

EVALUATION OF A HOME VISITATION PROGRAM FROM THE
PRACTITIONERS' PERSPECTIVES:
A CASE STUDY OF IZMİR95

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Evaluation of a Home Visitation Program from The Practitioners' Perspectives:

A Case Study of Izmir95

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DECLARATION OF ORIGINALITY

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ABSTRACT

Evaluation of a Home Visitation Program from the Practitioners' Perspectives:

A Case Study of Izmir95

The Izmir95 Early Childhood Program is a home visitation-based intervention aimed at supporting families at risk with children aged 0-3 in Turkey. This study explores experiences of home visitors (HVs) and supervisors (SPVs), focusing on its perceived effectiveness, implementation challenges, and program's impact. The study adopted a qualitative case study design and through semi-structured interviews with HVs and SPVs, insights were gathered about the real-world application of the program. The data obtained from the interviews were analyzed using thematic analysis through the Maxqda software, and themes reflecting the opinions of HVs and SPVs regarding the content and implementation of the program were identified. The findings highlight the dual role of HVs and SPVs as providers of family support and facilitators of child development. Participants identified significant benefits, such as enhanced parental engagement, improved child development outcomes, and the professional growth of practitioners. However, challenges such as resource limitations, workload intensity, and the complexity of tailoring interventions to diverse family needs were also noted. The study underscores the importance of aligning program implementation with its theoretical framework while addressing systemic and contextual barriers. By analyzing the Izmir95 program, this study highlights its contributions to early childhood development while identifying challenges in implementation. The findings provide actionable recommendations for optimizing home visitation models, offering valuable insights for policymakers and practitioners aiming to support vulnerable families effectively.

ÖZET

Ev Ziyareti Programının Uygulayıcıların Bakış Açısıyla Değerlendirilmesi:

İzmir95'te Bir Vaka Çalışması

Izmir95 Erken Çocukluk Programı Türkiye’de 0-3 yaş arası çocuğu olan risk altındaki aileleri desteklemeyi amaçlayan, ev ziyaretine dayalı bir müdahale programıdır. Bu çalışma, ev ziyaretçilerinin (EZ) ve süpervizörlerin (SPV) deneyimlerini inceleyerek, programın algılanan etkililiğine, uygulamadaki zorluklara ve programın etkilerine odaklanmaktadır. Çalışmada nitel bir vaka çalışması deseni benimsenmiş ve EZ ve SPV’lerle yapılan yarı yapılandırılmış görüşmeler yoluyla programın gerçek dünyadaki uygulanmasına dair içgörüler elde edilmiştir. Görüşmelerden elde edilen veriler Maxqda yazılımı kullanılarak tematik analiz yöntemiyle analiz edilmiş ve EZ ile SPV’lerin programın içeriği ve uygulanmasına dair görüşlerini yansıtan temalar belirlenmiştir. Bulgular, EZ ve SPV’lerin hem aile desteği sağlayıcısı hem de çocuk gelişimini kolaylaştırıcı olarak üstlendikleri çift rolü ortaya koymaktadır. Katılımcılar, ebeveyn katılımının artması, çocuk gelişiminde gözlemlenen olumlu sonuçlar ve uygulayıcıların mesleki gelişimi gibi önemli faydaları vurgulamışlardır. Bununla birlikte, kaynak yetersizlikleri, iş yükünün yoğunluğu ve müdahalelerin farklı aile ihtiyaçlarına göre uyarlanmasındaki zorluklar gibi çeşitli sorunlar da dile getirilmiştir. Çalışma, program uygulamalarının kuramsal çerçevesiyle uyumlu hale getirilmesinin önemini vurgularken, sistemsal ve bağlamsal engellerin de ele alınması gerektiğine dikkat çekmektedir. İzmir95 programının analizine dayanan bu çalışma, erken çocukluk gelişimine sağladığı katkıları ortaya koyarken, uygulamadaki zorlukları da belirlemektedir. Elde edilen bulgular, ev ziyaretine dayalı modellerin optimize edilmesine yönelik uygulanabilir öneriler sunmakta ve dezavantajlı aileleri etkili biçimde desteklemek isteyen politika yapıcılar ile uygulayıcılar için değerli içgörüler sağlamaktadır.

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CHAPTER 1

INTRODUCTION

The first three years of early childhood are a pivotal phase in human development. During this time, children undergo rapid physical, cognitive, and socio-emotional growth that lays the foundation for their future well-being and success (Shonkoff et al., 2000). In terms of brain development, this period is characterized by a high level of neural plasticity, which enables strengthening or pruning of synaptic connections in response to environmental stimuli and experiences (Nelson, 2000). The experiences and relationships established during this period have a profound impact on the individual's lifelong developmental trajectory by shaping their cognitive, socio-emotional, and physical development (Heckman, 2007).

The importance of early childhood extends beyond individual development, with significant implications for social and economic outcomes. Heckman (2007) demonstrated that early childhood programs (ECPs) yield high returns at both individual and societal levels. In addition to improving individuals' cognitive, socio-emotional and health outcomes, these investments provide societal benefits, including increased workforce productivity, lower healthcare costs and reduced crime rates (Heckman et al., 2010). Thus, policymakers can foster public health and wellbeing through delivering the ECPs. In a global context, the ECPs have gained widespread recognition as crucial interventions that support the development and well-being of young children. These programs have yielded significant improvements in children's cognitive, linguistic, and behavioral development, particularly in low-income countries (Jeong et al., 2021). In the Turkish context, the ECPs have undergone significant development in recent years. Home-visitation

based programs specifically designed for families with low socioeconomic status (SES) have been implemented to support infant and toddler development (Çorapçı et al., 2022; Çorapçı et al., 2024). These families often face numerous risk factors, including residing in unsafe areas, limited access to social services, increased stress levels, low employment opportunities, and inadequate caregiving abilities (Baydar & Akcinar, 2015; Dayioğlu & Demir Şeker, 2016). In addition, the programs conducted by organizations such as AÇEV (Mother Child Education Foundation) in Turkey have taken important steps to support child development by enhancing parents' knowledge and skills (Koçak & Bekman, 2004).

The Izmir95 program is the overarching framework developed to support early childhood development in urban settings, focusing on children aged 0–3 and their caregivers. Within this framework, local implementations are adapted to the specific needs and contexts of different municipalities and are named accordingly. In this study, the focus is on the Izmir95 implementation of the Izmir95 program, which refers specifically to the version carried out in the city of İzmir.

1.1 Significance of the study

Hebbeler and Gerlach-Downie (2002) highlight the importance of understanding the experiences of HVs and SVs when evaluating the effectiveness of home visitation (HV) programs. They state that there is often a discrepancy between "what is supposed to happen" and "what actually happens" during the implementation of these programs. This gap can arise due to numerous factors such as challenges faced by HVs in engaging families, the flexibility required to meet individual family needs, or unanticipated barriers that surface during the delivery of services. Without insights from those directly involved in the implementation process, the true effectiveness of

HV programs cannot be accurately understood. In the present study, first-hand perspectives from both the HVs and their SVs, who have been delivering the Izmir95 program for approximately one year. By conducting in-depth interviews with these individuals, the study provides an understanding about challenges they face and the adjustments they make in real-time to adapt to the needs of the families they serve so that potential gaps between the program's theoretical framework and its practical application could be unraveled and areas that require modification that may enhance the overall effectiveness of the program could be identified.

Unlike quantitative studies that begin with a set of hypotheses to test, this research is exploratory in nature, meaning that it does not rely on predetermined assumptions. Instead, it seeks to generate new insights through open-ended inquiry. The research question of the study was as follows: "What changes and adjustments should be made to increase the effectiveness of the Izmir95 program from the perspective of home visitors and supervisors?" By answering this question, the study aimed to contribute to the ongoing development of the Izmir95 program, ensuring that it better aligns with the needs of both the families it serves and the professionals who deliver it.

1.2 Purpose of the study

The primary objective of this thesis study is to explore the experiences of home visitors (HVs) and supervisors (SPVs), who were involved in the Izmir95 program, which is a home visitation based early childhood program designed for socio-economically disadvantaged families with children aged 0-3 in Turkey. The program aimed to support the developmental skills of children and improve the parenting skills of families. The program serves families who reside in unsafe areas, have

limited access to social services, and face various risk factors, including high stress levels and low employment opportunities (Baydar & Akcinar, 2015; Dayioğlu & Demir Şeker, 2016). Specifically, the present study focuses on the HVs' and SPVs' perceptions regarding the program content, their experiences, and challenges in implementation, as well as the impact of the program on their career and personal development program's implementation. Investigating the impact of home visits on parents' knowledge and skills regarding child development from the viewpoints of the HVs and SPVs are essential for evaluating the program's efficacy and scaling it up.

This study aims to provide an insight into the implementation of early childhood programs in Turkey, their effects on families, and the experiences of practitioners, with the goal of identifying areas for improvement to enhance the effectiveness of such programs.

CHAPTER 2

LITERATURE REVIEW

2.1 Early childhood and its significance for developmental outcomes

Early childhood is a period of remarkable brain development, characterized by an extraordinary capacity for neural plasticity. During this time, new synaptic connections are formed and strengthened between brain cells at an unprecedented rate. This process, known as synaptic plasticity, enables the brain to reorganize and adapt in response to environmental stimuli and experiences (Nelson, 2000). The connections formed during this period have a profound and lasting impact on an individual's cognitive and social abilities in later life which makes early childhood a critical period for brain development. The first few years after birth are a time of rapid neural growth in which billions of new neuron connections (synapses) are formed in the brain (Shonkoff & Phillips, 2000). The number of these connections continues to increase until adolescence, with synaptic density, or the number of synapses per unit area, peaking in early childhood (Huttenlocher & Dabholkar, 1997). As a result, the brain becomes extremely sensitive to environmental stimuli and the connections that are frequently used are strengthened, while those that are unused are pruned, optimizing the brain's functionality (Stiles & Jernigan, 2010). This process of synaptic pruning and strengthening enables the brain to refine its connections and improve its overall efficiency.

Knudsen and his colleagues (2006) provided a comprehensive discussion on how early experiences shape the structural and functional architecture of the brain. They highlighted that environmental stimuli, particularly cognitive and emotional stimuli, play a crucial role in directing the formation and strengthening of neural

circuits. These experiences are especially effective during specific periods of time, known as critical periods, which can lead to permanent restructuring of neural networks. This, in turn, can have lifelong effects on learning ability, behavioral patterns, and general health (Knudsen et al., 2006). Early childhood experiences are a critical period that profoundly impacts individuals' cognitive development and academic success as well. The experiences gained during this period shape brain development and largely determine the educational success of individuals in later life. Heckman (2007) posited that this process is the foundation for human capital development, and that investments in high-quality education at an early age yield significant returns in terms of both academic success and labor productivity in later life. Early brain development is significantly influenced by early experiences, particularly in the areas of language development and cognitive functions. Research conducted by Kuhl (2010) demonstrated that infants possess an innate ability to learn language. From a very early age, babies have the capacity to distinguish phonemic differences in language, which relies on the strengthening of synaptic connections in the auditory cortex. This capacity is critical for language learning, and language development in early childhood lays the foundation for the development of social skills as well as cognitive skills (Kuhl, 2010).

Risk factors such as poverty, malnutrition, and adverse environmental conditions may have a detrimental impact on brain development (Walker et al., 2007). However, early intervention programs and enriched environmental experiences can mitigate these risks and help children reach their full potential (Shonkoff & Garner, 2012). Participation in high-quality early childhood education programs has been shown to strengthen children's cognitive abilities and improve their academic outcomes (Pianta et al., 2009, Reynolds et al., 2001). A systematic

review conducted by Jeong et al. (2021) reveals that early childhood programs implemented in economically disadvantaged countries yield significant advantages in children's cognitive, linguistic, and behavioral development. These programs foster the acquisition of basic skills at an early age, laying the groundwork for future educational and social success. Heckman (2007) posits that this process is the foundation for human capital development, and that investments in high-quality education at an early age yield significant returns in terms of both academic success and labor productivity in later life. Research by Reynolds et al. (2001) demonstrates that such programs enhance children's school readiness levels, leading to greater success in their educational trajectories from primary education to higher education. These findings are corroborated by Pianta et al. (2009), who found that children who participate in early childhood education are more likely to pursue university education. These results suggest that early childhood education can provide long-term academic benefits and play a strategic role in promoting social well-being.

Barnett (2011) underscores the significance of investing in early childhood education, highlighting its substantial long-term returns for individuals and societies. These returns encompass increased economic productivity, reduced social service costs, and decreased crime rates, which indicate that. Barnett posits that early childhood education programs lead to higher earnings in the labor market throughout life and reduce social costs. Thus, it seems that that such investments are crucial not only for individuals but also for broader economic and social development. Jeong et al. (2021) highlights that gains achieved in early childhood can be leveraged to mitigate disparities among individuals in low- and middle-income countries. Early childhood education plays a vital role in reducing social inequalities and enabling

individuals to participate more effectively in society, thereby promoting greater social mobility and economic growth.

Early childhood is also a pivotal period for the socio-emotional development of individuals, during which secure attachments and rich social interactions play a crucial role in shaping their emotional resilience, social harmony, and overall mental health in later life (Cassidy & Shaver, 2008). In this period, the foundations of individuals' socio-emotional skills and attachment relationships are established. Secure attachment, as defined by John Bowlby (1969) and Mary Ainsworth (1979) and refers to the safe, warm, and consistent relationship that the baby establishes with the primary caregiver. Such attachments form the basis of lifelong social and emotional competencies by supporting the individual's emotional resilience and positive social interactions. Findings by Sroufe et al. (2005) investigated the long-term effects of attachment relationships established in early childhood on individuals' socio-emotional competencies, mental health, and lifelong relationships. Their study revealed that secure attachments formed during this period contribute to the development of essential characteristics, such as trust, sincerity, and commitment, in individuals' future relationships. Furthermore, secure attachment enables individuals to develop emotional resilience, which helps them navigate challenges they may encounter in later life (Sroufe et al., 2005).

Jeong et al. (2019) highlighted the significance of play and interactions with caregivers in the development of social and emotional skills in early childhood. Play serves as a tool that facilitates children's exploration of the social world, understanding of their emotional experiences, and empathy towards others. Specifically, social games enhance children's basic socio-emotional competencies, including establishing relationships with others, emotional regulation, developing

empathy, and acquiring adaptive skills. Enriching these interactions enables children to develop more complex social and emotional skills, which has a profound impact on their social adjustment and emotional well-being in later life (Jeong et al., 2019).

Early intervention programs specifically designed for at-risk groups can support socio-emotional development, empowering these children to become more successful and harmonious individuals in their future lives. Investing in socio-emotional development is essential for promoting social welfare and improving the quality of life of individuals. Therefore, it is crucial to expand educational and supportive programs in early childhood and strengthen policies in this field.

Furthermore, conducting research to address the gaps in this area and incorporating the findings into policy decisions can enhance the effectiveness of programs that support socio-emotional development.

The World Health Organization (WHO) emphasizes the importance of fostering healthy thinking and eating habits from a young age, particularly among families with low socioeconomic status (SES). WHO's recommendations for healthy eating habits in early childhood emphasize the provision of nutrient-dense foods and the avoidance of excessive sugar and processed foods (WHO, 2022). Findings by Birch et al. (1998) highlight the importance of early exposure to a variety of healthy foods in shaping lifelong dietary preferences. The establishment of a strong foundation in cognitive, socio-emotional, and physical development during the early years of human life has a profound and lasting impact on an individual's health status in later life. These early influences, including access to nutritious foods and protection from malnutrition, are critical not only for immediate development but also for mitigating the risk of chronic diseases associated with nutritional deficiencies and imbalances.

Malnutrition is a significant public health concern for both physical and cognitive development, particularly in early childhood. The fetal programming hypothesis, proposed by Barker (1997), suggests that malnutrition may be linked to the development of chronic diseases, such as heart disease, type 2 diabetes, and obesity, later in life. This hypothesis posits that nutritional deficiencies experienced by the fetus during the intrauterine period can have a lasting impact on the development of the metabolic system, rendering the individual more susceptible to chronic diseases in later life. In a similar vein, Ebrahim et al. (2013) investigated the associations between malnutrition or fluctuations in body mass index in early life and the development of chronic diseases, such as atherosclerosis, hypertension, and impaired glucose tolerance, in adulthood. The findings of this study demonstrate the positive effects of optimizing nutrition in early childhood on long-term health outcomes, underscoring the importance of early intervention (Ebrahim et al., 2013).

Beyond nutrition, environmental factors also play a critical role in shaping children's health and development during these formative years. Exposure to environmental toxins during early childhood can have equally deleterious effects on developing organ systems and biological processes, compounding the risks posed by inadequate nutrition. Toxic substances such as lead, mercury, pesticides, and air pollution are known to cause irreversible damage to children's neurological and physical development (Landrigan et al., 2018). For instance, exposure to lead during childhood has been linked to decreased cognitive function, attention deficit hyperactivity disorder (ADHD), and behavioral problems (Needleman, 2004). Addressing both malnutrition and exposure to environmental toxins is essential for creating a comprehensive strategy to improve children's long-term health outcomes.

Reducing exposure to these toxins, alongside optimizing nutrition, should be a priority for policymakers and healthcare professionals.

Reducing the risks posed by malnutrition and environmental toxins is only one part of the broader challenge of safeguarding children's health. Ensuring access to essential healthcare services is equally critical, as these services provide the foundation for monitoring and promoting healthy growth and development during early childhood. Comprehensive healthcare not only addresses immediate medical needs but also plays a pivotal role in preventing long-term health disparities, particularly for children from socioeconomically disadvantaged backgrounds. During this critical period, access to basic health services such as regular health checks, immunization, and nutritional support is essential for supporting the healthy growth and development of children (Halfon & Hochstein, 2002). However, disparities in access to healthcare exacerbate the risk of poorer long-term health outcomes for children from low-income families (Chen et al., 2006). These inequalities can have some consequences for societal health, underscoring the importance of ensuring equal access to healthcare for all children.

Health interventions in early childhood can have a lasting impact on children's health and reduce the risk of developing chronic diseases later in life. (Britto et al., 2017). For instance, the WHO's early childhood development programs aim to improve children's long-term health and developmental outcomes by supporting their health, nutrition, and psychosocial development (WHO, 2018). By prioritizing early childhood health interventions, policymakers and healthcare professionals can help reduce the risk of chronic diseases and promote healthy development in children.

Given the profound impact of health-related factors in early childhood on individuals' long-term health status, the importance of research and policy development efforts in this field cannot be overlooked. Enhancing health services for low-income and disadvantaged groups and increasing their access to healthcare can be a crucial step in reducing health inequalities across society. Furthermore, developing policies to reduce exposure to environmental toxins in early childhood is essential to safeguard children's long-term health and well-being.

Given the critical role of nutrition, environmental safety, and access to healthcare in shaping early childhood health outcomes, it is imperative to implement targeted interventions that address these multifaceted challenges. Early childhood programs, particularly those designed to support families with low socioeconomic status, serve as a cornerstone for promoting holistic child development and mitigating the risks associated with malnutrition, environmental toxins, and healthcare disparities. By fostering optimal conditions for physical, cognitive, and socio-emotional growth, these programs lay the foundation for lifelong health and well-being.

2.2 Early childhood programs

Beyond its significance in individual development, early childhood is also a critical period with considerable social and economic implications. The research of Heckman et al. (2010) reveals that investments in early childhood education programs generate significant economic returns in the long term. These studies demonstrate that early interventions foster a more productive workforce, which in turn supports economic growth across society.

The benefits of early childhood education are multifaceted, encompassing lower education costs, increased tax revenues, and reduced social service costs. In this context, it is evident that early childhood education programs, particularly those targeting disadvantaged groups, play a pivotal role in mitigating social inequalities and promoting economic development (Heckman et al., 2010).

Investments in early childhood education not only yield economic returns but also play a critical role in reducing crime rates. Programs, particularly those targeting children from disadvantaged families, support healthy socialization and growth, fostering socially compatible individuals. A cost-benefit analysis of the nurse-family collaboration program conducted by Olds et al. (1997) reveals that early childhood support reduces the risk of children engaging in delinquent behavior during adolescence and adulthood. Such programs generate significant value for societies in the long term, contributing to reduced crime rates and enhanced social security.

Health and nutrition services provided in early childhood have the potential to reduce healthcare costs in the long term. Olds et al. 's (1997) study demonstrates that early childhood health programs can prevent health problems that may arise throughout an individual's life, thereby reducing healthcare costs. These findings suggest that early health investments can alleviate the financial burden on healthcare systems by improving individuals' lifelong health outcomes.

Policymakers must prioritize investments in early childhood education and enhance the quality and comprehensiveness of programs in this field. Expanding programs, particularly for disadvantaged groups, is crucial for reducing social inequalities and supporting economic development. Furthermore, supporting research in this area is essential to increase the effectiveness of early childhood programs and maximize the societal benefits of these programs. By prioritizing early childhood

education, policymakers can make a significant impact on promoting social mobility, reducing inequality, and fostering a more equitable society.

The benefits of early childhood programs, both individual and societal, extend beyond mere economic efficiency, significantly impacting long-term health, education, and social security systems. These programs enable individuals to acquire lifelong competencies while promoting a more equitable and sustainable development model for societies. As emphasized by Heckman et al. (2010), the economic and social gains brought about by early interventions demonstrate that these investments are not merely expenses but also an accumulation of social capital. The success of early childhood education programs depends on factors such as program quality, scope, and accessibility to disadvantaged groups. UNESCO's Global Report on Early Childhood Care and Education (2024) highlights the critical importance of inclusivity and accessibility in early childhood education. Similarly, UNICEF's report *A World Ready to Learn* (2019) reveals that expanded programs targeting disadvantaged groups are effective in reducing educational inequalities. Moreover, OECD's report *Early Childhood Education and Care* (2020) illustrates how successful models implemented in various countries contribute to shared benefits on both national and global scales.

Early childhood programs (ECP) have gained worldwide recognition as crucial interventions that support young children's development and well-being, those are linked to long-term positive outcomes. Community-based ECPs, particularly in low-income countries, leverage local resources and knowledge to provide holistic support to young children and families as community-driven initiatives can effectively address cultural and contextual factors influencing child development (Rubio-Codina et al., 2015). The "Programa Infancia y Aprendizaje

(Childhood and Learning Program)” in Colombia, for instance, engages community leaders in promoting early learning and nutrition (UNICEF, 2022). Some of the ECPs are center-based such as the Head Start Program in the United States, which provides comprehensive services, including education, health, and nutrition, primarily to low-income families (Kline & Walters, 2016; McKey, 1985). Others are based on home-visitation such as “Programme de Promotion de la Petite Enfance” in Africa, which focuses on delivering personalized services to families directly in their homes, emphasizing parental involvement and child development support in a more intimate, household environment (Cid-Martinez, 2020). While both aim to support early childhood development, Head Start relies on structured classroom settings, whereas home-visitation models prioritize direct family engagement at home.

