her feel confident about knowing when she should be concerned enough to call the pediatrician.

***Home Learning Environment:*** Much of Healthy Start's work revolves around supporting children being "ready to learn." Home visitors work with parents to promote a positive home learning environment.

Over half (11 families) specifically mentioned that they have improved the home learning environment for their child based on information they have gotten from Healthy Start. Parents commented that their home visitor encouraged them to use play to support their child's learning and development and helped them recognize the impact they have on their child's learning. For example, Mary stated, "There's lots and lots of games that they tell you to do, learning games with your child . . . I have a folder like that thick."

Jessica noted that she had never thought about how her interactions with her son helped him to learn. When asked what she felt she learned from Healthy Start, Jessica stated,

Just how much that Timmy can learn by my actions . . . I would never sit there and watch him and observe him observing other things and realize that he needed not just toys, store bought toys, but toys for him to learn . . . I knew but I just didn't realize how much... how we treat him now and how we love him now and cuddle him and things like that ...how much it contributed (to him).

Five families specifically mentioned that their home visitor brought them books and encouraged them to read to their child. Tammy mentioned that she had learned

about learning games and reading to her child from her home visitor. “Like I said again the games we play and the reading, how reading is so important to him.”

***Positive Parent-Child Interactions:*** Another primary focus of Healthy Start is the parent-child relationship. Home visitors utilize a variety of techniques to support and improve parent-child interactions. The interviews suggest that Healthy Start is successful in this endeavor.

All 20 parents interviewed commented that their involvement with Healthy Start improved their relationship with their child. Ashley stated, “The experience with Healthy Start has really shown me that I can not only be parent, but I can be a friend to my child.” Jessica commented that without the support of Healthy Start, her relationship with her child would have been much more difficult. “Not that I would hurt Casey, but I think I would get mad at him you know and not neglect him, but maybe, I don’t know cause I had the support (from Healthy Start).”

Three families, all assessed at high stress levels, stated that Healthy Start helped them to parent differently than they had been parented. Amanda noted,

I was raised differently. I was raised with spanking. I was raised with stuff like that. And now that Jane (my home visitor) brought out information about discipline I never spank my child, never. I never even think about spanking my child because she showed me a different way of disciplining.

Tammy also commented that she wanted to be a different kind of parent. She stated,

You learn a lot from your parents and you pick up stuff that they’ve done and this (Healthy Start) shows you another way, it doesn’t have to be just the way you were raised . . . So I’ve changed my parenting in some aspects.

Ten parents mentioned that their home visitor has given them useful suggestions for dealing with difficult situations. Some of these difficult situations are common to all new parents. For example, Jessica commented that her home visitor helped her interpret her son's behavior.

Every time I go and do dishes or something he comes and head butts my leg, it's like he didn't want me to do anything but give all my attention to him. But really all he wanted was for me to acknowledge that he was there, you know, and so now I do. I'll look down and say 'hi' and stuff and then he'll just crawl away.

Other parents, especially those with the highest stress levels, believed that without the support of Healthy Start they would not have been able to keep their child, much less offer loving care. For example, Martha noted,

If I had not gotten into Healthy Start, I probably just would have been like, I probably would have been like please get her out. At first, that's how I really felt . . . cause she would not stop crying and I was just, ah man, I'm not going to be able to do this. And then Joanna (her home visitor) comes over and she starts showing me stuff that I can do to help her calm down like rubbing and massaging her back and stuff . . . It helped a lot.

Similarly, Diana stated that Healthy Start helped her and her partner be able to keep their baby.

We had two children removed previously. One from the home, one from the hospital. When I was pregnant with her it was through my gynecologist who referred us to Healthy Start. Our home visitor was helping us get everything together that we needed in order to keep Candice.

In sum, interviewed families regardless of stress level agreed that participating in Healthy Start improved their relationship with their child.

***Child Development Information:*** As part of their participation in Healthy Start, families learn basic principles of child development. This information is intended to provide parents with greater perspective and understanding of their child's behavior. All parents interviewed mentioned that their knowledge of child development had increased through their involvement with Healthy Start. Parents found it helpful to know what to expect from their child and commented that they used this information to be better parents.

