

University of Nevada, Reno

Home Visiting with Justice System Involved Women: A Qualitative Study

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Science
in Human Development and Family Studies

By

Maria L. Reyes-Vargas

Dr. Bridget A. Walsh/Thesis Advisor

December 2021



THE GRADUATE SCHOOL

We recommend that the thesis
prepared under our supervision by

MARIA REYES-VARGAS

entitled

**Home Visiting with Justice System Involved Women: A
Qualitative
Study**

be accepted in partial fulfillment of the
requirements for the degree of

MASTER OF SCIENCE

Bridget A. Walsh, Ph.D.
Advisor

Jennifer A. Mortensen, Ph.D.
Committee Member

Rebecca J. Schlafer, Ph.D.
Committee Member

Li-Ting Chen, Ph.D.
Graduate School Representative

David W. Zeh, Ph.D., Dean
Graduate School

December, 2021

Abstract

Purpose: The purpose of this study was to investigate one Early Head Start-Home Based Option program and their home visiting work with pregnant incarcerated women. The study explored the experience in services, support and barriers encountered by pregnant incarcerated women receiving home visiting services. **Method:** Study participants included focus groups with (a) pregnant women in jail ($n = 6$), (b) non-jailed parents ($n = 15$), (c) home visitors with women in jail on their caseload ($n = 8$) and interviews with released women from jail ($n = 3$). Data collection was accrued within two phases, with 12 months in between. **Analysis:** Reflexive thematic analysis (see Braun & Clarke, 2006) was used. To promote rigor, there were three analysts and coding was conducted in Dedoose. Self-reflexive practices regarding the analysts' biases and values were recorded. Findings were shared with home visitors and two additional researchers and feedback was acknowledged. **Results:** Examples of topics that were addressed in jail home visits included health/healthcare (with an emphasis on the challenges of it), attachment, and nutrition (with an emphasis on what it lacks). Pregnant women in jail experienced hardships in jail, such as struggles accessing help and lack of faith in medical care. One perceived strength from pregnant women in jail was social support from outside of the jail. Released women illustrated the transition from jail to community home visiting. Home visitors highlighted the importance of the relationship between home visitor and EHS-HBO participant by using a strengths-based approach that includes kindness and empathy. **Conclusion:** This study allowed the researcher to identify experiences, barriers, and strengths experienced by pregnant women in jail. This study concludes with practical and future research recommendations for home visiting with pregnant women in jail.

Keywords: home visiting, pregnant incarcerated women, social support, mental health

Acknowledgments

With a sincere heart, it is my pleasure to acknowledge and give thanks to all those who have supported me through this process. A warm thank you to my family who one way or another has given me the support, motivation, and strength to complete this experience. A huge thank you to my advisor and committee chair, Dr. Walsh for being the best mentor I could have asked for. You gave me the gentle push I needed to get started, and your guidance through this project made the experience better than I expected. I would also like to thank my committee Dr. Lily Chen, Dr. Rebecca Schlafer, and Dr. Jennifer Mortensen for your patience and guidance throughout this process. Lastly, I would like to thank the agencies and coworkers who helped me make this study possible. I feel gratitude with the Washoe County Sheriff's Office, for permitting my study to happen, and being supportive of the innovative work that is being done. Thank you to the women who anonymously, and graciously shared their incarceration experiences with me. To my Early Head Start ladies, thank you for not only participating, but for also being the cheerleaders I needed to succeed.

TABLE OF CONTENTS

Abstract.....	i
Acknowledgments	ii
Table of Contents	iii
List of Tables	v
Chapter One: Introduction	1
Elucidation of an Early Head Start-Home Based Option program within a Jail.....	2
Background of the Problem	4
Research Highlights	6
Theoretical Framework	10
Design and Research Questions	11
Definitions	12
Chapter Two: Literature Review	14
Theoretical Framework Overview	22
Chapter Three: Method	35
Chapter Four: Findings.	45
Topics and Curriculum (Theme 1)	47
Home Visiting Experiences (Theme 2)	52
In-Jail Experiences (Theme 3)	56
Community Home Visiting (Theme 4)	61
Hardships (Theme 5)	62

Supports and Strengths (Theme 6) 65

Chapter Five: Discussion 71

Appendices 88

List of Tables

Table 1: Demographic Characteristics for Released Women

Table 2: Demographic Characteristics for Pregnant Incarcerated Women

Table 3: Demographic Characteristics for Home Visitors

Table 4: Demographic Characteristics for Non-Jail Parents

Table 5: Multiple Category Design

Table 6: Code Analysis

CHAPTER ONE: Introduction

Consequences of certain life choices and situations, separate individuals from their home and support systems when incarceration happens. Criminal activity, violence, and drug use are among factors leading to incarceration. Incarceration happens to individuals regardless of sex, gender, socio-economic status, and health status. Pregnant women are found among the inmate population. For non-incarcerated women in a community, availability of support systems such as family, friends, programs, and professionals are a prevalent theme. Parenting support services such as Early Head Start are commonly found within communities with ease. Support systems provide knowledge, emotional support, and guidance; when pregnant women arrive to jail, they are cut from ties that provide such support. The impacts of loss of support during pregnancy and incarceration will be discussed in consequent sections of this paper.

The broad aim of this study is to explore the Early Head Start home visiting experiences of pregnant women in jail. This chapter provides background information about women involved in jail or the justice-system and home visiting. Both home visitors and pregnant incarcerated women (PIW) experiences will be examined in this study. Although there is no published literature on the home visiting experiences of pregnant women enrolled in the Early Head Start Home Based Option, all of whom are in jail, there is peripheral research that will be underscored in this chapter. Bronfenbrenner's framework will be applied to the thesis topic. Finally, the research design and research questions will be highlighted, following germane definitions of topics that are essential to this qualitative study.

Trauma and stress are preceding events that follow a woman as she enters the jail environment. Upon entry, some women are unaware of their pregnancy and find out during their admission process (Sufrin, 2017). Separation from their friends and family leaves the woman in a

position in which she has to deal with the news of a new pregnancy, or the worries of a progressing pregnancy while she is isolated from her community. In what appears to be as a first time ever, EHS-HBO provides a weekly service to PIW at the jail and through this opportunity women are able to learn about their pregnancy, prepare for what is to come in the pregnancy and have a listening ear as they share their fears, worries and hopes for this pregnancy. In the literature, strengths-based opportunities such, as home visiting support, are scarcely found within jails. This study brings to light what supports, and lack of, are available for pregnant women.

Elucidation of an Early Head Start-Home Based Option program within a Jail

The Early Head Start Home Based Option (EHS-HBO) program involved in this study, provides home visiting services to PIW at their local jail. These weekly visits consist of one-on-one meetings that provide information, emotional support, assistance in preparing for their infant's arrival, and connections to community resources upon their release. Each home visitor works directly with one enrolled inmate, and they meet within designated areas provided by the jail. Most women attend their session in the program's area, while some who are closer to their due date, and housed in the infirmary, meet in meeting rooms close to the infirmary.

Prior to beginning the in-jail home visiting program, home visitors attended volunteer orientation at the sheriff's department that included a deputy-led tour. Home visitors learned about safety, manipulation, etiquette, and regulations within the jail. In general, EHS home visitors are required to have a minimum of a Child Development Associate credential, or equivalent credential, or an Associates, Bachelor's, or Advanced degree in similar coursework ("Education Requirements for Home Visitors", 2019). It is upon agency discretion to require higher education but generally a minimum of a CDA is what could be expected.

During the weekly one-hour visit, the home visitor provides information from the *Parents as Teachers* curriculum, activities designed by the *Promoting Maternal Mental Health During Pregnancy* program. Home visitors undergo training on curriculum material and implementation and continue with ongoing professional development as opportunities for trainings arise. Structured discussion topics include, but not limited to, informational material based on nutrition, attachment, parenting behaviors, well-being, safety, and brain development. Also, individualized curriculum is structured by topic requests made by the PIW. Some examples of individualized curriculum include a PIW's request for information about substance use treatments and its interactions with the developing fetus, learning the steps involved in giving temporary guardianship for preparation of the infant's arrival, and self-care activities to do while incarcerated.

In the year 2018, the jail identified 37 as pregnant inmates and 14 received Early Head Start home visiting services. The year 2019 there were 39 women reported as pregnant in the jail, and of those 39, 22 received home visiting services during their incarceration. Reasons for not participating in EHS-HBO services include being released before the opportunity to enroll was available, declined services and loss of pregnancy. Of the women enrolled within the study years (2018-2019), 13 of enrolled inmates returned to the jail, approximately a 36% recidivism rate. During this timeframe, five of the enrolled women delivered while incarcerated; their newborns were discharged from the hospital and went home with their father (1), other family members (3) or into foster care (1). While in the admission process at the jail, inmates undergo a health evaluation which eventually identifies if an individual is pregnant. The pregnancy lists then advises the EHS-HBO home visitors which women are eligible for services; EHS-HBO program qualification makes them categorically eligible, as homeless, due do the loss of a home because

of incarceration. Upon meeting the home visitors, the women then decide if they would like to participate in EHS-HBO.

Background of the Problem

Findings by the Bureau of Justice System reported that about 4% of women in state prisons were pregnant at the time of admission and an additional study from Sufrin et al. (2019), identified that the majority of pregnancies resulted in live births (Maruschak, 2008). From those PIW's, 94% received an obstetrics exam since admission. Additionally, 54% received some type of prenatal care. From 2008 to 2018, the female population in jails has increased by 15% (Zeng, 2020). Jail time of a parent is a major risk factor for negative child development outcomes (Felitti et al., 1998). It is important to recognize that women in jail or prison have many more challenges in their pregnancies and their birth experiences, transitioning into motherhood, and providing adequate parenting than their non-prison counterparts (Hotelling, 2008). PIW have expressed fear with being pregnant, being pregnant and alone, delivering while incarcerated and being separated from their child at birth (Sufrin, 2017). One national study that investigated pregnancy outcomes in prisons, recognized the challenges with births while in custody as “medically unsafe practices of placing pregnant women in solitary confinement and, shackling women in labor, ensuring proper pregnancy and postpartum care, and determining who will care for the infants born to mothers in custody” (Sufrin et al., 2019, p. 803). Hours after labor and delivery, mothers are expected to return to the jail and separate from their newborn infant. After birth, infants are placed with family or in custody of social services. A recognized problem among this research is that most findings regarding PIW have to do with pregnant women in prisons. Bronson and Sufrin (2019) bring attention to the lack of data in supporting maternal well-being for women in prisons and jails. They highlighted the lack of data for women in jail,

and that most information available consisted of numbers regarding incarcerated women in US prisons. There are a limited number of services for pregnant women in jail (Hotelling, 2008; Pimlott et al., 2004; Pimlott et al., 2010; Reyes-Vargas & Walsh, 2019).

Findings by the National Home Visiting Resource Center (2019) reported that nearly 18 million pregnant women and families with children in the US could benefit from home visiting, yet they were not reached in 2018. Within the 2019 Home Visiting Yearbook it is noted these numbers have not changed much since 2015 (National Home Visiting Resource Center, 2019). Early childhood home visiting programs may offer support and education to women in jail and prison staff to support the best birth and outcomes for each family (Mason, 2013; Olds et al., 2010). The Early Head Start-Home Based Option (EHS-HBO) serves pregnant women and families with children under the age of three who are living at or below the federal poverty line (Home Visiting Evidence of Effectiveness [HomVEE], 2018). Poverty challenges a family's ability to provide a safe and stable environment, access to adequate nutrition, quality childcare, education, and medical attention; low-income families tend to face more challenges and barriers when accessing services that mitigate adverse experiences than a higher income family (Minkovitz et al., 2016). In 2020, the income poverty guideline for a family of four was \$26,200 ("Poverty Guidelines", 2020).

Home visiting programs are uniquely positioned to play substantial roles in the lives of pregnant women in jails and their families. Supportive programs provide support in areas regarding information, emotional, validation and resource connection (Mason, 2013; Reyes-Vargas & Walsh, 2019). Studies are needed that respect variability among people in prisons and jail in order to inform policies and interventions (Wakefield & Wildeman, 2018). The literature

is remarkably devoid of any research that focuses on the context of jail as the home visiting setting.

In the study proposed here, perspectives of Early Head Start home visiting services with justice system involved pregnant women will be explored. Focus groups with pregnant incarcerated women, EHS-HBO parents, and Early Head Start home visitors were conducted. Additionally, interviews with released women who received prenatal home visits while in jail were also conducted. This chapter will provide a brief review of current research and factors related to this topic. Then, a theoretical framework will be applied to home visiting with justice system involved women.

Research Highlights

The theory of change of EHS-HBO is to strengthen families through high quality services that support the parent as the child's first and best teacher. Weekly home visits in the child's home are to be offered to families. Visits are designed to provide prenatal, postpartum and child development education. Also, nutrition, breastfeeding, child safety, parental mental health and safe sleep practices are addressed (Administration to Children and Families, 2016). Families engage in activities that identify both healthy development and the identification of atypical development. Inclusion, comprehensiveness, and cultural competence are strategies that acknowledge and adapt to each child and family's needs (HomVEE, 2018). EHS-HBO is mostly effective at strengthening child development, reduction of child maltreatment, and positive parenting practices (Sama-Miller et al., 2019).

Consistency, trust, and respect are highlights of described EHS-HBO experiences. Sharp et al. (2003), conducted an exploratory study that investigated the relationship between mother and home visitor, and how it impacted length of home visits. Findings pointed to

Bronfenbrenner's bioecological perspective within the microsystem, an individual's personality contributes to their likelihood of connecting with resources. It was also noted that home visitors tended to react to negative emotionality, thus being responsive to mother's needs. The evidence provided shows significance in personalities and amount of time of home visits and link that personality and relationship quality are related. In conclusion, the amount of need expressed by the mother, increased the amount of time the home visitor dedicated.

One unique subpopulation of EHS-HBO is justice involved women (Reyes-Vargas & Walsh, 2019). This includes pregnant women who are temporarily incarcerated in a county jail and are offered EHS-HBO as a program option within the facility. PIW's who are able to participate in programs, have the opportunity to meet with a home visitor once a week during their scheduled program time during their jail stay. Meetings occur in person and virtually through video web calls. There is no published data, instead only one conference presentation (Fauth et al., 2019) and manuscripts in different stages.

A study within seven correctional facilities found that over 90% of incarcerated pregnant mothers request at least one available service (Kelsey et al., 2018). The goal of the study was to determine factors that create risks of pregnant incarcerated woman not receiving or requesting services. Through phone and in-person interviews, participants completed questionnaires in which they reflected on services they received and those they would like to learn more of (Kelsey et al., 2018). Services most requested were connections to community resources that help meet basic needs. The necessity to know of services becomes especially crucial as many women are released prior to delivering, and access to supportive services increases the likelihood of positive pregnancy outcomes.

Support for PIW is scarcely investigated due to challenges encountered within correctional facilities. A collaboration between a university and the *Minnesota Prison Doula Project*, resulted in the establishment of the pilot study in the prison (Shlafer et al., 2015). The partnership provided weekly and one-on-one prenatal support for incarcerated women in Minnesota. The authors recognized that women reported increased parenting confidence and increased support from peers and staff.

In a systematic review of risk factors for adverse perinatal outcomes in imprisoned pregnant women, Knight and Plugge (2005) concluded that PIW are a socially disadvantaged group. Incarceration presents an opportunity to engage with them effectively and be of service to help meet substantial needs. Their recommended guidance for future research involves tailoring prenatal services for women in this group to prevent future maternal perinatal morbidity and mortality.

Emerging literature shows that innovative approaches to home visiting are taking place. In a case study conducted by Mason (2013), an incarcerated woman who experienced home visiting in a New York jail, and then delivered her infant during her incarceration, showed the strength of empowerment. The researcher found the gain in knowledge regarding law, policies, and procedures empowered the woman's family, and in return they were able increase their support through to advocacy for mom and baby (Mason, 2013). The free and voluntary program provided bi-weekly visits that brought the pregnant woman information about bonding, attachment, healthy development, and positive parent child interactions; additionally, they focused on increase coping skills and self-sufficiency to decrease stressors. However, it was not easy to work in such a restricted environment. Mason (2013) noted the PIW received push-back from jail and hospital staff upon delivery.

Schroeder (2017) explored the well-being of children with parents in prison. Schroeder interviewed Julie Pouehlman-Tynan, a human development and families studies professor at the University of Wisconsin-Madison, and she stated that when mothers are incarcerated, children are at risk of having insecure attachments with mothers and caregivers. On occasions, children live with one non-incarcerated parent or extended family. Help for the family is encouraged by finding access to resources such as home visiting services that target pregnant women and families who are considered high risk. Methods to prevent negative impacts include promoting positive parent-child interactions and safe, stimulating homes.

An integrative review of literature by Baker (2019), pointed to the lack of support for pregnant women pre- and post-incarceration. The review noted incarcerated women are more likely to come from homes with higher rates of domestic violence, sexual abuse, mental health disorders. Incarceration does not make much of a difference in access to necessity and many are released to unsafe environments, limited health care, food insecurity. Recommendations for perinatal outcomes suggest program models that provide support, resource connection and address needs encountered by poor, minorities, and vulnerable populations.