The federal Early Head Start (EHS) program in the United States targets the developmental needs of low-income children from birth to age three through a comprehensive approach, including early education services, home visits, health and developmental assessments, nutrition support, mental health care, and active family participation (Brookes et al., 2006; Elicker et al., 2013; Green et al., 2020; Love, 2008; Love et al., 2001). Research indicates that children in EHS show modest yet significant improvements in language, cognitive development, and social-emotional competence compared to non-participants, which are crucial for school readiness (Love et al., 2005). EHS also positively impacts parenting practices, encouraging supportive home environments and greater involvement in literacy-related activities (Raikes et al., 2007; Raikes et al., 2014). The program is particularly effective for families facing multiple risk factors, improving both parental support and child development outcomes (Green et al., 2020). Additionally, EHS enhances parental

employment and mental health, mitigating the negative effects of poverty on family well-being (Paulsell et al., 2002; Roggman et al., 2009).

2.2.1 Home visitation based early intervention programs

Home-based early intervention programs have gained prominence in recent years and have been implemented in diverse cultural and socio-economic contexts around the world (Vincelot, 2019). These programs aim to equip parents with skills for child-rearing and address factors influencing a child's development, such as nutrition, shelter, education, and physical and mental well-being. Additionally, they identify associated risk factors and, when necessary, refer families to relevant institutions and organizations (Çorapçı et al., 2023). Some of these programs focus on strengthening the secure attachment relationship between mother and child, while others aim to enhance mother-child interaction to support the child's development and, in the long term, break the cycle of poverty (Çorapçı et al., 2023). The Cuna Más program in Peru for instance emphasizes both early nutrition and parenting support for children from birth to age three, particularly in rural areas as in many countries (Josephson & Coddington, 2017).

Home visitation-based programs are delivered through various durations and methods. They typically begin during the prenatal or post-natal period and last for up to two to three years, with the frequency of visits ranging from once a week to once a month. While there are variations in the goals, duration, frequency, and methods of implementation, a common feature of these programs is that home visitors receive pre-service and in-service training to enhance their skill levels, as well as supervision support (Çorapçı et al., 2023).

The evidence-based "Parents as Teachers" (PAT) program provides early childhood parent education and family support from the prenatal period until kindergarten entry (Bruder & Bricker, 1985). The program aims to promote early childhood development, enhance school readiness, and strengthen parent-child relationships (Goodson & Hess, 1975). Through home visits by trained educators, PAT offers guidance and support to parents and studies have shown that children who participate in PAT exhibit higher school readiness and improved literacy and math skills (Zigler, Pfannenstiel, & Seitz, 2008). Additionally, PAT has been associated with enhanced parenting skills and reductions in child neglect and abuse (Wagner & Clayton, 1999) as well as lower rates of absences and suspensions (Lahti et al., 2019). Further studies demonstrated PAT's effectiveness and cost-efficiency in training parents to educate others, with fidelity checks confirming accurate program delivery (Bruder & Bricker, 1985). Wurtele et al. (1992) found that parents were as effective as teachers in educating children about sexual abuse prevention, with caregivers in both groups showing significantly higher knowledge acquisition on this topic compared to the control group. However, research by Wagner & Spiker (2002) found that the program's effectiveness is diminished in extremely low-income families, where it had limited impact on parenting and child development outcomes.

Another program, which empowers parents to be their child's first teacher is the Home Instruction for Parents of Preschool Youngsters (HIPPY) program, developed in Israel in 1969 and implemented in both Israel and the United States, is a two-year home and center-based initiative that (Baker, Piotrkowski, & Brooks-Gunn, 1999; Sama-Miller et al., 2017). The program aims to enhance the home learning environment by equipping parents with the tools, knowledge, and confidence to support their child's literacy and cognitive development. HIPPY encourages mothers

to engage in developmentally appropriate activities and serve as role models in reading strategies, which in turn positively influences children's classroom behavior and academic skills (Barnett, Roost & McEachran, 2012). Research by Baker, Piotrkowski and Brooks-Gunn (1998) compared the school performance of children in the HIPPY program with those not involved in it. Results showed that the HIPPY participants outperformed their peers in school adaptation and academic measures from kindergarten through second grade. Teachers rated the HIPPY children higher in classroom behavior, reading abilities, and overall academic performance, with greater improvements on the Cooperative Preschool Inventory by the end of kindergarten and stronger reading test results at the end of first grade (Baker et al., 1998).

Further studies highlighted significant gains in cognitive, linguistic, and socio-emotional development of the HIPPY participants (Barnett, Roost & McEachran, 2012). The program also positively impacts parents by reducing hostility and increasing their confidence as their child's first teacher (Barnett et al., 2012). While HIPPY does not directly address parental mental health, it strengthens the parent-child relationship and improves educational outcomes by enhancing parental self-efficacy (Nievar, Jacobson, Chen, Johnson & Dier, 2011). A meta-analysis of 26 studies across seven countries indicated that the HIPPY substantially improves children's behavior, language acquisition, and math skills, with behavioral and language impacts observed immediately after the intervention and sustained math improvements over time (Goldstein, 2017). Additionally, HIPPY fosters positive parental behaviors, such as increased reading aloud and reduced abusive behavior (Goldstein, 2017).

Research by Ammerman et al. (2007) indicates that although home visiting programs have no effect on maternal depression, they contribute to increased parental self-efficacy and reduce parental stress, benefiting both child and parent. Likewise, in the research aimed at enhancing early child development between the ages of 0 to 2 conducted by Jeong et al. (2018), findings indicated favorable and substantial impacts on the quality of home caregiving, maternal knowledge, and interactions between mothers and children although no statistically significant effects were observed concerning maternal mental health. Low-income families often face barriers to participation in intervention programs (Duggan et al., 2004). The Nurse-Family Partnership (NFP) in the United States is a pioneering example, focusing on supporting first-time, low-income mothers (Olds et al., 2007). Similarly, the Family Nurse Partnership in the United Kingdom adapted the NFP model to suit British healthcare and social contexts (Robling et al., 2016). These adaptations reflect the importance of tailoring programs to specific cultural and national contexts. The cultural relevance of program content and service delivery methods must be carefully considered (Balarajan et al., 2020).

Home visitation-based early intervention programs, when implemented in different cultural and socio-economic contexts, offer significant contributions both in supporting children's development and enhancing parents' caregiving skills. Programs such as PAT and HIPPY not only improve children's cognitive and academic achievements but also have positive effects on boosting parents' self-confidence and strengthening family interactions. However, factors limiting the effectiveness of these programs include challenges related to the participation of low-income families and, in some cases, the limited impact on parents' mental health. Additionally, examples like NFP highlight the importance of adapting interventions

to meet cultural and local needs. In this context, for home visitation programs to be effectively implemented, both methodological approaches and implementation processes need to be evaluated.

2.2.2 The effectiveness of home visiting programs: A review of studies

Although home visiting programs have proven effective, challenges remain. A systematic review by Munns et al. (2016) identified several obstacles for both parents and home visitors. The ability of parents to adapt significantly impacts program effectiveness. Clear communication and respectful, nonjudgmental support are critical for building trust, which is essential for program success. Poor communication and unmet expectations can lead to anxiety, diminished trust, and lower cooperation. Frequent family relocations also disrupt program consistency. Additionally, maintaining professional boundaries while managing daily parenting tasks is challenging. Home visitors' self-worth and supervisory support are crucial for managing family crises, though a lack of mutual respect and collaboration often leads to frustration (Munns et al., 2016).

Home visitors face significant challenges due to the wide range of skills required to assist maltreated children and families in need. Gaining these competencies necessitates both in-field experience and ongoing training (Michalopoulos et al., 2015). Training helps visitors address issues like substance abuse, mental health problems, and parenting difficulties (Wandersman et al., 2008). Motivational challenges also arise, particularly in maintaining family engagement, especially for those experiencing domestic violence or substance abuse (West et al., 2018). Cultural differences further complicate interventions, requiring tailored approaches and specific training (Schultz et al., 2019). Additionally, sustaining

sobriety is a personal challenge for individuals with substance abuse, despite the efforts of home visitors (Schultz et al., 2019).

Kitzman et al. (1997) highlights that fieldwork is essential for the effective delivery of preventive programs targeting mothers and toddlers. However, challenges such as a limited workforce and remote locations make follow-up difficult, leading to missed appointments. Privacy concerns also arise, as mothers may be reluctant to discuss sensitive issues like sexual health and domestic violence in overcrowded homes common in urban poverty areas. Without a safe space, sharing private information becomes unlikely. Additionally, the absence of extended family members, such as fathers or grandparents, limits understanding of the full family dynamic (Kitzman et al., 1997). Apart from all these, the areas emphasized by home visiting programs may differ from each other like that some underline family support while others underline parent education, as well as frequency of home visitations and whether families participate prenatally or postnatally (Gomby et al., 1999; Halpern, 1993). Considering the variety of home visitation programs, Hebbeler et al. (2002) conducted a study by enlightening the black box of HV programs to clarify reasons for insufficient level of intended outcomes, using the PAT model. A reason why the intended outcome was not achieved is that pressure from the home visitors towards parents to gain information and not confirming their feeling and knowledge, may lead to lessen parents' contribution to the program (Hebbeler et al. 2002). Little desire of home visitors to identify or implement specific parenting styles and interaction with the child and false beliefs of home visitors related that information transmission about what the child does and what the intention of children are, may also make the program far away from effectiveness (Hebbeler et al. 2002).

Research has consistently demonstrated the positive impacts of home visiting programs on child development. A meta-analysis by Sweet and Appelbaum (2004) found that such programs are associated with improved cognitive, language, and socio-emotional outcomes for children despite low effect sizes. Jeong et al. (2021) also supports this association in their systematic review compiled with studies in low- and middle-income countries, but the review also predicted that positive improvements related to the effects of parental intervention lose their acceleration in the long run. Zolnoski, Stacks, Kohl- Hanlon and Dykhouse (2012) present findings from a one-year, small-scale home visit intervention study conducted with early childhood children aged two years and above and their families suggest that the required personnel training and qualifications should be considered and strengthened in terms of maladaptive behavior or risk-posing situations that families may encounter. The strengths and weaknesses of the family and the services to which they will be directed should be determined at the beginning of the program. Program content and home visits should be evaluated from an early period, especially for small-scale programs, and emphasis should be placed on accessing results regarding change and creating documents for fidelity evaluation (Zolnoski et al., 2012).

A study by Poland, Giblin, Waller, and Bayer (1991) examined the effectiveness of a paraprofessional home visiting program for low-income mothers and infants. This program was designed to utilize indigenous paraprofessional healthcare workers, specifically maternal and child health advocates, who were guided by three core principles. Firstly, the services provided were tailored to the empirically documented needs of the clients. Secondly, the program built on previous successes within indigenous paraprofessionals, emphasizing the preservation and enhancement of shared beliefs, values, and attitudes. Lastly, the program

incorporated ongoing revisions based on client needs and the unique skills of the paraprofessionals (Poland et al., 1991). This study provides valuable insights into the creation of a program that is responsive to the needs of low-income mothers and infants. The use of indigenous paraprofessional healthcare workers as maternal and child health advocates is a key feature of this program. By building on the strengths and successes of these paraprofessionals, the program can provide culturally sensitive and effective services to clients. The ongoing revisions to the program, based on client needs and paraprofessional skills, also ensure that the program remains responsive to the changing needs of the community (Poland et al., 1991).

Hebbeler and Gerlach-Downie (2002) conducted a longitudinal study to understand why a Home Visiting Program failed to achieve its intended outcomes. The findings revealed that the home visits had a consistent structure, but home visitors focused more on social support roles rather than changing parental behaviors. In the light of the data obtained, insufficient attention to the parent-child relationship through the program brought some limited effectiveness. In this context, it was suggested that the theories underpinning home visit programs and guiding daily interactions should be critically examined. The program assumes that if parents feel good about themselves, their children will also feel good; however, the data showed that overall improvement in children's development was not achieved (Hebbeler & Gerlach-Downie, 2002).

Nathans, Gill, Molloy and Greenberg (2019) conducted a study which aims to analyze the readiness, job support, and job satisfaction of home visitors within the Nurse-Family Partnership (NFP), Early Head Start (EHS), and Healthy Families America (HFA) programs. The qualitative data obtained from home visitors suggested that challenging issues should be emphasized more in initial training and

more attention should be given to supervision and support for home visitors. According to home visitors' opinions, mental health issues, substance abuse and domestic violence stand out as the issues which need support, supervision and specific training. In this study it is observed that the examined programs underscore the significance of the parent-child relationship in achieving program objectives (Nathans et al., 2019).

It is crucial for a home visiting intervention program to show effectiveness in resource- limited settings. Ismail et al., (2021) conducted a study to understand how these kinds of programs are effective and how their effectiveness could be increased in resource- limited settings and they examined the perceptions of caregivers and responders regarding a child-centered home visiting intervention within a low-income South African community. This study involved focus group discussions with caregivers and interventionists to gather insights into the effectiveness of a home visiting program. The opinions elicited from participants suggested that the program had a positive impact on various human factors, including accessibility, intervention quality, and safety-related health behaviors. Notably, the findings revealed that the program facilitated improvements in the self-efficacy of both caregivers and responders. Tailoring the program's content and structure to align with community needs and implementing a flexible framework enhanced both accessibility and participation rates. Although linguistic barriers (Due to South Africa's multilingual context, differences in language between caregivers and interventionists occasionally hindered communication.) occasionally arose during the program, effective mutual interaction and information sharing were achieved between caregivers and interventionists. Furthermore, participants in the intervention group reported that the

task of identifying security threats within the home contributed to an increase in their knowledge and awareness (Ismail et al., 2021).

Li et al. (2015) conducted a qualitative study to investigate the perspectives of health and social care professionals regarding the acceptability of the Nurse-Family Partnership (NFP), a home visiting program specifically designed for low-income first-time mothers. Expert interviews revealed that enhanced collaboration between the NFP and other community services, coupled with improved information sharing, could significantly enhance the efficiency and effectiveness of services provided by NFP. The NFP program commences during early pregnancy and concludes when the child reaches the age of two. However, experts emphasized that extending support to mothers beyond the program's initial timeframe would substantially augment the long-term success of mothers and promote the healthy development of children (Li et al., 2015).

Early childhood home visitation programs, particularly those serving predominantly African American families, face unique challenges that can impact their effectiveness. A study, conducted by Kitzman, Cole, Yoots and Olds (1997), explored the difficulties encountered by home visitors in these programs, highlighting the complex task of reconciling environmental and cultural challenges with program objectives and the needs of the family. Key findings indicate that home visitors' interactions with families involve navigating a delicate balance between addressing the diverse needs of families and adhering to established program protocols. One notable challenge identified is the difficulty in reaching families and sustaining interactions, which can compromise the efficacy of home visits. Furthermore, the physical conditions of the residences visited can hinder the effective implementation of the program. Additional difficulties arose in the

identification and inclusion of significant family members in the program. Home visitors also struggle to balance taking on familial responsibilities with fostering autonomy among families, which can complicate the program's objective of reconciling the personal goals of mothers with the developmental needs of children and families. A critical issue faced by home visitors involves striking a balance between delivering services that respect families' cultural beliefs and practices and fulfilling the developmental needs of children while awaiting mothers' readiness for change (Kitzman et al., 1997).

A comprehensive systematic literature review conducted by Drummond, Weir, and Kysela provides a thorough examination of the key elements of home visitation programs targeting families at risk (2002). Spanning the past five years, the review synthesizes findings from established programs, with a particular focus on enhancing child development, maternal health, and preventing child neglect and abuse. The analysis reveals notable improvements in early intervention models and strengths such as the inclusion of comparison groups, and sampling methodologies over the past five years. However, persistent challenges in program implementation, overall impact, participant retention, and measurement validity continue to pose significant concerns. Drummond et al. (2002) suggested that beyond enhancing child development, the core components of these programs encompass improving maternal health, developing parenting and family skills, optimizing parent-child interaction, and preventing child abuse. A notable achievement among the reviewed programs is the significant reduction in child abuse and improved access to healthcare services. However, challenges were encountered in maintaining participant retention and program intensity, with many programs struggling to achieve the planned number of visits. Furthermore, the reviews highlighted that community involvement was

predominantly utilized as a referral source or object, with limited intentional approaches at the community or societal level. The findings of this systematic review suggest that future program development and implementation should prioritize improved measurement approaches and consider risk conditions and adaptation processes. Recommendations for future program design and implementation include incorporating more robust measurement strategies and considering the complex interplay between risk factors and adaptation processes (Drummond et al., 2002).

Schultz et al. (2019) conducted a study to elucidate the process of establishing and evaluating a statewide training center for home visitors and supervisors, with a focus on enhancing their skills and self-efficacy. The training program's content encompassed motivational communication techniques, parenting and child development, healthy family relationships, mental health, substance use, and cultural sensitivity. Two pilot training courses were conducted, and subsequent evaluations revealed high participant satisfaction and significant increases in self-efficacy among participants in the training topics. These findings underscore the importance of involving providers and stakeholders in the development process, grounded in theoretical and evidence-based practices. Notably, the results indicated that many home visitors reported increased feelings of competence and expressed satisfaction with the training program, suggesting a positive impact on their professional development (Schultz et al., 2019).

An evaluation of the BabyFirst home visiting program (Heaman et al., 2006) to identify the factors contributing to its success from the perspectives of public health nurses, home visitors, and parents revealed that the program's emphasis on voluntary participation, focusing on parents' strengths, and offering a structured yet flexible intervention were key features that contributed to its effectiveness. The

findings indicate that the program's capacity to provide early intervention and ongoing support is effective in promoting positive parent-child relationships, healthy child development, and parents' access to community resources. The program aims to provide early intervention and long-term assistance by offering ongoing support, rather than just providing crisis intervention. Home visits are conducted in accordance with a standardized curriculum, but flexibility is provided to accommodate the needs of parents when necessary. Home visitors provide information on child development, parenting, and safety, monitor children's development, and refer parents to community resources. They are supported by comprehensive training and ongoing supervision, enabling them to provide effective and safe services to families. Nurses and home visitors establish empathetic relationships with families, providing them with reassurance and increasing their commitment to the program. Home visitors also suggest creative games and crafts to encourage parent-child relationships, which support children's development and help parents spend quality time with their children (Heaman et al., 2006).

Korfmacher et al. (1995) conducted an examination of the nurse home visit program for first-time mothers to assess its impact on their parenting attitudes. The study revealed that nurses were able to complete only half of the predicted home visits, largely due to the challenges posed by the mothers' living conditions. Despite these limitations, the results showed that mothers with high psychological resources exhibited more empathetic approaches to their own children, which was influenced by the empathy they perceived from the nurses. Furthermore, the level of participation in the program was found to have a positive impact on children's reactions to their mothers. To address the difficulties in conducting regular home visits, nurses employed alternative strategies, including phone calls and clinic visits,

to maintain contact with the families. The program protocol was implemented in a flexible manner, adapting to the unique needs of each family (Korfmacher et al., 1998).

A study conducted by David Olds et al. presents findings from two randomized trials of prenatal and infant home visitation programs conducted in semi-rural and urban areas (1998). The trials aimed to improve health-related behaviors, infant caregiver qualities, and maternal life-course outcomes. The results show that nurse home visitors can improve women's health-related behaviors, quality of infant care, and women's life processes. Specifically, the program was effective in reducing dysfunctional care among women with low psychological resources, and in reducing child abuse and injuries (Olds et al., 1998). In the study of Olds et al. the program's effects were evaluated through a long-term follow-up, which demonstrated the sustainable effects and durability of the program (1998). Nurse visits were found to reduce children's emergency room and hospital visits, making children less likely to need healthcare. Additionally, families made their homes safer for children, and visited mothers were more empathetic and sensitive towards their children, positively affecting children's emotional and social development. The program was effective in reducing rates of child abuse and neglect, enabling children to grow up in a healthier and safer environment. The success of the program suggests its broad applicability and integration with policies, highlighting the importance of home visiting programs in improving health and developmental outcomes (Olds et al., 1998).

Schafer (2016) conducted a study examining home visitors in the Midwest region of the United States which demonstrated exceptional practices revealed that these individuals possess a unique combination of personal characteristics that enable them to establish and maintain empathetic relationships with their clients.

Specifically, these home visitors exhibit self-awareness that facilitates reflective practice, a commitment to continuous learning, and a deep-seated belief in their clients' potential for change. These personal attributes serve as a crucial foundation for effective home visiting practices and can be evaluated in the recruitment and training processes of home visiting programs (Schaefer, 2016). Roggman et al. (2016) home visitors must develop essential skills in communicating and working effectively with adult learners, demonstrating cultural sensitivity when working with families from diverse backgrounds. They must also be able to understand and manage parents' strong emotional attachments to their children in positive ways. A supportive and encouraging attitude towards families is also crucial for effective home visiting. In a similar vein, a qualitative study examined characteristics and experiences of seven home visiting staff members in an urban Early Head Start program and its results showed that home visitors' ability to establish effective communication and relationships with families, play a significant role in the success of the program and training as well as continuing professional development opportunities can enhance these capacities (Harden et al., 2010).

Although personal characteristics play a critical role in the effectiveness of the programs, professional training of home visitors ensures success of them. A recent study conducted by Walsh (2022) highlights the critical role of coaching in supporting the well-being of home visitors, who are regularly exposed to the traumas experienced by families, leading to secondary traumatic stress. Coaching can help home visitors cope with this stress and improve their overall well-being. The study suggests that a community of home visitors meeting in person or virtually with an expert facilitator can be an effective way to monitor progress and discuss problems. Performance feedback is a crucial component of the coaching process and can be

supported through various methods, such as email. Theoretically grounded coaching can increase home visitors' learning opportunities and competencies, while strong relationships between coach and visitor can encourage learning and change (Walsh, 2022). Harden et al emphasized that when organizational challenges such as heavy workload may demotivate home visitors, it is crucial to provide them vocational support opportunities to increase their job satisfaction. However, Harden et al. (2010) also highlights the organizational challenges that can hinder home visitors' ability to perform their jobs effectively.

Roggman et al. (2016) suggested that home visitors require a unique set of knowledge, skills, and attitudes distinct from those of early childhood educators who work in classroom settings. Effective home visitors must possess specialized knowledge and skills to work collaboratively with parents, who are adult learners facing various challenges and harboring strong emotions about their children. The competencies required for effective home visiting must be grounded in empirical research and supported by evidence-based practices (Roggman et al., 2016). Roggman et al. emphasized in their study that higher education programs should incorporate cross-sectoral integration of students in child development courses, providing multiple home visiting experiences with diverse families to prepare home visitors for this critical role. Interdisciplinary courses can also facilitate the integration of different perspectives and areas of knowledge, enabling home visitors to develop a comprehensive understanding of child development and family dynamics.

To sum up, home visiting programs are designed to support families at risk, particularly young, first-time mothers, to promote parental behavior, the quality of infant care, and parents' mental wellbeing. Research findings from various studies on

home visiting programs have consistently demonstrated their effectiveness in improving health and developmental outcomes, reducing child abuse, and increasing parents' educational and employment opportunities. Home visiting programs have demonstrated significant benefits in improving women's health behaviors, such as reducing smoking, alcohol, and drug use, while also enhancing education, workforce participation, and pregnancy planning. Women receiving these visits provide better care for their children, with notable decreases in child abuse and safer home environments reflected in reduced emergency room and hospital visits. Long-term studies reveal that these benefits can last up to 15 years, particularly for women with low psychological resources, who show increased confidence and caregiving abilities (Filene et al., 2013; Olds et al., 2010; Peacock et al., 2013).

Home visitors also positively impact children's emotional and social development by fostering greater empathy and sensitivity in mothers. The flexibility of these programs is a key strength, as home visitors adapt protocols to the specific needs of families, ensuring more effective and sustainable interventions.