When asked what parenting information has been most helpful, several parents mentioned basic child development information helped them know what was "normal" and how to provide care that was developmentally appropriate. For example, Ashley mentioned feeding. She stated, "I would've given him foods that he can't eat, that he would choke on, if I didn't have that information." Katie noted that the child development information helped her not worry when her daughter was a little late walking,

I was like shouldn't she be walking now? But the timetables that they had given me let me know that it was okay that she wasn't walking yet, that she still had plenty of time, you know before it was a concern.

Several parents commented that they did not know much about children before having their baby. Jessica stated, "So when he was born, it was stressful because being a new mom, I was scared to death. I had never done this before and I had never handled a new born baby either." She commented that the information that Healthy Start provided her helped her feel more confident in her parenting.

Diana stated, “I was totally oblivious about what is she supposed to do and all that stuff and some of the information that Healthy Start had brought out to us, and it was really, really helpful for me to know where she’s supposed to be and is she there.” Similarly, Amanda commented that her home visitor:

...helps me a lot because 1 month from now, she’ll (baby) will be doing a whole different thing and I’ll be wondering why is my child doing this . . . I would have no idea that this is normal . . . It makes me feel a lot better that I’m not just the only one who’s child is doing this.

Overall the interviewed parents indicated that Healthy Start is highly successful in increasing parents’ knowledge of child development and in helping parents apply that information as they care for their children.

***Knowledge of Community Resources:*** Healthy Start home visitors are aware of the variety of community resources available for families. With this knowledge, they attempt to connect families to the most appropriate services. Fourteen of the 20 parents mentioned that, because of their involvement with Healthy Start, they are more knowledgeable about community resources. Parents also commented that Healthy Start has helped them access resources ranging from parenting classes to needed social services.

For example, Nancy stated, “When I got my son (who has autism) we knew that there were development problems and Healthy Start was coming out they got me in touch with the right kind of people.” In addition to access to appropriate medical professionals, Healthy Start also helped connect Nancy with a group specifically for parents of autistic children. “They found me classes from a group

called *Thresholds* which teaches about autism so I learned how to take my home and make it to where he can survive.”

Mary noted that she would not have participated in a playgroup if her home visitor had supported her going.

Well, I'd heard about it, but I didn't really know what they did and she told me more about it. And I wouldn't have gone because I don't want to go by myself. So I probably wouldn't have gone if she hadn't told me about it and offered to go with me and all that.

Katie commented that her home visitor helped her access resources when her electricity was turned off. “I called Sally, my worker, and she was giving me numbers of places that I could call, I may not have been able to figure it out myself.” Mary commented that she was able to leave her abusive relationship sooner because her Healthy Start worker told her about a domestic violence shelter in her area.

It was easier for me to do it sooner because they told me about the Sable house. Otherwise I wasn't allowed to have a job. I didn't have any money to move out. Things like that. So going there I got on assistance to help me get into a house, get a job and all that.

In sum, Healthy Start home visitors provided knowledge and improved access to resources that met each family's unique needs, ranging from help with utilities and other basic needs to improved access to medical access and parent support.

### **Transformative Learning and Unanticipated Life Changes**

Beyond achievement of specific program goals, the Healthy Start experience also affected the broader lives of participants. As predicted by

transformative learning theory, providing information and emotional support led not only to better parenting, but also resulted in other positive outcomes.

Twelve of the twenty interviewed parents reported that the emotional support their home visitor provided them helped them to improve other relationships in their lives, build their confidence and help them feel empowered, and supported them as they accomplished things they hadn't thought possible. Because transformative learning is more likely to occur over time, the length of service was examined in relationship to parent reports of life changes.

***Improved Relationships:*** A primary focus of Healthy Start is on the parent-child relationship. Although the program is not designed to impact other family relationships, interviews suggest that as a result of involvement in Healthy Start, some participants experienced improvements in other relationships as well. .

