

Good Beginnings of the Upper Valley: SOCY 11 Final Research Proposal  
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1. Literature Review

Recent research in pre- and post-natal care has begun to evaluate a wider range of program impacts. Studies have begun to consider program impacts on mothers as well as children (see Walker 2019; Benzies 2021). The impacts that are evaluated have also broadened to include measures of mental-wellbeing in addition to physical health outcomes (Biaggi 2016). Studies on postnatal care, including home visiting programs in particular, have revealed that social support has positive impacts on the mental wellbeing of mothers (see Biaggi 2016; Kaitz 2018). By acting as a form of structured socialized support, home visits may improve maternal mental wellbeing. The home visiting model provides time for mothers to rest and fulfill other personal care needs through the use of periodic visits by trained home visitors in the first 6 months of a newborn's life. Home visits are also a useful way to refer mothers to the health resources that they may need. The Good Beginnings In-Home Volunteer Program, located in the Upper Valley, follows this home visit model with nonprofessional volunteers who act as "very good neighbors" to provide support at no charge to mothers in need. Numerous studies demonstrate a positive impact of professional home visits on maternal mental-wellbeing. What is largely ignored, however, is the impact that non-professional volunteers can have on the wellbeing of recent mothers. Findings suggest mixed or moderate results for non-professional home visitors (see Kaitz 2018; Zadoroznyj 2009), but this area of research needs more attention. In addition, studies largely focus on narrow definitions of mental well-being, such as assessing levels of postpartum depression or anxiety. The objective of this study is to assess the impact of the Good Beginnings In-Home Volunteer Program on maternal mental wellbeing.

Several studies in the literature establish the positive association between participation in home visit programs and maternal mental well-being. This link is well-established for postpartum depression (Tandon 2013), but there is less information on measures of overall mental well-being. In 2018, Kaitz established this link with a broader measure of mental well-being, and found better outcomes for patients visited by professional home visitors than by volunteer home visitors (Kaitz 2018).

The degree of social support received by mothers from home visitors may play a mediating role in improved mental well-being. Numerous findings in social theory suggest that individuals with higher degrees of social support experience better overall mental wellbeing. The impact of high levels of life stress are greater when social supports are low as opposed to high (Boyce 1981). Additionally, Williams et. al. observed the mental health of participants during negative life events and found that participants with stronger social support saw more significant improvements to their mental health over time. They theorize a three-way interaction between major life events, social support, and mental health (Williams et. al. 1981).

Home visit programs may be a crucial mechanism for providing social support to recent mothers. By exploring the mental health of mothers with children by fathers who were recently incarcerated, Wildeman theorizes that the mental health of new mothers is partially dependent on the presence of a support system, such as from another parent (Wildeman 2012). Home visitors who take on a proportion of the workload and provide time for mental rest may act as a proxy to a second primary caregiver in the mother's support system (Wildeman 2012). Mothers face many challenges, such as fulfilling personal care needs, completing household chores, and finding time to sleep. These challenges, which are all activities that home visit programs make time for, are major stressors for mothers (Negron 2013). However, "...mothers also faced barriers when it came to seeking support" because they feared judgment from friends and family which prevented them from asking for help (Negron 2013). Home visits, by building structured time for caregivers to receive help, may act as a form of formal social support. Formalized social support programs can improve maternal well-being and other measures (Benzies 2021). However, improvements in mental well-being are likely more modest when they come from formalized social support from weak ties rather than close ties like friends and family (Lin 1985).

This study hopes to build on the literature by addressing several gaps. First, the literature focuses on professional rather than volunteer home visitors, and finds mixed or weaker results for volunteer home visitors. Secondly, sociological studies of mental health often focus on postpartum depression and other specific mental illnesses, rather than focusing on overall mental wellbeing (Horwitz 2009). Finally, the Good Beginnings In-Home Volunteer Program has not yet received an evaluation focused on the mental well-being of participating mothers, and this information would be crucial for continuing to shape and grow the program. The Upper Valley is a rural setting where building informal systems of social support can be difficult, especially for the many program participants who are transplants to the Upper Valley. As one of the few formal social supports in the area, Good Beginnings fills an essential need for mothers living in the Upper Valley. The purpose of this research is to assess the impact of the Good Beginnings of the Upper Valley In-Home Volunteer Program on participants' maternal mental wellbeing. The study will use a broader measure of mental well-being that incorporates self-efficacy, or the ability to cope with stress, rather than focusing on specific symptoms of mental illness. The findings will further examine the association between wellbeing and social support, especially as it pertains to non-professional volunteer work in healthcare systems.