Despite the benefits of home visiting programs, their implementation has faced several challenges, including difficulties in participation and continuity, environmental and physical restrictions, and communication barriers. The living conditions of mothers often hinder regular visits, with overcrowded or unsuitable homes limiting privacy and safe play areas. Additionally, identifying and involving key family members, such as fathers or grandmothers, has proven problematic due to the fluidity of family roles. Structured protocols often struggle to address the diverse needs of families, and while flexibility in implementation helps, it is not always sufficient. Women with low psychological resources, though benefiting most from these programs, require additional support to fully engage. Cultural differences have

further complicated the delivery of services, and motivational techniques have not consistently yielded desired outcomes, leaving some mothers struggling to adapt.

2.4 Early childhood programs in Turkey

Early childhood programs in Turkey have undergone significant development in recent years as the country recognizes the importance of investing in the well-being and education of its young population. Turkey has made substantial efforts to expand early childhood programs. The "Early Childhood Education and Care" program, initiated by the Ministry of National Education in 2013, aims to provide quality education and care for children aged 0-6 (Tuğrul, 2018). As a result, enrollment rates in early childhood programs have increased significantly (Simsar, 2021). However, access to quality programs remains a challenge, especially in rural and underserved areas (Gol-Guven, 2020). Moreover, language barriers and the integration of refugees into early childhood education continues to be areas of concern (Ata-Akturk & Sevimli-Celik, 2023). There have been some efforts to make early childhood programs culturally sensitive. The "Çocuklar ve Kültürel Miras" (Children and Cultural Heritage) project encourages the integration of cultural elements into early childhood education (Simşek & Kesici, 2012). This approach ensures that programs resonate with local communities and respect cultural diversity. Such cultural sensitivity is essential to ensure that early childhood programs effectively engage families from diverse backgrounds and are inclusive of various cultural practices and traditions. Research by Sari et al. (2020) also reveals disparities in access for children with disabilities. To ensure the success of early childhood programs, teacher training and professional development are of utmost importance (Çetin, 2018).

The work of Aydin et al. (2021) emphasizes the need for ongoing training to equip educators with the skills to address diverse learning needs effectively.

Pioneering work by the Mother-Child Education Foundation (AÇEV) highlighted the importance of parental involvement and education to support child development. Family support centers and early childhood education programs, such as AÇEV, strengthen the role of families in children's development. However, directly involving and supporting families in the educational process is a critical factor that can further advance early childhood development. In this context, home visiting programs emerge as an effective method to encourage parents to play a more active role in their children's education, increase inclusivity, and expand early learning opportunities. Studies by Tekin (2011) highlighted the positive impact of AÇEV's home visitation on maternal knowledge and child development.

Home visiting programs have become integral to early childhood education in Turkey, reflecting a growing recognition of the importance of early intervention. Borisova et al. (2019) stated that children enrolled in home visiting programs exhibited improved cognitive, language, and motor skills, emphasizing the role of early intervention in promoting healthy development. A recent investigation by Çorapçı et al. (2023) revealed that participation in the HV program was associated with increased maternal engagement in stimulating parenting at 9 months, subsequently leading to higher vocabulary scores in children at 18 months post-intervention. A fundamental aspect of home visiting programs in Turkey is parental empowerment. Research by Koçak and Bekman (2004) emphasize the positive impact of the AÇEV program on maternal knowledge, parenting practices, and child development outcomes. Such findings underscore the potential for home visiting programs to empower parents as their child's first teacher. Besides, cultural

sensitivity and adaptability are another vital consideration in Turkish home visiting programs. Erdemir (2022) highlights the importance of integrating cultural values and practices into program content to ensure that it resonates with diverse families in Turkey.

The Istanbul95, which motivates people to check out the city from 95 centimeters through the eyes of a 3-year-olds, is a groundbreaking initiative in Turkey's early childhood development landscape. It integrates the Izmir95 and Parents+ strategies, emphasizing the interconnectedness of immediate family dynamics and broader community contexts (Çorapçı et al., 2022). Collaborating with diverse stakeholders, including academic institutions, NGOs, architects, urban designers, and municipalities, Istanbul95 delivers comprehensive child and family services, transcending traditional home-based interventions. The program employs a data-driven approach, utilizing neighborhood mapping to identify socioeconomically disadvantaged families with young children. The home visitation model focuses on parent coaching, involving trained professionals guiding families on parenting skills and early childhood education. Beyond home-based interventions, Istanbul95 envisions transforming public spaces into family-friendly urban systems, ensuring safe and enriching outdoor experiences for young children. Piloted in four Istanbul districts (Beyoğlu, Maltepe, Sarıyer, Sultanbeyli), the program showcases the potential of collaborative and impactful efforts in early childhood development (Çorapçı et al., 2022) The home visitation-based family coaching was implemented in İzmir as well in collaboration with the metropolitan and Karşıyaka municipalities following the pilot study in district municipalities of Istanbul mentioned above.

2.5 This study

The study examined perceptions of the HVs and SPVs of the Izmir95 home-visitation based family coaching regarding the effectiveness of the program, challenges during its implementation as well as its influence on their professional and personal development. The primary research questions guiding this study were: “What are the lived experiences of HVs and SPVs within the program?”, “What are the thoughts of the HVs and SPVs about the program’s implementation in the field, what kind of challenges they faced, what are their observations about the impact of the program and which strengths make this program unique and effective?”, “What kinds of adjustments should be made to increase the effectiveness of the Izmir95 program from the perspectives of home visitors and supervisors?” by addressing these questions, the study seeks to identify discrepancies between the program's theoretical framework and its practical application. Through in-depth interviews and qualitative analysis, the research aimed to uncover the real-world experiences of practitioners, shedding light on the strategies they employ to overcome obstacles and adapt the program to meet the diverse needs of families.

The insights gained from this study are expected to contribute to the ongoing refinement of the home visitation program, ensuring that it not only aligns with the developmental needs of children but also enhances the capabilities and well-being of the professionals delivering the services. Ultimately, this research aspires to inform policy and practice, fostering more effective and inclusive early childhood intervention programs in Turkey.

CHAPTER 3

METHOD

3.1 Research design

This study adopts a qualitative case study design to explore the experiences of home visitors and supervisors participating in the Izmir95 home visitation program. As a case study, it enables an in-depth understanding of a bounded system within its real-life context. The case in focus is the implementation of the Izmir95 program in İzmir. Within this framework, thematic analysis was employed as the method of data analysis to systematically identify recurring patterns and themes across participants' narratives.

3.2 Participants

The sample consisted of three home visitors who have been delivering the Izmir95 home-visitation based family guidance program for approximately one year and two supervisors, who provided the home visitors regular consultation. The participants were selected through the purposive sampling technique based on their willingness to participate and their experience with the program (see Appendix A for the informed consent form). All interviewees were female, with 2- to 3 year-experience in the Izmir95.

Table 1. HV's Demographic Information

Participant	Age	Profession	Professional Experience (year)	Experience in Program (year)
HV1	28	Psychological Counseling	3.5	2
HV2	30	Preschool Teacher	8	2
HV3	28	Child Development	3	2

Table 2. SPV's Demographic Information

Participant	Age	Profession	Professional Experience (year)	Experience in Program (year)
SPV 1	32	Psychology	8	2.5
SPV 2	29	Psychology	4	3

3.3 Instruments

Data collection was conducted through individual, semi-structured interviews with both home visitors and supervisors. These interviews provided a rich understanding of their experiences, insights, and challenges. The interview questions were designed to explore their perspectives on the Izmir95 program's implementation, any obstacles encountered, and recommendations for improvement. The interviews were audio-recorded for accuracy. Afterwards, audio-recorded interviews were transcribed. Each interview lasted approximately 60 minutes. This duration allowed for an in-depth exploration of participants' experiences.

3.3.1 Home visitor's and supervisor's demographic form

The Home Visitor and Supervisor Demographic Form (see Appendix B) was utilized to collect essential demographic information from the study participants. The form included the following items: Participants were asked to provide their age in years, information about the school and major in which participants graduated was gathered, along with the year of graduation, participants were queried regarding the number of years they had been employed by the municipality, to gauge their involvement in the Izmir95 Family Guidance Home Visitation Program, participants indicated when they became part of the program, additionally, participants were asked about their previous role prior to their engagement with the Izmir95 Family Guidance Home Visitation Program.

3.4 Interviews

Data collection was conducted through individual, semi-structured interviews with both home visitors and supervisors to obtain a rich understanding of their experiences, insights, and challenges about the implementation of the Izmir95 Family Guidance Home Visitation Program. Each interview is expected to last approximately 60 minutes. The interviews were audio-recorded and transcribed verbatim. The jury members evaluated and approved all interview questions.

3.4.1 Home visitor's interview questions

This research instrument consists of structured questions designed to gather insights from home visitors actively involved in the Izmir95 Family Guidance Home Visitation Program. The questions focus on several key themes, starting with job descriptions and roles, where home visitors are asked to define their responsibilities,

the number of families they've worked with, and their workload perceptions. It also explores their experiences in the program, including their views on its objectives, benefits for families, challenges encountered, and their perceptions of families, such as their approach when meeting new families and how relationships with mothers evolve.

Other themes include home visitors' perceptions of their competencies in early childhood development and parent communication, along with their satisfaction with available resources. The instrument further investigates supervision meetings, exploring their frequency, content, and perceived benefits. It also delves into the psychological well-being of the home visitors, addressing emotional and physical exhaustion, and their coping strategies.

Lastly, the instrument examines home visitors' perceptions of the organization and work environment, their relationships with colleagues, and any additional responsibilities that may impact their primary role. It also touches on their future career intentions, whether they have considered leaving their role, and how their experience in the program has shaped their professional path.

3.4.2 Supervisor interview questions

This instrument consists of structured questions designed to gather valuable insights from supervisors involved in the Izmir95 Family Guidance Home Visitation Program. The questions are organized into several themes, beginning with the supervisors' job descriptions and roles. Supervisors are asked to define their responsibilities within the program, offering a clear overview of their functions and contributions. The instrument also explores their experiences in the supervisor role, seeking their perspectives on the program's content, its benefits for families, and the

changes they have observed in mothers and infants. Additionally, it investigates the program's impact on team members and the municipality's approach to early childhood development.

Another key focus is supervisors' participation in home visits and group sessions. They are asked about the frequency of their involvement and the advantages they believe their presence brings to these interactions. Supervisors are also encouraged to share their thoughts on the feedback mechanisms in place and provide opinions on the Monitoring Forms used in the program. Their perceptions of home visitors and mothers are also explored, highlighting their considerations when working with team members and the challenges they encounter in managing relationships within the program.

The final sections of the instrument delve into supervisors' job-related perceptions, including which aspects of their roles they find most rewarding and their evaluations of relationships with colleagues and partners. Additionally, supervisors reflect on their satisfaction with the resources available to them and discuss their future career plans, including their commitment to supervision or potential career changes. These questions aim to offer a comprehensive understanding of supervisors' experiences, perspectives, and the challenges they face, providing valuable data for the research.

3.5 Procedure

This thesis study was conducted as a part of a comprehensive project (2023-03), run by Professor Feyza Corapci. Ethical permission for the research project from the Bogazici University Institutional Review Board was sought to ensure that the study adheres to ethical guidelines and standards. Informed consents were obtained from

all participants prior to the interviews, ensuring that they understand the purpose of the study, their rights, and the confidentiality of their responses. Participants were provided with comprehensive information about the study, including its objectives and ethical considerations. Moreover, participants' identities and responses are kept confidential and anonymous throughout the study. Only the research team will have access to individual responses. A copy of the informed consent form was handed out to both home visitors and supervisors separately.

Ethical Review: This thesis study was conducted as a part of a comprehensive project (2023-03), run by Professor Feyza Corapci. Ethical permission for the research project from the Bogazici University Institutional Review Board was sought to ensure that the study adheres to ethical guidelines and standards.

In this study, the procedure for participant recruitment, one-on-one interviews, transcription, and data management were carefully designed and executed. Participants were provided with comprehensive information about the study, including its objectives and ethical considerations. Each participant who expresses a willingness to take part in the study provided informed consent after a clear understanding of their rights and the confidential treatment of their responses is ensured.

Following the recruitment phase, individual interviews were conducted with the selected participants. These interviews were scheduled at locations that offer convenience and privacy while prioritizing the participants' comfort. Prior to the interviews, participants were reminded of the confidentiality and anonymity of their responses. Emphasis was placed on their freedom to express themselves openly during the interviews.

The interviews were semi-structured in nature, employing open-ended questions to explore participants' experiences, challenges, and recommendations regarding the implementation of the Izmir95 program within low SES settings. Audio recording equipment was utilized to capture the interviews, and detailed notes were taken to support the subsequent data analysis. The audiotaped interviews were transcribed verbatim. After the interviews, the next step will involve careful transcription of the recorded interviews in a verbatim manner. It was essential to ensure that the identities of participants remain confidential throughout this process. All interview transcripts, audio recordings, and other relevant data will then be securely stored in a password-protected location.

3.6 Identity of the researcher

Banu Mısırlıoğlu, the researcher of the study, entered Boğaziçi University, Department of Guidance and Psychological Counseling in 1993. She interned in the guidance departments of various schools during her undergraduate studies. In 1999, she entered Boğaziçi University, Department of Psychological Counseling and Guidance for her master's degree and completed her course requirements. She completed the Clinical Psychology master's degree program at Istanbul Kent University and became a specialist.

While continuing her graduate studies, she implemented the "I Got the Power (Güç Bende)" program for teachers in many private and public schools. In addition, as of 2000, she carried out various projects at SHÇEK Bahçelievler Atatürk Girls' Orphanage. She completed the theoretical and practical training in Systemic Family Therapy given by Stephen Bray and İrem Bray. She completed the Satir transformational systemic family therapy training and supervision by Sibel Erenel.

Since 1997, she has continued her long-term psychodynamic-oriented play therapy training and supervision, child-centered play therapy, cognitive behavioral therapy, and cognitive behavioral therapy training with children. She completed the “Family Counseling” training program at Adnan Menderes University; she received the certificates of “Family Mediation”, “Psychological Assessments & Treatment Models in Child Sexual Abuse”, “Psychological Trauma and Crisis Intervention & Grief Counseling”.

She is a play therapy practitioner and family counselor. She continues her professional level accreditation for Experiential Play Therapy supervisions from Prof. Dr. Byron Norton; and body psychotherapies and somatic experiencing training from Pat Ogden. She completed the 9-12 years old Healthy Sexual Development Trainer training approved by Culture Reframed and Psychology Istanbul. She participated in the Body Awareness workshops with Cleamence Jeay and Breathing Techniques with Vardha. She received advanced Sand Tray Therapy training and supervision from Linda Homeyer and Marshall Lyles.

She received Level 1 of EMDR Therapy from the Behavioral Sciences Institute and Child and Adolescent EMDR Trainings from Prof. Dr. Ümran Korkmazlar, Trauma and Stabilization Techniques, EMDR and Healing Story; Use of the ‘Flash’ Technique in Children trainings. She attended the training on EMDR and Anxiety and Borderline Personality Disorder Treatment given by Robin Shapiro within the scope of the EMDR Congress; and the EMDR 2.0 An Enhanced Version of EMDR Therapy training given by Ad de Jongh and Suzy Matthijssen.

She has been working with children, adolescents and families for 27 years. She provides individual and family counseling for children and adolescents with emotional and behavioral problems. She gives training and seminars for colleagues

and parents on various topics. She is a member of the Turkish Psychological Counseling and Guidance Association, the European Association for Counseling and the EMDR Association.

3.7 Data analysis

In line with the overall research design, this study was conducted as a qualitative case study, focusing on the Izmir95 implementation of the Izmir95 program as a bounded system within its real-life context. Within this case study framework, thematic analysis was employed as the data analysis method. Thematic analysis, as outlined by Braun and Clarke (2006, 2017), provided a flexible yet systematic approach to identifying, analyzing, and reporting themes that emerged from the participants' narratives. This allowed the researcher to explore shared patterns of meaning across home visitors' and supervisors' lived experiences while remaining grounded in the contextual characteristics of the case.

This report presents findings from qualitative research, specifically employing the method of "one-on-one interviews" (Seidman, 2006). Qualitative research is an in-depth investigation method that aims to understand the subject examined on a deeper level and view events from the perspective of the target audience, rather than obtaining numerical results as in quantitative research (Denzin & Lincoln, 2005; Levitt et al, 2018). Unlike quantitative research, this method involves working with a smaller number of participants (Patton, 2014). The one-on-one interview method involves face-to-face interactions between a researcher and participant. This approach allows for a personalized exploration of the participant's experiences and perspectives. Notably flexible, individual interviews adapt questions based on participant responses, fostering natural and comprehensive conversations

(Seidman, 2006). This flexibility is particularly advantageous when investigating complex or sensitive topics, creating a safe space for participants to share openly (Fontana & Frey, 2000). In this project, one-on-one interviews were facilitated by a specialist, who had completed their education in psychological counselling, worked as a clinical psychologist, possessed the necessary skills to conduct individual interviews, and had expertise in qualitative research methods.

The audio recordings obtained from the in-depth interviews were transcribed immediately after each interview. Staying true to the interview transcripts, the data were analyzed using the thematic analysis method, which is widely used method in qualitative data analysis and focuses on identifying, analyzing, and interpreting meaningful themes within the data (Braun & Clarke, 2017). Thematic analysis offers a flexible and theoretically independent approach, allowing researchers to conduct in-depth and complex analyses of the data. This process consists of six phases: In the familiarization phase, researchers become immersed in the data by repeatedly reading or listening to it. In the coding phase, meaningful segments within the data are coded, and these codes represent significant features of the dataset. During the theme development phase, codes are grouped together, and similar codes are combined to form themes. In the theme review phase, the developed themes are reviewed to ensure they align with the entire dataset. In the defining and naming phase, the meaning of each theme is clarified, and appropriate names are assigned to the themes. Finally, in the report writing phase, the analysis process and findings are reported in detail (Braun & Clarke, 2017). This method enables researchers to make sense of the complexity within the data and to present the findings in a structured manner. Based on the transcribed interview recordings, direct quotations from participants, whose names have been anonymized, were used, and the findings were

thematically analyzed under specific subheadings according to the themes identified in line with the research problem. To ensure that the interviews were not evaluated from a single perspective, the coding was also reviewed by another expert who is a Phd student and had previously used thematic analysis together with the researcher. The final checks and evaluations were conducted together with the thesis advisor, Assist. Prof. Nihal Yeniad, and the findings took their current form.



CHAPTER 4

FINDINGS

This chapter presents the findings of the study derived from the thematic analysis of semi-structured interviews conducted with home visitors (HVs) and supervisors (SPVs) involved in the Izmir95 implementation of the Izmir95 program. The data were analyzed using Braun and Clarke's (2006, 2017) six-phase framework for thematic analysis, and themes were developed to reflect participants' experiences, perceptions, and evaluations of the program. The results are organized into two main sections: the first section focuses on the themes emerging from the HVs' interviews, while the second section presents the themes identified from the SPVs' interviews. The following tables summarize the main themes and subthemes for each group of participants.

Table 3. HV's Main Themes and Subthemes

Home Visitors	
Main Themes	Subthemes
Content and Role Definition	• Psychoeducation • Psychological Support • Referrals to Social Institutions
Home Visitation as an Intervention Model	• Emotional Bond Between HVs and Mothers • On-Site Observation of Family Dynamics • Opportunity to Provide Individualized Support
Strengths	• Supervision and Team Support • Flexibility • Frequency of Visits • Starting at Prenatal Period
Challenges	• About Materials • About Professional Boundaries • Emotional Burnout • About Supervision
Influence	• Mothers ○ Self-efficacy and Practices ○ Social Network • Children • HVs
Experiential Insights for Enhancement	

Table 4. SPV's Main Themes and Subthemes

Supervisors	
Main Themes	Subthemes
The Role of Supervisors	• Administrative • Support
Home Visiting as an Intervention Model	• On-site Observation • Holistic Approach
Strengths	• Frequency of Visits • Use of Program's Materials • Flexibility • Supporting Mothers • Cultural Sensitivity
Challenges	• Program Challenge ○ Availability of Materials • SPV's Challenge ○ Managing Boundaries ○ Emotional Burnout ○ Managing the Team
Influence	• Families • Children • HVs • SPVs • Municipal Structures
Experiential Insights for Enhancement	

4.1 Home visitors

4.1.1 Content and role definition

This theme encompasses the multifaceted roles undertaken by home visitors within the scope of the Izmir95 program, as well as the practical manifestations of these roles in the field. Home visitors are not merely conveyors of information; rather, they serve as multidimensional support providers who enhance parenting skills, foster child development, promote psychological resilience, and offer referrals to professional support systems when necessary. Through psychoeducational practices, emotional support mechanisms, and appropriate referrals, they establish relationships with families that are both informative and transformative. By adapting the theoretical framework of the program to the dynamic realities of the field, home visitors conduct developmental observations and engage in strategic interventions aimed at strengthening parenting practices. The *Content and Role Definition* theme encompasses the sub-themes of *Psychoeducation*, *Psychological Support*, and *Referrals to Social Institutions*.

4.1.1.1 Psychoeducation

This sub-theme covers the processes through which home visitors within the Izmir95 program deliver guidance to families on child development, parenting skills, and relationship-based practices. Psychoeducation is implemented not merely as a means of transmitting information, but as a holistic approach aimed at transforming parental attitudes through play, observation, and modeling. Home visitors take on a key role in guiding caregivers to respect the individuality of the child, provide appropriate developmental support, and actively engage in caregiving processes. The materials and interaction methods used during visits serve to shape not only the caregivers'

knowledge levels but also the nature of their relationship with their children. The quotations presented below illustrate the practical application of psychoeducation in the field and demonstrate the multilayered contributions of home visitors in this role.

When we visit families with our games and activities, we always emphasize following the child's cues. We constantly remind the mother that her child is an individual and that we should respect their boundaries. We never touch the baby if they don't want it; we respect their boundaries and body as individuals. The mother sees this and starts modeling the same behavior, this mindset helps the child learn to recognize boundaries, eventually applying them to their own life. (HV, 2)

This quotation clearly reflects the psychoeducational role undertaken by home visitors within the Izmir95 program. The visitor conveys core principles of child development-such as boundaries and individuality-through games and observations, thereby contributing to the transformation of the parent's relationship with the child. The program's core principles, including observing the child, showing respect, and recognizing the child as an individual, are transferred into the family environment through the guidance of the home visitor. This serves as a significant example in terms of achieving one of the program's key objectives: improving parenting attitudes.

At first, we're just giving them the materials... Over time, we can see it displayed on their fridge... For those who are not close enough to easily reach our center, they've expressed a desire for the brochures to continue. It's nice just to be able to say a quick hello and hand over a brochure-it's a way of maintaining the connection, reminding them of that positive feeling, and showing that we're still here for them. (HV,3)

This quotation reveals that home visitors utilize psychoeducational materials not only for delivering information, but also for establishing a sustainable and trust-based relationship with families. Written tools included in the program-such as brochures- enable home visitors to convey key messages about child development while also facilitating emotional connection with caregivers. Home visitors personalize these materials and consider other family members involved in the

caregiving process, thereby conducting psychoeducation in a dynamic and context-sensitive manner. Furthermore, this interaction enhances the visitors' own motivation, demonstrating that their role involves not only education but also emotional support. In this respect, the quotation emphasizes the multifaceted role of the home visitor, which extends beyond simple content delivery.