Randomized control trials have increased the evidence towards the quality impact home visiting has towards parental outcomes, family well-being, and child development (Fauth et al., 2018). A research brief by Fauth et al. (2018) discusses a longitudinal study that evaluated the Healthy Families Massachusetts home visiting program, specifically looking at services provided to justice system involved juvenile women. Women involved with the justice system were targeted for data collection and included juvenile mothers who had a criminal offense, delinquency charge, or status offence. The study looked at the effects of home visiting support. Findings show the support provided was included factors such as community referrals, emotional

and instrumental support. Positive differences were seen in participants who participated in home visits versus those who only received a “check in”.

Within a hospital’s nurse program, Zust et al. (2013) identified the challenges PIW face during the labor and delivery stages. Their findings point to a need for social support, breastfeeding information, coping with separation from baby and empathy for the mother. The lack of support was observed to be emotional and painful for mom (Zust et al., 2013). Home visiting is well-suited to provide support to system-involved women with its individualized approach and flexible service delivery structure.

Theoretical Framework: Bronfenbrenner’s Bioecological Model

The proposed study will be guided by Urie Bronfenbrenner’s Bioecological Theory model. Initially it was titled Ecological Systems Theory; it is described as the progressive, mutual adaptation between individuals and the everchanging structures of immediate and broader environments that are part of a person's life (Bronfenbrenner, 1988). In a brief explanation, it discusses the environments that affect human development, settings which are explained in a manner that interconnect like they are nested within one another, simultaneously one influencing the next and so on. Like with the nesting of stacking cups, contexts fit into each other and lead on to others. For example, the individual fits into the family, the family fits into the community, the community fits into the city, and so on until it leads to culture and eras (Bronfenbrenner, 1988).

Years later, Bronfenbrenner and Ceci (1994) updated the theory to include the biological influence in human development changing the theory’s name to Bioecological Systems Theory (BST). The biological component is for the gene-environment interactions; interactions between individuals and the environment are termed as proximal processes. In the BST model, the

individual and the interactions they face are seen as a process, location of where the process that takes place is considered the environment (Bronfenbrenner & Ceci, 1994). Proximal processes, once termed as the *engine of development* by Bronfenbrenner and Evans (2000), are seen as interactions on a regular basis within the immediate environment. The two-way process between individual and environment leads to competence which can further development, skills, and knowledge or cause a hindrance in behavior, or challenges in control which in turn would be seen as dysfunction (Bronfenbrenner & Evans, 2000).

In further evaluation of Bronfenbrenner's bioecological systems theory, it can be noted that interactions are seen in a level format starting with environmental interactions in close proximity of the person, to further interactions that indirectly influence the person. The framework of levels begins with the microsystem, and extends unto the mesosystem, exosystem, macrosystem and chronosystem. The innermost level, microsystem, begins with the closest proximity to the individual and the last level, chronosystem is influential yet has non-direct interaction with the individual. In the bioecological model, the parent child interaction is seen as a process, and the environment is where the process takes place. Environment identification is where activities take place, or where the immediate environment is within (Bronfenbrenner & Ceci, 1994). In a later section of Chapter 2, description of each level within BST and its influence within home visiting will be discussed.

Design and Research Questions

The literature is remarkably devoid of any research that focuses on the context of jail as the home visiting setting. Given the dearth of information on this topic, a reflexive thematic analysis (see Braun & Clarke, 2006) was used to analyze data. This research seeks to examine EHS home visiting with justice system involved women. This qualitative study is a multiple

category design (Krueger & Casey, 2015) and includes the following categories: (a) home visitors, (b) non-jailed parents, (c) released women from jail, and (d) pregnant women in jail.

The following four questions guided this qualitative study:

RQ1: What topics or approaches are covered in the home visiting curriculum particular to the studied program?

RQ2: How do home visitors, pregnant incarcerated women, released women, and other program participants in an EHS-HBO program describe their experiences with home visiting services?

RQ3: What barriers are experienced, if any, by the home visitors providing program services and by program participants?

RQ4: What supports and strengths, if any, in regard to program services are experienced by the home visitors, pregnant incarcerated women, released women, and other program participants?

Definitions

EHS-HBO- Early Head Start-Home Based Option is one of two options available for in-program services. (“Home-Based Option”, 2020). Early Head Start promotes child development and school readiness skills for children birth to 3 from low-income families.

EHS Home Visiting: The Early Head Start Home-Based Option provides a range of services via weekly visits in a family’s home in which the child’s growth and development is explored. In a partnership with the family, home visitors facilitate learning through a hands-on approach to discuss parent-child interactions, daily routines, and health (“Roles of a Home Visitor”, 2019). Families are provided with 46 visits per year, with each visit lasting a minimum of an hour and a half (HSPPS § 1302.22; ACF, 2016). In addition to in-home services, the program is required to provide 22 group socializations of which families are encouraged to attend.

Incarceration: Loss of freedom entailed by a punishment where the accused individual is required to reside within a justice-system facility (Hotelling, 2008).

Jail: A detention facility for pretrial detainees and facility in which sentenced misdemeanors are fulfilled (Washoe County Sherriff’s Office, n.d.). These correctional facilities are under the authority of a sheriff and are intended for adults as a temporary holding facility. Inmates sentenced to a jail facility typically have a sentence of a year or less (Zeng, 2020).

Justice-System: Based within the U.S. justice system, the courts seek to “make the consequences for criminal actions predictable by stipulating punishments for particular crimes” (Mason, 2013, p. 32). Within context of this study, justice-system involved women are those that have experienced incarceration.

Pregnant: A state of being in which a woman has conceived. During the period, a fertilized ovum begins a process in which a single cell divides. The division process continues until the cells grow into a mass of cells that consequentially develop in periods in which the mass is considered an ovum, embryo and eventually fetus. This approximate gestation period of a typical pregnancy lasts about 9 months (Novak & Pelaez, 2004).

CHAPTER TWO: Literature Review

Public attention and support for home visiting has increased since its beginnings. The literature has provided evaluations in the effectiveness of home visiting, and also of work with PIW. However, there is a lack of empirical evidence of what it is like to combine both EHS-HBO with PIW. This chapter will discuss what is currently known about EHS-HBO and themes discovered in the literature associated with PIW. Though the work noted above is a novelty, this is an example of a gap in literature. There are trends within the literature that show there are benefits that come from home visiting and the need for social support for special populations. The following literature review was structured with what is known of home visiting, the necessity of social support during pregnancy and the postnatal period, and challenges and triumphs of working with incarcerated women.

Home Visiting

Years before the establishment of Head Start, the George Peabody College for Teachers in Nashville, created an experimental project, The Early Training Project, that studied school performance of preschool students who were considered at risk of developmental delays (Zigler & Styfco, 2010). The experiment included control groups that offered preschool for a number of weeks and weekly home visits for months after. The visits were intended to teach parents to be “active participants in their child’s learning and to raise their expectations for their child’s achievements and future” (Zigler & Styfco, 2010, p. 7). After this came a new program that was influenced by Urie Bronfenbrenner, the Home Start program began offering services to families regarding health and social services for children. Home visitors guided the principle of parents being the first and foremost educator their child would have. Though Home Start ended in 1973, its influences remained in Head Start as the model was incorporated into the home-based option.

Present day, the home-based option provides in home services to support parents through the implementation of research-based curricula (Head Start, 2019). The idea of support involves providing parents with nurturing, responsive, and effective interactions, and knowledge of how to create engaging environments for their children. As quoted within the Head Start website for home-based option, “Building trusting and respectful relationships with parents and children is paramount to effective home-visiting practices. In home-based programs, effective practices support parents and families, just as parents and families support their children as they grow, learn, and thrive.” (Head Start, 2019). Using a didactic approach, together home visitors and parents plan and implement activities in their visits that promote child development, parental observations of their child’s progress.

Parenting Support

As mentioned earlier, the start-up of home-based services began with the influence of Bronfenbrenner and the ideology of parents being the first and best educators for their children. In 1979, Bronfenbrenner analyzed the value of dyadic processes between parent and child. However, a notice he made was that the involvement of a third party had outcomes that were long lasting as well. His observations noted that through a supportive third party, impact on behavior was maintained as long as there was that additional support. Conflict with third parties also influenced the child, thus strengthening the impact parents and their support systems have on children’s behavior (Bronfenbrenner, 1979). Women who experience separation from their newborn upon delivery, have the responsibility of deciding who the child is to be placed with. Often arrangements place children in care of friends and family, or sometimes children are placed in the foster care system (Kwarteng-Amaning et al., 2019). Through her work in a jail, Sufrin (2017) heard women make comments of the negative comments jail staff would make

upon learning of an inmate's pregnancy; negative comments have been made by deputies stating disapproval of a mother's willingness to continue with a pregnancy when a woman is known to use drugs. Parenting support provides the opportunity for the incarcerated woman to decide the best choice for their family situation and to understand the influences of attachment pre- and postnatally. EHS-HBO has the unique ability to provide parenting and social-emotional support using a strengths-based approach that is not often heard of in the jail.

Attachment

Certain challenges such as confinement from incarceration pose risks to the parent-child attachment in the pre- and postnatal stages of an infant's life. Nearly all jails and prisons do not allow mothers to remain with their newborn. The separation interferes with attachment and can lead to adverse developmental consequences and psychological distress for mother (Pimlott Kubiak et al., 2004). In a long-term study of the outcomes of interventions for PIW, Pimlott Kubiak et al. (2010) hypothesized that women with stronger attachment to their infants would be less likely to be involved with the justice system in the future. Their findings demonstrated that women who completed interventions were more likely to have positive criminal justice, child welfare, and reunification outcomes compared to those who were in a comparison group.

As noted within the literature, the attachment among individuals influences health, development, and long-term outcomes. Within their research, Sharp et al. (2003), noticed a correlation between attachment style and the effectiveness of home visiting. Not only does the parent-child attachment state matter, but history of relationships the mother has had with other individuals also impacts the effectiveness of home visiting. The quality of home visits is impacted by the trust a mother can find in her home visitor. Additional findings suggest that mothers who are prone to display negative emotions are more likely to "exhibit maladaptive

parenting (i.e., more power assertion, more negative affect, and less warmth and responsiveness)" which in turn increases the likelihood that their children display an insecure attachment (Sharp et al., 2003, p. 602). An Early Head Start mother in their research mentioned that a parent has to be in a position to accept support "...to really get the full benefit of the program." (Sharp et al., 2003, p. 602). According to Head Start (2019), the foundation to creating an effective and meaningful home visiting experience, families and home visitors are to build trusting and respectful relationships within their partnership.

Childhood Trauma

Adverse experiences such as the incarceration of a parent, are more likely to impact a child's emotional health. Mothers who face incarceration, increase their child's risk of having insecure attachments with them and other caregivers (Schroeder, 2017). Preventative care includes positive parent-child interactions and a safe and stimulating environment. The intention of preventative approaches has its influences from the ACE's study. Felitti et al. (1998), detected the leading causes of adult morbidity and mortality were linked to long term impacts caused by adverse childhood experiences. Factors such as abuse, household dysfunction led to adult risk factors regarding increase likelihood of disease, impact on quality of life, access to health care and increase mortality rates. The conclusion of the study emphasized the need for prevention of ACE's. EHS-HBO services come with trauma-informed practices that help reduce impacts of substance use, trauma and promotes physical and emotional health for children and families ("Fostering Healing Through Trauma-Informed Practices", 2021). Home visiting can be an instrument used to bring culturally and trauma sensitive approaches to families, and also provide resource connections and meaningful partnerships.

Mental Health

The need for supportive services for PIW is evidenced by statistics of risk factors reported by various studies through the years (Baker, 2019; Kelsey et al., 2018; Knight & Plugge, 2005; Tenkku et al., 2018). Those studies demonstrate that women in criminal justice systems have higher rates of substance abuse, poor mental health, and exposure to trauma. In addition, it is to be noted that women in prison or jail are more likely to experience adverse health conditions such as infectious diseases that can eventually cause, intensify, or create pregnancy problems (Bronson & Sufrin, 2019). Kelsey et al. (2018) brought to light that personal fears such as shame or fear may be experienced when PIW try to access services. The younger the woman, the less likely she is to request services and women who requested services were likely to request mental health support. Leger and Letourneau (2015) looked into interventions to support new mothers with postpartum depression. The reason for doing so is because one of the risks for postpartum depression includes the lack of social support. Their findings point to supporting social support programs which have the ability to offer four areas of support: (1) informational, (2) emotional, (3) affirmational (providing validation), and (4) instrumental (connecting to resources). Implementation of the EHS-HBO includes social support techniques that match prevention of ACE's, mental health support and social support.

Social Support

Support from third parties has been observed as a positive impact in the parent-child dyad. Bronfenbrenner (1979) found less negative impact on the child, if the mother had a support system that buffered her stressors from trickling to her child. Additionally, Mason (2013) recognized in their work with PIW, that empowerment comes from the social support derived from collaborative relationships among the home visitor, pregnant woman, and the jail. The

involvement of home visiting programs has also shown effects in mothers who had been recently incarcerated and were parenting a newborn. Grant et al., (2003) conducted a follow-up study that considered different home visiting models and the support they provided to their clients. Apart from noting that home visitors were described as role models, providing hope and motivation from realistic perspectives, it was also discovered in decrease in maternal incarceration, significant increase in permanent housing, and positive outcomes in maternal and family stability.

Working with Pregnant Incarcerated Women (PIW)

The rate of women in the criminal justice system has been doubling since the 1980's. This accounts for those involved with different agencies such as city and county jails, probation, parole, or prison (Kelsey et al., 2018). Of 22 participating state and federal prisons in the nation, it was found that nearly 4% of women are pregnant upon entry into prison (Maruschak, 2008). The majority of pregnancies for incarcerated mothers end in live births (Sufrin et al., 2019).

Commonly, pregnancy brings physical and emotional changes to the expectant woman. Pregnancy in a correctional institution brings challenges to the facility, as well as for the woman (Dallaire, et al., 2015). Challenges related to pregnancy are often times faced at the beginning of incarceration, when being admitted into the jail. As part of the intake processing, inmates undergo a physical and psychological evaluation (Sufrin, 2017). It is during this time that many receive care for injuries that might have occurred during the arrest, or treatment for an ailment that has been affecting the individual for a while. Women answer more questions regarding their menstruation and eventually undergo a pregnancy test if there is a likelihood of being pregnant. During her work within a jail, Sufrin (2017) noted observing some patients who went into the jail without previous access to necessary medications or prenatal vitamins if pregnant; being in the

jail allowed patients to get medical care and attention when otherwise this is something they would not have addressed while in the community. Tests are conducted to confirm pregnancies as well as test for drug use. The latter is an essential factor that needs to be determined because it can impact prenatal care. When a pregnancy is confirmed, steps are taken to ensure the woman and her fetus receive essential medical attention. However, certain medical actions are frowned upon by the women receiving them. A worry some women face is having to deliver during the incarceration period. Anti-shackling laws are not extensive through the entire United States. Corby (2017) reported experience of restraints for PIW cause an increase of injuries, pain, trauma, Post-Traumatic Stress Disorder (PTSD), and depression. As of their report, 20 states allow the use of restraints during pregnancy, labor, childbirth, and recovery. As of May 2011, Nevada passed Assembly Bill 408 that prohibits use of restraints on Nevada prisoners during labor, delivery, or childbirth, unless they are "a serious and immediate threat of harm" (Shackling Pregnant Women, 2011).

After the trials of delivering in custody, the mother then has to separate from her newborn and the need for support increases. Emergent literature on prenatal support for incarcerated women is starting to show the challenges and benefits of such programs. As mentioned in an earlier section, a New York jail hosts a program for family support workers to provide home visiting support for justice system involved parents. The New York program discusses the challenges of conducting home visits in restrictive environments, as well as the empowerment their participant mothers receive (Mason, 2013). Family support workers were not safe from the challenges either. Pushback from jail staff, lack of legal knowledge, and an increase in their advocacy skills were some of the trials home visitors faced. The relationship between the family support worker and incarcerated pregnant mother helped bridge empowerment between the

inmate and her family. As noted by another home visiting program, the importance of building rapport and adapting to meet the needs of clients strengthened the effectiveness of the support provided (Patten et al., 2018).

Why is it important?

Before having interaction with the justice system, incarcerated women are more likely to live in higher rates of domestic violence experience sexual abuse, struggle with mental health disorders, (e.g., post-traumatic stress disorder, bipolar, depression, anxiety etc.), have limited health care, and food insecurity (Baker, 2019). Incarceration takes away risks temporarily, but it does not change the social conditions that contributed to incarceration, nor does it improve the environment and conditions encountered upon release. A positive outlook is that jails can be used to "...cultivate healthy pregnancy behaviors..."(Sufrin, 2017, p. 140).