## 2. Methods

### *Measures and Methods*

We recommend using a quantitative, longitudinal (with a panel), paper-administered survey to investigate the research question. We recommend a quantitative approach so that Good Beginnings can obtain a broad overview of participants' experiences with the program. Using a longitudinal survey with a panel allows us to see the potential effects of the program on people, and it allows us to best measure our independent variable. We recommend using paper surveys so that participants can read each question quickly and easily, since several of the questions are

scale questions that are best visually understood (see Survey in Appendix). Another benefit of the paper administration is the speed in which participants will be able complete the survey. Processes such as telephone interviews and in-person interviews would take much longer, and given that the participants are parents busy with infants, we want to be respectful of their time. Additionally, paper surveys eliminate the issue of wifi access, and Good Beginnings has otherwise indicated to us that a paper survey would see a higher response rate. Finally, conducting the survey on paper is a better way to ensure anonymity and keep track of the panel of participants. In addition, conducting the study in this way is efficient given the resources available to Good Beginnings, which currently includes only two employees and a multitude of volunteers who serve over 100 mothers in the Upper Valley each year.

Unfortunately, given the quantitative nature of the survey, Good Beginnings will not be able to receive in-depth perspectives on the In-Home Volunteer Program experience through this survey. Additionally, because the answers to the dependent variable questions and the mediating variable questions are self-reported, there is not necessarily a strong argument for causality.

Our conceptual model consists of home visit participation as the independent variable, maternal mental wellbeing as the dependent variable, and social support as a mediating variable. The independent variable of home visit participation was operationalized as the number of visits received through the Good Beginnings In-Home Volunteer Program. It will be measured by yes/no questions for participation in the program. The dependent variable of maternal mental wellbeing is defined as a state of mental stability and ability to cope with life stress and engage in self-improvement. This includes both components of mental health and self-efficacy, which is defined as a person's confidence in their ability to exert control over their own motivation, behavior, and social environment (Bandura 1997). The dependent variable was operationalized into two indicators: the self-reported self-efficacy of respondents and the self-reported mental health of respondents. Self-efficacy will be measured through four questions from the General Self-Efficacy Scale, which will make up a composite self-efficacy score. Overall mental health will be measured through one question that serves as a self-reported mental health measure (see Survey in Appendix). The mediating variable of social support is defined as the provision of resources to benefit an individual's abilities and outcomes. It was operationalized as the self-reported closeness, comfortability, and positivity in participants' relationships with their home visitors. It will be measured with questions gauging the degree (from 1-5) of positivity, comfortability, and closeness respondents report having with their in-home volunteer (see Survey in Appendix). The surveys should take approximately five minutes to complete.

### *Sampling and Recruitment*

In this study, the target population are mothers who use the Good Beginnings In-Home Volunteer Program. We will not be using a sampling frame to select our participants. As stated prior, reaching out to all Good Beginnings Clients will maximize responses and allow for the most accurate data interpretation. Participants will be found through Good Beginnings current clients. The surveys will be printed out beforehand with randomly generated numbers placed on

two duplicate surveys — the pre and post survey. Volunteers will distribute the survey in envelopes before the program begins and the participants will mail them back with no return address to ensure anonymity. For participating in the survey, individuals will be given a little basket with children's books and other little necessities as compensation. Good Beginnings have provided this compensation to survey participants in the past which has been successful.

Good Beginnings will stop recruiting new participants when they receive suitable data that is large enough to evaluate their program as a whole and reveal trends that are statistically significant. We recommend at least 50 surveys, which is roughly half of their total users in a year, as they had 107 participants in the In-Home Volunteer Program last year.

### *Interpreting the Data*

Survey data will allow for several layers of analysis. First, descriptive statistics of self-efficacy and mental health can quantify the mental well-being of program participants. Second, pre- and post- measures of mental well-being and social support can reveal whether these variables are associated with participation in the home visits program. Third, Good Beginnings can test for an association between social support and mental wellbeing by graphing relevant measures in an x-y plot in Google Sheets. See the Coding Sheet in the Appendix for more detail on the variables that are available for data analysis. Finally, Good Beginnings can use open-ended responses to receive suggestions about program improvements. The survey asks respondents what they would like to see from the In-Home Volunteer Program in the future (see Survey in Appendix). This feedback can be used by Good Beginnings to improve their program.

In the case that a participant only returns one survey, Good Beginnings will still be able to draw some analysis. First, they will be able to quantify their clients mental well being. In addition, they will be able to test for an association between social support and mental well being. Lastly, they will be able to use the open ended response on program improvements to enhance their organization.