I think the process of babies learning to roll has sped up. When we encourage parents to lay the baby on their stomach, place objects in front of them, and encourage them to reach, placing items to their left and right to prompt them to turn, we often see improvements by the next session. I emphasize imitation a lot, explaining that the baby will imitate our sounds and movements. And, indeed, the babies do imitate us. As families see this, they're motivated to try more things, which positively impacts the babies. (HV, 1)

This quotation illustrates how home visitors convey developmentally supportive interventions to families and observe the impact of active parental participation on the child. Within the psychoeducational component of the Izmir95 program, home visitors not only provide information but also guide parents through in-home observations, play-based interactions, and tailored feedback. By raising parental awareness, particularly in areas such as imitation and motor development, they help enhance parental motivation and facilitate tangible developmental progress in the child. This process reinforces the home visitor's dual role as both a pedagogical guide and a developmental monitor, highlighting the program's overall effectiveness.

4.1.1.2 Psychological support

This sub-theme encompasses the emotional support and psychological awareness processes offered by home visitors to mothers within the scope of the Izmir95 program. Home visitors actively utilize psychoeducational tools aimed at strengthening mothers' coping skills in the face of stress, anxiety, and societal

pressures. Through interventions such as “thinking healthy cards,” mothers are encouraged to activate their internal resources. As a result, they come to realize they are not alone, learn how to seek help, and begin to develop more constructive thinking patterns that support their psychological well-being. This form of psychological support not only contributes to the child’s development but also directly enhances the mother’s caregiving capacity and parental identity. The quotations presented below exemplify how this support is experienced in practice and how home visitors help transform the emotional relationship they establish with mothers.

After birth, we guide them with thinking healthy cards, showing them how they can ask for help when needed-and it genuinely makes a difference. This way, we’re supporting the baby’s development at each stage, while also showing the mother ways to seek support or find positivity in herself before the baby arrives. (HV, 3)

This statement reveals that the home visitor focuses not only on the developmental needs of the child but also on the psychological needs of the mother. Tools such as the “thinking healthy cards” used within the Izmir95 program help mothers recognize their internal resources, learn how to seek help, and develop positive coping strategies. Through the guidance of the visitor, the mother becomes emotionally more equipped both during pregnancy and postpartum, which contributes to her feeling more secure and competent in her caregiving role. Thus, this approach highlights the home visitor’s role in providing psychological support in alignment with the program’s content.

For instance, in our thinking healthy exercises, they confront comments or judgments from others, like remarks from mothers-in-law or sisters-in-law. Through the thinking healthy cards, they come to understand that these thoughts are normal and develop strategies to handle them. As mothers gain this coping skill, they don’t get stuck in negative thoughts or behaviors; they’re able to change their responses. They share with us that these things no longer bother them, showing that they’re successfully managing these situations. (HV, 2)

This quote demonstrates how the “thinking healthy” exercises included in the psychoeducational content of the Izmir95 program help strengthen mothers’ psychological resilience and coping skills. Home visitors offer strategies to help mothers deal with criticism and judgment from their social environment, enabling them to develop emotional awareness and break free from negative thought cycles. This process highlights the home visitor’s supportive role, which goes beyond fostering child development to also focus on the mother’s emotional well-being.

4.1.1.3 Referrals to social institutions

This sub-theme addresses the guiding role home visitors assume in supporting families' access to social services. Within the scope of the Izmir95 program, home visitors refer families to appropriate social support institutions, healthcare services, or psychological counseling centers when necessary-while maintaining clear professional boundaries. This referral process enables home visitors to ethically navigate the challenges encountered in the field and ensures families can access professional support without being left alone. However, the limited ability to monitor the post-referral process also highlights certain structural constraints within the implementation. The quotations under this theme illustrate home visitors’ experiences, the boundaries they encounter, and their professional attitudes in navigating referral practices.

What I always say is that we’re not superheroes. I believe our fight is against deprivation itself. People shouldn’t become dependent on a charity mindset. That’s why I try to maintain that boundary and, if they ask for help, I refer them to social support services. (HV,2)

This quote illustrates how the home visitor, despite working under disadvantaged field conditions, operates within clear professional boundaries and fulfills the responsibility of referring individuals in need of appropriate social

services. The Izmir95 program positions home visitors not only as informational and supportive figures but also as referral agents who act as a bridge between families and the broader social service system. In cases of serious concern-such as suicidal ideation- the visitor's decision to seek professional intervention ensured both the safety of the individual and an ethical reduction of the emotional burden placed on the home visitor. This example demonstrates that the referral responsibility serves not only to connect families with support systems but also functions as a psychological safeguard for the home visitor.

It's really about recognizing when a referral is necessary rather than me providing the support. I may be a psychologist, but we're not in a therapy session, and it's important to refer to them if needed. Sometimes it's best to direct them to my colleague at the office or to a counseling service if the family requests individual support. (HV, 1)

This quote clearly demonstrates that home visitors are aware of the boundaries within their roles and carry the responsibility of maintaining them. The participant, drawing from her professional background as a psychologist, acknowledges the expectations that may arise from families but clarifies that the Izmir95 program is not structured as a therapeutic service. In situations where individuals seek personal counseling, she redirects them to appropriate institutions. This approach highlights the home visitor's position not only as a supportive presence but also as a professional who operates within ethical boundaries, ensuring that families receive help from the appropriate sources. In doing so, the program's structural integrity is upheld while the family's needs are still addressed.

We receive many inquiries about social support services. We provide guidance, give them contact numbers, and tell them where to go. However, I don't know what happens after that-whether the family receives support or not. (HV, 3)

This quote reveals the home visitor's efforts to connect families with social support systems, while also highlighting the limitations of this process. Within the

scope of the Izmir95 program, home visitors provide families with information about available social service institutions and make appropriate referrals. However, the absence of a follow-up mechanism to determine whether the families ultimately receive support reflects the limited control practitioners have over the outcomes of these referrals. This points to a need for stronger integration between the program and local service networks. While the home visitor continues to fulfill an informative and guiding role, the inability to monitor the results of referrals may lead to a sense of uncertainty and powerlessness for the practitioner.

Our responsibilities are, of course, primarily to implement our application guide accurately, to refer families to the right places as needed, and to properly guide them when we observe something that requires attention... I have just finished working with one family; they are expecting a second child... I keep following up with her, asking, "Have you been to the hospital?" Even though the project has ended, we managed to schedule the appointment. (HV, 3)

This quote demonstrates that the home visitor, while implementing the program guidelines, goes beyond simply transmitting information and actively follows up in cases of neglect encountered in the field. The persistent effort to ensure that families who are not utilizing health services are integrated into the system highlights how the home visitor operates the program as an intervention model on the ground. The fact that the visitor continues to follow up on appointments even after the project has officially ended indicates that home visits are not merely short-term informational encounters but are part of a process aimed at long-term change. In this sense, the home visitor's role evolves into that of a holistic intervention agent-monitoring, referring, and encouraging behavioral transformation.

4.1.2 Home visitation as an intervention model

This theme reveals that in the Izmir95 program, home visitation functions not merely as an information delivery practice but as a context-specific intervention model shaped by relational bonds, observation, and flexible responses. Home visitors move beyond the role of program implementers to form trust-based relationships that penetrate the daily realities of families, allowing for a dynamic and responsive support process. Through in-home observations, they gain insight into complex layers such as family dynamics, gender roles, and trauma histories, which are then translated into personalized guidance and referrals. *Home Visitation as an Intervention Model* theme encompasses the following subthemes: *Emotional Bond Between HVs and Mothers*, *On-Site Observation of Family Dynamics*, and *Opportunity to Provide Individualized Support*.

4.1.2.1 Emotional bond between hvs and mothers

This sub-theme addresses the trust-based emotional relationship established between home visitors and mothers, and how this relationship plays a critical role in the effective implementation of the Izmir95 program. Within the program, home visitors are not merely educators transmitting knowledge; they act as figures of trust who enable mothers to open up emotionally, share their difficulties, and become more willing to receive support. The one-on-one interactions that occur in the home environment allow mothers to feel more at ease, and the sharing of traumatic experiences within this context illustrates the depth such relationships can reach. The trust is gradually built through the visitor's nonjudgmental, sincere, and patient approach. This section highlights home visitors' capacity to build emotional bonds

and demonstrates how these bonds lay the foundation for long-term, meaningful engagement with families.

We discuss emotional cards and thinking healthy cards, and deep issues often arise during these conversations. We've had families share deep traumas they've never spoken about before. I think they wouldn't feel comfortable discussing these topics even within a small community. One-on-one interactions are much more beneficial for the mother. (HV, 1)

This HV highlights the impact of home visits on the emotional bond established with the mother. Especially during the early stages of motherhood, it becomes evident that mothers feel safer and more comfortable in the home environment, allowing them to share deep emotional experiences. Using psychoeducational tools such as "thinking healthy cards," previously unspoken traumas have surfaced. This demonstrates that the home visitor is not merely a transmitter of information but also a relational figure who creates space for the mother's internal processes. Thus, the home environment transforms into a bonding ground that enhances the effectiveness of the intervention.

Building a bond of trust is incredibly important, both in initial meetings and in subsequent sessions. If families don't trust us or if we can't fully establish that relationship, they don't open. By "opening up," I mean that, even if they're not doing the activities at home, they don't admit it... When we truly establish that trust, we've had families who, for example, have sat down with us to share their traumas, things they've never told anyone before. (HV, 2)

This participant reveals that the fundamental condition for the effectiveness of home visits is the establishment of a mutual trust relationship. The home visitor observes the family with care and sensitivity from the very first meeting, emphasizing that communication remains superficial when trust is not established. Even when a mother admits she has not implemented certain practices at home, this honesty reflects not only the program's impact but also her emotional comfort. Over time, this environment of trust allows for the expression of previously unspoken traumas, suggesting that the bond built between the home visitor and the mother may

carry a therapeutic quality. In this context, the emotional connection becomes more than just a channel for feedback on activities-it serves as a fundamental relational ground that enables access to the mother's inner world.

First and foremost, we approach families with genuine warmth so that we can build trust and establish a connection with them. I think it's crucial to leave everything at the door and enter with a positive expression and tone, so we can truly connect with the family. Building that sincerity and trust is key, and it's equally important to go in impartially, without any biases, regardless of who they are. (HV, 3)

This statement highlights the home visitor's conscious effort to leave behind personal burdens and biases before entering the field, approaching each family with sincerity and openness. It underscores the importance of being nonjudgmental and forming genuine connections when working with families from diverse cultural backgrounds. Although the visitor occasionally experiences a loss of motivation, the moment eye contact is made with the mother and child, an emotional interaction begins, transforming the entire process. This reflects that the home visitor operates not only professionally but also with emotional commitment, developing an inner dynamism that enables the rebuilding of the relationship at each visit. This emotional labor and relational capacity play a crucial role in the program's success, illustrating the home visitor's central role as both a caregiver and a bridge-builder.

4.1.2.2 On-Site observation of family dynamics

This sub-theme reveals how home visitors gain and interpret insights into family relationships, communication patterns, past traumas, and social contexts through their in-home observations. Within the scope of the Izmir95 program, home visitors do more than observe child development-they also gather information across a broad spectrum, from the mother's capacity for self-expression to the power dynamics among family members. Behavior, silence, and even subtle details within the home

environment are carefully noted by the visitor and incorporated into the intervention process. These nuanced observations allow for a more in-depth understanding of family dynamics and inform how support is tailored. The quotations included under this sub-theme illustrate the observational expertise of home visitors and demonstrate how these insights play a key role in facilitating change within the family system.

One of our home visitors noticed that a mother had a passive issue related to smoking. She remembered it from the pregnancy period and made a note about it during the initial introduction meeting, intending to ask in the following session. During the next session, she wanted to address the issue of passive smoking in the home. The mother expressed that she was uncomfortable with smoking in the living room but had never been able to bring it up with her husband before. After discussing it, by the next session, the mother reported that she had finally spoken up. She had also sought help from her mother-in-law and sister-in-law. She conveyed her concern with dignity, shared it, and achieved a positive outcome. (HV, 2)

This statement illustrates the home visitor's ability to recognize and address family relationship dynamics through in-home observations. The visitor detected the mother's difficulty in expressing herself to her husband through passive behavior and, in subsequent visits, constructively addressed the situation, helping the mother gain the confidence to assert herself. As the mother began to articulate her internal discomfort, she was able to receive familial support and more clearly communicate her personal boundaries. This process highlights the home visitor's role not only in supporting child development, but also in promoting women's empowerment and fostering healthier intra-family communication.

The mother herself has suffered a lot of violence. Both siblings were with us, and one of the sisters was with Gulcan (who is another HV of the program). I was meeting one of the sisters, while Gulcan was meeting the other sister. The mother with me is much more resilient and has grown up experiencing significant violence herself. Both mothers have had nose surgeries because their father broke their noses while beating them. One mother has a broken finger. They come from a background of intense violence. The difference between the two mothers is that one has a very good relationship with her husband. One of the sisters is very happy and has a good relationship with her husband. On the other hand, the sister I was meeting struggled with her marriage. (HV, 2)

This excerpt demonstrates the home visitor's capacity to holistically assess families past experiences, traumas, and current relational structures in the field. Working with multiple individuals within the same family provided the visitor with a comparative lens to understand different aspects of the family narrative. Despite the siblings sharing a history of violence, the differences in their marital relationships were interpreted through levels of resilience and emotional support. The home visitor does not limit their understanding to the parent-child relationship but conducts multilayered observations by considering how past traumas influence current parenting practices. This approach underscores the Izmir95 program's context-sensitive and field-responsive nature.

4.1.2.3 Opportunity to provide individualized support

This sub-theme reveals how home visitors personalize the support they provide by considering the unique characteristics of each family, and how this flexible approach enhances the program's overall effectiveness. The Izmir95 program is structured around the understanding that families do not all progress at the same pace or respond in the same way. In line with this, home visitors adapt the materials and guidance they offer based on the family's interaction patterns, the child's developmental level, and the mother's emotional capacity. They also recognize that change may not be immediately visible, yet the bond they build, and the consistency of their visits often lead to transformation over time. The excerpts presented under this theme highlight the role of home visitors as sensitive, nonjudgmental, and adaptive supporters who tailor their interventions to each family's specific needs.

Conducting these sessions as home visits helps gradually build trust with the family over time. This trust is key, especially when we introduce the games you mentioned... we demonstrate it by, for example, changing our tone or using our book in an engaging way... By making it more interactive and

modeling this approach first, it becomes much more effective. It's essential that the home visitor also engages in this way-not just pointing out, "Look, there's a dog here," but saying it in a lively tone, it's all part of making the experience more engaging for them. (HV, 3)

This HV illustrates how home visitors tailor the program content not merely through pre-structured tools or information, but by adjusting it according to the family's interaction level, interests, and the child's developmental characteristics. The visitor's use of expressive storytelling, varying vocal tones, and modeling during play or reading activities enhances engagement and makes the learning process more effective and intimate. This personalized approach shifts the focus from standard information delivery to a relationship-based method of learning, transforming the home visit into a family-specific guidance process that adapts to the unique rhythm and needs of each household.

With some families, we encounter significant resistance. We have families where, despite our visits, we feel disappointed because there doesn't seem to be any visible progress or improvement. Even in the families that we find very challenging and resistant, they would call me if I was running late, asking, "Are you coming to the next session?" Just seeing that response was reassuring, as it showed some level of engagement, even if the tangible changes were hard to see. It's so important to measure families according to their own realities. (HV, 1)

This quote highlights that each family's process of change unfolds at a different pace and in diverse forms, emphasizing how home visitors approach this journey with patience, nonjudgement, and attune to the family's unique reality. Even in situations where visible progress is not immediately apparent, the fact that a mother continues to anticipate the visit, maintains communication, and takes small but personally meaningful steps reflects the power of individualized support. Although the program's formal objectives may not be fully achieved in every case, qualitative improvements in how the mother relates to herself and her child demonstrate the effectiveness of the home visitor's adaptive and flexible approach.

This perspective transcends standardized evaluation criteria, embodying a responsive intervention model that honors each family's distinct context.

4.1.3 Strengths

This theme addresses how the Izmir95 program is experienced by practitioners in the field through its perceived strengths and the structural and relational features that contribute to its sustainability. The narratives of home visitors demonstrate that the program's effectiveness is not limited to its content and methods, but also stems from its operational model, team structure, and flexible, context-sensitive approach.

Supervision and team support emerge as crucial resources that enable home visitors to cope with emotional burdens and maintain professional resilience. Simultaneously, the program's structural flexibility allows for adaptation to the diverse needs and profiles of families, fostering a more responsive and tailored intervention process.

The flexibility regarding visit frequency-particularly the capacity to adjust based on family needs-facilitates the achievement of program goals while also supporting the development of sustainable, trusting relationships with families. Furthermore, the early initiation of contact during the prenatal period highlights the program's holistic orientation: it aims not only to support child development but also to strengthen the broader parenting process from the earliest stages. The *Strengths* main theme comprises the sub-themes of *Supervision and Team Support*, *Flexibility*, *Frequency of Visits*, and *Starting at the Prenatal Period*.

4.1.3.1. Supervision and team support

This sub-theme addresses two fundamental pillars that enable home visitors to carry the burdens they face in the field: supervision support and team solidarity. Within the

scope of the Izmir95 program, home visitors require a safe supervision environment where they can evaluate challenging situations, express their emotions, and regain strength by recognizing their own boundaries. This support goes beyond professional guidance and sometimes manifests as humane solidarity during personal crises. At the same time, horizontal relationships within the team, regular meetings, and open communication facilitate the sharing of experiences among staff; they help normalize emotional burdens and foster a sense of collective responsibility. The quotes presented below reveal the critical role of supervision and team support in ensuring the professional sustainability of home visitors, and how these structures become sources of empowerment.

When we leave home, our supervisors often respond with encouragement, saying, "You've communicated everything that could be said in the right way. Just as families often pour their troubles and frustrations into us without anyone else to share with, we also need a space to release that pressure. It's important for us to find a healthy way to process those feelings and ensure that we're not carrying the weight of that stress alone. (HV, 2)

This quote reveals home visitors' need for supervision and team support to cope with the emotional burdens they encounter in the field and to process their internal tensions in healthy ways. Feelings of inadequacy or helplessness that emerge after a home visit gain meaning through the supervisor's validating and supportive approach, helping the professional feel less alone. At the same time, it emphasizes that home visitors-just like the families they support-need a safe space to express their own emotions, highlighting the importance of caregivers receiving care themselves. Thus, supervision not only enhances the quality of implementation but also serves a vital function in strengthening professional resilience.

In the meetings, we tend to share specific situations we're encountering for the first time with the team.. In these discussions, we share insights that might help ease the workload for one another. We discussed in the meeting how we could support our colleagues to ensure their safety, considering there is a drug-addicted spouse in the home and the mother has a history of addiction.

We brainstormed ways to help our colleague feel secure and discussed strategies to provide support without taking on a “rescuer” role. (HV, 1)

This quote highlights how team meetings among home visitors serve as a space to share challenges, co-develop solutions, and redefine professional boundaries. For newcomers in the field, these meetings reduce feelings of isolation and offer a supportive learning environment through the exchange of experiences. When facing high-risk situations such as drug addiction, the team’s collaborative efforts in developing safety measures and strategic approaches enhance both physical and emotional resilience. Discussing the limits of support-particularly the importance of avoiding a "rescuer" role-is crucial for preventing burnout and maintaining a healthy level of responsibility. In this context, supervision and team support function not only as mechanisms for fostering individual resilience but also for strengthening professional ethical awareness.

We hold our group meetings as a recap of how our week went, or to discuss any specific agenda items if there are any. Team members share challenging situations they encounter, but it’s not always about challenges; sometimes we also discuss emotions and the intensity of the week. Some team members find that sharing their experiences helps them feel better. These group meetings allow home visitors to release some of their stress, so when they go back to the same household, they feel more at ease. When we discuss how certain reactions are actually very common, it helps normalize the situation. This reassurance helps the home visitor feel more confident, making it easier to handle similar situations next time. Some situations can be quite challenging, so this support is invaluable. (HV, 1)

This quote illustrates how group meetings serve as a functional space for home visitors, offering both experience sharing and emotional solidarity. During weekly meetings, not only challenges but also emotions and the intensity of the week are openly discussed. This helps home visitors unload the emotional weight they carry and regain motivation. Particularly, the process of "normalization" through sharing prevents personalizing difficult field interactions, thereby restoring the home visitor’s self-confidence. Furthermore, the idea that one home visitor’s experience

can be guiding another team member reveals the strength of mutual support and collective learning within the team.

It was last year when my mother fell ill. At that time, we had our supervisor, Ms. Neslihan. She told me, "Take as much time off as you need; I'll handle everything." That meant so much to me-it was incredibly valuable. When my mom had surgery, she even came to the hospital and called to see if I needed anything. She was an excellent supervisor who truly knew each of her team members well. Working with her was something that supported me greatly. She ensured that all my needs were met. Similarly, my colleagues were very supportive. We've been able to sit down and talk openly about everything, including our personal lives. That's been very helpful, and I feel supported. (HV,2)

This quote demonstrates that supervision can function not only as professional guidance but also as a support mechanism rooted in human solidarity. The participant describes how, during a personal crisis, their supervisor provided empathetic and holistic support, establishing a bond grounded in trust. The supervisor's gestures-such as visiting the hospital-offered not just relief from workload but also emotional presence, helping the professional feel they were not alone in the field. At the same time, the open and sincere communication established with team members emerges as a crucial factor supporting the home visitor's personal empowerment. This example illustrates the role of supervision in fostering emotional resilience and a sense of belonging.

We also hold meetings among ourselves, discussing things like, "How was it? How did it feel to you? How did I feel about it?" Sharing our experiences together has a positive impact on us. The responsibility isn't just on one person; we all take it on together, and we all work together to keep track of things. (HV, 3)

This quote illustrates that home visitors receive consistent emotional and functional support not only from their supervisors but also from their peers. The open sharing within the group encompasses more than just technical knowledge exchange; it also involves recognizing and normalizing emotions. The expression "carrying the responsibility together rather than alone" reflects a collaborative team dynamic and a

strong sense of collective responsibility. This horizontal support structure plays a critical role in preventing isolation and burnout among home visitors. Additionally, working in coordination and the ability to share emotions seem to reinforce both professional commitment and a deep sense of gratitude among team members.

4.1.3.2 Flexibility

This sub-theme highlights how home visitors adapt the implementation of the Izmir95 program to variable field conditions, and how such flexibility plays a key role in the program's overall success. Rather than strictly adhering to the manual's modules and activities, practitioners modify content based on families' language, culture, needs, and circumstances-at times reshaping the structured process entirely. These creative adaptations, developed while maintaining fidelity to the program's core, enhance family engagement and support the home visitors' sense of professional autonomy. Moreover, approaches that prove ineffective or encounter resistance in the field are critically evaluated and restructured to fit the local context. The following quotes illustrate how this flexibility transforms into not only a technical adaptation but also an ethically grounded, relationship-oriented intervention model.