One of the limitations to this field is the limited quantity of data that specifies effective intervention for incarcerated women who are pregnant. So far, few studies have narrowed down what has worked in those select programs. Attention has been made to emphasizing bonding, parenting skills, self-development in this line of work (Kwarteng-Amaning et al., 2019; Mason, 2013; Pimlott et al., 2004). Among the factors mentioned in the latter, Kelsey et al. (2018) also identified health care, counseling and family service as programs that can help newly released mothers. Though not specifically aimed towards home visiting or pregnant women, a study by Charles et al., (2021), suggested the importance of parenting support within jails. Via an intervention model aimed at connecting jailed parents with their children and thus strengthening their parent-child relationship, a notable highlight about this finding is that their models focused specifically on jail because it so the most prevalent type of incarceration.

Kwarteng-Amaning et al. (2019) conducted a study in which they examined the impact on attachment between a mother-infant dyad inside prison-based nursery program and post release years later. Based on the different perspective of having the child in the prison, their considerations for further work include supporting programs that reinforce prenatal education, self-care, breastfeeding, nutrition, resource connections, and infant care (Bronson & Sufrin, 2019; Kwarteng-Amaning et al., 2019). Another study recognized that early intervention brought positive outcomes, and from this impression came a hypothesis that the home visiting program would help reduce incarceration rates in the participating child's adulthood (Kitzman et al., 2019). Ultimately the study found that among some of the study outcomes was the finding of lowered incarceration rates among female program participants.

Theoretical Framework Overview: Bronfenbrenner's Bioecological Model

As previously mentioned in Chapter 1, varying levels of interactions can influence human development and behavior. In continuation, I provide a brief overview and discussion on the relationship of each level within the home visiting perspective.

Microsystem

The environment in which the person has most direct contact with is known as the microsystem. Interactions in this system are observed when the person has on-to-one contact with family, friends, school, and work (Bronfenbrenner, 1992). Other settings are essential but with regards to social support, none can replace the basic unit that provides love, time, motivation, and interest (Bronfenbrenner, 1988). Bronfenbrenner found that in adulthood, single parents identified support came from relatives, friends, and neighbors (Bronfenbrenner, 1992).

Mesosystem

The mesosystem can be seen as linkages and processes that happen between two or more settings in which the person is involved with; also described as a "system of microsystems" by Bronfenbrenner (1992). A proposal made by Bronfenbrenner (1985) is that the parent-child dyad is the core of human development, and it takes a third party to enable this dyadic relationship towards effective functioning. The example used by Bronfenbrenner (1985) illustrated a three-legged stool with a broken leg, symbolizes that when support is not very stable, the structure is more likely to collapse. It is not necessary for the third party to be another parent, strong support can come from relatives, friends, neighbors, and community organizations. When the child is looked at as the center of the micro system, the mother's support networks are within the child's mesosystem (Bronfenbrenner, 1992).

Exosystem

A common characteristic of both exosystem and mesosystem is that there is a relation between two or more settings (Bronfenbrenner, 1992). The exosystem focuses more on what occurs in the setting directly involved with the parents yet has little to no interaction with the child; the exosystem has influence from a place a child seldom enters (Bronfenbrenner, 1986). With once again thinking of the child as the person, the child is influenced by interactions family has with work. For example, unemployment may cause a moody parent which may then lead to tension in the home (Bronfenbrenner, 1986).

Macrosystem

The fourth system, macrosystem, includes the overall patterns from the micro-, meso- and exosystems of a culture into a broader context. The macrosystem includes resources, lifestyles, life course options, religion, communities (Bronfenbrenner, 1992). The macrosystem

has been thought of as a societal blueprint for a specific culture or societal context; subculture extends to not only the one where the person was raised but also where they currently live. Belief systems are a critical component of the macrosystem; Bronfenbrenner (1992) agreed with Lev Vygotsky in that the availability of belief systems including their intensity is defined by culture in which the person lives in.

Chronosystem

Changes in with the passage of time by a person and within a culture are marked within the chronosystem. Events with long term effects such as divorce, separations, change of mother's work status through the child's school years, how many times a family moves are examples influence from the chronosystem (Bronfenbrenner, 1986). Changes can be characterized as normative and nonnormative. Normative changes include those that are rites of passage through the life course, like entering school, puberty and getting a job. Nonnormative include changes that some but not all experience such as divorce, severe illness or moving. However, change is not only a characteristic of this system, consistency and short-term effects can also be noted (Bronfenbrenner, 1992). A reflection on events that impact a culture may witness patterns and behaviors marked by the event that shows a consistency of behaviors in reaction to such event.

Relationship Between Home Visiting Services for Pregnant Incarcerated Women at the Microsystem Level

At the center of this systematic outlook is the mother-fetus dyad. The mother's physical and mental well-being are directly linked to the fetus' growth and development. In context of the bioecological system theory, the dyad would be considered the individual, and the experiences the individual has with activities, roles and relations in her immediate environment are to be considered part of her *microsystem* (Bronfenbrenner & Morris, 2006). While the bioecological

systems theory gives emphasis to the parent-child interaction, essential interactions during the time that a PIW is in jail, include the support she receives from the jail staff, medical professionals, and family. In a typical setting for a home visit, the interactions within the home visitor-parent-child triad, place the home visitor within the parent and child's microsystem.

Emphasis to the parent-child interaction is jeopardized upon the challenges of giving birth while incarcerated. As noted by Bronfenbrenner (1979), the first 12 hours following birth are critical in the strengthening of the mother-infant relationship. The theory has been previously used to create models for programs that provide consistent effects on maternal well-being and parent child interaction, thus improving maternal outcomes (Kearney et al., 2000). Direct work with mothers has shown an influence towards positive maternal mental health and augmentation in perceived social support (Hotelling, 2008; Kearney et al., 2000; Patten et al., 2018).

Incarceration pulls women from their typical home and family environment. As social support is separated by cement walls and distance extended by wait times for court procedures, the perception of social support is impacted. A new environment consisting of strange faces and harsh new rules, causes a change in the PIW's microsystem. In 1979, Bronfenbrenner regarded the importance of context that surrounds the child when contemplating child rearing, the same thinking can apply in finding support for the woman whose surroundings are of a unique context such as jail.

Findings show that continuous support through person-to-person interactions by a professional (e.g., home visitor), increase positive outcomes for families and increase maternal-infant bonding (Hotelling, 2008; Kearney et al., 2000; Patten et al., 2018). As is, physical changes and a myriad of emotions (e.g., anxiety, excitement) are among the experiences of pregnant women regardless of environment. Social support provides individuals with emotional

support and strength to seek and receive services. Social support has the ability to provide information, emotional support, and social relationships that can help a range of needs (What is Family Support, 2020). An increase of challenges, advocates for an increase of support. Studies have found underlying factors that affect pregnancies of PIW's. For example, histories of mental illness alcohol and substance abuse, domestic violence (Baker, 2019; Hotelling, 2008; Tenkku et al., 2018), poverty, food insecurity (Kearney et al., 2000), and homelessness (Baker, 2019; Hotelling, 2008) have been found among PIW's. Birth related risks are increased by unhealthy living conditions. Note that these factors potentially increase involvement with the justice system, and negative impacts towards child and family well-being.

Pregnant women in correctional facilities are more likely to experience health related risks such as malnutrition, inadequate health care, mental challenges that go untreated and increase risk of delivering an infant with low birth weight (Baker, 2019; Schlafer et al., 2019; Tenkku et al., 2018). Contributing factors to these risks are long-term substance abuse and mental health challenges. Prenatal exposure to substances such as tobacco, alcohol, and drugs have been known to be used by the mother to self-medicate mental health ailments (Tenkku et al., 2018). A mental health challenge, such as perinatal depression, is often seen in PIW's; PIW have to prepare themselves mentally for the potential delivery while in custody, and the separation from baby soon after.

Kearney et al. (2000) found that a home visiting intervention found their participants' depression and anxiety positively affected by the perceived social support of the program. The researchers also found that providing direct focus on the home visitor-parent relationship appeared as important as social support. Social support demonstrated a consistent effect on maternal well-being, and parent child interaction. Ultimately, the support received by vulnerable

families strengthened interactions in the microsystem of the individual and it showed through improved maternal outcomes.

In an earlier section, I discussed as Bronfenbrenner (1986) paid attention to the strengths of home visit support for families with premature infants. The positive effect of support received in the home was shown in the increased IQ of participating infants (Bronfenbrenner, 1986). Home visiting effectiveness has been coined to include relationship building, trust, constant presence of the home visitor (Kearney et al., 2000; Patten et al., 2018). Home visiting provides opportunities for education that is meant to improve parenting knowledge. Bronfenbrenner viewed interactions of environments as a two-way process that lead to confidence which furthers skills and knowledge of the individual (Bronfenbrenner & Evans, 2000). Recommendations in the reduction of adverse childhood experiences are to pay attention to primary prevention strategies (Felitti et al., 1998). Primary prevention includes the strengthening of skills and knowledge that aid in the prevention of health risks. Combination of social support and information, for example bringing parenting support to the immediate environment through home visiting services for pregnant woman in jail, can initiate the prevention strategies needed for the future of the fetus.

Initiatives for home visiting in the jail environment with a PIW have already been made (see Mason, 2013). The program reported provided education that supports bonding, attachment, healthy development, positive parent child interaction, increase in coping skills and self-sufficiency (Mason, 2013). Through a stressful and emotional journey, the mother delivered her infant while incarcerated and arranged guardianship as she returned to the correctional facility. Knowledge and advocacy for the mother-child dyad empowered the family to seek their needs. Home visiting in the jail, provides the opportunity to initiate support that can be continued upon

release. Furthering the notion of strength from supportive networks, researchers highlight the power relationships bring to inmates and the positive outcomes on mental health and maternal-infant bonding (Bell & Cornwell, 2015; Hotelling, 2008; Sharp et al., 2003).

Relationship Between Home Visiting Services for Pregnant Incarcerated Women at the Mesosystem Level

In similar context to the previous studies analyzed by Bronfenbrenner, the *mesosystem* level involves the interactions of two or more external systems that are tied to the individual (Bronfenbrenner & Morris, 2006). When looking at the jail and medical care provided within, literature has shown that experiences within incarceration can affect the well-being of the developing fetus and its mother's health (Baker, 2019; Corby, 2017; Hotelling, 2008; Mason, 2013). Another connection of two external influences may be seen as support networks having to navigate the justice system in their attempt to stay connected to the inmate. Bell and Cornwell (2015) discussed a parenting course designed to value the maintaining of family ties with persons in prison. The emphasis of the course was to create a tie between the jail environment, and familial support.

Considering the jail as the fetus' mesosystem, the correctional facility and mother's health could be seen as an influence towards development. Due to punitive duties, correctional facilities limit choice and movement for inmates. Having little choice on what to eat, what to do, and the choice of health care provider is highly different from the opportunities found in the community setting. Most contact with the outside world (i.e., family, friends, attorneys etc.) happens more often through phone or mail, than in person (Hotelling, 2008). Incarcerated women have expressed uncomfortable experiences with having to deliver in chains, feeling of increased isolation by not being allowed visitors in the hospital and being separated from their

child at birth (Sufrin, 2017). Isolation from individuals creates the probability of impacting mental health negatively. Adding more cause to mental health challenges is consequential to a population who already has an increased likelihood of experiencing mental health concerns.

Access to mental health support in the jail setting is limited. Experiences from PIW point to limited support for depression, anxiety, and treatment of substance abuse (Hotelling, 2008.; Mason, 2013). Untreated conditions can have an impact in the current development of the fetus, and also into the future once the infant is born and ready to interact with its mother.

Psychological instability created from being incarcerated can encourage feelings of loneliness and frustration (Mason, 2013). Change that neither the mother nor fetus have a direct influence over is experienced when the PIW has to see the only obstetrician assigned to the jail and not the one she had perhaps established herself with. A positive finding is if the mother was not receiving prenatal care prior to incarceration, she now has the resources to do so (Tenkuu et al., 2018). Incarceration does not necessarily cause stress to everyone. Incarceration has shown to better some women's lives by providing protection from homelessness, separating women from violent partners, and food security is established; surprisingly, incarcerated women have more positive outcomes during their pregnancy as compared to their community counterparts, this is mostly due to the women being in a healthier environment while in the jail. (Hotelling, 2008, Sufrin, 2017).

Relationship Between Home Visiting Services for Pregnant incarcerated women at the Exosystem Level

Bronfenbrenner's (1986) third system includes the non-direct influences from settings in which the child may not be directly, but their parents are. The *exosystem*, a place where the child seldom enters, yet influences the child indirectly. While in the womb, the child has indirect

interaction with the jail environment as the mother navigates in it. While in her environment, factors that bring on stress, anxiety, and physical discomfort eventually have a way of impacting the fetus' development (Dallaire et al., 2015). Bronfenbrenner (1986) recounts the influence parental support networks have towards the mothers parenting attitude. The literature notes that stronger support during pregnancy, reduces stress and increases esteem for themselves and their fetus (Tietjen & Bradley, 1982 as cited in Bronfenbrenner, 1986).

Incarceration causes a disruption in a woman's proximity to her support network. As previously mentioned, program models (EHS-HBO) that provide support and education for incarcerated mothers can satisfy Bronfenbrenner's ideology. In another program model with BST perspective, home visits conducted by deputies to recently released offenders resulted in positive impact due to the augment of the social support network (Patten et al., 2018). During his research, Bronfenbrenner (1986) came across studies that looked at the influences from two settings. Community-level home visiting support is found within the exosystem level. One of the studies included home visits for families who had their premature infants in the hospital. The support mothers of premature infants received was noticed in the increase of positive development of the child.

Relationship Between Home Visiting Services for Pregnant Incarcerated Women at the Macrosystem Level

One of the questions for such a unique population is, how do we begin to provide support to pregnant incarcerated women? In reference to a quote mentioned by Patten et al., (2018), Bronfenbrenner's (1979) *macrosystem* model discusses the political, economic, cultural patterns. Considering policies surrounding PIW, labor and delivery raises new question in terms of supportive care. Policies such as to shackle or not during labor and delivery are germane policies

to pregnant women in jail. Shackling has been noted in various labor and delivery stories within correctional facilities in the nation (Corby, 2017; Mason, 2013; Patten et al., 2018).

Providing emotional and educational support is not an easy task regarding this labor and delivery during incarceration. It is not a common finding within home visiting curriculums to see information for home visitors and families that talks about the expectations and experiences of incarcerated labor and delivery. Sufrin et al. (2019) brought light on the need to consider uncertainties and challenges women face while pregnant and incarcerated. They noted some women may experience isolation, degradation, doubts with medical care and shackling while in labor. As typical practice for medical care during incarceration, it is customary to shackle the inmate for safety measures (Mason, 2013). Even though women are less likely to commit violent crimes, some states within the nation enforce the punitive use of shackles during labor and delivery stages regardless of safety status (Hotelling, 2008). In a recount of the experience of one woman who was in preterm labor and confined to her hospital bed in shackles, Hotelling (2008) described challenges and risks of such happenings. Some concerns with use of restraints are the connection to increase of injuries, pain, trauma, post-traumatic stress disorder, and depression (Corby, 2017; Hotelling, 2008). Because it is not federal law, 20 states allow use the use of restraints during pregnancy, labor, childbirth, and recovery; 19 states limit or prohibit the use of restraints (Corby, 2017). In 2011, Nevada Governor Sandoval passed Assembly Bill 408 in the 76th legislature session. AB 408 prohibits the use of restraints on a woman who is in labor or recovering from it, unless she is considered a safety risk. Surprisingly, some reports have found that there are states who have laws against shackling but still restrain pregnant women during labor even though it is deemed illegal (Bronson & Sufrin, 2019).

Advocating for rights for medical attention of PIW during the perinatal period is a continuous fight. An additional fight for policy exists regarding prenatal care while incarcerated. Existing literature highlights there is no clear mandate on what standard prenatal care for incarcerated women is, and that PIW's receive inadequate prenatal care; it also shows there is not enough data to know the adequacy of prenatal care and nutrition for the incarcerated (Bronson & Sufirin, 2019; Hotelling, 2008). For a population in which high-risk pregnancies are common, adding incarceration and inadequate care can increase risks for mother and child (Hotelling, 2008). Policy and law may be the solution to provide model programs that provide higher quality perinatal support. The Doula Program for Incarcerated Mothers has found implications for further support that provides parenting education and prenatal care with positive birth outcomes (Hotelling, 2008). In Mason's (2013) work with a pregnant incarcerated woman, it was concluded that a macro-perspective lens includes interventions that support pregnancy related stressors. Examples of pregnancy related support include clear guidelines in planning for the birth, parenting, and the mother's mental health. The latter are staples of the supportive services within the EHS-HBO program design.

Relationship Between Home Visiting Services for Pregnant Incarcerated Women at the Chronosystem Level

Some transitions and experiences in life bring life-long impacts to individuals. A nonnormative change, such as the transition of moving from a typical home and into a local jail, produces differing levels of change through the life course of an individual (Bronfenbrenner, 1986). Changes through the passage of time are what Bronfenbrenner (1986) would consider as part of the individuals *chronosystem*. As mentioned previously, the mention of individual refers

to the pregnant woman-fetus dyad, thus signaling the likelihood incarceration of a mother can have as the fetus is born and develops.