Consistent with transformative learning theory, five parents commented that the support and information provided by their home visitor helped them to improve their relationship with their partner. For example, when asked if Healthy Start has helped with other aspects of her life, Ashley (enrolled 1 year, 6 months) stated, "My marriage. Just stuff to keep talking with my husband . . . little stuff that doesn't deal with our son, just deals with me and my husband."

Similarly, Amanda (enrolled 1 year, 4 months) commented support and information about community resources helped improve her relationship with her boyfriend. "Me and my boyfriend were having hard times for awhile and she told me some places to get anger management classes and relationship classes . . . She

was there. She was there to listen to our problems and to help me try to figure them out.” Nicole also commented that the support and information provided by her home visitor helped her improve her relationship with her boyfriend. She noted, “We get along better. If we have a problem now we talk about it instead like just getting annoyed.”

Additionally, one mother commented that her home visitor has helped her to smooth her relationship with her own mother. Martha (enrolled 9 months) said that her relationship with her alcoholic mother has been rocky since her childhood. She commented, that with the support of her home visitor, she is trying to see her relationship with her mother differently.

I’m trying to forgive my mom . . . my home visitor is helping me with that (relationship). . . She’s someone I can talk to. I can’t talk to very many people about that (relationship). It’s really hard to talk to a lot of people about that.

***Increased Confidence and Feelings of Self-Efficacy:*** Six parents stated that the increase knowledge and support they received from Healthy Start helped them feel more confident and empowered in their lives overall. Nancy, who had been supported by Healthy Start for over five years, commented that the support she received gave her the confidence she needed to finish college and get a good job.

I finished college and got a good job, started working for a good company . . . that was stuff I didn’t have the confidence to set out and do on my own so it was nice having the support there.

Other parents who had only one or so years of service, also reported increased confidence. For example, Ashley (enrolled 1 year, 6 months) mentioned that she

feels confident enough to be able to share the information she has learned with others.

They given me the ability to go along and say hey, I can talk to my friends who have kids, and I can say hey I have all this information. You should really look at it and use it, --- it helps.

Diana, (enrolled 1 year, 1 month) had previously had 2 children removed from the home by Services to Children and Families. She commented,

I feel really confident now because now we have Healthy Start giving us the papers . . . Cause when I was pregnant with her I wasn't too sure . . . I had those questions like am I going to be a good mom.

Tammy (enrolled 2 years) mentioned that before participating in Healthy Start she would have been too nervous to agree to the interview for this research study but with the support of her home visitor she had the confidence to say yes. "She says 'you can do it.' That's why you are here because she said 'you can do it'."

Nicole (enrolled 1 year, 8 months) mentioned that the support from her home visitor gave her the confidence to talk to her parents about difficult issues. She commented, "I learned how to tell my parents, they'd had McKenna a lot and I wanted her to . . . have time with her dad."

***Ability to Make Life Changes:*** Families set goals as part of their involvement in Healthy Start. Often these goals are related to parenting, some goals, however, are focused on other aspects of life. Although Healthy Start's key focus is parenting, home visitors support and encourage parents to pursue their other goals as well. Eight mothers reported that their involvement with Healthy Start helped them achieve things they would not have otherwise. Nancy (over 5

years of service) mentioned that her home visitor helped her to focus on what she wanted from her own life.

I think first of all it helped me improve my own life. When they first started coming out . . . we sat down and wrote out goals . . . and I was able to see all those goals cause I had someone to help me focus my attention on what I wanted and what changes I wanted in my life.

Nancy, who has now graduated from college and found good employment, stated that she has achieved all the life goals she set when her child was first born. Anne, enrolled for three years, commented that her home visitor encouraged her to take the time to think about what she wanted from life, as well, saying:

I had to think, you know, had to do something in this life. And I had to make a plan how to go. That's why this helped me because I don't have time to think and that made me think.

Nicole, enrolled for over one and a half years, commented that her involvement with Healthy Start helped her to “reach what I want to do. Cause if I just think about it . . . I'll just think about it once and then be like oh well. But if I write it down and stuff, it helps me better.” Similarly, Jennifer (enrolled for only 9 months) indicated that Healthy Start support had an impact on her life beyond parenting. She stated that she would not have gone back and gotten her high school diploma without the support of her home visitor.