### 3. Ethical Considerations

There are several potential ethical concerns that must be considered to ensure that this research aligns with the principles of the Belmont report. The first ethical principle is respect for persons, as researchers must obtain informed consent from their participants to ensure that they understand the purpose, risks, and benefits of the research being conducted. The survey will include a consent form that explains the goal of improving the Good Beginnings program, the voluntary nature of the survey, and that they can end their participation at any time. The second principle focuses on balancing the risks and benefits of the research, which will promote the future well-being of participants. As a thank you for participating in the study, participants will receive a gift basket with necessities for infants, along with small toys and children's books. Participation in the study may cause emotional discomfort, and the question topics and wording have been adjusted to minimize this risk and avoid reinforcing stereotypes or stigmas associated

with motherhood or postpartum experiences. In addition, Good Beginnings will ensure that participants are not identifiable. Home visitors will distribute paper surveys with matching ID numbers and mothers will mail the surveys back to Good Beginnings in envelopes without return addresses, preventing volunteers from linking survey responses to an individual. If Good Beginnings wants to retain the option to reach out to participants who are struggling mentally, they can alternatively link ID numbers to addresses, allowing Good Beginnings to identify that participant while also maintaining confidentiality for other participants. The language of the consent form would have to be modified to reflect this. The third and final ethical principle is justice, which becomes particularly crucial when working with vulnerable populations to ensure they feel safe and included in opportunities. New mothers are adjusting to significant life changes and might be dealing with various physical and emotional challenges. However, this vulnerable population is being chosen for research because it is the population that will benefit from the research. Overall, by taking proper precautions to ensure respect for persons, beneficence, and justice, Good Beginnings can align with established ethical principles in research.

#### 4. Feasibility and Significance

This research is feasible for our partners to conduct. Administering a self-report survey in which mothers can report their experiences and describe their relationships with their volunteers following their enrollment in the program will allow us to assess the ways in which their mental wellbeing may have changed or stayed the same. With the survey being created by us and administered by Good Beginnings staff, we can ensure that the appropriate individuals are being contacted regarding their experiences and that their surveys are being handled with the proper care. Last year alone Good Beginnings helped 107 families through the In-Home Volunteers Program, which proves that there are a number of participants from which surveys can be collected. Good Beginnings has administered paper surveys to their program participants in previous years, so continuing this protocol should not be difficult.

One limitation of this, however, is that there may be some program participants unwilling to share information regarding their mental health—which is to be expected from such a vulnerable population as new mothers. Even so, assuming that volunteers have fostered positive relationships with the mothers they assist—alongside Good Beginnings’ history with survey work—it is likely that many mothers will be willing to complete the survey. It may also be difficult to ensure complete confidentiality in these surveys due to the possibility of the Good Beginning staff receiving concerning or alarming information from survey participants: if a survey shows signs of a mother needing genuine assistance, it would be impossible to provide it if said survey is completely anonymous.

Research shows that mothers without access to familial or social support are more likely to experience feelings of depression or anxiety. This research model will allow Good Beginnings to better understand what they can do to better the mental wellbeing of mothers in the Upper Valley and assist those seeking both physical and emotional support during their transition into

motherhood. Should our results confirm that in-home support is beneficial to the mental well-being of mothers, we can conclude that access to adequate postnatal care is just as valuable as adequate access to prenatal care. Mothers deserve to be supported not just before giving birth, but after giving birth as well.