Literature has reflected the impacts in which continuous negative environmental and biological factors have in the life course of an individual. In 1998, Felitti et al., conducted a study which analyzed the history of adverse childhood effects in adults. Adversity included household dysfunction, trauma, abuse, incarceration, and mental illness. A compelling finding from the study was the longitudinal and negative impacts childhood experiences cause, perhaps to the point where adverse childhood experiences have the likelihood of continuing through generations (Felitti et al, 1998).

Research has found that incarcerated women are more likely to have lived with higher rates of abuse, mental illness, and inadequate resources prior to incarceration (Baker, 2019; Hotelling, 2008). Involvement with alcohol or drugs is sometimes used as self-medication for undiagnosed or untreated mental health illnesses. As noted by the adverse childhood experiences (ACE) study, childhood trauma can be cause for adult mental health concerns such as depression and anxiety. It was noted by Baker (2019) that incarceration does not change the social conditions that led to incarceration, nor does it improve lives. However, the latter reinforces the need that social support during and after incarceration could improve perinatal outcomes. Parenting skills that can be provided to expectant mothers, may provide strength in breaking cycles of ACEs through generations.

Summary

As discussed previously, studies have shown that home visiting support can reduce barriers that PIW may face. Incarceration poses challenges in prenatal and postnatal experiences of mother and child. Though risk factors are commonly present before incarceration, social

support has shown to lead to positive outcomes and prevent further challenges in family system. Home visiting with someone who the previously incarcerated woman has built a connection with, can override personal related fears such as shame or fear that may otherwise contribute to be a barrier in accessing services (Kelsey et al., 2018). The purpose of this study was to explore the experience in services, support and barriers encountered by PIW in an EHS-HBO program.

CHAPTER THREE: Method

Participants

The study included participants from an Early Head Start Home Based Option (EHS-HBO) program within the University of Nevada, Reno. This study was approved by the University's Institutional Review Board, the Director of the Early Head Start program, and the Sheriff's Department at the participating jail. Recruitment occurred within a university's Early Head Start Program that provides home visiting sources to the community and PIW at the local jail. At the time of data collection, the EHS-HBO program used a *Parents as Teachers* approach.

Attention was given to three focus groups and an interview. The total number of participants included: (a) pregnant incarcerated women (PIW) in a jail ($n = 6$), (b) non-jailed parents ($n = 15$) and (c) a focus group of home visitors with women in jail on their caseload ($n = 8$) and released women from jail ($n = 3$) were interviewed.

The number of participants in the first phase consisted of (a) PIW in jail ($n = 3$), (b) non-jailed parents ($n = 9$) and (c) a focus group of home visitors with women in jail on their caseload ($n = 4$) and released women ($n = 2$). The second phase of data collection occurred approximately 12 months after the first phase and also included three focus groups: (a) PIW ($n = 3$), (b) non-jailed parents ($n = 6$), (c) a focus group of home visitors with women in jail on their caseload ($n = 4$) and a released woman from jail ($n = 1$) was interviewed. See Table 1 for released women demographic characteristics, Table 2 for PIW demographic characteristics, and Table 3 for home visitor characteristics.

Table 1*Demographic Characteristics for Released Women*

Pseudonym	Age (Years)	Ethnicity/Race	Education	Pregnancy	Marital Status	Births	Teen Parent	No. of Pregnancies	Length Incarcerated	Times Incarcerated	Length in HV ^a
Rita	40	White	11 th grade	P.P. ^c	I.R.	3	Yes	4	165 days	2+	9 mo.
Wanda	38	White	Bachelor's	24+ wks.	Single	0	No	1	32 days	2	4 wks.
Debra	32	White	S.C. ^b	P.P. ^c	I.R. ^d	4	No	6	125 days	2	8 mo.

^a Home Visiting, ^b Some College, ^c Postpartum, ^d In a Relationship,

Table 2*Demographic Characteristics for Pregnant Incarcerated Women*

Pseudonym	Age (Years)	Ethnicity/Race	Education	Pregnancy	Marital Status	Births	Teen Parent	No. of Pregnancies	Length Incarcerated	No. Times incarcerated	Length in HV ^a
Beth	35	White	S.C. ^b	24+ wks.	Single	3	No	4	195 days	2	6 mo.
Emma	26	White	11 th	12-24 wks.	Single	1	No	2	60 days	5	2 mo.
Sandra	36	White/N.A. ^f	H.S. ^e	24+ wks.	Single	3	No	4	150 days	4	3 wks.
Anna	26	White	11 th Grade	P.P. ^c	Single	2	No	2	60 days	18	5 weeks
Carmen	26	Hispanic	9 th Grade	24+ wks.	Single	3	Yes	4	150 days	15	2 weeks
Iris	32	White	H.S. ^e	12-24 wks.	Single	0	No	1	37 days	2	1 day

^a Home Visiting, ^b Some College, ^c Postpartum, ^d In a Relationship, ^e High School, ^f Native American

Table 3*Demographic Characteristics for Home Visitors*

Pseudonym	Age (Years)	Ethnicity/ Race	Education	Family Science Degree	CFLE	License	Position	Years with EHS ^a	Years Working with Families	Time Working at the Jail	No. of PIW Currently on Caseload
Jada	28	Hispanic	Bachelor's	Yes	No	No	H.V. ^d	8-9	10+	2-3 years	1
Lucy	51	White	Bachelor's	No	No	No	H.V. ^d	9-10	10+	1 year	1
Grace	No Answer	White	Bachelor's	No	No	S.W. ^c	H.V. ^d	10+	10+	2-3 years	1
Tori	42	White	Associates	No	No	No	H.V. ^d	10+	10+	1-2 years	0
Cindy	37	White	Associates	No	No	ECE ^b	H.V. ^d	10+	10+	1-2 years	1

^a Early Head Start, ^b Early Childhood Education, ^c Social Work, ^d Home Visitor,

Table 4*Demographic Characteristics for Non-Jail Parents (N = 15)*

	n	%
Ethnicity		
White	5	33%
Hispanic	7	47%
Multi-Race	3	20%
Length in HV		
<6 mo.	3	20%
6-12 mo.	7	47%
1 yr. – 2 yrs.	1	7%
2+yrs.	3	20%
Did not report	1	7%
Age		
18-30	8	53%
32-39	6	40%
44	1	7%
Marital Status		
Single	4	27%
Married	4	27%
In a Relationship	6	40%
Separated	1	7%
Gender		
Female	14	93%
Male	1	7%
Education		
Less than High School	2	13%
High School	3	20%
Some College	5	33%
Associates Degree	2	13%
Bachelor's Degree	3	20%
Births		
One	4	27%
Two	3	20%
Three	5	33%
Four	1	7%

Teen Births	Six	1	7%
	Yes	3	21%
	No	11	79%
No. of Pregnancies	One	3	21%
	Two	4	29%
	Three	2	14%
	Four	3	21%
	Seven	1	7%
	Sixteen	1	7%

Recruitment

Once IRB approval was received, the recruitment process began with an invitation via an informational letter that was sent home to Early Head Start home visiting families. If interested in learning more about the focus group, families notified their home visitor and the home visitor reported back to the author. The letter contained contact information for the author if the parent wished to notify of their participating directly to the author and it also served as a method to ask questions regarding the study. PIW and those who had been released were also given an information letter explaining the upcoming focus group (in jail) and opportunity to a structured interview (released women).

Dates were coordinated with the jail staff to conduct the focus groups within the jail; a room within the Program's Unit in the jail was reserved for the focus groups. PIW notified their home visitor of their interest in participating. The jail focus groups were conducted 2 weeks after the initial information letter was sent. For ease of families' schedules and transportation challenges, the Early Head Start parent focus group was conducted within the program's main building during a socializing event. A room was reserved solely for the focus group. Released women interested in the interview, were contacted by the author and a home visit was scheduled.

Incentives were advertised during recruitment. In accordance with study protocol, and with an exception to participants from the jail, every participant received a \$10 gift card as a thank you for participating in each phase.

Study Design

This focus group study is a multiple category design (Krueger & Casey, 2015). It includes several types of participants, see Table 4. Kruger and Casey (2015) suggest that three or four focus groups per group is the standard but there are exceptions to this. In the current study, there were so few released women in jail that only two data collections points with individual interviews were used. Similarly, access to the target jail was only granted twice, which prohibited further study. Reflexive thematic analysis (Braun & Clarke, 2006) was employed.

Table 5

Multiple Category Design

Groups	Phase 1	Phase 2
Home Visitors	0	0
Non-Jailed Parents	0	0
Released Women from Jail	X	X
Pregnant Women in Jail	0	0

0 represents one focus group; X represents individual interviews

Focus Group Guides

The focus group guides were reviewed by two professionals from the home visiting field. Minor adjustments were made to the questions based on the reviewer's feedback. The discussion guides consisted of open-ended questions linked to the previously mentioned research questions. See the Appendices for all question guides. Because a new group of PIW and EHS-HBO parents participated in the discussions during phases 1 and 2, the questions and the procedure to arrange meeting times for the focus groups remained the same to enhance consistency throughout the study (Guest et al., 2017).

The questions for home visitors during phase 2, have a similarity to the initial round by promoting a discussion of the home visiting experience within the jail and what support is available. After reviewing and reflecting on the transcript from the first focus group, questions were changed just enough to gather more information based on topics that were discussed during the home visitor focus group that consisted of the same participants as the initial discussion. Some questions were shaped to continue a follow-up discussion of what was previously shared by participants. The new questions were based on questions and ideas that arose from the first focus group. In summary, this new set of questions were designed to follow-up from last year's ideas and to discuss more information that may be available after another year of experience of home visiting within the jail.

The goal for focus groups and interviews, were for participants to express their cognitions of the participation in home visiting services (Van de Wiel, 2017). They were encouraged to share their experiences, information, thoughts, and feelings about their participation with home visiting services. For those with a relation of any sorts to incarceration, further questions were prompted. As told by Van de Wiel (2017), focus groups that investigate the opinions and

experiences of people provide valuable tools to examine for both “exploratory and comparative purposes” (p.101). In focus groups, initial questions guide the interview by inviting participants to share their views.

Data Collection Procedures

All participants were provided with written and verbal information about the research. Additionally, PIW also signed a consent form. Focus groups and interviews with participants enrolled in home visiting were conducted by a trained graduate student (the author of this thesis). The focus groups conducted with the home visitors was guided by a researcher (the advisor of this thesis). Instruments, conductors of focus groups/interviews, and environments remained consistent for each phase of data collection.

The average length of the focus groups across all phases was 56 minutes and 55 seconds in duration. The average length of interviews across all phases was 39 minutes and 27 seconds in duration. The first phase of data collection occurred within the days of April 24, 2018 through May 7, 2018. Approximately 12 months later, the second data phase was conducted May 7, 2019 through May 17th, 2019.

Average length of phase one focus groups was 1 hour and 4 minutes with 16 seconds and the interview average was 30 minutes with 22 seconds. Phase 2 time averages were 51 minutes with 18 seconds for focus groups and an average of 43 minutes with 59 seconds in interviews. Every participant, not-including jail participants, received a \$10 gift card as a thank you for participating in each phase. All focus groups and interviews were audio recorded and transcribed verbatim by the author of this thesis and partial assistance from transcribing software.

Data Analysis and Rigor

Data was imported to Dedoose Version 8.3.45 (2020). There were three analysts, the thesis author, a Ph.D. level faculty advisor, and a graduate student. Self-reflexive practices (see Allen, 2000) regarding the analysts' biases and values were recorded and discussed prior to and throughout coding with the other analysts. The researcher is a graduate student and a home visitor at the participating site, and thus much of the reflective work evolved around her management of this dual role of insider and outsider.

A reflexive thematic analysis approach (see Braun & Clarke, 2006) was used. Three analysts applied Braun and Clarke's (2006) six phases of thematic analysis to the data for emergent coding and analysis: 1) familiarizing yourself with the data, 2) generating initial codes, 3) searching for themes, 4) reviewing themes, 5) defining and naming themes, and 6) producing the report.

Two analysts, the thesis author and a graduate student, read and reread the transcripts to familiarize themselves with the data. Coding was guided by the research questions. Two analysts identified and generated codes and created a codebook with definitions of codes and examples. Consensus was reached on a list of codes and the assignment of codes to data in Dedoose. The next phase included two analysts' (thesis author and faculty advisor) discussion and review of codes in order to organize the codes into patterns of meaning, which emerged as subthemes and themes to answer the research questions.

Three home visitor participants were invited to do member checking by reviewing the findings to determine if the findings resonated with them (Birt et al., 2016). Focus group participants reviewed the findings and noted them to be largely representative of their experiences, and resonant with what they learned from participants. One said the findings helped

with “remembering the ‘Moms’ and picturing them”. They made no suggestions. Additionally, once findings were drafted, they were shared with three researchers and feedback was invited.

CHAPTER FOUR: Findings

The research questions examined the experiences with home visiting services of home visitors, PIW, released women and other program participants (i.e., non-jail group) in EHS-HBO, as well as any barriers they experienced, and supports and strengths if any. Six themes emerged including (a) topics and curriculum, (b) home visiting experiences, (c) in jail experiences, (d) community EHS home visiting, (e) hardships and supports, and (f) support and strengths. The relation among these themes conceptualizes the impact incarceration has for a pregnancy, the pregnant women's ability to prepare for the birth of the child and how home visitors can provide guidance under special circumstances.

Table 6 summarizes the hierarchy of coding analysis. Varying levels of coding developed through the analysis to strengthen the clarity and organization of the themes found (Kind, 2004). The specific research questions were explored by underscoring the themes, subthemes, codes, subcodes and example quotes that emerged to address the research questions.

Table 6

Coding analysis

Major Themes Subthemes Codes Subcodes
Topics and Curriculum (Theme 1) Program Model Curriculum (Subtheme) Attachment Breastfeeding/Lactation Health/Health Care Nutrition Individualized Curriculum (Subtheme) Learn/Learning Circles of Support Child Protective Services (CPS) Mental Health Substance and Drug Abuse/Use

<p>Home Visiting Experiences (Theme 2)</p> <p>What is a Home Visit (Subtheme)</p> <ul style="list-style-type: none"> Building Rapport Hands-On Activities Parenting Skills <p>Professional Practice (Subtheme)</p> <ul style="list-style-type: none"> Home Visiting Curriculum as a Boundary Responsive Communication Fluidity of Caseload Numbers Professional Partnerships <p>In-Jail Experiences (Theme 3)</p> <p>Pregnancy in Jail (Subtheme)</p> <ul style="list-style-type: none"> Incarceration While Pregnant Negative Feelings About Jail Return to the Community Prenatal Experience Labor and Delivery <p>What Jail Home Visits are Like (Subtheme)</p> <ul style="list-style-type: none"> Jail Activities Jail Home Visit Topics Discussed Jail Services
<p>Community Home Visiting (Theme 4)</p> <p>Style of Community Visits (Subtheme)</p> <ul style="list-style-type: none"> Non-Jail Activities Non-Jail Topics Discussed
<p>Hardships (Theme 5)</p> <p>Jail Challenges (Subtheme)</p> <ul style="list-style-type: none"> Hardships in the Jail <ul style="list-style-type: none"> Struggles Accessing Help (Subcode) Lack of Faith in Medical Care (Subcode) Experiences Living in Housing Units (Subcode) Challenges in Jail Visits <p>Challenges in Non-Jail Home Visiting (Subtheme)</p> <ul style="list-style-type: none"> Challenges with Resources <ul style="list-style-type: none"> Challenges Accessing Resources (Subcode) Challenges with Fit (Subcode) Family's History of Challenges with Resources (Subcode) Home Visitor Challenges <ul style="list-style-type: none"> Challenges with Connecting to Resources (Subcode)
<p>Support and Strengths (Theme 6)</p> <p>Community Support (Subtheme)</p> <ul style="list-style-type: none"> Resource Assistance Resource Type Service Request <p>Support from Individuals (Subtheme)</p> <ul style="list-style-type: none"> Social Support

Home Visiting Strengths (Subtheme)
Personal Strengths
Positivity (Subcode)
Willingness to Change (Subcode)
Parenting Skills
Home Visitor Strengths
Empathy (Subcode)
Kindness (Subcode)

Topics and Curriculum (Theme 1)

In the review of responses to research question 1 (i.e., What topics and approaches are covered in home visits?) one theme, on topics and curriculum emerged. This theme included two subthemes (a) program model curriculum and (b) individualized curriculum.

Program Model Curriculum (Subtheme)

All categories of participants in both phases addressed *attachment* by explicitly mentioning attachment or similar “connection between a baby and a mom”. Iris, a PIW said, “you’re putting your love in that [activity] and you’re like I’m the one experiencing that with the child.” Debra, a released woman stated, “like I’m not always the financial provider but...I’m the nurturer.” *Breastfeeding* was addressed by PIW and released women. Beth, a PIW stated, “I mean you’re going to be trying to hold your baby, like how can you even try to breastfeed when you’re cuffed to the bed”. Another PIW stated, “I can have a breast pump delivered to the jail, it would be a pump and dump”. One released woman mentioned that once the baby is here that she “would like to learn how to breastfeed”.