When someone says, "It should be this way," I don't think we should accept it without questioning it. As you mentioned, we try things out in the field; if they don't work, we adapt and change. This process has been evolving in this way for a long time.. I think it's valuable to engage in questioning and collaborative production without falling into unnecessary hierarchies. This approach is equally applicable across various contexts. (HV, 2)

This quote illustrates that home visitors respond to challenges in the field not with rigid rules, but through critical thinking and a trial-and-error approach. Being open to modifying program practices when they are ineffective enhances adaptability and fosters collaborative problem-solving without becoming constrained by

hierarchical structures. The home visitor emphasizes that program implementation must be continuously questioned and reshaped not only in theory but also in practice, thereby strongly expressing the real-world relevance of flexibility. This approach offers a transformative perspective for both individual professionalism and institutional development.

Due to a language barrier, we couldn't communicate with one family, and by the eighth month, they hadn't visited a hospital. We couldn't work with this family on the project because of this barrier. Apart from that, there's the challenge of implementing the activities in the application guide accurately. Sometimes, we may need to go beyond the guide or create a language suitable for the family without strictly using the language in the guide. It's a balancing act, really adapting without disrupting the whole, converting the application guide in a way that suits the family without altering its essence. It's about how we can reach out to the family without compromising our responsibilities. (HV, 3)

This quote emphasizes the balance established between adhering to the Izmir95 program's implementation guide and adapting to real-life field conditions. Faced with barriers such as language differences, home visitors often feel the need to develop alternative modes of communication rather than relying strictly on the program's scripted language. This reveals that flexibility is not only a procedural necessity but also a cultural and linguistic one. The visitor preserves the core goals of the program while making methodological adaptations to foster effective communication with families. This approach highlights that field encounters cannot be managed through uniform solutions, and that flexibility and creativity are essential competencies for practitioners.

4.1.3.3 Frequency of visits

This sub-theme explores how the frequency of home visits is evaluated in terms of both program objectives and the needs of families. Within the Izmir95 program framework, biweekly visits are generally perceived by home visitors as sufficient and

effective for maintaining consistent follow-up and fostering trust-based relationships. However, field practices reveal that the unique circumstances and emotional needs of families-as well as occasional communication barriers-often necessitate a more flexible approach to visit frequently. In some cases, mothers express a desire for more frequent contact, and home visitors respond to this need through alternative methods such as phone calls, thereby maintaining continuous support. The following excerpts illustrate that visit frequency is not merely a matter of scheduling, but a sensitive and relational process requiring responsiveness and adaptability.

Families want more frequent visits. They really say things like “I wish you could come every day,” but I think the current frequency of visits is sufficient. (HV, 2)

This statement reveals that while the frequency of visits implemented by home visitors is generally considered sufficient, some families expect more frequent contact. The visitor’s statement suggests that the biweekly meeting schedule set by the program can meet basic needs; however, it also indicates that families view home visitors not only as sources of information, but also as figures of emotional support. This highlights that the frequency of visits carries significance not only in quantitative terms, but also as a critical component in building emotional connection and trust.

Meeting every two weeks is, in my opinion, an ideal frequency for this purpose, especially for the period following that initial phase. Regular follow-ups with the mother are crucial, and if the mother can’t attend a session, it’s important to still make that connection, even if it’s just over the phone. Maintaining that consistency and ensuring those interactions happen is essential for sustaining the relationship and the module’s impact, so that frequency is truly something necessary. (HV, 1)

This excerpt demonstrates that while the visit frequency recommended by the program is generally perceived as sufficient, flexible adaptations are employed under specific circumstances. The home visitor maintains continuity in the process by

initiating phone contact when physical visits are not feasible or deemed unnecessary. This approach reflects the family-centered and adaptable structure of the Izmir95 program, showcasing the visitor's ability to assess visit frequency not solely by the planned calendar, but also in alignment with the mother's needs and contextual realities. In doing so, a sustainable relationship dynamic is preserved, and ongoing support is ensured.

4.1.3.4 Starting at prenatal period

This sub-theme highlights the Izmir95 program's holistic approach, which addresses not only the postpartum period but also the psychosocial needs of mothers beginning from pregnancy. Home visitors emphasize that the relationship established during pregnancy lays the foundation for a trust-based bond in the postnatal period, thereby enhancing the program's overall effectiveness. Prenatal visits enable mothers to become aware of their emotional resources and support the early formation of the mother-infant bond. This early intervention plays a critical role not only in conveying information but also in shaping the mother's caregiving capacity. The following excerpts illustrate how initiating visits during pregnancy influences field practices and transforms the relationship built with mothers.

I think prenatal visits should absolutely be included. Establishing a relationship with the mother before birth and having those interactions lead into postpartum visits is very meaningful. There's a significant difference between going to the house suddenly after birth and having already built that connection beforehand. (HV, 1)

This participant provides a compelling example of how a home visitor's involvement during the prenatal period directly enhances the quality of post-natal support. The visitor emphasizes that the relationship established before birth lays the groundwork for trust, allowing for quicker and more effective interventions after

delivery. Compared to a visit that begins immediately postpartum-without a prior bond-mothers who have already had early contact with the program tend to be more open and collaborative. This highlights the critical importance of continuity and trust for program sustainability. It also suggests that early engagement is not merely preparatory but constitutes a foundational framework for a holistic intervention.

The 0–3 age range was a very unfamiliar area for me... I know what a mother should do during pregnancy. Having Ayşegül visit us was very beneficial—she supported us directly in terms of health as well. From time to time, she gives us these little seminars. So, for me, the team represents a constantly learning environment. (HV, 2)

This home visitor underscores the critical role of healthcare professionals' guidance, particularly during the prenatal period. The visitor acknowledges having limited prior knowledge regarding prenatal care; however, through the seminars provided by the healthcare professional involved in the program, they have acquired essential information about month-specific maternal needs and necessary precautions. This not only enhances their capacity to implement the program effectively during the prenatal phase but also enables them to apply this knowledge in their own daily lives and social networks.

4.1.4 Challenges

This theme addresses the multifaceted challenges faced by home visitors implementing the Izmir95 program in the field. Despite the program's comprehensive structure and clearly defined objectives, practitioners encounter a wide range of difficulties-ranging from material procurement to supervision gaps, emotional burnout, and navigating familial resistance. Interviews revealed that financial and bureaucratic barriers to acquiring toys, for instance, pushed home visitors to be creative, yet also led to diminished motivation. Interruptions in supervision processes

contributed to the accumulation of emotional burden, while the effort to maintain professional boundaries sometimes served as a defense against burnout but also emerged as a source of isolation. Moreover, the intertwining of these challenges with personal life underscores the critical need for work-life balance. The sub-themes discussed here-About Materials, About Professional Boundaries, Emotional Burnout, and About Supervision-highlight that the difficulties experienced by field practitioners are not merely technical, but deeply emotional, ethical, and structural in nature.

4.1.4.1 About materials

This sub-theme explores the challenges faced by home visitors in the procurement, preparation, and implementation of materials used within the Izmir95 program. The statements gathered during the interviews reveal that these materials are not only pedagogical tools but also critical logistical components for the sustainability of intervention. Difficulties such as the production of handmade toys, limited variety of available materials, and the repetitive nature of content-leading to reduced quality of interaction-require practitioners to sustain the process through personal creativity and effort. Additionally, the slow and bureaucratic nature of official supply procedures within the municipality creates an environment where home visitors are often forced to take initiative, which, while sometimes effective, can undermine their motivation. The quotations presented below illustrate that the challenges related to material provision are not merely technical but also carry pedagogical and emotional implications.

In addition to sourcing materials, sometimes extra help is needed for making toys. Besides that, we have simpler toys, like the water-filled rattle that rolls around, which are easier to manage... Overall, sourcing toys like the ball and the stringed rattle is still a challenge for us. (HV, 3)

This quotation highlights that the materials used within the program present challenges not only in terms of content but also in their physical preparation. The home visitor notes specific difficulties in obtaining and assembling toys such as the stringed rattle and the hand-sewn ball, emphasizing the labor-intensive nature of these tasks. Although temporary relief is provided when newly recruited team members assist with production, the lack of a systematic and sustainable organizational structure for material preparation places an additional burden on fieldworkers outside their core responsibilities. This situation underscores the critical importance of logistical support mechanisms in the effective implementation of the program and indicates a need for structural improvements in this area.

In the materials section, we provide toys, but we often encounter issues with procurement. The purchasing process within the municipality can be very lengthy, so toy production sometimes gets delayed. We are constantly following up on this, coordinating with the procurement team, but we often end up gathering and making the materials ourselves in the office. (HV, 1)

This quotation clearly illustrates how delays in institutional procurement processes create an additional burden for home visitors. Specifically, the slow pace of municipal purchasing procedures makes it difficult to implement the program in alignment with the planned schedule, compelling field practitioners to independently manage the production and preparation of materials. The materials required for the 13–36-month age group are noted to be more complex and demand specialized supplies, leading to further delays and disruptions in implementing activities for this group. This situation indicates that in order to ensure continuity and synchronized delivery of the program, improvements are needed not only in content delivery but also in the supply chain and bureaucratic procedures.

I feel that the toys we use become repetitive, especially because we rely on recycled materials to make them. Since we can't obtain many materials, we try to create something with what we have to ensure our sessions aren't disrupted. But when this happens, the toys become repetitive, and we struggle

to diversify them. This lack of access to toys has been quite challenging for us. We haven't been able to modify the activities as much as we'd like, which limits the variety we can offer families. (HV, 3)

This quotation demonstrates that the lack of material variety not only challenges the creativity of home visitors but also limits the interactive quality of the program. Although continuing sessions with recycled and reused materials may seem like a practical short-term solution, it eventually leads to content repetition and a decline in motivation over time. When a home visitor is compelled to use the same toy to convey different concepts, the symbolic and pedagogical value of the material weakens, diminishing the quality of engagement. In particular, the absence of structured, multisensory materials such as colorful blocks restricts the learning experience offered to children, making it more difficult to sustain their interest and causing practitioners to feel inadequate. This quotation clearly illustrates that issues surrounding material procurement carry not only technical, but also emotional and pedagogical implications.

In terms of material procurement or any documentation, responses often come slowly. We know that certain steps need to be followed, like submitting documents and waiting for approvals. But it's frustrating because it feels like we're unable to access something that's within reach, simply because the paperwork isn't complete. It's like having what you need right next to you but not being able to take it because it doesn't have the required approval. (HV,2)

This quotation highlights that one of the fundamental problems in material procurement stems from the slowness of bureaucratic processes. The home visitor explains that although access to the needed materials is technically feasible, delays occur due to the lack of official approvals and documentation. This not only disrupts the flow of program implementation but also negatively affects the motivation of practitioners who are trying to generate solutions in the field. The expression of materials being "right beside" yet "unreachable" metaphorically reflects how

systemic bottlenecks are tangibly felt on the ground. Such structural barriers limit the program's full potential and, despite the practitioners' dedicated efforts, allow external factors to shape the course of implementation.

4.1.4.2 About professional boundaries

This sub-theme addresses how home visitors strive to maintain their professional boundaries, balance work and personal life, and cope with emotional burdens. Within the scope of the Izmir95 program, home visitors undertake emotionally intensive roles in the field while simultaneously trying to manage caregiving, parenting, or other personal responsibilities. The interviews emphasized that maintaining these boundaries is a matter of both skill and awareness; sometimes efforts are extended voluntarily, while at other times, conscious withdrawal is necessary to prevent professional burnout. Additionally, a collective team mindset and supportive working relationships emerged as key structural elements that help individuals preserve their boundaries. The quotations below demonstrate that maintaining professional boundaries is not merely an act of personal resistance, but rather an ethical, psychological, and institutional balancing practice.

There are challenging times, especially when it comes to balancing work and personal life. I make it a point not to let work spill over into my private life, and I believe I'm quite good at that... my team and I try not to discuss work-related issues outside of work. There was a period when we did, but it became exhausting, so we decided to keep work and personal life separate. (HV, 1)

This quotation highlights the home visitor's deliberate efforts to maintain a work-life balance and underscores the significance of professional boundaries. The interviewee acknowledges the emotionally demanding nature of their fieldwork but emphasizes setting clear limits to prevent it from spilling over into their personal life. Their decision to remain unreachable during vacation periods and refrain from

discussing work outside of office hours is framed as a self-care strategy-an active mechanism of resistance against burnout. Moreover, this attitude is not only presented as a personal choice but also as a reflection of a collective agreement within the team. This illustrates how, within the Izmir95 program, sustaining emotional resilience depends heavily on the ability to uphold professional boundaries.

I've always approached my work this way, seeing myself as someone who earns a living by selling my labor. I believe in giving my time voluntarily only if I want to. This perspective helps me protect my boundaries and maintain a clear line between work and personal time. Sometimes, personal challenges do impact work, it's hard to avoid. Fortunately, my team has been supportive in those moments. (HV, 2)

This quotation demonstrates that the home visitor evaluates her labor within a conscious framework and has developed a strong ethical stance toward maintaining professional boundaries. The approach of working overtime only when voluntarily chosen stands out as a key strategy in terms of both self-awareness and emotional sustainability. The participant acknowledges the emotional burden of the work and views the need to occasionally step back as natural, emphasizing the importance of team support in such moments. This reflects not only an individual awareness of personal limits but also the presence of a team culture grounded in collective understanding. Thus, professional boundaries serve not only to prevent individual burnout but also to form the foundation of sustainable team solidarity.

While it's true that things from my personal life inevitably reflect on me at the office, I've learned to leave those issues behind once I get into my car and arrive home. If something negative or positive happens in my personal life, I share it with my colleagues while I'm at work. However, when I'm on my way to visit a family, I know my focus and purpose are different, and I make a conscious effort to set aside my own feelings. (HV, 3)

This quotation illustrates the home visitor's ability to recognize her emotional experiences in her personal life while consciously managing these feelings without

transferring them into professional space. The participant acknowledges that personal and professional spheres may overlap; however, she considers it her responsibility to leave her own emotions behind once a visit begins and to maintain her professional focus. The presence of an open environment where emotions can be shared with colleagues further highlights that professional boundaries are not about emotional detachment or disconnection, but rather about providing a functional and healthy balance. This reflects a professional stance that values emotional labor while maintaining it in a contained and deliberate manner.

4.1.4.3 Emotional burnout

This sub-theme explores the signs of emotional burnout experienced by home visitors during the emotionally demanding work they perform as part of the Izmir95 program, as well as how they cope with these challenges. Resistance encountered in the field, feelings of ineffectiveness, families' reluctance to change habitual behaviors, and emotionally charged home environments gradually diminish the motivation of home visitors and create a sense of internal fatigue. Interview data reveal that when personal vulnerabilities intersect with intense field experiences, professional capacity can be undermined, limiting the ability to offer effective support. Additionally, certain triggering events may bring suppressed emotions to the surface, leading to a sense of emotional overwhelm or loss of control. In such instances, home visitors may withdraw due to feelings of inadequacy or seek support to manage the emotional burden. The quotations below illustrate the multifaceted and complex nature of emotional burnout in the field and underscore the critical need for robust support systems.

For me, the most challenging aspect is often personal circumstances that can be more difficult to handle. Those situations can be particularly taxing *and*

lead to a lot of inner turmoil. Sometimes, we don't even realize we're feeling this way. It can turn into a cycle of self-criticism, where we might think, "I couldn't do it; I'm a failure; I'm inadequate," which then creates a barrier to connecting with others. (HV,2)

This quotation reveals that emotional burnout does not stem solely from workload or field-related difficulties, but also from individuals' inner processes and personal vulnerabilities. The home visitor explains that when personal challenges are suppressed, they become internalized and unrecognized burdens, often triggering a cycle of self-criticism that manifests as feelings of "failure" and "inadequacy." Such emotional states can negatively affect not only the individual's own psychological well-being but also their ability to build meaningful relationships with families and provide effective support. The delicate balance between professional roles and personal sensitivities presented here underscores that emotional burnout should not be viewed merely as physical exhaustion, but rather as a profound psychological process.

There were times when so much was coming from the families that handling that burden became difficult...But I remember one incident vividly. The child took the toy ring and threw it on the ground, and the bracelet broke. I was in shock, trying to maintain my composure. I didn't even know how I got out of the house afterward. I just sat there with tears streaming down my face; I couldn't hold back. It wasn't just anger; I couldn't express what I was feeling. I had the broken toy in my hand and thought to myself, "I'll replace it for our next session." But it was such a difficult session for me; it really was very challenging. (HV, 3)

This quotation illustrates how the intense emotional burden experienced by a home visitor in the field can, when combined with a sense of lost control, culminate in a moment of emotional collapse. The interviewee describes struggling to manage a conflict between children while simultaneously dealing with a vulnerable emotional state, triggered further by a seemingly minor physical incident. The breaking of a toy-an ostensibly trivial event-becomes a tipping point when layered upon accumulated emotional strain, resulting in feelings of deep helplessness and

inadequacy. This example demonstrates how emotional burnout erodes both physical and psychological boundaries. It serves as a reminder that home visitors are not just practitioners but also human beings whose emotional resilience has limits. The account underscores how vital support mechanisms are in emotionally demanding professions where the weight of caregiving can easily become overwhelming.

There's a situation at home where the babies are swaddled so tightly that every time I visit, I suggest loosening it up a bit to allow their bones and muscles to develop properly. When I return for the next visit, they are still swaddled tightly. There's even a cord running through the crib to keep it in place, and I can't help but feel overwhelmed because this isn't how things should be. I feel like no matter how much I talk about it, I can't seem to make an impact, and that really saddens me. The part that's particularly challenging for me is realizing that my efforts aren't leading to any changes. I feel powerless in those situations. (HV, 3)

This quotation highlights the deep emotional burden and sense of ineffectiveness experienced by a home visitor when their efforts to provide information and support do not yield visible change. The participant sincerely expresses the disappointment that arises when, despite believing in the mother's good intentions, no behavioral transformation is observed. Repeatedly witnessing the same situation after each visit fosters a perception of "I'm making an effort, but nothing is changing," which can gradually lead to professional burnout. This feeling is especially pronounced when suggestions are ignored or clash with entrenched habits, causing the home visitor to feel demotivated, emotionally isolated, and inadequate. The example clearly demonstrates that burnout stems not only from workload but also from the psychological toll of being unable to generate meaningful change.

4.1.4.4 About supervision

This sub-theme explores the experiences of home visitors working within the Izmir95 program regarding supervision processes, highlighting both the shortcomings of these systems and the ways in which emotional support needs are addressed. Interviews reveal that regular and structured supervision serves not only as a source of technical guidance but also plays a vital role in emotional unloading, motivation monitoring, and sustaining professional engagement. Home visitors emphasize that, in the absence of a designated space to share the challenges they face in the field, they often attempt to ease their emotional burden through informal methods-such as spontaneous exchanges with team members. However, these individual efforts cannot substitute for a systematic supervision mechanism, and over time, may result in burnout, feelings of isolation, or decreased job satisfaction. The following excerpts demonstrate that supervision is a critical structure contributing not only to the effective functioning of the program but also to the psychological resilience of its practitioners.

There are times when we feel overwhelmed, as if our minds are about to burst. Being able to talk about the challenges we face in the field and release that burden by sharing it with each other is truly invaluable. Even taking five minutes to share “this just happened” before entering the next home helps us release the weight we’re carrying. Overall, it makes a difference. (HV, 1)

This statement illustrates that for home visitors who expend significant emotional labor in the field, supervision is not merely an administrative meeting, but a vital space for emotional release. The participant explains the difficulties encountered when regular supervision sessions are disrupted and how this need is instead addressed through spontaneous peer-to-peer exchanges. Even a brief pause amidst the fast-paced schedule of home visits-used to share experiences-can make the emotional load more manageable and facilitate a smoother transition into the next

visit. This highlights that the continuity of supervision is not only a structural necessity but also a critical component for maintaining psychological resilience.

Sometimes, our colleagues' motivation can decrease, or they may start to feel like things have become routine. When these meetings aren't held regularly, it's noticeable, as it's harder to track motivation levels. If it drops, supervisors can manage it more effectively when they're able to follow up. But without this follow-up, it's difficult to know how to handle things, which can lead to burnout or other challenges. (HV, 2)

This participant emphasizes that regular supervision is not solely a means of information exchange but also a crucial tool for monitoring motivation levels and sustaining the psychological resilience of field workers. The participant notes that when individual and group meetings are conducted in a structured manner, issues within the team can be identified and addressed at an earlier stage. However, when this monitoring mechanism weakens, consequences such as burnout may emerge. This example clearly illustrates that supervision functions not just as a control mechanism, but as a preventive support system. It underscores the indispensability of continuous supervision in institutional efforts to reinforce professional resilience.

There is a real need for supervision here. When I come back, I need someone to ask me, "How did it go?" Sometimes, this part has been missing. Later, we ended up talking to our fellow home visitors, sharing things like, "This is how the visit went," or "This happened," which helped us feel a bit more at ease. (HV, 3)

The excerpt highlights how supervision serves as a fundamental structure that helps home visitors make sense of their emotional and professional burdens in the field. The participant emphasizes that having someone ask a simple yet supportive question like "How did it go?" after a home visit can provide significant relief. While informal solidarity among home visitors may partially fulfill this need when formal supervision is lacking, it cannot replace a systematic and structured supervision process. This situation underscores not only the importance of individual support but also the necessity of a sustainable supervision system at the institutional level.

4.1.5 Influence

This main theme comprehensively reveals the multifaceted impact of the Izmir95 program on both the families' receiving services and the home visitors implementing the program. Throughout the interviews, participants frequently emphasized the program's potential to transform family dynamics, enhance mothers' parenting skills, support children's developmental processes, and contribute to the personal and professional growth of home visitors. The core strength of the program lies not only in the transmission of information, but in its capacity to build trust-based relationships, reshape daily routines, and activate previously unseen resources. The sub themes-Mothers, Children, and Home Visitors (HVs)-detail how the program offers a space for transformation at the individual, familial, and professional levels, illustrating its supportive structure and the relational and systemic impact it generates across different actors.

4.1.5.1 Mothers

This theme explores the multifaceted impact of the Izmir95 program on mothers. The interventions carried out through home visitors demonstrate that the transformation mothers experience occurs not only at the informational level but also across emotional, social, and behavioral dimensions. The one-on-one, trust-based relationships established through the program enable mothers to reconstruct their parenting practices, enhance their sense of self-efficacy, and strengthen their social interactions. Over time, mothers become more conscious, aware, and effective in caring for their children, while also evolving into individuals who recognize their personal boundaries, are unafraid to seek help, and are capable of forming meaningful social connections. Two core dimensions stand out within this theme:

Self-Efficacy and Practices, which examines how mothers rebuild their internal sense of competence and develop parenting skills, and Social Network, which highlights the growth of social relationships, increased social visibility, and forms of emotional solidarity that emerge through the program.

4.1.5.1.1 Self-efficacy and practices

This sub theme addresses the impact of the Izmir95 program on mothers' sense of self-efficacy, parenting skills, and daily caregiving practices. In the interviews, home visitors reported that as mothers progressed through the program, they began to engage in more intentional interactions with their children, frequently and willingly implementing developmentally significant behaviors such as emotional bonding, eye contact, and verbal communication. Particularly among mothers who were pregnant with their second or third child, there was evidence of reflective awareness; these mothers revisited their earlier parenting experiences and adopted new approaches with a conscious recognition of past mistakes. This developmental shift extended beyond the mother-child relationship to include areas such as household task sharing, help-seeking behavior, and managing sibling rivalry. When mothers not only acquired the program's content but also internalized it and integrated it into their family lives, they experienced a strengthening of both their parenting capacities and their sense of identity as women.