***Supportive Relationships and Goal Setting.*** Most of the participating families (17 out of 20) described the relationship with their home visitor as supportive, important and helpful, however, the twelve families who experienced

transformative life changes spoke more frequently about this relationship and were more likely to describe their home visitor as being “like a friend.”

Anne (enrolled 3 years) commented, “I don’t have another friend like Angie (my home visitor). I can talk to her as if I’m talking to myself. And I don’t have another person (like that).” Tammy (served 2 years) stated, “It’s having someone to talk to without being judged and that will understand and will help if they can with any problems.”

Families who experienced life changes during their Healthy Start experience were also more likely to indicate that the goal setting process was helpful to them. Nine of the twelve families who experienced transformative learning mentioned that the goal setting process helped them to succeed. For example, Martha (enrolled 9 months) commented, “ I probably would have just shrugged (my goals) off. With her coming over all the time, it actually helps me. It keeps me focused.” Nicole (enrolled 1 year, 8 months) agreed that participating in goal setting with her home visitor helped her stay on track. Writing the goals down was a key element.

Cause then I thought about what I wanted to set for myself. And it helps me reach what I want to do. Cause if I just think about it, (it will) be like ‘oh well’ but if I write it down and stuff it help me better.

Through the supportive relationship with a home visitor and guided goal setting, families were able to reach beyond the primary focus of Healthy Start and alter other aspects of their lives. Several parents gave clear examples of such

transformative learning experiences, describing how they applied the principles and processes presented by Healthy Start to many aspects of their lives.

Three factors appeared important to the likelihood of transformative learning. First, sense that their home visitor really cared about them was associated with transformative learning. Second, the length of time in service may be an influence. The average length of service for the entire sample was 1.5 years (17 months) but of the average length of service for mothers reporting experiences was slightly more, at 21 months (ranging from 8 months to over 5 years). Moreover, the mothers who had been in service for the longest gave greater evidence of change in several parts of their lives, from relationships and confidence to material progress. Third, nine of the twelve mothers who reported transformative experiences stated that the goal setting process was a critical skill that supported transformative learning.

## Discussion and Conclusions

Using a qualitative approach, the impact of Healthy Start Family Support Services was examined. The study explored both the intended and unintended outcomes of Healthy Start. Through interviews with 20 families, who had participated in Healthy Start for at least 6 months, families reported both anticipated and unanticipated changes in their lives. It was found that Healthy Start variety of positive outcomes. Previous quantitative findings were supported.

### **Summary of Findings**

***Program Goals:*** According to the parents interviewed, participation in Healthy Start has enabled them to achieve greater access health care services, improve their home learning environment, and improve their interactions with their child. Parents also indicated increased knowledge of child development and community resources.

Healthy Start strives to connect families with appropriate health care services. Previous quantitative data has indicated that Healthy Start is successful in this regard. Interviews uphold this quantitative finding. Parents stated that Healthy Start helped them to better access health care by advocating for them with health care professionals and by providing them with information about when to take their child to the doctor. This resulted in parents feeling supported and encouraged to use health care appropriately.

The qualitative findings from this study support the quantitative findings that Healthy Start helps parents improve the home learning environment. Parents also indicated that they had made improvements in their home learning environment based on information provided by Healthy Start. Healthy Start home visitors provide parents with information about the importance of play and reading to your child. This knowledge led to parents to recognize their role as their child's first teacher and to provide a more stimulating environment for their children.

Healthy Start home visitors strive to help lessen the stress associated with raising a child by help parents learn new techniques for interacting with their children and by offering parenting techniques. All the parents interviewed noted positive changes in their relationship with their children due to their participation in Healthy Start.

A primary goal of Healthy Start is to support and encourage positive parent-child interactions including the use of alternatives to corporal punishment. Home visitors offer parents positive perspectives on their children's behavior and alternative strategies for dealing with discipline issues. Parents reported learning techniques for dealing with difficult parenting situations and feeling greater satisfaction in their parenting experience. Several parents noted that Healthy Start has helped them to parent differently than they were parented.