Respondents in all categories in both phases addressed *health/health care*, and this was the most frequent code within the subtheme. PIW focused on the challenges of health/health care. For instance, Beth, a PIW stated “I went 3 months with no doctor’s appointment, knowing nothing. I had no idea I never received gestational diabetes testing. I barely received the strep

throat testing, which I don't know the results of". Sandra another PIW noted "we don't have prenatal care here [jail]." Beth stated, "I have the worst constipation and the world's largest hemorrhoid, they don't even have here at the jail, hemorrhoid cream for a pregnant woman". A non-jail parent noted that her home visitor was a conduit for getting information about health.

A non-jail participant stated:

I was having gallbladder issues, so I talked with my home visitor, and she got information and said it was common in some pregnancies and the home visitor talked with the nurse and then I got the information from the nurse from the home visitor.

Alternatively, Beth, a PIW discussed the challenges of health care information in jail. She stated "...you know to be able to get the Medicaid so you can go to the doctor, get the proper medication".

Nutrition was addressed by all categories of participants in both phases and appeared most frequently in the interviews with released women. Debra, a released woman, discussed her nutrition in jail and stated "nobody in jail gets peanut butter. I got peanut butter because I was pregnant. I refused to eat the cheese sandwiches because it's not even real cheese." Beth, a PIW noted that she needed "more protein, because all the food they give us here [jail] has either too much sugar or too much salt, so you can't even eat it." Home visitors discussed the food at the jail by using language such as "crappy leftovers", "they get what they get, they [PIW] usually have no say", and "nutrition [in jail] can definitely be improved". Bronson and Sufrin (2019) asserted that there is limited literature in the adequacy of the nutritious food provided within correctional facilities, however Kelsey et al. (2017) found that 51% of jail facilities within their study were unlikely to provide "healthy food options".

Within the subtheme, program model curriculum, the codes *attachment*, *breastfeeding/lactation*, *health/health care*, and *nutrition* are all topics within the *Parents as Teachers* (PAT) foundational curriculum. Home visitors cannot bring certain PAT materials

(e.g., activities that require metal objects, scissors, food, objects in numerous quantities like puzzles in which objects can easily be lost without notice, objects in which other objects can be hidden within etc.) into the jail. With evidence-based models like PAT, clients and home visitors have reliable information and discussions regarding essential topics such as *nutrition*, while incarcerated, or within the community.

Individualized Curriculum (Subtheme)

Home visitors provided information and needs based on clients' needs or interests for times in which pre-determined topics do not apply or when other topics are of higher importance. The codes subsumed within this subtheme included processes, such as *learn/learning* and *circles of support*, that arise in response to issues or circumstance, such as *Child Protective Services (CPS)*, *mental health*, and *substance and drug abuse/use*.

Participants from all categories addressed *learn/learning* as they talked about their grasp on information brought to them. Information, such as “attachment”, “brain development”, “health”, and “safety and discipline”, is presented to families during visits and the families take in the new knowledge and apply it to their needs. Upon receiving information from her home visitor, Wanda, a released woman, explained her learning experience, “slowly had to take the information in and make it useful to help you know me and my little one grow up”. In a similar manner, home visitors discussed how they take trainings to gain continuing education credits and to learn what others in the field are doing. Home visitor Cindy mentioned wanting to further learn about working with incarcerated mothers. Cindy talked about a similar program in Minnesota, “you can take a webinar and listen to it all you want but unless you go and get to experience that I think it's completely different”, as she expressed interest in seeing the Minnesota Doula Project program in person so she can learn more about similar programs who

also provide support to PIW. The need to learn more comes from the different experiences in the jail regarding home visit curriculum. Home visitor Tori shared how typically one expects to provide the same support for new parents, but with PIW she's had to learn to take a step back, "our conversation I think sometimes it's a little bit different and then you have to tailor the information to meet that specific Mama's needs". A different approach and perspective have to be taken for PIW, because within Tori's experience all parents who enroll in non-jail home visiting have their child at home and choose to parent. Tori in this case one needs. to "be a little bit more sensitive to the needs of each individual".

Tori's adjustment of the curriculum:

We also have the conversation more often like "are you planning to parent this baby?" And if they choose not to parent that baby, how do we guide our conversations to where it's being helpful to mom but isn't like "okay, well she's not going to parent so we don't need to do breastfeeding?" ...So, our conversation I think sometimes it's a little bit different and then you have to tailor the information to meet that specific mama's needs.

Though *circles of support* are a subject matter in PAT, the amount of material available through the curriculum is limited to a few handouts of information. The limited amount of information is noticeable upon the discussion by home visiting participants. *Circles of support* were noted when participants talked about who in their life was available for support. For instance, close family members such as "my dad", "grandmother, aunt or grandfather", "my sister" were mentioned as the most often as people who are available for support. Support was defined as someone to talk to, and someone who was there to help. For instance, Rita, a released woman, shared how someone from her circle of support helped, "my dad picked me up [from jail] and they still had him [baby] out at their house". Participants shared feeling close support from other non-family members as well. One incarcerated woman, Emma, mentioned feeling support from a deputy as she explained, "one of the deputy's has helped me advocate for those

resources”. In addition, Grace a home visitor, identified herself as a member of a participants *circle of support*, “a lot of times we’ll go to court with them for the support”.

CPS was addressed by all participant cohorts except released women, and home visitors discussed *CPS* the most. One home visitor said, “we had a safety plan when she [pregnant women] was in jail, including how to work with CPS.” Home visitors noted CPS is often tantamount to families feeling judged. For instance, Home visitor Grace stated that “they [families with a child in CPS] always feel like they’re being watched. A lot of those people think that we’re [home visitors] are CPS and like we’re there to judge them.” Parents noted telling home visitors things like “I’m not getting red flagged, I’m not getting CPS” and that not wanting home visiting “because of CPS cases.”

All categories of participants discussed strategies that home visitors use surrounding *mental health*. PIW and released women talked about “psychotics episodes,” postpartum depression” and “being overly emotional.” Emma, a PIW, stated, “my personal home visitor is like a counselor to me” and that she shares “worries and stresses with the home visitor”. Another PIW, Sandra, stated, “you can talk about anything, they [home visitors] bring us stress relievers”. These “stress relievers” include “art and coloring” and “stress balls.”

Assertions about *substance and drug abuse/use* appeared as frequently as *mental health*. Illicit drug use prior to arrest is prevalent among PIW (Hotelling, 2008; Kelsey et al. 2017; Knight & Plugge, 2005; Tenkku Lepper et al., 2018). Beth, a PIW, mentioned. “I was coming off of heroin and so I, I know for me I just thought you know I’ll just break off of it not thinking that I would have a miscarriage or how it would affect the fetus.” Home visitors talked about “when she [PIW] got out, she had to go to the methadone clinic”. Debra, a released woman, discussed

focusing more on her children after time in jail and attributed this to “While I’m sitting in jail, I was getting sober...I was [in jail] for seven months but then I did 30 days in rehab.”

Home Visiting Experiences (Theme 2)

In the review of data related to research question 2 (i.e., how do home visitors, PIW, and released women and other program participants or non-jail parents in an EHS-HBO program describe their experiences with home visiting services?), the theme home visiting experiences emerged. In the analysis of what experiences were encountered by home visitors, PIW, released women and other program participants (i.e., non-jail) enrolled in an EHS-HBO, this second theme included subthemes, (a) what is a home visit? and (b) professional practice.

What Is A Home Visit? (Subtheme)

Discussion of what a home visit consists of helped explain what an observer could see if they were present. Home visiting perspectives were brought to light by assertions about non-jail home visits, released women home visits, and jail home visits. Three codes comprised these descriptions. Specifically, in alignment with the PAT curriculum, participants from all three participant categories mentioned: (a) *building rapport with the home visitor*, (b) *exploring hands-on activities*, and (c) having a strengths-based outlook on their *parenting skills*.

Participants described *rapport building* or positive interactions with their home visitor. Beth, a jail participant, talked of easy-going conversations with her home visitor and expressed moments when she’d say “how did you know that?! You read my mind!”. Wanda, a released woman, mentioned enjoying the “one-on-one conversation”, describing it as “individual care”. Debra, also a released woman, said for her it was moment of respite with “some adult time” with someone “who doesn't drool on you”. One non-jail parent described her connection as something so enjoyable it surprised her how quickly visits go, “time flies during the time Marisol

visits” and another participant jokingly said she was comfortable with her home visitor and wants “her to move in.”

Three categories of participants talked about exploring *hands-on activities* during home visits. Released women and non-jail participants described activities they did along with their child. Rita, a released woman, mentioned playing with “bubbles that was fun”, and said she likes “to do little activities with him [baby]”. A non-jail parent mentioned she enjoys visits because she gets “to make a lot of creative things with my son.”, while another mom stated she was “not a pretty crafty person but she [home visitor] makes me out to be one”. PIW did not discuss *hand-on activities* during home visits.

Regarding a *strengths-based outlook on their parenting skill*, Beth, a jail participant, stated she believes her “home visitor definitely sets you up for success”. One non-jail parent noticed that home visiting boosted her parenting confidence in trusting that “[home visiting] helped me be a better mom” and another stated “now I do things better”. Released women participants did not have data within a *strengths-based outlook on their parenting skills*.

Professional Practice (Subtheme)

Subsumed within the subtheme professional practice are five codes: (a) *home visiting curriculum as a boundary*, (b) *responsive communication*, (c) *fluidity of caseload numbers*, (d) *professional partnerships*, and (e) *professional requirements*. For this subtheme within the theme of home visiting experiences, the researchers created a few analytic memos between codes to existing home visitor competencies.

Home visiting curriculum as a boundary delimits topics and the scope of conversations during home visits. Home visiting competency frameworks (e.g., IAFSP, 2018; NCPFCE, 2018) endorse that home visitors should maintain professional boundaries with families and avoid

things that families can do for themselves. It is also important to stay focused on education, which may be therapeutic but is not therapy (Myers-Walls et al., 2011; Petkus, 2015). The *home visiting curriculum as a boundary* provides a professional structure in which conversations are oriented towards the goal of providing informational education and support. Home visitors make referrals for topics outside of the curriculum such as “mental illness”. Non-jail participants mentioned talking about topics with the *home visiting curriculum* such as “brain development” and “safe sleep”. Tori, a home visitor, talked about important conversations that started with a curriculum topic such as “healthy relationships”.

Responsive communication included various yet similar methods. Released women and non-jail parents talked about being able to communicate with their home visitor via “phone call” and “text message”. Apart from staying in contact, *communication* was used to express needs and wants. Debra, a released woman, noted her *communication* with her home visitor resulted in responses in which showed her she was heard. She said, “You know, if, if I were to talk her in that I liked color with colored markers instead of colored pencils we’ll be coloring with colored markers”. *Communication* from home visitors was perceived by jail participants in the advocacy they were able to provide. Anna, a jail participant, talked of her home visitor communication by “go[ing] to court and speak for us or write a letter for us [to the judge]”.

Home visitor experiences expressed the *fluidity of caseload numbers* due to clients coming and going after their jail release. For example, Cindy, a home visitor mentioned she had a jail client who after release “that can't get ahold of”. Home visitor Grace reciprocated the sentiment and said she had a jail client who upon release “didn't contact me for a couple days”. Home visitors discussed how the length clients staying on a *caseload* ranges from “I’ve visited them for a long period of time two of them [in the jail]” to “have one visit, two, maybe two visits

in jail and then they get released”. Discussion was made of the sudden loss of contact with a family happens regardless of jail or non-jail status and the impact towards the home visitor.

Home visitor Tori, talked of her feelings, “when we lose any family, whether they're incarcerated women or they're not or they're just on our caseload and families just disappear, it's disheartening.”

When talking about a fluctuating caseload, home visitor Cindy said:

It pulls at your heartstrings and like maybe I didn't say this or maybe I didn't come back to me maybe I didn't do enough. And I think that's not just for families that are incarcerated but families that you have really connected with that are not incarcerated.

Interactions with other professionals and agencies were noted to be a typical experience in the day of a home visitor. *Professional partnerships* were recognized by home visitors as support that came from “social work interns” within a university’s social work department, “CPS professionals”, “coalitions”, and “treatment centers” and “Early Intervention Services”. Grace, a home visitor, noted the importance of keeping active partnerships they’ve established with community agencies. She said, “we've been meeting with a lot of these different programs and going on tours and so we [are] trying to connect with them so that they'll let us know when our jail moms come out”. *Professional partnerships* were noticed by EHS-HBO participants as well. A non-jail parent noted their experience from partnerships when her home visitor would “bring in the WIC people” and “she brought a nurse one time”.

Home visitors noted challenges around *professional requirements*. As Early Head Start employees housed within a childcare facility they are expected to “take ECE trainings” and “maintain” certifications. Cindy stated “it is so challenging for us to get hours” along with other tasks. It’s not just Early Childhood. Education training hours home visitors seek. Jada specified other training needs, “it's really challenging because we want to stay up to date with, you know,

the different topics that we've been faced with. So, with addiction treatment, and breastfeeding and meth addiction treatments, yeah, medically assisted stuff’.

In-Jail Experiences (Theme 3)

In the review of data related to research question 2 (i.e., how do home visitors, PIW, and released women and other program participants or non-jail parents in an EHS-HBO program describe their experiences with home visiting services?), stories of incarceration were divided among two subthemes, (a) pregnancy in jail and (b) jail home visits.

Pregnancy in Jail (Subtheme)

Through shared stories PIW, released women and home visitors talked about their experiences within the jail and brought to light the meaning of the following codes, (a) *incarceration while pregnant*, (b) *negative feelings about jail*, (c) *prenatal experiences* (d) *labor and delivery*, and (e) *return to the community*. A picture of *incarceration* was painted as PIW described their living situation. Beth, a PIW talked about trying to find comfort, “They do give you two mattresses, but I mean you really have to pry that out of the jail”. Comfort was also wanted in terms of food. PIW, Emma, and Beth got into a discussion of what they missed while in jail, Emma, said “milkshake, a pizza” and Beth answered her, “Yeah oh my gosh a pizza”. Home visitors made additional observations about living in *incarceration*, specifically talking about the controlled setting the jail appears to be. While on their walks to do their visits in the jail, home visitors saw PIW “with a personal escort”, other PIW were limited in movement through the jail by “keep[ing] them behind doors”, and others they are “shackled differently”. Home visitor Grace also mentioned incarcerated woman schedules are tightly structured, “They [PIW] have to get up at like four o'clock in the morning for breakfast and then they have lunch and then have dinner at 3:30 or 4:00”. The reality of it is tough, Beth said, “Being locked up and

being pregnant, it's like a whole different experience", "Any type of knowledge that's positive, helps get through the day". The experience changes once a woman is moved to the infirmary at 36 weeks of pregnancy. Living in the infirmary is full of isolation, Rita a released woman remembered of her time in the infirmary "No bunky, not in the infirmary". After baby's arrival, she was returned to the infirmary to recover but jail staff took her out not long after, "They [jail employees] were concerned that I might have had postpartum depression and they were trying to like make me socialize", said Rita.

Though it was a code not as prevalent as others, *negative feelings* while in the jail were expressed by PIW, released women and home visitors. Feelings were from direct and indirect causes by the jail. Carmen a PIW, discussed *negative feelings* from interactions with deputies, "The way they are punishing us and like it was just like it's like a project to them. We're just like a little statistic little project". Anna, a PIW agreed with Carmen, and said she's come across deputies who are "definitely disrespectful" and are on a "power trip". In another perspective, going back to jail after giving birth was said by Rita, a released woman to be "it was just horrible. It was terrible". Home visitor Grace said walking alone through the jail "is really overwhelming".

Additional experiences discussed were regarding the *prenatal experience* while in jail. For Wanda, a released woman, her experience started when she received the surprising news that she was pregnant upon her intake at the jail. "Sitting there like oh my gracious. This cannot be happening to me I'm 38", she said, "When it rains it pours (chuckles) it tornadoed and everything but yeah basically just everything was hitting me all at one time and I just you know you know was kind of like, 'oh gosh'". PIW, Beth, reflected on her *prenatal experience*, "If it wasn't for my home visitor, maybe I wouldn't have gone thirty-eight (38) weeks. I would have

been stressed out, maybe had complications, had a premature baby”. Home visitor Cindy, talked about something she learned of a PIW’s *prenatal experience*, who “had to stay with the doctor that was she was seeing in jail, because they at certain level when you're pregnant, and nobody's going to pick you up as a provider”. Cindy also pointed out, “she went in and had zero plan when baby was still in the hospital. So I think we helped her navigate like how to make a plan and how to get guardianship to a family member instead of baby going into CPS care”.

The PIW also discussed their experience with *labor and delivery* while in custody. Beth, PIW had yet to deliver but felt like she had a glimpse of what was to happen soon.

Beth anticipating giving birth:

I had an experience where I did go to the hospital and they had my leg cuffed up to the bed it was a longer cuff but it’s like honestly I don’t where do they think I’m gonna go halfway, you know, completely naked totally exposed giving birth.

Incomparable pain to the physical exertion of delivering a baby was an insight Rita shared. “My eyes were swollen shut, I was crying so much, I was crying in my sleep, I was crying when I was awake”. Her emotions were raw from having to return to the jail without her baby”, “It was probably one of the worst experiences I’ve ever had in my life”. Not much was said by home visitors in regard to *labor and delivery*, other than when Grace mentioned “A lot of the judges they try and keep them in jail, especially ones with past drug use” and Cindy answered along with, “One of the tribal judges. It's almost like he finds out they're pregnant and he leaves them in there. And even if he'll just find an old warrant or he will create himself a warrant”.