I believe they're developing their mothering and parenting skills and even growing as women. They're now starting to ask for support from their husbands and their older children. They're becoming better at managing sibling jealousy, too. So, I see this as genuine growth for the mothers themselves. (HV, 1)

This quote demonstrates that the impact of the Izmir95 program on mothers extends far beyond mere information transfer, facilitating a multidimensional

transformation that strengthens self-efficacy, deepens parenting skills, and supports women's personal development. The participant describes how a mother's act of preparing toys before a home visit symbolizes her sense of ownership over the program and her desire to make her contribution to her child's development visible. Moreover, the recognition by some mothers of past "mistakes" with their older children indicates a newly gained awareness and a shift toward more intentional parenting practices. This transformation is reflected not only in the quality of mother-child interactions but also in practical aspects such as requesting support in household task-sharing and managing sibling dynamics-highlighting the mother's empowerment both as a caregiver and as an individual.

Mothers are developing stronger relationships and are generally happier. Eye contact, conversation, and bonding are becoming stronger. Some mothers tell us, "I didn't talk to my first child in the womb, but now I'm doing it, and I'm talking to my baby." We talk about little things she can do at home, and when she tries them, she receives responses from the baby, strengthening their bond and creating a more secure attachment. (HV, 2)

This excerpt illustrates how the Izmir95 program enhances mothers' sense of self-efficacy, leading to tangible changes in caregiving behaviors and strengthening the quality of the mother-infant bond. The participant notes that mothers have begun to consciously engage in practices-such as talking to the fetus-that they did not adopt during previous pregnancies. These actions positively influence both the child's responses and the emotional atmosphere within the home. Even simple yet impactful behaviors, such as maintaining eye contact and verbally interacting with the child amidst daily responsibilities, help to reinforce emotional attachment and bolster mothers' confidence in their parenting abilities. This process reveals that mothers evolve from passive recipients of information into active agents who implement and witness the outcomes of their caregiving-demonstrating the interconnectedness of self-efficacy development and bonding skills.

I immediately think of one mother. She often says, “My self-confidence has grown since meeting you.” She used to experience a lot of family issues, especially with her husband’s family. But now, she’s learned to set boundaries, she sees that she can accomplish things that she’s capable of. She also notices that her progress with her current child is much different, much better, compared to her previous children. (HV, 2)

This statement reveals that the social impact of the Izmir95 program on mothers is constructed not only through external interactions but also through deep internal transformations. The participant describes how a mother, who previously felt powerless in the face of conflicts with her spouse’s family, began to develop boundary-setting and self-expression skills after engaging in the program. This empowerment manifests not only in her social relationships but also in her parenting practices and emotional connection with her children. The presence of social support and the secure relational model provided by the home visitor help the mother recognize her own capacity and actively apply this awareness within family dynamics. In this context, the strengthening of social networks transforms both how women relate to the external world and how they experience internal self-confidence.

4.1.5.1.2 Social network

This subtheme explores how the Izmir95 program influences mothers’ social interactions, help-seeking practices, and processes of overcoming social isolation. During the interviews, home visitors emphasized that mothers-particularly those with limited social networks prior to the program-began to transcend their emotional boundaries and establish new social relationships through home visits. Shared toys, structured modules, and the non-judgmental listening stance of the home visitors functioned as crucial social connectors, helping mothers engage with one another and feel more visible. The impact of these interactions extends beyond physical encounters; over time, mothers develop skills such as setting boundaries, asking for

help, and expressing themselves, enabling them to cultivate more balanced relationships within their social environments. Moreover, these interactions, grounded in trust, allow mothers to feel valued not only as caregivers but also as individuals. The following excerpts illustrate how the strengthening of social networks is deeply intertwined with women's personal empowerment.

The most common thing we hear from mothers is, "We've become more social thanks to you." Many of them didn't interact with anyone before, but after meeting with us, they've started connecting with neighbors, too. Mothers would see toys we provided in each other's strollers and start conversations. (HV, 1)

This excerpt demonstrates how the Izmir95 program contributes to reducing mothers' social isolation and fostering the development of new social relationships. The home visitor notes that mothers have begun gathering not only within the home environment but also in public spaces, forming bonds based on shared experiences and program materials. The use of toys as a form of social recognition has facilitated interactions among mothers, allowing them to initiate conversations, share experiences, and build connections. This reflects one of the program's less visible yet profound effects: the reconstruction of social capital. In this sense, Izmir95 emerges not only as a developmental intervention for children but also as a means of activating mothers' social presence and engagement.

Just having the home visitor greet them with a "Hello, how are you?" makes them feel good. They appreciate having someone to talk to without judgment, someone they can confide in, feeling that sense of trust. The mothers begin to realize through their openness that a genuine bond has been formed. This confidence boost positively impacts their relationship with their child, as they begin to see themselves as capable mothers. Confidence isn't just about parenting, though; it affects them as women, as individuals. (HV,2)

This excerpt powerfully illustrates the social and psychological effects of the nonjudgmental and trust-based relationship established by the home visitor to mothers. The participant emphasizes how even a simple greeting like "hello, how are

you?” can fulfill a mother’s deep need to feel seen and valued socially. As trust builds through repeated visits, it creates a space for mothers to open up emotionally and gradually develop a sense of self-efficacy. This process not only enhances parenting skills but also transforms a woman’s self-confidence and sense of identity. Thus, social interactions within the program evolve into a form of intervention that not only fosters external connections but also reconstructs internal self-perception.

We also have a significant impact on the household organization. Someone is going to ask the mother how she is really doing. She can freely share everything because she knows that if she talks to her neighbor, there will be gossip... I believe my program is very effective in helping mothers open up. (HV, 1)

This statement illustrates that the support mothers receive from HVs helps them build social connections with them. Many mothers do not have safe or supportive relationships in their daily lives, but through the program, HVs offer them a trusting and non-judgmental space. As a result, mothers feel more comfortable, open up more easily, and can share their thoughts and experiences.

4.1.5.2 Children

This theme addresses the impact of the Izmir95 program on children’s developmental processes, as observed and described by home visitors. In the interviews, home visitors reported notable improvements not only in children’s motor skills but also in their social interactions, engagement with their environment, and participation in daily life. Regular implementation of developmentally supportive activities recommended to mothers led to rapid progress in skills such as sitting, crawling, waving, and imitation. Children were observed to take on more active and interactive roles aligned with their developmental potential. Moreover, there were noticeable shifts in how children were perceived within the family-those previously labeled as

“lazy”, or “passive” began to display more engaged and productive behaviors through the support of the program. These findings highlight that a child’s development is not solely a matter of individual biological maturation, but is deeply influenced and shaped by parental attitudes, environmental enrichment, and relational stimulation.

Some of our mothers were not interacting with their babies at all; they would only breastfeed and then put them to bed, and we could see that the baby's development was quite stagnant... Eventually, she began to implement the activities, and we witnessed incredible progress in the baby’s development. A baby who struggled to sit at eight or nine months started crawling, trying to stand, and attempting to walk within just a month or two. We truly saw this change when families applied the methods we suggested. (HV, 1)

This excerpt clearly illustrates how the impact of the Izmir95 program on child development becomes visible through small yet critical changes in parenting practices. The interviewee explains that, initially, the mother interacted with her baby only at the level of fulfilling physiological needs, which significantly limited the child’s developmental progress. However, after the visits began and the mother started implementing the recommended interactive activities, there was a remarkable and rapid improvement in the child's motor development. A baby who could not sit up at eight months began crawling, standing, and even attempting to walk within a few months. This transformation demonstrates that the program is not only informative but also a developmentally transformative intervention. It highlights how quickly child development can advance with environmental and relational support and underscores the pivotal role home visitors play in facilitating this change.

I believe the process of developing skills in babies accelerates significantly. I frequently emphasize the importance of imitation. Babies are good at mimicking; they will imitate our voices and our movements. As families observe this imitation happening, they become more motivated to engage and try new things with their babies, which, in turn, has a positive impact on the babies' development. (HV, 3)

This excerpt reveals that the Izmir95 program supports child development not merely through information delivery, but through direct, interaction-based practices. The participant explains that developmentally supportive activities-such as tummy time, encouraging the baby to reach for objects, or waving-have led to observable behavioral changes in a short period. Particularly, interactions built around imitation skills are noted to enhance both the child's motor and social development while also increasing the family's motivation. These immediate successes strengthen the parent-child bond and contribute to making developmental support more sustainable. Thus, the program reinforces its impact not only on the child but also on the child's broader developmental environment.

A mother told me, "My other children seemed so lazy." However, she mentioned, "But I don't see any laziness in Hamza. He's constantly working with the mussels." In our Kale (Kadifekale is a socioeconomically disadvantaged area of Izmir) sessions, we've been doing activities with mussels, and she said that Hamza is always taking things in and out of them. She noted, "He's always doing this; he helps me out, even if it's just throwing one in." I'm not sure if it's because of the games we've been playing, but she remarked, "He's much more diligent compared to the others." It's wonderful to see that kind of progress and engagement in a child! (HV, 3)

This statement illustrates how increased interaction between the child and their environment reshapes the parent's perception of the child and relates directly to the child's behavioral development. While the mother previously described her other children as "lazy," she began to perceive the child involved in the Izmir95 program as "more hardworking." This shift reflects both the child's active engagement with the program and the mother's growing awareness. A concrete example from daily life-playing with mussel shells demonstrates the child's activation in areas such as attention, fine motor skills, and responsibility. This observation reveals that the Izmir95 program not only supports developmental activities but also promotes the child's active role within the family and their broader social environment.

4.1.5.3 HVs

The impact of the Izmir95 program on home visitors extends beyond professional competencies, encompassing significant transformations in personal identity, career orientation, and emotional self-awareness. As implementers of the program, home visitors articulate experiences of meaningful professional growth, leadership aspirations, and heightened commitment to specialized fields such as poverty alleviation, women's issues, and child development. Additionally, the reflective processes facilitated by the program foster deeper emotional insight and personal empowerment, positioning practitioners not only as service providers but as active participants in broader social change. The following excerpts provide empirical evidence of these multi-dimensional impacts, illustrating the program's substantial influence on home visitors' professional trajectories and personal development.

I think I want to develop the experiences I gained in this program in a different field. The experience I gained within the municipality opened many doors for me career-wise. I want to contribute further in the field of poverty and women and children. (HV, 2)

This excerpt reveals that the Izmir95 program has had a transformative impact not only on the families it serves but also on the home visitors who implement it. The participant explains that the experiences gained through the program have shaped their professional identity and opened new career paths. A growing interest in areas such as poverty, women's issues, and child-focused social justice work suggests that the program expands the professional vision of its practitioners. This indicates that the home visitor is not merely a service provider but becomes an active agent in broader processes of social change-demonstrating that the program offers an inspiring foundation for professional and personal growth.

I want to develop my experience as a supervisor. I aim to enhance my leadership skills by working with a larger team. In the future, I want to

continue working in home visitation at a higher level and participate in larger projects based on the experiences I've gained in the field. (HV, 1)

Another HV demonstrates how the field experience gained through the Izmir95 program has revealed home visitors' motivations for professional development and their leadership potential. The participant expresses a desire to transform the practical knowledge acquired during the program into not only individual competence but also a broader institutional responsibility, aiming to work with larger teams and develop leadership skills. This suggests that the program not only supports practitioners in fulfilling their current roles but also contributes to shaping their long-term professional orientation and vision. This example, where field experience is transformed into a strategic skill, indicates that Izmir95 functions as a "professional school" for its implementers.

I plan to continue as a home visitor, but I am considering working in a more balanced setup regarding the number of families. I am not thinking of making any major career changes now, but in the future, I want to gain more expertise in child development. (HV, 3)

This statement reveals that home visitors, while committed to continuing their professional roles, also express a need for more balanced and sustainable working conditions. The participant emphasizes a desire to specialize and deepen their expertise in the field of child development, reflecting not only a strong identification with their current role but also a forward-looking professional orientation. This indicates that the Izmir95 program does not merely offer temporary occupational experience but plays a significant role in shaping long-term career plans. The home visitor's sense of belonging to the field and their aspiration to build upon current experiences for future specialization underscore the program's impact on professional identity and development.

I realized that I started asking myself what makes me feel good and began exploring the things that actually help me. I can say that part was really

beneficial. I've started to see the positive side of things a little more. (HV, 3)

This excerpt demonstrates that the Izmir95 program has transformative effects on home visitors not only at the professional but also at the personal level. The participant reflects on how the process initiated an inner inquiry, fostering growth in recognizing what brings comfort, accepting the need for support, and expressing emotions more openly. Tools used within the program—such as the “cards”—serve not only the families but also provide a space for emotional awareness for the practitioners themselves. These tools help individuals better understand their inner experiences and promote emotional relief. This illustrates that the home visitor is not only a “provider of support,” but also a subject of transformation and empowerment.

4.1.6 Experiential insights for enhancement

The theme of “*experiential insights for enhancement*” captures home visitors’ reflective insights and forward-looking ideas aimed at enhancing the effectiveness and responsiveness of the Izmir95 home visiting program. Drawing from their on-the-ground experiences, participants not only identify areas in need of improvement—such as maternal mental health support, documentation practices, and material distribution—but also propose concrete ways to expand the program's scope. These insights often center on strengthening the program’s capacity to support mothers holistically, particularly by creating more structured opportunities for emotional expression, social interaction, and empowerment. From advocating for increased prenatal visits to envisioning center-based gatherings and support groups, home visitors emphasize the importance of going beyond routine visits to foster

relational depth, community connection, and sustained well-being for mothers in vulnerable contexts

Maybe a prenatal visit. After a while, something like this happens. For example, from what I've observed, the focus shifts entirely away from the mother. Especially after the sixth month, Perhaps the support given to the mother could be increased a bit more- maybe the content could be further developed. I think we could continue supporting the mother's mental health throughout the process because the thinking healthy cards run out. I think we could continue supporting the mother's mental health throughout the process. (HV, 1)

The HV reflects the home visitor's suggestion to increase the number of prenatal visits. The participant observes that as pregnancy progresses, particularly after the sixth month, the focus shifts from the mother to the baby. With the introduction of toys into the sessions, the mother becomes more of a figure centered around the baby rather than a focus in her own right. The home visitor emphasizes that while emotion cards used at the beginning of sessions are helpful, the support for the mother's mental well-being tends to decrease over time. Therefore, they suggest enhancing content that supports maternal mental health and placing greater emphasis on the mother's needs starting from the prenatal period.

Maybe regarding the toys. There's a difference- it's something related to the way our own municipality operates. It's also something we need to reflect on internally. But maybe the way we request things from mothers could be improved. For example, materials could be delivered in a different way so that they can be used and applied at home. (HV, 3)

This participant reflects the home visitor's evaluation of how materials and toys are provided to and used by mothers. The participant points out that there are structural differences stemming from the way their municipality operates and suggests that this process should be internally reviewed. They emphasize that the way materials are delivered to mothers can impact how effectively they are used at home. Therefore, the participant proposes that the method of distributing materials be improved to enhance their usability in the home setting.

Something related to the mother's emotions could be added to the follow-up form. Like, how did the mother often express herself during this visit? I made the connection because I noticed that part (the section for remarks about the mother) is often left blank. I mean the notes section below, the one that's meant for anything the visitor wants to highlight. I think that part could perhaps be expanded or made more detailed. (HV, 1)

Another HV reflects the home visitor's observation that the follow-up form may lack sufficient to capture the mother's emotional state. The participant notes that the section meant for comments about the mother is often left blank and suggests that this might be due to the absence of a specific prompt. Referring to the general notes section at the bottom of the form, the HV proposed that it could be expanded or made more detailed. This recommendation highlights the need to improve documentation practices so that the mother's emotional expressions can be more consistently observed and recorded during home visits.

Home visits are essential up to a certain point, especially since the baby is very young and the mother isn't really in a position to leave the house. But after a certain stage, I believe it would be healthier for the program to also take place in a center. (HV, 2)

This participant highlights the limitations of home-based interventions in contexts of urban poverty, particularly regarding the social roles imposed on women. The home visitor observes that in many low-income families, women are often confined to the role of "mother," with limited opportunities for personal expression or social interaction outside the home. The participant emphasizes the importance of creating alternative spaces where women can connect with others, share experiences, and feel a sense of agency beyond caregiving. While acknowledging the value of home visits, especially in the early postpartum period when mobility is restricted, the speaker argues that transitioning to a center-based model at a later stage could support mothers' well-being more holistically by fostering social inclusion and empowerment

By keeping the number of families at thirty and not increasing it to forty, we could spend one day a week with the families. Maybe switching from biweekly to weekly wouldn't be possible, but perhaps once a month, there could be a setting where women come together, share experiences, and connect. It could be like a support group, at the very least, a space where they can socialize. I think encouraging them to leave the house earlier could be beneficial. I believe they would socialize more that way. (HV, 2)

The HV also highlights the home visitor's emphasis on the relational foundation of the Izmir95 program, which is built through shared experiences of motherhood. The participant notes that this relationship holds the potential to offer women a broader perspective beyond their current life circumstances. They suggest that the program should not be limited to scheduled home visits alone but could be enriched by creating additional spaces for women to come together. In particular, the proposal to organize monthly group gatherings would provide mothers with opportunities to share their experiences, socialize, and feel supported. This suggestion points to the importance of early childhood programs not only offering one-on-one support but also promoting women's social participation and empowerment.

4.2 Supervisors

4.2.1 The role of supervisors

This theme encompasses the multifaceted roles and experiences of supervisors who play a central role in the implementation of the Izmir95 program. Supervisors are not only individuals who provide support to home visitors but also serve as vital connectors between the field and municipal administration, ensuring the feasibility of the program in practice and maintaining coordination at an institutional level. The interviews reveal that supervisors take on both administrative and supportive functions, which influence not only organizational efficiency but also the

professional development of team members and the quality of implementation.

Gathered under the subthemes *Administrative* and *Support*, this section elaborates on the dual nature of supervision-covering technical management as well as guidance, observation, and development-focused feedback.

4.2.1.1 Administrative

This subtheme addresses the administrative responsibilities undertaken by supervisors within the Izmir95 program and highlights the significance of these duties in ensuring the program's sustainability. Supervisors are not merely responsible for monitoring the progress of team members; they also serve as essential intermediaries facilitating the flow of information and decision-making between field operations and municipal authorities. Interviews emphasize that supervisors manage a wide range of tasks-from organizing regular individual and group meetings within the team to conducting field observations, ensuring internal coordination with the municipality, and overseeing systematic data tracking. Within the unique institutional structure of Izmir95, these responsibilities are seen not only as technical requirements but also as strategically vital elements. Such coordination is regarded as indispensable for the holistic and sustainable implementation of the program.

We hold group meetings with the team and, in addition, have individual meetings every two weeks. We play a bridge role with the administration, connecting with managers and the department head. We relay information from them to the team, and likewise, communicate any issues or updates from the team or the field back to the administration. We conduct field visits and outreach activities, and if any decisions need to be made about team dynamics or communication, or if there are issues in the field, we coordinate as a group to address those. (SPV, 2)

This participant illustrates the multifaceted and comprehensive nature of supervisors' administrative roles within the Izmir95 program, encompassing both human resource management and institutional coordination. The participant

emphasizes their responsibility in maintaining team communication through regular individual and group meetings, noting that this process is carried out collaboratively with Berke. In addition, acting as a “bridge” between the management unit and the field positions supervisors not only as field coordinators but also as key actors who monitor the applicability of top-down policies and provide critical feedback from the ground. Structural responsibilities such as field visits, archiving, and systematic documentation further reveal that the supervisory role extends well beyond emotional support and requires significant organizational management skills. Within the institutional structure of Izmir95, this coordination is highlighted as both essential and transformative.

4.2.1.2 Support

This subtheme explores the multifaceted support roles that supervisors provide to home visitors and to the overall Izmir95 program. In the interviews, supervisors describe themselves not merely as team coordinators, but also as mentors, guides, objective external evaluators, and facilitators of professional development. Their role, metaphorically described as a “compass,” encompasses not only the guidance of home visitors but also the provision of alternative orientations for families, local administrators, and decision-makers. Furthermore, supervisors observe program implementation to ensure adherence to standards and offer constructive feedback to home visitors, thereby contributing to both the quality and improvement of service delivery. In this regard, their support is not limited to emotional reassurance but is framed as a developmental, constructive, and transformative form of engagement.

I think I would describe the role of a supervisor as a compass. It's like being a guide-not just for the home visitors, but for the entire program. For those in charge, you're like a compass, saying, “There is another direction you can consider; you're all focused on the north, but maybe take a look south, too.”

So, I'd describe it as a compass not only for the home visitors but also for the families, decision-makers, and leaders. (SPV, 1)

This statement presents a strong framework that integrates the supervisor's supportive role with a broader, multilayered function of guidance and direction that extends beyond home visitors. The participant uses the metaphor of a "compass" to emphasize the supervisor's role as a guiding, flexible, and transformative figure in the face of complex dynamics and institutional resistance encountered in the field. This guidance is not limited to home visitors; it also reaches families, decision-makers, and institutional leadership. The supervisor suggests new ways of thinking and alternative approaches across different levels of implementation. Particularly within hierarchical and static structures like public administration, the supervisor's role in facilitating and sustaining an innovative model such as Izmir95 becomes critically important. These framing positions "support" not merely as emotional or technical assistance, but as a strategic and integrative function essential to the program's success.

One of our roles is to maintain and uphold the standardization of the program. We observe the home visitor, how the program is being implemented, and we also observe the mother. Later, providing feedback is valuable for the home visitor, as it's hard for them to see themselves in the moment or notice what they're saying or doing. An objective outside perspective can be very effective. (SPV, 1)

This excerpt positions the supervisor's supportive role not merely as one of guidance or facilitation, but as an objective observer who establishes a constructive feedback mechanism. The participant notes that home visitors may unintentionally deviate from the program structure, particularly when a mother's intense need to share makes it difficult to maintain control of the session. In such situations, the supervisor plays a crucial role by offering an impartial, external perspective-observing both the home visitor and the mother's engagement, evaluating the quality

of the intervention, and subsequently providing structured feedback. Here, the supervisor is not merely someone who monitors workload but a figure who safeguards the quality of implementation, raises awareness, and supports professional development. This reframes the notion of “support” not just as offering moral encouragement, but as enabling growth and improvement.

4.2.2 Home visiting as an intervention model

This theme examines how home visits are structured as an intervention model within the Izmir95 program and how this structure is experienced by practitioners. Home visits are not merely informational meetings; they are multifaceted interactional spaces where parenting practices are observed, supported, and reshaped in real time. In this context, both home visitors and supervisors emphasize that the success of the intervention is directly related not only to the program’s content but also to the context in which it is implemented. By entering the private space of the family, the program enhances its impact and fosters more enduring behavioral changes. The sub-themes *On-site Observation* and *Holistic Approach* explored under this theme highlight the comprehensive and contextual power of home visits-not only in fostering individual development but also in influencing family dynamics and broader social structures.

4.2.2.1 On-site observation

This sub-theme explores the effectiveness of home visits as an intervention model through the observational opportunities afforded by conducting the process directly within the family environment. Supervisors emphasize that the field-based structure of the program allows real-time insight into families’ daily lives and enables context-

specific adaptations of the intervention. Observations conducted in the home not only provide data about the child's development but also make visible the mother's parenting practices, caregiving styles, and emotional processes. This facilitates a deeper understanding for home visitors, while supervisors who accompany visits can offer objective feedback that helps maintain the quality of implementation and provides a safe learning space for practitioners. Thus, on-site observation transforms home visits into a multifaceted intervention model with high contextual awareness, going far beyond mere content delivery.