## 5. References

- Bandura, Albert, W.H. Freeman, and Richard Lightsey. 1997. "Self-Efficacy: The Exercise of Control." *Journal of Cognitive Psychotherapy*. 13(2):158-166.
- Benzies, Karen M., Malgorzata Gasperowicz, Arfan Afzal and Melody Loewen. 2021. "Welcome to Parenthood Is Associated With Reduction of Postnatal Depressive Symptoms During the Transition From Pregnancy to 6 Months Postpartum in a Community Sample: A Longitudinal Evaluation." *Archive of Women's Mental Health* 24:493–501.
- Biaggi, Alessandra, Susan Conroy, Susan Pawlby, and Carmine M. Pariante. 2016. "Identifying the Women at Risk of Antenatal Anxiety and Depression: A Systematic Review." *Journal of Affective Disorders* 191:62–77.
- Boyce, W. Thomas. 1981. "Interaction between social variables in stress research." *Journal of Health and Social Behavior* 22(2):194-5.
- "Good Beginnings of the Upper Valley." *Good Beginnings*. Retrieved October 22, 2023 (<https://www.gbu.org/good-beginnings>).
- Horwitz, Allan V. 2009. "An Overview of Sociological Perspectives on the Definitions, Causes, and Responses to Mental Health and Illness." Pp. 6–19 in *A Handbook for the Study of Mental Health: Social Contexts, Theories, and Systems* 6:19. Edited by T. L. Scheid and T. N. Brown. Cambridge United Kingdom: Cambridge University Press.
- Kaitz, Marsha, Miriam Chriki, Naomi Tessler, and Judith Levy. 2018. "Predictors of Self-reported Gains in a Relationship-based Home-visiting Project for Mothers after Childbirth." *Infant Mental Health Journal* 39:123-133.
- Lin, Nan, Mary W. Woelfel, and Stephen C. Light. 1985. "The Buffering Effect of Social Support Subsequent to an Important Life Event." *Journal of Health and Social Behavior* 26(3):247-63.
- Negron, Rennie, Anika Martin, Meital Almog, Amy Balbierz, and Elizabeth A. Howell. 2013. "Social Support During the Postpartum Period: Mothers' Views on Needs, Expectations, and Mobilization of Support." *Maternal and Child Health Journal* 17:616-623.
- Rabani, Bavojdan M., Afsaneh Towhidi, and Abbas Rahmati. 2011. "The Relationship between Mental Health and General Self-Efficacy Beliefs, Coping Strategies and Locus of Control in Male Drug Abusers." *Addiction & Health* 3(3-4):111-8.
- Tandon, S. Darius, Julie A. Leis, Tamar Mendelson, Deborah F. Perry, and Karen Kemp. 2013. "Six-Month Outcomes from a Randomized Controlled Trial to Prevent Perinatal

- Depression in Low-Income Home Visiting Clients.” *Maternal and Child Health Journal* 18(4):873–81.
- Walker, Sandra B., Dolene M. Rossi, and Teresa M. Sander. 2019. “Women’s Successful Transition to Motherhood during the Early Postnatal Period: A Qualitative Systematic Review of Postnatal and Midwifery Home Care Literature.” *Midwifery* 79:102552.
- Wildeman, Christopher, Jason Schnittker, and Kristin Turney. 2012. “Despair by Association? The Mental Health of Mothers with Children by Recently Incarcerated Fathers.” *American Sociological Review* 77(2):216–43.
- Williams, Ann W., John E. Ware, Jr., and Cathy A. Donald. 1981. “A Model of Mental Health, Life Events, and Social Supports Applicable to General Populations.” *Journal of Health and Social Behavior* 22(4):324-336.
- Zadoroznyj, Maria. 2009. “Professionals, Carers or ‘Strangers’? Liminality and the Typification of Postnatal Home Care Workers.” *Sociology* 43(2):268-285.

6. Appendix

**Good Beginnings Survey**

Thank you for the opportunity to share such an important time with you and your family. Since you have had the experience of one of our Good Beginnings' Volunteer In-Home Visitors, your reactions and suggestions for improvement of services are most valuable to us in maintaining the quality of our program. Please take a few minutes to complete this questionnaire. At any point during this survey, you may choose to stop your participation.

1. How many visits have you had through the in-home volunteer program (check the box that applies)?

0  1  2  3  4  5  6  7  8  9  10  11  12

On a scale of 1-5, with 1 being "not at all," and 5 being "strongly agree," please rate how much you agree with the following statements:

2. My relationship with the volunteer was positive.

"not at all"

"strongly agree"

1 — 2 — 3 — 4 — 5

3. I felt comfortable interacting with the volunteer.

"not at all"

"strongly agree"

1 — 2 — 3 — 4 — 5

4. I felt close to my volunteer.

"not at all"

"strongly agree"

1 — 2 — 3 — 4 — 5

Please indicate how true the following statements are to you:

5. It is easy for me to stick to my aims and accomplish my goals.

- a. Not at all true
- b. Hardly true
- c. Moderately true
- d. Exactly true

6. When I am confronted with a problem, I can usually find several solutions.

- a. Not at all true
- b. Hardly true
- c. Moderately true



- d. Exactly true
7. I can remain calm when facing difficulties because I can rely on my coping abilities.
- a. Not at all true
  - b. Hardly true
  - c. Moderately true
  - d. Exactly true
8. I can usually handle whatever comes my way.
- a. Not at all true
  - b. Hardly true
  - c. Moderately true
  - d. Exactly true
9. In general, how is your mental health these days?
- a. Excellent
  - b. Good
  - c. Average
  - d. Fair
  - e. Poor

The following question is open-ended.