Rita’s separation from her baby 24 hours after giving birth:

All of a sudden this deputy walks in and was like, “you ready?” and I’m like “no” you know. So I didn’t like mentally prepare. I mean I knew it was gonna happen, the whole time I was there. But I wasn’t mentally prepared for it to happen right then like that. So it was, it was rough. I cried for days and days and days after that.

Both categories of released women and home visitors, were able to discuss what happens when an incarcerated woman *returns to the community*, while PIW pondered what they might face upon release. Released women, such as Wanda talked of the support she received from her home visitor during that transition, “[she had] everything lined up for me, just making sure that you know the day that I did get released that everything was there for me”. Wanda learned that preparation was key to make use of the resources available upon her return to the community.

Wanda’s release from jail:

[You’ve] got the information before you leave that way so you don’t waste the bus passes and things like that because I’ve been given like I said I left with nothing in my pocket but a penny (chuckles) and the clothes on my back.

For released woman, Rita, returning to the community meant embracing change. “It took me a minute to like adjust to like, ‘this is real’ you know. So I was nervous with him [the baby], because I hadn’t been with him at all since he was born”. For home visitors, *returning to the community* meant working hard to stay in touch with their jail clients. During their jail home visits, home visitors and PIW come up with a “dual plan” which helps participants be prepared for alternative outcomes whether that is to be released or go to prison and if applicable plan details such as access to “bus passes” and other resources as seen fit. Grace, a home visitor, saw it positively by saying, “The moms that I have right now, that was their big thing. ‘Oh my gosh, I’m gonna have somebody on the outside and the community”. However, Cindy mentioned a barrier with *returning to the community*, “I think everything from the jail they want to wipe that away, and we’re associated with that”.

Home visitor Lucy had an epiphany during the discussion and pointed out:

You don’t actually get to visit released women unless you’ve had them in the jail for long enough. Because if you’ve had the chance to visit them for a while and establish a relationship they seem as though they’re much more likely to follow up with you when they get out.

In the jail, regarding thoughts about their *return to the community*, PIW discussed “setting boundaries”, “staying focused on myself and my kids”, and worrying about whether “this [incarceration] isn’t gonna affect me getting a job”.

Jail Home Visits (Subtheme)

Pregnant incarcerated women, released women and home visitors, alike, talked about what they did and talked about at visits. This section includes four codes: (a) *jail activities*, (b) *jail home visit topics discussed*, and (c) *jail services*. There were moments when the three categories of participants coincided with their answers. All three categories mentioned that activities they did in jail were the “pre-cut blankets”. Home visitors described the activity blanket as a creative yet “safe” activity to do within the jail. Rita, a released woman, expressed “Making a blanket, that was my favorite. That was fun”. Beth, a PIW, also experienced this, “We’ve made blankets for the unborn babies”. PIW and released women went on to mention other *jail activities* such as, “painting picture frames”, “coloring pages”, topic related “word searches”, and “arts and crafts”. A noteworthy *jail activity* mentioned by Anna, a PIW, was that among her list of activities she added in, “talking to somebody”. Similarly *jail home visits topics* were discussed in list formats. Home visitors talked about home visits topics being “resources”, “pregnancy”, “custody and guardianship”, “breastfeeding”, “health and nutrition”, “substance abuse”, “feel[ing] in control”, and “relationships”. PIW listed “learn about babies”, “SIDS”, “resources”, and “medical information”.

During the discussions home visitors talked about the *jail services* available for PIW. Tori, a home visitor, talked about seeing a PIW’s involvement with *jail services* and that involvement was able to “empower her to see the positivity”. Within the program’s section of the jail, home visitors said PIW can find *services* related to “parenting”, “addiction”, “religious

service”, “library”, “GED classes”, “counseling”, and “AA”. Wanda, a released woman, added the “infirmary” as one of the *jail services* that had been available to her. Pregnant women in the jail highlighted “parenting” and “counseling” as *jail services* available to them. Beth, a PIW, also included Early Head Start *services* among her list, “They do have the substance abuse courses and the other parenting class, you know like I was saying, but it’s not as a one-on-one and self-help as the Early Head Start program”.

Community Home Visiting (Theme 4)

One theme and subtheme were linked to solely Early Head Start home visits within the community (i.e., non-jail). Within the subtheme, style of community home visits (a) *non-jail activities* and (b) *non-jail topics* were discussed by participants.

Style of Community Home Visits (Subtheme)

Parents in non-jail home visiting services shared their experiences within visits. Non-jail home visits contain *activities* geared towards the parent-child interaction. Non-jail participants said *activities* revolved around “sensory” *activities*, “crafts”, “puzzles”, and *activities* that were “according to their [child’s] age”. A participant said her home visitor “brings her [own] toys” and they also used recyclables to make activities such as by using a “gallon of milk. It was cut from above and had like a circle in the middle so that the children played how to put balls, blocks whatever and so that my son could put and take out and put and take out”. Home visitors also pointed out that non-jail home visits have the opportunity for them to “cook” with clients or “go to the park”.

Parents within the non-jail category described their home visiting *topics* to be related to the “community”. One non-jail participant said, her home visitor brings information about “everything happening in the surroundings or opportunities we have”. In addition to community

“resources”, participants listed “language”, “behavior”, “development” and “literacy” as some of the *topics* they hear during their home visits.

Hardships (Theme 5)

In exploring data and patterns germane to research question 3 (i.e., what barriers are experienced, in any, by the home visitors providing program services and by program participants?), the theme hardships had two subthemes: (a) jail challenges and (b) challenges in non-jail home visiting.

Jail Challenges (Subtheme)

The subtheme jail challenged included two codes: (a) *hardships in jail* and (b) *challenges in jail visits*. The code *hardships in the jail* was most prevalent (about twice as much) compared to any of the challenges-related codes. Three subcodes comprised hardships in jail: (a) struggles with accessing help, (b) lack of faith in medical care, and (c) negative experiences living in the housing units. PIW, released women, and home visitors all had input as to what challenges in the jail occur. PIW noted struggles with accessing help. Sandra, a PIW, talked about the frustration of not being able to prepare for baby’s arrival and living in the unknown.

Sandra stresses about not knowing what to do:

I’m gonna have my baby and they’re gonna take my baby, where’s my baby gonna end up? They don’t even let us fill out a guardianship paper or tell us any kind of information or how the process is gonna work with the hospital, here’s what’s gonna happen.

Nothing. we’re just in the blind.

Another *hardship in jail* was the lack in faith of the medical care available. Beth, another PIW, shared a story of her not feeling comfortable with the medical advice given to her by the jail doctor.

Medical advice for Beth:

He [doctor] actually said to wet the toilet paper and put it on my butt to help myself, like the toilet paper, you can't even get it wet, it crumbles in your hand. Like what does he mean? That's not gonna help like my bleeding.

As someone who delivered while in jail custody, Rita had to advocate for her medical needs when recovering from delivery. The medical attention given to her during that time was not as attentive as she expected it would be and had to ask for the attention she needed.

Rita advocating for herself:

Nothing. the whole first day I was back. And they had said they weren't going to give me anything. And I'm like, That's absolutely crazy. I just had a baby, you know [laughs]. You aren't even gonna give me Ibuprofen, you know?' and so they finally started giving me both. Tylenol and Ibuprofen.

Anna, a PIW described her hardships in the jail with negative experiences living in the housing units, "It's so negative in like the pod", "it's just negative people like, who are just pretending to be a supportive person for you".

Rita, a released woman recalled her time in the housing units and remembered a time of *hardship* in the jail:

I only found out that they thought that I might have had postpartum depression because the nurse was talking to one of the deputies up front at the deputy station and one of the girls from the unit was working in there and heard them talking. Like they never even mentioned it to me at all.

Home visitors discussed *challenges in jail* visits, which consisted of the difficulties of navigating the jail and being able to conduct their work. Home visitors identified maintaining safety as a challenge when working in the jail. Home visitors were taught to always be alert and that the jail is a "a complex atmosphere and structure" due to guidelines and rules. As rules are frequently updated, home visitors recall "having to adapt to that environment" often.

Additionally, home visitors talked about their challenges in providing *jail visits*. Grace a home visitor said staying consistent with the jail rules was difficult, "A huge challenge is we can't touch them. It's, it's so awful". Home visitors discussed the *challenges during jail visits* when

trying to show empathy when clients needed comfort when “someone’s crying” or in need of a “pat” on the back. Grace said they are “constantly hitting walls. Like with breastfeeding, breast pumps for the moms”.

Challenges in Non-Jail Home Visiting (Subtheme)

The subtheme of challenges in community-based home visiting included the code *challenges with resources*, which included three subcodes: (a) challenges accessing resources, (b) challenges with fit, (c) family’s history of challenges with resources, and *home visitors challenges* with a defining subcode of the challenge regarding connections with other resources. *Challenges with resources* were narrated by participants in the released women, non-jail, and home visitor groups. Rita, a released woman, stated her challenges with resources happened upon her return to the community. Finding availability for services was a struggle because some places like for “housing” had “lists” for people waiting for the service and there was a wait time for the list to open. A non-jail parent talked about their barriers with resources due to “language” being a challenge and the lack of availability of “translators”. Another non-jail parent shared their story of difficulties with finding a good fit for their needs. They shared stories of professionals not listening to their needs. In reference to a *challenge with a [medical] resource* one parent said, “I’m getting tired of this. You know what, if you’re not going to listen to me, I’m going go somewhere else and have another doctor to hear my voice because y’all ignoring me...none of the doctors or WIC were listening”. Another non-jail participant talked about the discomfort of encountering a “rude” professional, “he [development specialist] says something about my parenting skills and everything and that really hurts”. In a discussion with home visitors, Grace mentioned an indirect challenge with negative interactions between clients and resources is that sometimes home visitors are put into the same category, “There have been

people have been punitive and taking things away from them. And they view us like that person. Yeah. And we have to break down those barriers.” Additional input from home visitors was that *challenges connecting with other resources* for families was challenging at times. *Challenges with resources* are derived from a “lack of connection” and “very little response” from other programs with sometimes failure in them returning “voicemails”.

Supports and Strengths (Theme 6)

The theme strengths and support correspond to research question 4 (i.e., what supports and strengths, if any, regarding program services are experienced by the home visitors, PIW, released women and non-jail parents?). The theme strengths and support included three subthemes: (a) community support, (b) support derived from individuals, and (c) what home visiting brings.

Community Support (Subtheme)

For this subtheme, participants discussed the interaction with community support. Codes within this subtheme include: (a) *resource assistance*, (b) *resource type*, and (c) *service request*. The difference among them is *resource assistance* discusses what services a resource provides, *resource type*, is the type of community assistance available for individuals and families, *service request* (i.e., *request for services*) involves descriptions of when and how participants served by EHS home visiting ask for resource support.

Non-jail participants seek *resources that provide assistance* with physical health, mental health, basic needs, housing, safety, and transportation. Home visitors and non-jail participants identified Early Head Start as a resource that provides help with transportation in the form of “bus passes” and promotes safe sleep with “Pack-N-Plays”. When a client expresses a need for personal care, Lucy, a home visitor encourages them to stop by a local health clinic which has

additional services that “can get them signed up for Welfare, and get them signed up for Medicaid, and they can use that as an address, and they can begin to look into it mental health services”. Wanda, a released woman, talked about seeking help so she can use a “computer”, and find supplies to meet basic needs, “diaper banks for anything that I need for the baby also you know things for myself as well”. Debra, another released woman, also discussed *resource assistance* that helps with finding “sliding scale apartments”.

Within the jail, Anna asked around for financial assistance so she could help her family during her incarceration:

I was told about by this ‘non-needy caregiver’. And so now my sister is probably going to be like, okay for \$400 a month that she's going to be getting, you know, kind of child support, but they're paying for it, and I'll pay it back.

Non-jail participants talked about *resource assistance* in the community that went above meeting basic needs. One non-jail participant talked about *resource assistance* for holiday needs, “easter baskets” and “stocking stuffers”.

When it comes to the *type of resource* some participant categories coincided what kind of resource was sought. Substance use counseling was discussed among the home visitor, released women, and PIW categories. Home visitors and PIW talked about “Welfare” services, Temporary Assistance for Needy Families “(TANF)”, and “food stamps”. Non-jail parents talked about the *types of resources* in the community that no of the other groups mentioned; their list consisted of (a) nutrition services like “WIC”, and “nutritionist”, (b). health services like “dentists”, “local hospitals”, and “breastfeeding support” services, and lastly (c) children services like “early intervention services” and child “therapy”. Overall, all participants noted that “you ask your visitor” or “ask them [home visitor]” or similar if there are questions or need for a resource. Beth an incarcerated pregnant woman, “If you’re interested in anything of like that all you have to do is just ask and then ‘bam!’ *snaps fingers* you got the application.”

Home visitor Jada confirmed that clients “come to me with questions”, and sometimes this results in the home visitor taking a step into the client’s shoes and “call an agency and ask questions about their services”. Rita, a released woman, states there are opportunities to *request a resource* before the end of a visit, “usually towards the end of our visit she’ll just ask me, ‘is there anything thing you’re doing or, you know needing help with?’ or whatever that she can reasonably help with.” *Service requests* also came out of discussions regarding daily life within the home visits. A non-jail participant stated, “I mean, anything that I need or anything if I'm worried about anything, she says, well here, here's what you do or here’s who you call or call me and let me know what happened and if I don't like it then I'll call them too.”

Support from Individuals (Subtheme)

This subtheme consists of one code, which is *social support*. *Social support* was the second most common code overall in the study. Wanda a released woman, reflected on the *social support* she missed the most when in she was in the “shock” phase of discovering she was pregnant while in the jail. During that time in jail, she wished of “having my significant other there and at the time you know basically having our family there as well”. Wanda talked about a nurse who “took the extra step” in supporting her pregnancy. Emma an incarcerated woman, talked of what her *support* looked like while in jail, “Early Head Start, the home visiting program, has been my biggest support and one of the deputy’s has helped me advocate for those resources”. When in jail, Wanda wanted “support for close relationships.” Sandra, a PIW, expressed a source of that emotional *support* came from her home visiting experience, “just to have somebody who cares”. For PIW, *social support* is seen as help that comes from outside the jail. Connections to close family was important. Pregnant women at the jail mentioned support from, “family”, “sister”, “brother”, “mom”, they talked receiving “family support” in the forms

of “words and encouragement”. Family is an important microsystem influence (Bronfenbrenner, 1992) and can provide social support upon baby’s arrival. Anna discussed that her sister’s actions to help raise her child, “If I didn’t have my sister then definitely my son will be in foster care”. Iris, also a PIW, talked of her family joining together to provide, support to make sure “baby’s needs will be met” and social support so she can “attend appointments.

Iris, an incarcerated pregnant woman:

My mom, she tells me that she's actually getting a lot of the stuff for the baby. She says that she helped me, my brother said that he'll help me take care of the baby. Just learn on how to be a parent. and so my other sister is willing to help me too as well, to take me to the appointments and all that.

Home visitor Lucy talked of providing “specific support” such as attending court to show *support*. During visits at the jail, home visitor Lucy discussed the emotional support she has learned to provide, “affirmations and just being positive when you’re there [in the jail].” One non-jail parent stated her *support* is, “the friendship [with the home visitor] that I'm building and the trust.”

Home Visiting Strengths (Subtheme)

Home visiting strengths was subsumed in the theme supports and strengths in regards to support and strengths experienced by home visitors, PIW, and released women. There are the codes that captured what or who participants discussed: (a) *personal strengths* (b) *parenting skills* and (c) *home visitor strengths*. *Personal strengths*, included positivity (subcode) and willingness to change (subcode) as underlying characteristics. Pregnant women in jail were more likely to talk about their *personal strengths* related to their current situation, than their non-jail counterparts who focused on their *parenting skills*. Additionally, *home visitor strengths* included empathy and kindness as additional subcodes.

Personal strengths were identified by the three groups of participants with exposure to the jail, that is the PIW, the released women, and the home visitors. Home visitor Jada, “Synonymous to hope for them is positivity. That it pretty much can be seen as positivity that ‘yes I am capable of doing this’ or ‘I can do this for myself.’” Beth, an incarcerated pregnant woman, reciprocated the same message of positivity when asked about her strengths. She said, “being able to forgive yourself for you know, putting yourself in this situation that you’re in you know, being able to move forward, get out of your pity party, just being real positive.” Wanda, a released woman, saw her *personal strength* in the jail as an opportunity to “change everything” because “knowledge is power.” Emma, an incarcerated woman, saw change as a characteristic of her strength as well, “the willingness to change and my honesty and openness about it and my willingness to ask for help”.

Non-jail parents and a released women talked about their own *parenting skills* as sources of strength and support. Rita, another released woman, saw her strength as a characteristic of her *parenting skills*, “we [Rita and her baby] do communicate well and I have always been really, like when they need something out there, I do it, you know what I mean, like reliable to them [her other children]”. A non-jail parent shared a strength also related to their *parenting skills*, “patience and understanding. having you know, a kind kindred heart. You know to be able to listen and understand and tell her tales.” Another non-jail strength mentioned, “my strength is my goal to make sure my household is set. Like make sure the doctor’s appointments, make sure everything is set in my house to make sure my kids are on the right track.”