We go to various places, especially to areas in need, and we actually enter their homes, which is something many programs lack. Yes, there are health initiatives, and many programs are promoted, but directly implementing something within the home, alongside the mother, is very meaningful and has a significant impact. (SPV, 2)

This participant defines the unique and effective aspect of home visits as an intervention model through direct observation and implementation within the home environment. The participant views the program's direct engagement with the field-reaching disadvantaged neighborhoods and becoming involved in mothers' daily lives-not merely as a technical application, but as a profound form of human connection. Considering that many services typically take place in external settings such as health centers or counseling offices, the fact that this intervention occurs directly in the home is described as yielding more meaningful and effective outcomes through natural-context observations. This approach supports not only the child's development but also enhances the mother's active participation in the caregiving process and strengthens her engagement with the program.

My presence as a supervisor is there to provide a safe space where they can rely on objective feedback... They'll ask questions about the family, like, "What did you think of the family?" or "Why might the mother have said that?" This shows me that my presence creates a safer environment for the home visitors... My role provides a sense of security. (SPV, 1)

This participant highlights that home visits are not merely about the home visitor being physically present in the field; the supervisor's role in conducting on-site observations and creating a consistent sense of safety throughout the process is also a critical component of the intervention model. The participant emphasizes that the supervisor is not just an observer, but a vital source of support who helps the home visitor evaluate, interpret, and more effectively analyze the complex family dynamics they encounter. This demonstrates that the supervisor is not only an administrative figure but also a constructive actor who brings contextual awareness and fosters a sense of security. Thus, on-site observation not only reinforces the home visitor's sense of not being alone in the field but also enhances the quality of the intervention with context-specific insights.

4.2.2.2 Holistic approach

This sub-theme reveals that the Izmir95 program does not limit home visits to individual, mother-infant-focused interventions, but rather frames them as a multi-layered model with relational, structural, and pedagogical dimensions that extend to the entire family system. Supervisors emphasize that the program interacts-both directly and indirectly-with all family members, thereby aiming to transform not only individual development but also family dynamics and caregiving cultures. Written materials such as brochures help ensure learning retention and allow mothers to revisit the information within the household. Furthermore, the impact of the interventions is not confined to the visit itself; materials like brochures also enable fathers or other absent family members to engage in the process. This approach positions Izmir95 as a holistic intervention model operating on the micro

(individual), meso (family), and macro (societal) levels, with the potential to generate change across all three.

We focus on implementing content aimed at behavioral change, working with both the mother and the baby, and essentially with the family as a whole. While we go to see the mother and baby, we are indirectly working with the entire family, creating a connection that spans from the micro to the macro level. (SPV, 2)

This statement clearly illustrates that the Izmir95 program does not offer a narrowly individualized intervention limited to the mother and baby; rather, it adopts a multi-layered and holistic approach that encompasses the entire family system. The participant emphasizes that while other home-based services conducted under the municipality typically focus on medical care, Izmir95 stands out with its emphasis on behavioral change, educational components, and relational dynamics. In this context, the program addresses the mother's attitudes and the child's development at the micro level, while also targeting family relationships, caregiving culture, and the potential for broader social transformation at the macro level. By engaging not only individuals but the family unit as a whole, the program broadens its scope of influence and positions home visits as a multidimensional intervention model.

We have registration forms for 100 families, but it's not just 100 mothers; it's the mothers multiplied by the other dynamics in their families. That's why I think the brochure touches on this aspect, on those other dynamics, because it clearly shows that someone who is not present in the house-such as a husband-has interacted with the family regarding the developmental process of their baby and has left something behind. It emphasizes that we, as a family, are actually a part of this program, not just the mother. (SPV, 1)

This excerpt demonstrates that the Izmir95 program does not restrict its target population solely to the registered "mother" figure but instead offers an expanded intervention perspective that includes other family members surrounding the mother. The participant explains that what may appear to be individualized interactions in fact extend to the entire family, activating various intra-family dynamics with each

home visit. Particularly, the inclusion of fathers and other family members through tools like brochures illustrates how the program's impact expands spatially and relationally, positioning it as a "family program." This approach structures the intervention not only along the axis of individual development but also within a relational context, thereby making it more sustainable and effective.

I think brochures are very effective because they summarize the visit. At the end of the program, the mother can refer to the brochure, which contains nutrition messages and a summary of the topics discussed that day. I believe this is very effective. (SPV, 2)

Another SPV highlights that the holistic structure of the Izmir95 program is not limited to face-to-face interactions in the field; rather, it ensures continuity and accessibility within the home environment through written materials. The participant emphasizes that brochures serve not only as tools for current information dissemination but also as lasting resources mothers can revisit at the end of the program to recall and internalize what they have learned. These materials help integrate the learning process into daily home life, allowing information to remain usable beyond the duration of individual visits. In doing so, the program transcends momentary interactions and becomes a sustained intervention framework within the family. This approach reveals that Izmir95's holistic model is not only relational but also structurally and pedagogically reinforced.

4.2.3 Strengths

This theme addresses the strengths of the Izmir95 program as experienced by its practitioners, through a holistic perspective. It emphasizes that the program's effectiveness and sustainability as an intervention model stem not only from the content of the home visits, but also from the way they are implemented, their sensitivity to field conditions, and their relational foundations. Supervisors' accounts

reveal that while the frequency of visits is generally sufficient, it can be flexibly adapted when needed; that the use of materials aligns closely with developmental goals; and that the support offered to mothers is realized not merely through the transmission of knowledge, but through relationships built on emotional and social trust. Furthermore, the program's sensitivity to different cultural contexts and its egalitarian, non-judgmental communication style with neighborhood residents have contributed to its broader acceptance and functionality. Organized around the subthemes of *Frequency of Visits*, *Use of Program Materials*, *Flexibility*, *Supporting Mothers*, and *Cultural Sensitivity*, these findings indicate that Izmir95 is not only a content-based intervention, but also a robust program on contextual, emotional, and social levels.

4.2.3.1 Frequency of visits

A key theme identified in supervisors' narratives was the flexible implementation of visit frequency. While the program follows a structured timeline, monthly prenatal and biweekly postnatal visits, participants emphasized that this schedule is adapted when needed, especially for emotionally vulnerable mothers. Supplementary phone contact is used to maintain consistent support, demonstrating the program's sensitivity to individual family needs and its commitment to accessibility and continuity.

I think the frequency of visits is quite sufficient. We visit every two weeks, and before birth, we go once a month. In some cases, there may be a need for more frequent visits. However, previously, we sometimes opted for phone communication instead of visiting certain mothers. This was because they needed more interaction. In such situations, we still continue with the biweekly visits, and during the process, we also call the mother to check in and ask how she is doing. (SPV, 2)

This excerpt highlights one of the strengths of the Izmir95 program: a structured yet flexible system of visit frequency. The participant notes that visits are scheduled monthly during pregnancy and biweekly after birth, and generally this frequency is adequate. However, it is also emphasized that for some mothers, more frequent contact may be necessary. In such cases, instead of an in-person visit, phone communication is utilized, demonstrating that the program values not only face-to-face interaction but also continuity and accessibility. This flexibility reflects a sensitive approach to families' emotional needs and ensures the uninterrupted delivery of the intervention. As such, it stands out as one of the program's strong, inclusive, and sustainable features.

4.2.3.2 Use of program materials

This sub-theme highlights how the materials used in the field by the Izmir95 program shape the quality of relationships built with families and contribute to the overall impact of the intervention. According to the supervisors' accounts, brochures, toys, and similar materials are not merely informational tools but also instruments that enhance interaction, foster parental awareness, and engage other family members in the process. Toys produced with economically accessible materials offer parents an opportunity to understand the developmental function of play, while brochures, when placed in visible areas of the home, facilitate the involvement of fathers and other household members. This approach demonstrates that program materials function not only during the implementation phase but also afterward, acting as lasting tools that sustain impact and support behavioral change.

The fact that the toys can be made at home and that the materials are readily available is very important. I really love the toy aspect because it allows for the development of motor skills without needing to spend money on expensive items. (SPV, 1)

This statement clearly illustrates how one of Izmir95's strengths-the use of materials-is functionally designed to be both economically and pedagogically effective. The participant emphasizes that toys do not need to be expensive or difficult to access; rather, creative and developmentally focused content can be produced using household materials. This approach enhances not only the parent's access to play materials but also their understanding of the developmental function of those items. The home visitor's role in supporting motor skills through toys, transforming play into a learning tool, and encouraging active parental involvement highlights the pedagogical strength of the program and the impact of materials in the field. Thus, Izmir95's material-based intervention goes beyond simple information transfer, creating a sustainable impact in terms of behavioral change and developmental awareness.

I have received a lot of feedback about the brochure as well. You leave the brochure behind, and my husband reads it, my mother-in-law reads it; so, we are actually working with one mother, but I believe we are engaging with many people through that one mother... (SPV, 1)

This excerpt demonstrates that program materials function not only as tools for information delivery but also as instruments of social interaction that engage other household members in the intervention process. The participant notes that placing brochures in visible areas of the home allows individuals beyond the mother-such as fathers or mothers-in-law-to participate in the process, thereby broadening the program's impact. The brochure becomes more than just a written resource; it transforms into a lasting presence in the home-something that can be revisited repeatedly and that may trigger behavioral changes within the family system. This indicates that Izmir95's use of materials is designed not for individual effect alone but for systemic influence, reinforcing knowledge not only through verbal communication but also through visual and routine-based tools.

4.2.3.3 Flexibility

This sub-theme explores the adaptable nature of the Izmir95 program, particularly in how it responds sensitively to diverse field conditions and family dynamics.

According to the supervisors' accounts, aspects such as visit frequency, content delivery, and modes of cultural interaction can be reshaped in accordance with local contexts-without compromising the core structure of the program. For instance, supplementing face-to-face visits with phone communication in certain cases not only ensures continuity in the relationship but also reflects a needs-based intervention approach. Similarly, in regions with distinct cultural codes, supervisors and home visitors demonstrate the ability to set boundaries in sensitive matters-such as declining food offerings-without damaging rapport. These practices highlight that Izmir95 does not operate as a rigidly standardized protocol but instead presents an adaptive and reflexive intervention model, one that honors relational nuance and real-world complexity while remaining grounded in the program's core values.

Our program has a policy against eating and drinking during visits, which can be very detrimental for families in that area. In their culture, if someone visits and doesn't eat or drink, it may imply that their home is unwelcoming or that they don't like the host. I tried to convey that I valued building a more sincere relationship with them by communicating in a way that resonated with their culture, setting boundaries in a culturally sensitive manner. (SPV,1)

This excerpt illustrates that while the Izmir95 program is structured around specific principles and boundaries, practitioners are able to flexibly interpret and apply these rules in ways that are culturally attuned to the field context. The participant highlights that in regions where Eastern cultural norms prevail-particularly where hospitality traditions are strong-decline, food or drink offerings can be misinterpreted as offensive. In such cases, instead of rigidly imposing program rules, the practitioner found ways to set boundaries through culturally resonant references without damaging the relationship. This approach underscores

the program's capacity for culturally sensitive, relationship-based flexibility. Rather than relying on rigid enforcement, these adaptive interventions prioritize connection-building and reveal Izmir95's responsive, interaction-oriented design, while also highlighting the reflective competence of its practitioners.

Previously, instead of visiting, we used to communicate with some mothers over the phone, as they might need more contact. In such cases, visits continue every two weeks. Throughout the process, we also call the mother to check on how she is doing. (SPV, 2)

Another SPV once again demonstrates that the Izmir95 program favors flexible intervention strategies that account for family differences over a rigid, one-size-fits-all approach. Although standard protocol calls for in-person home visits every two weeks, in certain situations these interactions can be carried out via phone, thereby maintaining the continuity of communication with the mother. This approach reveals that the program prioritizes not only content delivery but also the sustainability of the relationship and the emotional bond established with the mother. Izmir95's flexible structure enhances its ability to respond swiftly to varying field conditions, ultimately strengthening the effectiveness of its implementation.

4.2.3.4 Supporting mothers

This subtheme explores Izmir95's approach to supporting mothers as a multilayered structure that goes far beyond simple information transfer. According to supervisors, the program treats a mother's openness to the process as a starting point, with the supportive relationship beginning the moment she allows entry into her home. In neighborhoods with socio-cultural restrictions and histories of trauma, gaining access to a mother's inner world is only possible through a trust-based relationship. At this point, Izmir95 creates a space in which mothers can open up; it offers not only developmental guidance but also psychosocial support. Reaching mothers,

encouraging them to reconnect with the outside world, and doing so without judgment-but through companionship-emerges as one of the program's strongest features.

For mothers, what I value most is not just their receptiveness but their openness to receiving support. I focus on how we can build a stronger relationship and open up more with that mother. My primary criterion for the mothers is their openness to our presence and, of course, if it's their first pregnancy - although I've had cases where it was a fifth pregnancy, and the mother was still eager to participate. (SPV, 1)

This statement highlights how the Izmir95 program does not view mothers merely as individuals in need of information, but rather as people who require emotional support and empowerment through relationship-building. The participant emphasizes that being welcomed into the home is the most crucial step in the support process and associates this acceptance with the mother's internal motivation. Regardless of whether it is the mother's first or subsequent pregnancy, her willingness to participate is understood as a reflection of her readiness to receive support and form a connection. This indicates that the program is grounded in empathy, respect, and voluntariness. Thus, Izmir95 adopts an approach that values not just intervention, but also the mother's readiness, recognizing and respecting each woman's unique developmental journey.

We have managed to convince many mothers to participate in the counseling process. Kadifekale is actually a very conservative and rigid place. It is a location with a lot of migration stories, this migration brings a lot of trauma... While this sharpness exists, a mother will never seek support from a network outside unless someone enters her home. It's like a closed door, and we gently knock on that door, saying, "Look, there's light outside; you can see it." We are opening a pathway together with them, and you are absolutely right; we are right there with them. (SPV, 1)

A SPV reveals that the support offered by the Izmir95 program to mothers is not limited to developmental guidance but is also structured with sensitivity to multilayered contexts such as migration, trauma, and social isolation. The participant

emphasizes that in a socio-culturally closed and conservative neighborhood like Kadifekale, no external intervention can be effective unless it enters the mother's home. At this point, the Izmir95 program becomes an intermediary that gently opens emotional doors, rekindles the mother's motivation to receive support, and contributes to breaking the cycle of social isolation. The metaphor "gently knocking on a closed door" encapsulates the program's nonjudgmental, non-coercive, and trust-based approach, positioning the home visitor as a companion who walks alongside mothers, rather than leaving them alone.

4.2.3.5 Cultural sensitivity

This sub-theme explores one of Izmir95's core strengths: its capacity for cultural sensitivity. The neighborhoods where the program is implemented present not only socioeconomic challenges but also culturally and socially layered forms of adversity. According to the experiences shared by supervisors, home visits are not merely a vehicle for delivering content; they are conducted with awareness of and responsiveness to the community's norms, values, and vulnerabilities. In districts like Kadifekale-where poverty, migration, and substance use are highly prevalent-the program's nonjudgmental, empathy-based approach has been key to gaining the trust of mothers, families, and the wider community. Izmir95's sensitivity does more than demonstrate respect for cultural diversity; it enables the building of trusting relationships, which are essential for transformation in the field, and ultimately strengthens both the social acceptance and sustainability of the program.

I think there was a mutual anxiety; the mothers might have feared we would judge them, while we were concerned about their perceptions of us. But once we communicated that we weren't there to investigate substance use or criminal activity, but genuinely to support them and their babies, we gained their trust... Approaching them with cultural sensitivity fosters acceptance and cooperation. (SPV, 1)

This participant clearly illustrates how the Izmir95 program operates effectively through a foundation of cultural sensitivity. In a district like Kadifekale- marked by high poverty rates, histories of migration, and a prevalence of illegal activities-the presence and acceptance of a female professional from outside the community is not achieved merely through physical visibility, but through an approach rooted in nonjudgmental, empathetic, and open-minded engagement with the local population. The participant emphasizes that there was mutual apprehension both among the visitors and the mothers at the beginning, yet this tension was gradually resolved through open communication and a trust-based relationship. Izmir95 thus presents itself not only as an intervention model aimed at supporting child development but also as a culturally attuned initiative that builds trust with the community, ultimately fostering social acceptance and meaningful interaction through a sensitive, relationship-centered approach.

4.2.4 Challenges

This main theme focuses on the various challenges encountered by participants serving as supervisors within the Izmir95 program. The implementation process of the program presents obstacles not only in terms of content delivery but also across structural, administrative, and emotional dimensions. In this section, systemic issues encountered during the field application of the program are explored under the subthemes *Program* and *Availability of Materials*, while the supervisors' experiences of maintaining professional boundaries, coping with emotional burden, and managing team dynamics are examined through the subthemes *Managing Boundaries*, *Emotional Burnout*, and *Managing the Team*. This theme demonstrates that supervisory practice is not limited to coordination tasks alone; rather, it is a

multifaceted role that involves relationship management, resource organization, and the implementation of self-care strategies.

4.2.4.1 Program

This sub-theme focuses on the challenges encountered in the structural functioning, implementation process, and organizational aspects of the Izmir95 program.

According to the narratives of implementers and supervisors, the institutionalization of the program has brought about new difficulties. One notable issue is the occasional perception of supervision by staff as a form of monitoring, which can lead to tension within internal relationships and necessitates a redefinition of the supervisor-practitioner dynamic. In addition, structural disruptions in the procurement of program materials-such as bureaucratic delays in municipal purchasing procedures, hygiene concerns, and logistical limitations-have constrained the continuity and effectiveness of field implementation. These issues, elaborated under the *Availability of Materials* sub-theme, highlight that despite the program's strong theoretical foundation, there remain areas for growth in terms of flexibility, communication, and resource management within its practical execution.

For the first group, I was someone they could turn to whenever they got stuck. But once they understood the program and began implementing it, their perception shifted. They started wondering, "Is she supervising me? Is this about me?" With the new group, it's different. There's already an established process, and they are aware of it. (SPV,1)

This excerpt reveals that one of the key challenges in the implementation of the Izmir95 program is not rooted in its content, but rather in how its practices and roles are perceived over time. The supervisor notes that, during the initial phase, home visitors were more inclined to seek support due to the novelty of the program. However, as the process evolved, this supportive role began to be perceived as

supervisory control. This shift raises the question of whether supervision is seen as a form of oversight or as a source of support- regardless of the supervisor's intentions. It also illustrates how relational dynamics shift in parallel with practitioners' level of program internalization. While this reflects the program's growing institutionalization, it also indicates that such formalization can introduce new sources of tension in the field. Thus, the excerpt points to the fact that Izmir95 demands not only content-related fidelity but also nuanced attention to relationship and process management.

4.2.4.1.1 Availability of materials

This subtheme addresses one of the fundamental structural challenges in the implementation of the Izmir95 program: the difficulties related to the procurement of materials. While toys and psychoeducational tools are key components for the program's effective execution, supervisors report that the procurement processes in municipally run programs are often delayed due to bureaucratic obstacles. This results in significant challenges for practitioners in the field. When essential materials are not delivered on time, it disrupts the toy production process, and inadequate hygiene and storage conditions can further compromise the quality of use. Although practitioners sometimes attempt to bridge these gaps with simple household items, such improvised solutions are not sustainable in large-scale implementations. Therefore, material shortages emerge not merely as technical issues, but as critical challenges that directly affect the continuity of the program, practitioner motivation, and overall field effectiveness.

We struggle a lot with obtaining those materials. Sometimes, there are problems at the checkout. That's why the procurement of toys is often delayed. Additionally, ensuring hygiene and cleanliness can be a challenge.

The storage conditions here can sometimes be inadequate, making it difficult to procure items. (SPV, 2)

This quote clearly illustrates the structural challenges faced in procuring toys and materials used within the Izmir95 program. The participant notes that operating under a municipality-based program often entails bureaucratic processes that significantly delay procurement procedures and disrupt the flow of materials. Although some materials can be temporarily substituted with simple household items, certain components-particularly those required for large-scale production and adherence to hygiene standards-must be specifically purchased. Delays in this process can negatively affect both the preparedness of practitioners and the overall quality of field interactions. Furthermore, inadequate storage conditions complicate hygienic preservation and effective use of materials. This issue emerges as a fundamental structural barrier to the program's implementation: regardless of the strength of the program's content, weak logistical support can significantly limit its impact in the field.

4.2.4.2 SPV's challenge

This main theme reveals the multifaceted challenges experienced by participants serving as supervisors in the Izmir95 program. While supervisors are responsible for maintaining the quality and consistency of field implementation, they are also expected to offer professional guidance and emotional support to home visitors. Over time, this dual responsibility leads to various difficulties on multiple levels. Key among these is *Managing Boundaries*, which refers to the struggle to balance professional roles with personal relationships; *Emotional Burnout*, resulting from the intense empathic engagement that may deplete supervisors' internal resources; and *Managing the Team*, which encompasses the complex relational and motivational

dynamics within the staff group. These sub-themes demonstrate that supervision is not merely a technical role, but rather a deeply layered professional domain involving emotional, ethical, and relational dimensions. Within the Izmir95 context, supervisors emerge not only as monitors of program fidelity but also as resilient figures who carry the emotional and operational weight of the process alongside their team members-continually redefining their roles in the face of challenges and striving to generate constructive solutions.

4.2.4.2.1 Managing boundaries

This sub-theme explores the multifaceted challenges supervisors face in maintaining and managing professional boundaries. In emotionally intensive field settings such as Izmir95, supervisors must continually redefine the limits of their roles-not only in their relationships with home visitors but also in their interactions with families and in balancing their personal lives. In small, close-knit teams, the overlap between friendship and professional responsibilities can blur boundaries, at times making it difficult for supervisors to enact their guiding and monitoring roles effectively. Similarly, the sustained presence of the program in the field may lead to evolving dependency dynamics with families, requiring supervisors to carefully distinguish between supportive intervention and overinvolvement. On a personal level, feelings of fatigue, lack of support, and challenges in time management further complicate the ability to maintain a healthy work-life balance. These examples highlight that the supervisory role is not merely organizational but also deeply relational and emotional, and that boundary management constitutes one of its most critical-and most vulnerable-dimensions.

We were doing professional work, and building friendships sometimes impacted on the work negatively - there were times when our relationships

were strained. it's important for me to maintain an equal distance, both within our team and with the family and group guides. we can develop friendships outside of work, but I think it's essential to learn to maintain that professional boundary in the work setting. (SPV, 2)

This excerpt reflects the dilemmas and shifts experienced by supervisors in managing professional boundaries within the Izmir95 program. The participant explains that while the intimacy fostered by working in a small team may initially seem advantageous, as roles and responsibilities become more clearly defined, the blurring of personal and professional lines can negatively impact the workflow. The increasingly indistinct line between collegiality and friendship poses challenges in maintaining fairness and functionality-particularly during decision-making processes-which in turn highlights the necessity for supervisors to maintain appropriate distance in relationships. The participant also notes that in a newly formed team structure, the establishment of respectful and balanced distance has positively influenced team dynamics. This illustrates that supervisors are not only responsible for overseeing implementation but are also continually required to renegotiate relational boundaries and rebuild relationship management strategies as part of their role.