10. What would you like to see from the In-Home Volunteer Program in the future?

### Good Beginnings Survey Coding Sheet

Variable Name	Question Wording	Numeric Codes	Response Option Wording
participant	Have you participated in the in-home volunteer program?	0 1 2	Yes No, I have not used all 12 visits No, I have not used any visits
Support1_pos Support2_comf Support3_close	On a scale of 1-5, with 1 being "not at all", and 5 being "strongly agree", please rate how much you agree with the following statements: <ol style="list-style-type: none"> <li>1. My relationship with the volunteer was positive.</li> <li>2. I felt comfortable interacting with the volunteer.</li> <li>3. I felt close to my volunteer.</li> </ol>	1 2 3 4 5	1 2 3 4 5
Support	Overall measure summed from support1-3 measures	3-15	
Selfefficacy1_goals Selfefficacy2_solve Selfefficacy3_cope Selfefficacy4_handle	Please indicate how true the following statements are to you: <ol style="list-style-type: none"> <li>a. Not at all true</li> <li>b. Hardly true</li> <li>c. Moderately true</li> <li>d. Exactly true</li> </ol>	1 2 3 4	1 2 3 4
Self_efficacy	Overall measure summed from wellbeing1-4 measures	4-16	
Mental_health	In general, how is your mental health these days?	5 4 3 2 1	a. Excellent b. Good c. Average d. Fair e. Poor

## Consent form

Introduction: You are being asked to take part in a research study. Taking part in research is voluntary.

### What does this study involve?

We would like to learn more about your experiences with the in-home volunteer during the 3 month period. We will ask some questions about well-being (related to self-efficacy and mental health) during and after the in-home volunteer stay. Participation in the study will take approximately from the beginning to the end of your in-home stay duration (12 weeks).

### Who is eligible to participate?

You must be a mother partaking in the Good Beginnings In-Home Volunteer Program to take part in this study.

### Will you be paid to take part in this study?

Respondents who meet the eligibility criteria listed above and who complete the study will receive gift baskets with necessities for infants, along with small toys and/or children's books upon completion of the study.

### What are the options if you do not want to take part in this study?

Your participation in this study is completely voluntary. You may withdraw your consent and discontinue your participation at any time with no consequences to you.

### Will you benefit from taking part in this study?

There is a small chance you will personally benefit from being in this research study. We hope to gather information that may help people in the future.

### What are the risks involved with taking part in this study?

There are no known risks of participation in this study.

### How will your privacy be protected?

The information collected for this study will be kept secure and confidential. Your name will not be linked to your responses in any way. Only the research team will have access to your data.

### Whom should you contact about this study?

If you have questions about this study, you can contact the research director for this study, Denise Gariepy, at [dgariepy@gbu.org](mailto:dgariepy@gbu.org).

Check the box if you have read the above information and agree to take part in this study.

**Previously-used Survey Format**

Dear \_\_\_\_\_,

Thank you for the opportunity to share such an important time with you and your family. Since you have had the experience of one of our Good Beginnings' Volunteer In-Home Visitors, your reactions and suggestions for improvement of services are most valuable to us in maintaining the quality of our program. Please take a few minutes to complete this questionnaire.

1. My relationship with the volunteer was positive and helpful.

Strongly Disagree				Strongly Agree
1	2	3	4	5

2. The volunteer provided information regarding :

	Yes	No	N/A	Comments
a. Health and Safety topics	___	___	___	
b. Post-partum issues	___	___	___	
c. Reading to children		___	___	___
d. Child development/child care		___	___	___

3. As a result of the Good Beginnings volunteer support, I:

	Yes	No	N/A
a. gained more knowledge of community services. . . .		___	___
b. made new friends/feel less alone. . . . .		___	___

4. Could the volunteer have helped you in additional ways? If so, please suggest them here.

5. Would you feel comfortable recommending Good Beginnings to another family?

6. Other comments (please feel free to use the back of this page).

Also, Good Beginnings of the Upper Valley is a non-profit funded entirely by donation and grants. Occasionally we need testimonials on our grant proposals, annual appeal, advertising material, etc. We also like posting on our website, Facebook and other social media. Do you give Good Beginnings of the Upper Valley permission to use your written comments?

\_\_\_ Yes, you may use my written comments, name (first name only) and/or town and state of residence for the purpose of promoting Good Beginnings of the Upper Valley

Signature \_\_\_\_\_