In regard to *home visitor strengths*, there were two subcodes: empathy and kindness. Home visitors discussed bringing empathy to the visit. Home visitor Tori said “I think the first skill that we need to bring [to the visits in the jail] is empathy.

Home visitor Grace said

I think getting into their shoes [PIW] as much as possible, it's really hard, that's like the hardest scenario to get into someone's shoes because I tell her [PIW] 'I'm sorry but I can't imagine what you're going through right now.' But, I'm really trying as much as I can, just meeting them where they are at and getting in their shoes.

Home visitor Tori stated that before a visit home visitors need to prepare by "putting their own self aside, and really checking yourself before the incarcerated woman comes down so you can be umm in a place of peace yourself in this environment so you can give the best hour that you can give to this mom". Kindness was also noted as a home visitor strength. Home visitor Jada said, "we all have that kindness within us", and to home visitors, going in with that understanding is important because "kindness is not something that they often come across". Home visitor Tori said "showing her [PIW] kindness is important".

CHAPTER FIVE: Discussion

The current literature is devoid of research on the specificity of support for pregnant incarcerated women (PIW), and particularly in terms of EHS-HBO services within jails (Reyes-Vargas & Walsh, 2019). The present study is the first to explore experiences with EHS home visiting services in jail, including barriers and strengths, using data from focus groups with PIW and interviews with released women. Focus groups were also conducted with home visitors to capture their perspectives of their home visiting experiences within a local jail and within the community. The findings provided examples of what is seen, heard, and experienced within jail home visiting for PIW. Released women illustrated the transition from jail to community home visiting. Non-jail families described their experiences through the perspective of home visiting with no justice-system involvement.

Findings from this study illuminate happenings of EHS-HBO services within the context of jail. To reiterate, the EHS-HBO program used a PAT approach at the time of the study. One of the findings suggest that discussed topics (e.g., attachment) in the jail are subsumed within the PAT curriculum. When there was a need to individualize home visits plans, jail home visits were more likely to drive home visitors into seeking further information on certain topics (e.g., guardianship or substance use treatments) and resources than they were accustomed to. Findings regarding the home visit style (whether in the jail or community) showed that visits looked similar in structure and hands-on activities regardless of location.

Similar to Kelsey et al.'s (2017) study, PIW participants discussed challenges about residing in jail when pregnant and discussed other challenges related to health care, mental health, nutrition and labor and delivery. We learned what jail home visit activities look like and other support services found in the jail. Challenges both in and out of the jail were identified by

participants. Emphasis of in-jail challenges was made in relation to poor medical care available during pregnancy within jail. Non-jail participants discussed their challenges being linked to community resources.

Topics or Approaches in Home Visiting Curriculum

Regarding the first research question (*What topics or approaches are covered in the home visiting curriculum?*), alignment with EHS-HBO program services and PAT curriculum was seen in the topics mentioned by all participants. Regardless of the home visiting environment, topics included child development information along with breastfeeding, health, nutrition, parenting behaviors, mental health, and resource connections. Assertions about *substance and drug abuse/use* appeared as frequently as *mental health*. Illicit drug use prior to arrest is prevalent among PIW (Hotelling, 2008; Kelsey et al. 2017; Knight & Plugge, 2005; Tenkku Lepper et al., 2018).

Despite limitations in activities acceptable to implement at the jail, home visitors mentioned topics for discussions and information shared aligned with what released women and non-jailed participants discussed. There is insufficient data in the literature to determine whether incarceration does or does not hinder curriculum fidelity. One key difference however was that jail home visits were reported as more prone to be tailored to specific needs.

Experiences with Home Visiting Services

Regarding the second research question (*How do home visitors, pregnant incarcerated women, and released women and other program participants in an EHS-HBO program describe their experiences with home visiting services?*), all participant categories illustrated their experiences with EHS-HBO services. Feelings were expressed and those of negative origin were aimed towards the impact of incarceration rather than home visiting itself, and positive feelings

were expressed towards satisfaction of the home visiting experience. There is a likely connection to the information Sufrin (2017) learned from their interaction with PIW. PIW participants discussed fears while pregnant and in jail, fears of delivering while in custody and the looming separation from their newborn. Positivity came later.

By the time PIW become released women and consequentially receive non-jail visits, enough time has elapsed and thus the opportunity to build rapport with their home visitor. Patten et al. (2018) noted a similarity with clients released from jails in that an increase in visits builds trust and respect among the visitor and family. Additional positive outcomes from home visiting experiences resulted in the parent's opportunities to strengthen the parent-child relationship (Patten et al., 2018). Released women turned to supporting their child after no longer being in jail. Grant et al. (2003) discussed reducing stressors, such as substance use, or justice system involvement in this case and the path to positive outcomes such as mom's attention towards child. Home visiting experiences were described as the topics and activities revolved around the parent-child relationship and parenting skills that influence that child. Non-jail and released women shared they learned about child development, "safe sleep" and played with baby by "doing little activities" and being "crafty". Playful interactions that are enjoyed by both mom and baby are sought positive outcomes in home visiting (Grant et al., 2003). Recalling back to what Julie Pouehlman-Tynan stated in Schroeder's (2017) report, resources that foster positive parent-child interactions can help create safe, stimulating environments while increasing attachment.

Home visitors and PIW alike, spoke about what it was like within the confines of the jail. These findings notate yet another unique environment home visitors walk into. Home visitors expressed their awareness of home visiting safety concerns and need for training to be best prepared in this environment. Just as the jail provided a training to this group of home visitors,

this finding strengthens the awareness for home visiting safety preparedness. The lack of data regarding home visiting services in jails, and the home visitors' emphasis in wanting to learn more speaks volumes in the need to further examine the support that can be provided to home visiting personnel working with incarcerated parents. PIW also helped us learn how to prepare to best serve them in the jail. The jail was described as a stressful environment, but the home visiting experience lightened the stress load as mentioned by some of the participants like Beth and Emma. This has potential significance in the creation of positive prenatal outcomes in form that the weekly home visits provided optimism and kindness not frequently found in the jail.

Barriers and Strengths/Support

PIW reciprocated what Sufrin's (2017) patients experienced. They expressed concerns of poor medical care. A released woman and a PIW discussed the energy spent on advocating for their medical needs within the jail and discomfort for the care they received. This negative feedback on medical attention received could be derived from the facility's approach to medical attention. The extent of care is possibly tied to what Kelsey et al. (2017) noted in their work in reference to correctional facilities not being required to follow recommendations by the American College of Obstetricians and Gynecologists and National Commission on Correctional Health Care. Thought is needed to determine how the care received aligns with basic recommendations and to help home visitors understand when advocacy of home visitors for a healthy pregnancy and birth may be needed.

PIW and released women embellished the narrative of health-related concerns during incarceration, the literature supports the idea of improvement being needed. Kelsey et al. (2017) acknowledged this need to improve the welfare of incarcerated women. One of the health-related barriers discussed by participants included challenges for breastfeeding support because of the

need to “pump and dump” and their poor nutritional options. Mason’s (2013) case study emphasized the need to provide breastfeeding support, especially if the parent is anticipating being released soon and breastfeeding their child upon that release from incarceration. Dallaire et al. (2015) expressed the same sentiment in helping bring awareness and support to women regarding their rights about guardianship, shackling laws or how to maintain breastmilk for reunification.

Overall, awareness and education on how to best support PIW is not just meant for supportive services like EHS-HBO but correctional facilities are in need of such awareness as well. PIW shared stories of hardships due to lack of understanding from deputies and medical staff. A PIW talked about her stress about not knowing what to do and felt like she had no support. Dallaire et al. (2015) concluded that programs within correctional facilities can take the opportunity to provide parenting education, and help a mother prepare for the birth of her child. Within this study, findings point to the need of collaborations between home visitors and correctional facility staff to promote a healthy pregnancy and delivery.

Home visitors are trained to take a strengths-based approach when working with families (Fauth et al., 2021). It is not surprising that PIW finds home visiting to be a supportive service and that in jail they utilized their personal strengths, such as positivity, forgiveness, being a catalyst for change, and learning. Home visitors thought that their personal strengths of empathy and kindness were necessary for home visits in the jail. Home visitors’ strengths-based foundation can be expanded to include strengths-based training for home visitors to successfully collaborate with jail staff and promote PIW successful transitions (e.g., local court system and helping the mother emancipate from the system). Early Head Start would need to support home

visitors in unique ways, such as one PIW case counting as two on a caseload to ensure that home visitors are supported in collaborating with this unique population.

Home visitor strengths appeared to be taken in by the PIW and those skills observed evolved into strengths of their own. In the literature, Grant et al. (2003) saw home visitors as role models who provide hope and motivation from realistic perspectives. PIW's perspectives while in jail involved changing their path in life. While PIW saw their strengths in terms of personal strengths, released women and non-jail parents saw their strengths in relation to their parenting skills.

Limitations

This qualitative study with thematic analysis suggests implications and recommendations but is it important to note limitations. Findings were based on one EHS-HBO program and additional program and models would have promoted more generalizability of the findings.

All the home visitors were female; however, this is consistent with the female dominated home visiting field (Walsh et al., 2021). The home visitors had around 8 to 10 years plus working within EHS and thus the home visitor findings may not generalize to EHS home visitors with less experience. This study was delimited to PIW and released women and 7 out of 9 women identified as White and thus a sample with more racial and ethnic diversity may present a wider range of experiences.

Data collection occurred prior to the COVID-19 pandemic and the pandemic likely contributed additional barriers and strengths regarding service delivery. Future research should consider various modes (e.g., virtual visits) of delivering home visits to PIW.

Future Research

This study examined research questions determined to discover what EHS-HBO look like for PIW, including challenges and strengths. Dallaire et al. (2015) and Kwarteng-Amaning et al. (2019) stressed the need for recommendations for increasing awareness among jails employees about being pregnant and in jail. In addition, there needs to be an evidence base for home visiting with justice-system involved parents (Fauth et al., 2021), including PIW, parents in jail, released women, and fathers in jail or released.

Baker (2019) discussed that incarceration does not change factors that contributed to incarceration but connecting to support and resources that can continue into the community can help target factors that lead to recidivism. Further research needs to be done to determine if continuity of services in and out of the jail create an impact on recidivism. Baker (2019) and Kelsey et al. (2018) supported a similar sentiment in recommendations based on the need for follow-up visits after jail and for community-based service referrals.

This study underscored perceived barriers and strengths of PIW. Pregnant women in jail experienced hardships in jail, such as struggles accessing help and lack of faith in medical care. Overall, the findings related to barriers corroborate that more needs to be done to improve the health and well-being of PIW (Kelsey et al., 2017). One perceived strength of PIW was social support from outside of the jail. This finding demonstrates that most jails need additional services to support PIW.

For home visits in the jail, the participating EHS-HBO used the *Parents as Teachers* curriculum, activities designed by the *Promoting Maternal Mental Health During Pregnancy* program. Findings in the present study demonstrated that topics such as *attachment*, *breastfeeding/lactation*, *health/health care*, and *nutrition* were reported as topics in jail home

visits. Future research may provide insights about add-on information to existing curriculums or proactive adaptations for topics that are germane to PIW or home visits in jails.

Another direction for research can examine how to further enhance home visit plans within jails to provide evidence-based information on specific topics like breastfeeding support while in jail, nutrition and labor and delivery while in custody, and guardianship arrangements. Another approach is to investigate what differences and similarities are there of PIW and released women from different jail sites with EHS home visiting services in order to formulate recommendations for EHS. Future research may also want to capture perspectives of administrators and staff at jails with home visiting services.

In conclusion, findings confirm the parent-home visitor relationship is essential in the EHS-HBO services received. This is the first study known to find information regarding EHS-HBO services for PIW. For this reason, the findings of this study highlight the importance of support home visiting provides for PIW and how that support can foster positive experiences in jail during the prenatal period.

References

- Administration for Children and Families (ACF). (2016). *Head Start program performance standards*. <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii>
- Allen, K. R. (2000). A conscious and inclusive family studies. *Journal of Marriage and the Family*, 62, 4-17. <https://doi.org/10.1111/j.1741-3737.2000.00004.x>
- Baker, B. (2019). Perinatal outcomes of pregnant incarcerated women: An integrative review. *Journal of Correctional Health Care*, 25(2), 92–104. <https://doi.org/10.1177/1078345819832366>
- Bell, L.G., & Cornwell, C.S., (2015). Evaluation of a family wellness course for person in Prison. *The Journal of Correctional Education*, 66(1), 45-57.
- Birt, L., Scott, S., Cavers, D., Campbell, C. & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research*, 26, 1802-1811. <https://doi.org/10.1177/1049732316654870>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Bronfenbrenner, U. (1979). Contexts of child rearing: problems and prospects. *American Psychologist*, 34(10), 844–850. <https://doi.org/10.1037/0003-066X.34.10.844>
- Bronfenbrenner, U., (1985). Chapter 17: The future of childhood. *Making human beings human: Bioecological perspectives on human development*. 246-259.
- Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology*, 22(6), 723–742.
- Bronfenbrenner, U., (1988). Chapter 18: Strengthening Families. *Making human beings human: Bioecological perspectives on human development*. 260-273.

- Bronfenbrenner, U., (1992). Chapter 10: Ecological systems theory. *Making human beings human: Bioecological perspectives on human development*. 106-173.
- Bronfenbrenner, U., & Ceci, S. J. (1994). Nature-nurture reconceptualized in developmental perspective: A bioecological model. *Psychological Review*, *101*(4), 568–586.
<https://doi.org/10.1037/0033-295X.101.4.568>
- Bronfenbrenner, U., & Evans, G. W. (2000). Developmental science in the 21st century: Emerging questions, theoretical models, research designs and empirical findings. *Social Development*, *9*(1), 115–125.
- Bronfenbrenner, U., & Morris, P.A., (2006). The bioecological model of human development. In Damon, W., & Lerner, R.M. (Eds.), *Handbook of Child Psychology* Vol. 1, 793-823.
<https://doi.org/10.1002/9780470147658.chpsy0114>
- Bronson, J., & Sufrin, C. (2019). Pregnant women in prison and jail don't count: data gaps on maternal health and incarceration. *Public Health Reports*, *134*(1_suppl), 57S-62S.
<https://doi.org/10.1177%2F0033354918812088>
- Charles, P., Kerr, M., Wirth, J., Jensen, S., Massoglia, M., & Poehlmann, T. J. (2021). Lessons from the field: developing and implementing an intervention for jailed parents and their children. *Family Relations*, *70*(1), 171–178. <https://doi.org/10.1111/fare.12524>
- Corby, A. (2017). End the use of restraints on incarcerated women and adolescents during pregnancy, labor, childbirth, and recovery. Public Interest Government Relations Office (PI-GRO). *American Psychological Association*. <https://www.apa.org/advocacy/criminal-justice/shackling-incarcerated-women.pdf>
- Dallaire, D.H., Forestell, C., & Shlafer, R. (2015). Policy, Programs and Interventions Regarding Pregnant Incarcerated Women. In Arditti, J. A., & le Roux, T. (Eds.). *And justice for all:*

Families and the criminal justice system. Groves monographs on marriage and family, 4.
<http://dx.doi.org/10.3998/groves.9453087.0004.001>

Education Requirements for Home Visitors (2019). Head Start.

<https://eclkc.ohs.acf.hhs.gov/publication/education-requirements-home-visitors>

Fauth, R.C., Greenstone, J. G., & Goldberg, J. (2018). Home visiting for system involved young mothers: A longitudinal investigation of risks, supports, and outcomes. *Tufts Interdisciplinary Evaluation Research (TIER)*.

<https://ase.tufts.edu/tier/documents/2018AECF-HFM-Roundtable.pdf>

Fauth, R., Goldberg, J., Reyes-Vargas, M., Selby, J., Walsh, B. A., White, B. A., & Pascal, S. (2019, January). Home Visiting for justice system involved parents. Paper presentation at the Eighth National Summit on Quality in Home Visiting Programs. Washington, DC.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M.P., & Marks, J. S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine, 14*(4), 245-258.

[https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)

Fostering Healing Through Trauma-Informed Practices. 2021. Head Start.

<https://eclkc.ohs.acf.hhs.gov/mental-health/article/fostering-healing-through-trauma-informed-practices>

Grant, T., Ernst, C. C., Pagalilauan, G., & Streissguth, A. (2003). Postprogram follow-up effects of paraprofessional intervention with high-risk women who abused alcohol and drugs during pregnancy. *Journal of Community Psychology, 31*(3), 211–222.

<https://doi.org/10.1002/jcop.10048>

Head Start (2019). *Framework for effective practice in head start home-based option* [Video].

Head Start ECLKC. <https://eclkc.ohs.acf.hhs.gov/video/framework-effective-practice-head-start-home-based-option>

Head Start Performance Standards. (2016). *Prenatal and postpartum information, education, and services*. (Standard No. 1302.81).