Interviewed parents also felt more knowledgeable about child development. Most participants in Oregon Healthy Start are first-time parents and many of them have had little experience with infants. All parents felt that through their

involvement with Healthy Start their knowledge of child development had increased. Several parents commented that it was reassuring to know that their child's behavior is "normal."

Healthy Start attempts to connect parents to all appropriate services in their community. Home visitors work with parents to locate and access resources with the goal of families becoming more self-sufficient. Participating parents reported feeling more knowledgeable about and having a greater ability to access needed community resource due to their involvement with Healthy Start.

*Transformative Learning:* Interviewed parents indicated that their involvement with Healthy Start impacted more than just their parenting. Through a supportive relationship and goal setting, the participants were able to reach beyond basic parent education. The interviews suggest that the mechanism for transformative learning lies in the supportive, non-threatening relationship that develops between parent and home visitor. This supportive relationship, in addition to guided goals setting, enhances a parent's feelings of self-efficacy and increases their ability to make life changes and persist in the face of challenges. Parents reported improved relationships with others, increased feelings of confidence, and the ability to accomplish otherwise unattainable things.

Although Healthy Start primary focus is on the parent-child relationship, participants commented that the support and advice of their home visitor helped them to improve other relationships in their lives. Parents indicated they were able to make positive changes in their relationships, based on information about

communication strategies and community resources that their home visitor provided them. Parents also commented that having someone to listen as they worked out their relationship issues also helped them alleviate stress and gain perspective on the other person's view.

Healthy Start is a strength-based program that attempts to encourage parents to see their own strengths and assets. Families reported that Healthy Start has helped them feel more confident about both parenting and their ability to be successful. This increased confidence combined with support and encouragement to set goals has led many families to achieve great success. Parents commented that they have been able to move forward in directions they did not feel were possible without the support of Healthy Start.

### **Limitations and Directions for Future Research**

The results of this study provide important information regarding the impact of Healthy Start home visitation. The study has limitation, but these limitations can provide direction for future research.

The first limitation is the question of whether participants' perceptions are a reliable indicator of actual change. Are parents able to reflected upon changes within their own lives without bias? Positivistic theorist might argue that participants' perceptions do not provide legitimate data. The key results of this study, however, correlate with the results of the Healthy Start evaluation that utilizes both participants' and home visitors' perceptions as well as other data sources (Katzev, Pratt, Grobe, & McGuigan, 2001). Additionally, the results also

match with those found by other researchers of home visiting (Combs-Orme, Reis, and Ward, 1985; Duggan, et al., 1999; Hardy, & Street, 1989; Larson, 1980; Muslow & Murry, 1996; Olds, et al., 1999; Olds and Kitzman, 1990). This, however, does not negate the need for further investigation. It would be beneficial to link the quantitative data collect through the Healthy Start evaluation with the qualitative data collect through this and other future studies.

A second important limitation of this study is sample and its characteristics. First is sample size. Only 20 families were interviewed. This small sample size was due to logistical considerations such as time available for conducting interviews, travel time, and expense. Qualitative research often involves smaller samples sizes than quantitative research studies for these reasons (Berg, 1998). A comparison between the counties where the sample was obtained and the remaining Oregon Healthy Start counties was conducted to ensure similarities. Both Linn and Marion/Polk counties were found to have comparable participants to other counties. Additional study of participants in other counties would strengthen the results of this study.

Sample characteristics also limit generalization. Participants were self-selected. All eligible Healthy Start families were offered the opportunity to participate in this study. Families then determined if they were interested in participating. It is possible that there may be some difference between those families who chose to participate and those who did not. Further analysis of any possible differences is needed. Additionally, only English speaking families were

included in the study, although six families were bilingual in Spanish and English. Further research to determine if these results hold true for non-English speakers is needed.

Finally, a longitudinal study is needed to determine if the positive outcomes observed in the current study remain over time. It would be particularly interesting to track the development transformative learning over time. A follow-up study with the same participants would offer insight into these questions. Additionally, following participants after they have left the program would be beneficial.