Home-Based Option, (2020). Head Start. <https://eclkc.ohs.acf.hhs.gov/programs/article/home-based-option>

Home Visiting Evidence of Effectiveness. (2018, April). *Implementing Early Head Start–Home-Based Option (EHS-HBO)*.

[https://homvee.acf.hhs.gov/implementation/Early%20Head%20Start–Home-Based%20Option%20\(EHS-HBO\)/Model%20Overview](https://homvee.acf.hhs.gov/implementation/Early%20Head%20Start–Home-Based%20Option%20(EHS-HBO)/Model%20Overview)

Hotelling, B. A. (2008). Perinatal needs of pregnant, incarcerated women. *The Journal of Perinatal Education*, 17(2), 37-44. <https://doi.org/10.1624/105812408X298372>

Kearney, M. H., York, R., & Deatrick, J. A. (2000). Effects of home visits to vulnerable young families. *Journal of Nursing Scholarship*, 32(4), 369–375.

Kelsey, C. M., Medel, N., Mullins, C., Dallaire, D. & Forestell, C. (2017). An examination of care practices of pregnant women incarcerated in jail facilities in the United States.

Maternal Child Health Journal, 21, 1260–1266. <https://doi.org/10.1007/s10995-016-2224-5>

Kelsey, C. M., Thompson, M. J., & Dallaire, D. H. (2018). Community-based service requests and utilization among pregnant women incarcerated in jail. *Psychological Services*. 393-

404. <https://doi.org/10.1037/ser0000314>

- King, N. (2004). Using templates in the thematic analysis of text. In Cassell, C., Symon, G. (Eds.), *Essential guide to qualitative methods in organizational research* (pp. 257–270). Sage.
- Kitzman, H., Olds, D. L., Knudtson, M. D., Cole, R., Anson, E., Smith, J. A., Fishbein, D., DiClemente, R., Wingood, G., Caliendo, A., Hopfer, C., Miller, T., & Conti, G. (2019). Prenatal and infancy nurse home visiting and 18-year outcomes of a randomized trial. *Pediatrics*, *144*(6). <https://doi.org/10.1542/peds.2018-3876>
- Knight, M., & Plugge, E. (2005) Risk factors for adverse perinatal outcomes in imprisoned pregnant women: A systematic review. *BMC Public Health* *5*, 111. <https://doi.org/10.1186/1471-2458-5-111>
- Kwarteng-Amaning, V., Svoboda, J., Bachynsky, N., & Linthicum, L. (2019). An alternative to mother and infants behind bars. *Journal of Perinatal & Neonatal Nursing*, *33*(2), 116–125. <https://doi.org/10.1097/JPN.0000000000000398>
- Leger, J., & Letourneau, N. (2015). New mothers and postpartum depression: A narrative review of peer support intervention studies. *Health & Social Care in the Community*, *23*(4), 337–348. <https://doi-org.unr.idm.oclc.org/10.1111/hsc.12125>
- Maruschak, L. M., (2008). Medical problems of prisoners. *Bureau of Justice Statistics*. <https://www.bjs.gov/content/pub/pdf/mpp.pdf>
- Mason, L. G. B. (2013). The journey of one pregnant incarcerated woman through systemic bias: How family support workers can positively affect change—A case study. *Journal of Women and Social Work*, *28*, 32-39. <https://doi.org/10.1177/0886109912475173>

- Minkovitz, C.S., O'Neill, K.M.G., & Duggan, A.K. (2016). Home visiting: A service strategy to reduce poverty and mitigate its consequences. *American Pediatrics*, 16(3), S105-S111.
<https://doi.org/10.1016/j.acap.2016.01.005>
- National Home Visiting Resource Center (2019). *2019 Home Visiting Yearbook*. Arlington, VA: James Bell Associates and the Urban Institute. <https://nhvrc.org/yearbook/2019-yearbook/>
- Nevada Crime and Corrections: Statistics and Rankings (2019). Nevada Legislative Counsel Bureau.
<https://www.leg.state.nv.us/Division/Research/Publications/Factsheets/CrimeRankings.pdf>
- Olds, D.L., Kitzman, H.J., Cole, R.E., Hanks, C.A., Arcoleo, K. J., Anson, E. A., Luckey, D.W., Knudtson, M.D., Henderson, C.R., Bondy, J., & Stevenson, A.J., (2010). Enduring effects of prenatal and infancy home visiting by nurses on maternal life course and government spending: Follow-up of a randomized trial among children at age 12 years. *Archives of Pediatrics & Adolescent Medicine*, 164(5), 419–424.
<https://doi.org/10.1001/archpediatrics.2010.49>
- Novak, G., & Pelaez, M., (2004). Prenatal, birth and postnatal periods. *Child and Adolescent Development. A Behavioral Systems Approach*. pp. 107-144. Sage Publications, Inc.
- Patten, R., La Rue, E., Caudill, J.W., Thomas, M.O. & Messer, S., (2018). Come and knock on our door: Offenders' perspectives on home visits through ecological theory. *International Journal of Offender Therapy and Comparative Criminology*, 62(3), 717–738.
<https://doi.org/10.1177/0306624X16653741>

- Pimlott Kubiak, S., Young, A., Siefert, K., & Stewart, A., (2004). Pregnant, substance-abusing and incarcerated: exploratory study of a comprehensive approach to treatment. *Families in Society*, 85(2). 177-186. <https://doi.org/10.1606/1044-3894.320>
- Pimlott Kubiak, S., Kasiborski, N., & Scmittel, E., (2010). Assessing long-term outcomes of an intervention designed for pregnant incarcerated women. *Research on Social Work Practice*. 20(5). <https://doi.org/10.1177/1049731509358086>
- Poverty Guidelines (2020). ASPE, Office of the Assistant Secretary for Planning & Evaluation. <https://aspe.hhs.gov/poverty-guidelines>
- Reyes-Vargas, M.L., & Walsh, B.A., (2019). Home visiting with women involved in the justice system: One program's story. *CFLE Network*, 32, 10-11.
- Roles of a Home Visitor, (2019). Head Start. <https://eclkc.ohs.acf.hhs.gov/teaching-practices/home-visitors-handbook/roles-home-visitor>
- Sama-Miller, E., Akers, L., Mraz-Esposito, A., Coughlin, R., & Zukiewicz, M. (2019) Home visiting evidence of effectiveness review: Executive summary September 2019. *Home Visiting Evidence of Effectiveness*. https://homvee.acf.hhs.gov/sites/default/files/2019-09/HomeVEE_Executive_Summary_2019_B508.pdf
- Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing & Health*, 23(4), 334-340. [https://doi-org.unr.idm.oclc.org/10.1002/1098-240X\(200008\)23:4<334::AID-NUR9>3.0.CO;2-G](https://doi-org.unr.idm.oclc.org/10.1002/1098-240X(200008)23:4<334::AID-NUR9>3.0.CO;2-G)
- Schroeder, M. O. (2017). Parent in prison: How to protect the well-being of the child. *U.S. News*. <https://health.usnews.com/wellness/family/articles/2017-01-19/parent-in-prison-how-to-protect-the-well-being-of-the-child>

Shackling Pregnant Women (2011). AB 408. Nevada Legislature 76th Session.

<https://www.leg.state.nv.us/Division/Research/Publications/SoL/2011SoL.pdf>

Shlafer, R. J., Gerrity, E., & Duwe, G. (2015) Pregnancy and parenting support for incarcerated women: Lessons learned. *Progress in Community Health Partnerships: Research, Education, and Action*, 9(3). <https://doi.org/10.1353/cpr.2015.0061>

Shlafer, R. J., Hardeman, R. R., & Carlson, E. A. (2019) Reproductive justice for incarcerated mothers and advocacy for their infants and young children. *Infant Mental Health Journal*, 40, 725– 741. <https://doi-org.unr.idm.oclc.org/10.1002/imhj.21810>

Sufrin, C. (2017). *Jailcare: Finding the safety net for women behind bars*. Univ of California Press.

Sufrin, C., Beal, L., Clarke, J., Jones, R., & Mosher, W.D. (2019). Pregnancy outcomes in us prisons, 2016–2017. *American Journal of Public Health*, 109(5), 799-805, <https://doi.org/10.2105/AJPH.2019.305006>

Tenkku Lepper, L. E., Trivedi, S., & Anakwe, A. (2018). Effectiveness of a prison-based healthy pregnancy curriculum delivered to pregnant inmates: A pilot study. *Journal of Correctional Health Care*, 24(3), 243–252. <https://doi.org/10.1177/1078345818782988>

Walsh, B. A., Edwards, A. L., Cook, G. A., Hughes-Belding, K., & Rahn, E. (2021). Exploring changes in home visitors’ perspectives in the context of a professional development activity. *Early Childhood Education Journal*. <https://doi.org/10.1007/s10643-021-01249-3>

What is Family Support? (2020). *Family Support Network of North Carolina*.

<https://fsnnc.org/node/75>

Washoe County Sherriff’s Office. (n.d.). <https://www.washoesheriff.com/what-we-do.php>

- Wakefield, S., & Wildeman, C. (2018). How parental incarceration harms children and what to do about it. National Council on Family Relations Policy Brief. Retrieved from https://www.ncfr.org/sites/default/files/2018-01/How%20Parental%20Incarceration%20Harms%20Children%20NCFR%20Policy_Full%20Brief_Jan.%202018_0.pdf
- Van de Wiel, M. J. (2017). Examining expertise using interviews and verbal protocols. *Frontline Learning Research*, 5(3), 94-122.
- Zeng, Z. (2020). Jail inmates in 2018. *Bureau of Justice Statistics*.
<https://www.bjs.gov/content/pub/pdf/ji17.pdf>
- Zigler, E., & Styfco, S. J., (2010). *The hidden history of head start*. Oxford University Press.
- Zust, B. L., Busiahn, L., & Janisch K. (2013) Nurses' experiences caring for incarcerated patients in a perinatal unit. *Issues in Mental Health Nursing*, 34(1), 25-29, <https://doi.org/10.3109/01612840.2012.715234>

Appendices

Home Visitor Focus Group- Phase 1

Questions: (a) What are the experiences of pregnant incarcerated women and released women involved with home visiting services?

- What are your thoughts about home visiting?
- Can you tell us what home visits in the jail are like?
- What do you enjoy about home visiting? What have you noticed families enjoy about home visiting?
- What do you wish your role of a parent educator had more or less of?
- What are reasons you have heard from families about not wanting to participate in home visiting?
- How do you best support women who are pregnant? Are you able to provide all the information pregnant women request?
- What are similarities and differences between inmates and released women in their experiences with home visiting services?

(b) What barriers are experienced while providing services by the home visitors and accessing services by the pregnant incarcerated women and released women?

- What are challenges you might face in home visiting? In home visiting within the jail?
- Please describe any challenges you might face when trying to connect a pregnant inmate with support.
- Can you think of any solutions that may help overcome these challenges?
- Are there tools that can help you connect pregnant inmates with what they need? Do you have access to these?

(c) What supports and strengths are experienced by the pregnant incarcerated women, released women, and home visitors?

- Can you tell us about the supports that may be available to pregnant women?
- Can you tell us about your strengths that support women during their pregnancy?
- What kind of support do pregnant women seek from you?
- Can you think of any other people within the jail that can provide support? To the mom? To you?
- Can you tell us of any strengths that the pregnant inmates currently have regarding support within the jail?

Home Visitor Focus Group- Phase 2

Questions: (a) What are the experiences of pregnant incarcerated women and released women involved with home visiting services?

- What are your thoughts about home visiting within the jail?
- Can you tell us what home visits in the jail are like?
 - What changes have you noticed since the past year?
- What do you enjoy about home visiting in general? Is there something you enjoy about home visiting within the jail?
- How do you view your role as a home visitor with incarcerated women and general home visiting parents? Is there a difference/similarity with your role?
- What are reasons you have heard from families about not wanting to participate in home visiting?
- What are reasons you have heard of for pregnant incarcerated women not participating in home visits?

- How do you best support women who are pregnant? Are you able to provide all the information pregnant women request?
- What is it like to build a relationship with jail clients?

(b) What barriers are experienced while providing services by the home visitors and accessing services by the pregnant inmates and released women?

- What are challenges you might face in home visiting? In home visiting within the jail?
- What support is available for home visitors who are visiting in the jail?
- Please describe any challenges you might face when trying to reconnect with a pregnant inmate upon release.
- What do you think plays a role when upon release, inmates reconnect with home visiting services?
 - What factors play a role if there is no reconnection?
- Can you think of any solutions that may help reconnect with pregnant inmates after being released?

(c) What supports and strengths are experienced by the pregnant inmates, released women, and home visitors?

- Can you tell us about the supports that may be available to pregnant women within the jail? Within the community? Please describe how these may look.
- Can you tell us about your strengths that support women during their pregnancy?
 - What skills and tools do you bring to the jail?
- What kind of support do pregnant women seek from you?
- What strengths (in general) have you seen from women in the jail? From families in home visiting?

- Can you think of any other people within the jail that can provide support? To the mom? To you?
- Can you describe what type of professional support there is for you as a home visitor in the jail?
- What kind of professional development do you think is necessary for home visitors working in the jail?

Focus Group- Pregnant (incarcerated) Women

(a) What are the experiences of pregnant inmates involved with home visiting services?

- What are your thoughts about home visiting?
- What do you like about home visiting?
- What do you wish home visiting included more of or less of?
- Can you think of any reason why you would not want to be part of home visiting?
- What about your needs related to being pregnant? Do you find you have all of the information that you need?

(b) What barriers are experienced while providing services by the home visitors and accessing services by the pregnant inmates?

- Please describe any challenges you face in home visiting.
- Please describe any challenges you face when trying to get support.
- Can you think of any solutions that may help to overcome these challenges?
- Was there anything that would help get you what you need?

(c) What supports and strengths are experienced by the pregnant inmates?

- Can you tell us about supports that may have been offered to you or you know that are available to support pregnancy?
- Can you tell us about your strengths that support pregnancy?
- Please share with us experiences in seeking support from your home visitor. What was helpful? What was unhelpful? (Probe: What specifically was helpful? What specifically was unhelpful?)
- Could you think of any services or people that you would like to have support you?
- Could you think of any strengths that you would like to have to support you?

Focus Group- EHS Parents (non-jailed)

Questions:

(a)

- What are your thoughts about home visiting?
- **Que piensa sobre visitas en el hogar?**
- What do you like about home visiting?
- **Que le gusta sobre visitas en el hogar?**
- What do you wish home visiting included more of or less of?
- **Que le gustaria que visitas en el hogar incluyera mas, o menos?**
- Can you think of any reason why you would not want to be part of home visiting?
- **Puede pensar en alguna razón por la cual usted no le gustaría participar en visitas al hogar?**
- What about your needs related to being pregnant or a parent? Do you find you have all of the information that you need?

- **Algo sobre sus necesidades sobre su embarazo o como ser padre/madre? Used tiene toda la información que ocupa?**

(b)

- Please describe any challenges you face in home visiting.
- **Por favor explique dificultades que encuentre con visitas al hogar**
- Please describe any challenges you face when trying to get support.
- **Por favor explique dificultades que tenga cuando busca apoyo.**
- Can you think of any solutions that may help to overcome these challenges?
- **¿Podría decir soluciones que puedan ayudar a salir de estas dificultades?**
- Was there anything that would help get you what you need?
- **¿Existe algo que le ayudaría obtener lo que ocupa?**

(c)

- Can you tell us about supports that may have been offered to you or you know that are available to support pregnancy or being a parent?
- **Me puede decir sobre el apoyo que se le a ofrecido i sobre la asistencia para apoyar su embarazo o herramientas de padre/madre?**
- Can you tell us about your strengths that support pregnancy or parenthood?
- **Me puede contar sobre sus fortalezas que apoyan su embarazo o como madre/padre?**
- Please share with us experiences in seeking support from your home visitor. What was helpful? What was unhelpful? (Probe: What specifically was helpful? What specifically was unhelpful?)

- **Por favor comparta sus experiencias al buscar apoyo de su visitante al hogar.**
¿Que le ayudo más? ¿Qué fue lo menos funcional? (¿que específicamente ayudo o no?)
- Could you think of any services or people that you would like to have support you?
- **¿Se le ocurren algún tipo de servicios o gente de quien le gustaría recibir apoyo?**
- Could you think of any strengths that you would like to have to support you?
- **¿Hay alguna fortaleza que le gustaría que la apoyara?**

Interview questions- Released Women

Questions:

(a)

- What are your thoughts about home visiting?
- What do you like about home visiting?
- What do you wish home visiting included more of or less of?
- How do you think home visiting has influenced your child's life?
- What does it mean to you to be a mother?
- What is it like changing from the jail to out of jail?

(b)

- Have you had any challenges with home visiting?
- Can you think of any solutions that may help to overcome these challenges?
- Was there anything that would help get you what you need?

(c)

- Can you tell us about your strengths that support pregnancy?
- Please share with us experiences in seeking support from your home visitor. What was helpful? What was unhelpful? (Probe: What specifically was helpful? What specifically was unhelpful?)
- Could you think of any services or people that you would like to have support you?
- Could you think of any strengths that you would like to have to support you?