### **Implications for Practice**

This study has important implications for practitioners working with parents. The participants of this study often attributed changes in their lives to their supportive and trusting relationship with their home visitor. They also found the wealth of information their home visitor was able to provide them as a mechanism for change. They reported that the skills in goal setting were particularly useful as they attempted to apply new learning to aspects of their lives beyond parenting.

These findings support three key ideas for practice. First, home visitors must have accurate, up-to-date information and the ability to effectively communicate this information in informal, one-to-one home settings. While this information may be guided by an established curriculum the home visitor must have the critical ability to provide information that meets the developmental stage and unique needs of parents and their children. Simple and clear explanations, demonstrations that build skills, and parent resources left in the home were found

to be useful as well. Parents noted the importance of follow-up calls and visits that offered encouragement to apply new information and skills. Parents, especially those who are highly stressed, benefit from sensitive, respectful interactions that build, rather than reduce parental confidence.

Beyond accurate information and effective teaching one-to-one teaching skills, this study suggests that strong, supportive relationships are key to promoting change in the lives of higher risk, stressed families. Home visitors must be not only knowledgeable but also empathetic and caring. Empathy and the quality of the relationships may be especially important if parents are to experience transformative learning, gaining the ability to apply new skills and information to other aspects of their lives.

Finally, this study provides evidence that goal setting with families is vital to effective change. Participants indicated that participating in goal setting within the context of a trusting relationship helped them to succeed. This suggests that family support programs should provide opportunities for families to participate in guided goal setting. These opportunities can allow parents to consider their lives in new ways, and give parents the skills to set goals and to identify manageable steps to achieve those goals. In this process, home visitors can encourage parents to recognize their small successes on the road to goal achievement. Such a process is the path to increased self-efficacy (Bandura, 1977).

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## APPENDIX

## Interview Questions

- 1) Tell me a little about your family situation right now.
- 2) I have a Parenting Ladder that I would like to go over with you. Each question is rated on a scale with 6 being High and 0 being low. You may have seen this form before. (Fill out Parent Ladder).
- 3) Now looking back to when you first became a parent, how would you rate yourself?
- 4) Imagine looking at yourself as a parent, what words would you use to describe yourself?
  - a) Now look back to when you were first a parent, what words would you use to describe yourself then? What has changed?
- 5) Parents find some things about raising a child to be difficult and other things to be a breeze. What do you find difficult about parenting? What do you find easy?
- 6) According to my records, you have received some Healthy Start services. What 3 or 4 words would you use to describe your experiences with Healthy Start?
- 7) Some parents find Healthy Start to be very helpful; other parents don't find it so helpful. Thinking about your experiences with Healthy Start, how helpful did you find it?
  - a) If it was helpful, give me an example of how.
  - b) Have you used what you've learned from Healthy Start in your parenting? In other aspects of your life? Give me examples.
  - c) When was the last time you thought about information you learned from Healthy Start?
    - i) What did you think about?
    - ii) What caused you to think about it?
    - iii) Did you do something differently because you thought about something you learned from Healthy Start?

- 8) If you were to tell another parent, who's thinking about whether they want to participate in Healthy Start or not, how would you describe the program to them?
- 9) Did you complete an Individual Family Support Plan (IFSP) or talk about goal setting with your family support worker?
  - a) Was this helpful?
    - i) If so, what about it was helpful?
  - b) When was the last time you thought about your IFSP or goal setting?
    - i) What caused you to think about it?
    - ii) Did you do something differently because you thought about your IFSP or goal setting?
- 10) If you quit Healthy Start services today, how much do you think you will remember and/ or use ideas you learned in Healthy Start?
- 11) How do you think your experience would have been different without Healthy Start?
- 12) As you look forward into the future as a parent, what are looking forward to?
  - a) What about that do you think will be enjoyable?
  - b) What do you think will be challenging?
    - i) What about that do you think will be difficult?
    - ii) Where will you turn to for advice or support?
- 13) Additional probes as necessary.