For families, our presence tends to foster a kind of dependency rather than just a connection. But there's a downside: some families begin to say things like, "Could you bring me this when you come by?" There's an issue with boundaries because we go in and out of these homes frequently. (SPV,1)

This excerpt highlights the delicate balance Izmir95 supervisors must maintain not only in their relationships with team members but also in interactions with families. Due to the program's nature-entailing of regular home visits-strong emotional bonds often form between home visitors and families. While this connection can reflect the program's positive impact, the participant notes that it may also evolve into a dependency-driven relationship. As families begin to expect forms

of “assistance” beyond the program’s scope, there is a risk of boundary violations, with practitioners being pulled into a role more akin to resource providers than developmental supporters. This dynamic place pressure on supervisors to guide both practitioners and families in maintaining appropriate relational limits. In this sense, boundary management is not merely an internal balancing act but becomes a fundamental responsibility for preserving the ethical integrity and long-term sustainability of the program.

Last year, when things were the busiest in the field, I’d come to work, and when I’d try to express that I was overwhelmed, colleagues would respond with a “Well, that’s the job” kind of attitude. You could read their body language, but it felt like, “This is your job, dear.” Balancing personal life and work was really tough, which is why I say it was very difficult last year to manage everything alone as a supervisor. (SPV, 1)

This SPV highlights that the role of supervision involves significant challenges not only within the realm of professional boundaries, but also in the broader context of balancing personal life and work demands. The participant describes how a particularly significant and emotionally intense period in their life (the wedding process) overlapped with occupational stress, resulting in both physical and emotional strain. Furthermore, the lack of support in the workplace, combined with the invalidation of their expressed fatigue and burnout, contributed to a growing sense of isolation. This situation reveals the emotional burden and invisible labor that may emerge from perceiving the supervisory position as one that consistently provides support, rather than one that also receives it from above. Accordingly, the theme of *Managing Boundaries* must be understood not only in terms of maintaining professional relationships, but also as a challenge that involves the right to protect one’s personal boundaries and the capacity for self-care.

Through this program, I learned the importance of maintaining a bit of professional distance. I saw how crucial it was to have that slight supervisory separation. Over time, the relationship between the home visitors and me

evolved. With the friendship dynamic in place, it was difficult for them to see me as their supervisor I started to move more into the supervisory role. They found it difficult to understand why I was stepping back a little. (SPV, 1)

This statement reveals the challenges arising from shifts in the relational dynamics inherent in the supervisory role. The participant notes that the initially friendly relationship established with team members during the early phases of the program gradually became an obstacle to fulfilling professional responsibilities. In particular, the close bond formed with home visitors made it difficult for the supervisor to fully assume a directive and feedback-oriented role. This, in turn, led to confusion in role expectations for both the supervisor and the practitioners. The process of establishing professional boundaries is described by the participant as emotionally difficult yet necessary, highlighting the supervisor's sensitivity not only to relational dynamics but also to fulfilling structural responsibilities. Thus, the statement underscores that boundary management is central not only to individual well-being but also to the functional clarity and effectiveness of the team.

4.2.4.2.2 Emotional burnout

This sub-theme explores the emotional burnout experienced by individuals in supervisory roles within the Izmir95 program from a multidimensional perspective. The field-based nature of the program requires supervisors to continuously engage not only in monitoring and guiding implementation but also in intensive emotional labor, empathy, and relationship management. However, the invisible burdens of this position gradually manifest in various symptoms of burnout, including physical fatigue, mental exhaustion, social withdrawal, reduced tolerance, and even a loss of motivation in one's personal life. Participants reported difficulties in maintaining a work-life balance, described the emotionally isolating effects of setting boundaries,

and expressed how consistently occupying a listening role depleted their internal resources. Nonetheless, despite the feeling of burnout, a sense of commitment to the work and the presence of limited support networks within the team occasionally helped sustain their motivation to continue. The *Emotional Burnout* theme clearly illustrates that the supervisory position demands not only managerial competence but also a high degree of psychological resilience and self-care capacity.

At times, the responsibility and pressure felt overwhelming, especially when I was the only supervisor managing everything. I would go home feeling exhausted, even struggling to have patience with my family. I realized how hard it was to keep a professional distance while remaining empathetic. (SPV, 1)

This excerpt demonstrates that supervisors in the Izmir95 program are required to manage not only institutional responsibilities but also a significant emotional burden. The participant describes how the physical and psychological exhaustion resulting from handling the entire process alone negatively affected not only the work environment but also family relationships. The constant need to empathize in the field led to an erosion of emotional boundaries, eventually giving rise to a severe emotional state marked by detachment from the job and even thoughts of resignation. Simultaneously, the participant's attempt to establish professional distance during this burnout period was met with surprise by the team, revealing the dual burden carried by the supervisor: maintaining relationships while setting boundaries. The excerpt clearly illustrates that the supervisory role entails not only managerial duties but also requires substantial emotional resilience.

Handling resistant attitudes or defensive responses has been a tough aspect of my role. Patience is key, but sometimes it's hard not to internalize these responses or feel frustrated when empathy isn't reciprocated. My role requires maintaining calm, which can be emotionally draining. (SPV, 2)

This quote illustrates how resistant attitudes and defensive reactions encountered in the supervisory role can, over time, lead to empathic strain and

emotional exhaustion. Although the participant emphasizes the importance of maintaining professional distance, they also note that this distance can at times generate feelings of loneliness and inward withdrawal. The persistent and one-sided nature of the supportive role, particularly in the absence of mutual empathy, contributes to the supervisor's vulnerability to burnout. At this point, the significance of trust-based relationships and peer support within the team is underscored; the presence of individual support figures such as Deniz and Berke is described as a crucial buffering mechanism that enhances the supervisor's psychological resilience. Additionally, the participant highlights that having psychological training provides a distinct advantage in managing such challenging relational dynamics. Thus, supervision emerges not merely as a formal role, but as a position that demands a high degree of emotional labor.

I only enjoyed spending time with my cats because I could talk to them, whereas at work, I was doing all the listening. I even had less patience for my partner, my family, and my tolerance level had dropped. (SPV, 1)

Another SPV vividly reveals the deepening effects of emotional and physical exhaustion experienced by an individual in a supervisory role. The participant expresses that they can no longer engage in many activities they once enjoyed, feel depleted of energy outside of work, and even struggle to maintain connections with their social circle. The constant demands of listening, supporting, and managing are shown to severely deplete one's internal resources, leading to a gradual decline in patience, attentiveness, and social capacity. The SPV also highlights the inner conflict that arises between the desire to let go-prompted by the body's and mind's warning signals-and the participant's sense of commitment to their work. This tension illustrates that burnout should not be seen merely as a professional issue, but also as a concern deeply tied to self-care, boundary setting, and the right to one's

own well-being. In this way, the SPV offers a powerful testimony to the ways in which the supervisory role extends its impact beyond the field, permeating all areas of the individual's life.

I have a son, today was his first day of school, and although I wasn't there to take a picture with him, Those are the kinds of situations I experience, and while it's important to maintain balance, I've established a life balance that accommodates my situation, and my partner and I manage this balance together. (SPV, 2)

This quotation reflects the home visitor's ability to sustain a balanced life structure that allows her to manage both parenting and professional responsibilities without guilt. The participant has internalized the fact that she cannot always be with her child and has redefined her boundaries through a shared division of labor with her partner. This approach highlights a boundary-building process rooted in awareness and support, one that integrates rather than conflicts professional commitment and personal life. Furthermore, working within a family structure where caregiving is not solely assigned to women appears to ease the home visitor's emotional burden and enables her to maintain healthier professional boundaries.

4.2.4.2.3 Managing the team

This sub-theme addresses the multifaceted challenges faced by supervisors in team management and the strategies they employ to cope with these difficulties. In long-term, emotionally intensive programs such as Izmir95, supervisors are responsible not only for the execution of tasks but also for maintaining sustainable relationships with home visitors. However, this process becomes particularly demanding when confronted with behaviors such as reactivity, defensiveness, resistance to change, and loss of motivation among team members. Supervisors are expected to regulate their own emotions and remain composed while managing these resistant attitudes.

Moreover, instances of projected anger or tense communication-often reflecting the team's trust in the supervisor-highlight the dual role of the supervisor as both a source of psychological support and a figure of managerial authority. In this context, the *Managing the Team* theme reveals that supervision is not merely a structural function, but also a relational, empathic, and patience-driven form of leadership.

Reactiveness and a questioning attitude are challenging for me. Reactiveness feels like a form of resistance, especially when we encounter it with a home visitor Resistance to change is very challenging for me. (SPV,2)

This excerpt illustrates that managerial processes within the supervisory role extend beyond planning and coordination, encompassing the complexities of navigating human relationships. The participant notes that reactive attitudes, defensive responses, and resistance to change from home visitors complicate the supervisory process. Interactions with staff who close themselves off to feedback through self-identifying statements such as "I'm not that kind of person" are described as evolving into long-term relational efforts that demand time and emotional patience from the supervisor. Such situations pose challenges not only for individual transformation but also for the overall functioning of the team, the supervisor's motivation, and group cohesion. The excerpt underscores that the supervisory role requires a combination of psychosocial guidance, persuasion, constructive feedback, and emotional regulation skills.

As a supervisor, I place a high priority on staying calm and regulating my emotions - repeatedly calming myself down if needed. One of my biggest challenges was constantly providing motivation, but over time, it started to drain my own energy. Keeping a home visitor motivated to continue visits with forty families over fifteen months is incredibly demanding. (SPV,1)

This participant emphasizes that the supervisory role in team management requires not only strategic thinking but also emotional resilience. The participant explains that the ongoing effort to keep home visitors motivated gradually depletes

their own energy; nevertheless, they consistently consider each individual's willingness to engage in communication as a fundamental criterion. Qualitative traits such as "voluntariness" and "sincerity" in staff members are described as factors that nourish the supervisor's own motivation. However, in order to sustain this effort, the supervisor must frequently suppress, regulate, and internally manage their emotions-revealing the emotional toll embedded in the management process. This participant highlights that the leadership aspect of supervision is shaped not only by managerial competencies, but also by empathy, patience, and the capacity for emotional self-regulation.

On the other hand, I am also a supervisor and part of the coordination process. I have to manage the work of home visitors, but I also realize that they are going through their own processes. Sometimes, their anger can be directed at me because I represent a safe space for them, even if they don't admit it. When that anger comes my way, it indicates that I am in a trusted place. (SPV, 1)

This excerpt reveals that the supervisory position entails not only managerial responsibilities but also significant emotional labor. The participant notes that home visitors occasionally direct emotions such as anger or tension-stemming from their own internal processes-toward the supervisor, interpreting this not as hostility but as a sign that the supervisor has become a safe space for them. This highlights the dual role of the supervisor as both a supportive figure and, at times, an object of emotional projection. The participant's ability to refrain from taking such reactions personally and to interpret anger as an indicator of trust underscores the importance of emotional maturity and insight in supervision. Thus, the excerpt illustrates that team management involves not only task delegation and coordination, but also the careful navigation of emotional complexities, role expectations, and trust dynamics.

4.2.5 Influence

This main theme, based on the observations and evaluations of supervisors within the Izmir95 early childhood program, provides a multidimensional analysis of the program's impact on families, children, home visitors (HVs), supervisors (SPVs), and municipal institutional structures. The *Families* sub-theme explores how the program addresses the needs of family members-especially mothers-for connection, support, and visibility. The *Children* sub-theme examines, from the supervisors' perspective, the noticeable developmental progress observed in children. The *HVs* sub-theme reflects the effects of the professional relationships formed with home visitors and the interpersonal dynamics that emerge in the field. Meanwhile, the *SPVs* sub-theme makes visible the supervisors' processes of self-awareness, professional growth, and emotional transformation. Lastly, the *Municipal Structures* sub-theme focuses on the program's contribution to raising awareness, promoting institutional recognition, and enabling structural change at the local government level-demonstrating that Izmir95 generates impact not only on an individual scale but also within institutional frameworks. This theme allows for a comprehensive understanding of the program's micro- and macro-level effects, as revealed through the supervisors' multilayered observations.

4.2.5.1 Families

This sub-theme examines the multifaceted impact of the Izmir95 program on families through the lens of supervisors. In particular, one-on-one relationships with mothers reveal that the program not only supports child development but also influences mothers' emotional worlds, social interactions, and self-perception. Supervisors highlight how the program reduces feelings of isolation within the home, enhances

mothers' sense of visibility, and fosters trust-based connections. Their observations indicate that transformations occur not only in mothers' relationships with their babies but also in their interactions with others and with themselves. Over time, mothers appear to become more social, self-confident, and emotionally expressive individuals. By making visible the program's impact on the inner lives of mothers, this theme allows for an understanding of how Izmir95 creates a space for individual transformation and empowerment.

One mother once said, "It helped me with my loneliness," I believe that as a program, we address this fundamental loneliness of mothers. We really ask them how they feel. We are like little compasses entering their homes; after we leave, we remain in their lives in a way, and we are a place they trust. We get to hear the stories of the mothers we enter through their babies. I think we also facilitate their openness, allowing them to share their experiences like a diary. (SPV, 1)

This excerpt reveals how home visits are directly linked to mothers' experiences of loneliness and how the Izmir95 program offers a meaningful intervention in this regard. The participant emphasizes that although a mother may be surrounded by others during the postpartum period, she can still feel emotionally isolated—a form of loneliness that is often invisible yet strongly felt in the field. Home visitors respond to this loneliness not merely as a form of social support, but through an approach that touches the mother's inner world. The phrase "like a diary, like a memory book" illustrates the trust-based relationship established with the home visitor, who is perceived by the mother as a nonjudgmental witness. Furthermore, the mother's own childhood memories are reactivated through her relationship with her baby, transforming the home visit into not only a pedagogical but also a psychodynamic process. In this respect, the *Families* sub-theme highlights that home visits offer mothers not just an opportunity to gain information, but also a safe space in which they can narrate their personal stories.

I see mothers smiling. I observe that they are becoming much more social. I see mothers singing, which they previously did not do. They were not talking to their babies at all, but now I see that they can communicate with their babies. (SPV, 1)

This participant strongly reflects the transformative impact of the program on mothers' social and emotional worlds. The participant observes that women who initially exhibited rigid or withdrawn behaviors gradually softened, became more open to social interactions, and established more meaningful bonds with their babies. A mother's recognition of her baby as an individual, her engagement in communication, and the resulting shift in the emotional atmosphere at home demonstrate that the program offers not just informational content, but also a relationship-based structure. The observed softening in neighborhood interactions further indicates that the program plays a transformative role in fostering connections among women as well.

We often observe that when we visit homes, it seems like nothing is having any effect, as if nothing is touching them. However, something happens where the mother says something that genuinely shows the impact. What I'm saying is that even for those mothers who seem like they are not affected at all, we are indeed touching something within them. (SPV, 2)

This statement illustrates that the program sometimes creates an invisible, quiet, yet profound impact on mothers. The participant shares the example of a mother with multiple children who, for the first time, expressed that she sang a song in her own voice presented as a symbol of this transformation. Even women who may appear emotionally distant or detached from the outside were able to form bonds with the visitors, demonstrating that the program goes beyond surface-level interaction and reaches suppressed or neglected emotional needs. This opening within silence points not only to a pedagogical dimension but also to the presence of a structure that allows space for emotional healing.

4.2.5.2 Children

This sub-theme explores the developmental impacts of the Izmir95 program on children through the observations of supervisors. Notable progress in areas such as motor skills, social interaction, and emotional expression indicates that the program offers a direct and holistic intervention targeting early childhood. Participants emphasize that the applied methods support children in reaching, and at times even surpassing, developmental milestones on time. They also highlight that the growing self-confidence of mothers positively reflects on their children. These observations reveal that child development is not limited to physical abilities but is closely intertwined with the quality of parent–child interaction. Thus, Izmir95 creates a developmental space that encompasses not only the child but also the transformation of family relationship dynamics.

They are definitely more social. I think we've started to see this clearly as they reach the 13 to 36-month mark. Some babies were at home until the 12th month, and now we see them all in groups. I believe they are more social and more outgoing. Among the babies in the families we work with, most of them have progressed according to their developmental milestones, especially in terms of motor skills. In fact, I've noticed that some of them have started to achieve certain milestones a bit earlier in the last few months. (SPV, 1)

This SPV highlights the direct developmental impact of the Izmir95 program on children. The participant emphasizes that during the program, children demonstrated noticeable progress particularly in motor skills and social interaction. The fact that children aged 13 to 36 months became more outgoing, independent, and expressive in group settings indicates that the program engages not only with parents but also directly with the children. The observation that some children reached developmental milestones earlier than expected supports the effectiveness of the program's early intervention approach. These insights provide concrete evidence

from the field that the program systematically monitors and supports child development through a structured and responsive framework.

When mothers implement the practices we provide, the development of the babies progresses very well. As for the emotional and psychological aspects, babies express themselves beautifully. They make eye contact, sing, and more. I truly believe that the mothers' self-confidence is reflected in their babies as well. (SPV, 2)

Another SPV emphasizes that child development is not solely a biological process, but also a socially and culturally shaped one, influenced by parenting practices. The participant notes that the activities recommended within the program-particularly those focused on movement, massage, and communication-play a significant role in supporting both motor and emotional development in children. Culturally prevalent practices such as swaddling, which limit a child's freedom of movement, are described as being subject to positive change through the program's influence. Moreover, the increase in maternal self-confidence is observed to directly reflect in the child's behaviors-such as maintaining eye contact, singing, and initiating communication-clearly demonstrating the positive impact of parental empowerment on child development. This indicates that the program offers not just a child-centered approach, but a dual developmental model rooted in mother-infant interaction.

4.2.5.3 HVs

This sub-theme examines the impact of the Izmir95 program not only on its primary target group-mothers and children-but also on its implementers, the home visitors (HVs). According to supervisors' observations, home visitors experience significant transformations not only professionally but also personally throughout the program. Through interactions in the field, they begin to question their own biases, develop

empathy toward individuals from different cultural backgrounds, and strengthen human connections-demonstrating that the program becomes a form of personal growth for them. Although the emotional challenges encountered during this process sometimes affect intra-team dynamics, the program's supportive structure appears to facilitate the transformation of these experiences into meaningful elements of growth.

Being an implementation worker, requires you to become a better person to some extent. I've seen this with one of our home visitors who had a certain outlook-more biased, let's say. At first, they said things like, "I wouldn't go to a Kurdish neighborhood" or "I wouldn't go to a Roma neighborhood." But then, I heard them say, "My perspective has changed regarding Kurdish neighborhoods" or "I see Roman neighborhoods differently now. (SPV, 1)

This SPV highlights that the Izmir95 program has a transformative impact not only on the families it serves but also on its implementers-the home visitors (HVs). The participant describes the program as offering a space for growth that extends beyond the technical aspects of fieldwork to include personal awareness, empathy, and the transformation of biases. The gradual replacement of cultural prejudices with understanding illustrates how professional experiences in the field become deeply intertwined with personal development. At the same time, it is acknowledged that the emotional intensity of fieldwork can occasionally lead to tensions within the team; however, such challenges are seen as opportunities for transformation through mutual sharing and empathy. This perspective reveals that Izmir95 fosters not only developmental relationships with children and families but also ethical, human-centered, and growth-oriented connections with the program's own actors.

Working with people, families, and women requires constant maturation and development. It necessitates facing oneself. In my opinion, this program is very transformative for home visitors, and for supervisors. (SPV, 1)

This excerpt vividly illustrates the profound psychological and personal impact of the Izmir95 program on home visitors (HVs). The participant emphasizes

that working with people requires not only technical skills but also an internal confrontation and a process of personal transformation. As HVs begin to engage with their own pasts, relationships, and childhood experiences, the process can at times become emotionally taxing and deeply unsettling. The excerpt notes that while some practitioners can sustain this confrontation, others withdraw under the weight of its emotional intensity. This dynamic reveals that the program is a dual-structured model that transforms not only the families it serves but also its implementers-offering a space for deep personal development alongside professional growth.

4.2.5.4 SPVs

The *SPVs* sub-theme reveals the multifaceted personal and professional development processes experienced by participants serving as supervisors in the Izmir95 program. Within this theme, it becomes evident that the supervisory role is not merely administrative; rather, it involves a profound transformation in areas such as patience, empathy, flexibility, analytical thinking, and self-awareness. Participant narratives show that working across diverse socio-cultural contexts and encountering various life realities during home visits prompt supervisors to reassess their own value systems. In this sense, the Izmir95 program functions not only as a professional field but also as a space for self-exploration and personal transformation for supervisors.

I've learned so much. Being a supervisor for me was like reading countless books. It was like reading so many different books. There's psychology, countless types of training, being a teacher, being a mother, a psychologist, a manager. For me, being a supervisor has been an incredibly instructive experience. And the best part, of course, was getting to know so many mothers, so many women, and their stories... It has truly made me a more patient person. (SPV, 1)

This participant powerfully conveys how a supervisor in the Izmir95 program experiences their professional role as a multilayered and transformative learning journey, articulated through a compelling metaphor. The participant describes each field experience as a different “book,” emphasizing that the supervisory role encompasses a wide range of emotional and cognitive domains-psychology, education, motherhood, leadership, and even a renewed connection with one’s own childhood. This process is depicted not merely as an accumulation of knowledge, but as a journey that deepens self-awareness. The participant’s reflection on the growth of their patience capacity illustrates that the transformation occurs not only at a professional level but also personally. Here, supervision is portrayed not simply as a managerial task, but as a space for learning, growth, and inner development through complex human interactions.

Sometimes you encounter things that seem very foreign or contrary to your worldview and witnessing those can be challenging. At this point, being able to empathize is crucial. The thing I pay the most attention to is flexibility. I realize that I am not a very flexible person. (SPV, 2)

This excerpt powerfully illustrates that supervisory experience requires not only technical skills but also personal transformation. The participant explains that encountering differences in the field-and facing situations that challenge their own value judgments-led to a restructuring of their capacity for empathy. They emphasize that confronting their own rigidity and limitations became an integral part of their professional development. In this context, the concept of *flexibility* is framed not merely as professional competency, but as a domain of inner transformation. The excerpt reveals that the impact of the Izmir95 program on supervisors unfolds not only at the level of knowledge or experience, but also in deeper layers of character, fostering a shift toward greater understanding and adaptability.

Being in the supervisory role has expanded my perspective, helping me to understand the importance of looking at things from a distance. I think this experience has greatly enhanced my analytical thinking and resilience, though it has not been without its emotional challenges. (SPV, 1)

This excerpt clearly reflects how the supervisory experience has transformed the participant's way of thinking. The participant notes that developing the ability to observe situations from a distance has enhanced both their analytical thinking and emotional resilience. At the same time, they emphasize that maintaining this distance is not merely a professional skill, but also an emotional challenge. The excerpt illustrates that the supervisory role is not solely managerial; it also serves as a developmental process that expands one's cognitive framework and prompts a redefinition of personal boundaries. In this respect, the Izmir95 program emerges as a structure that not only supports but also transforms and enriches its supervisors.

I used to be a very impatient person, and I still struggle with this in my personal life. However, I learned to be patient in my professional life, especially during a waiting period when I was preparing to become a supervisor. When we visit homes, I've learned the importance of patience and listening. I've learned to really embrace silence, to listen, and to be patient over time. I've come to understand that small changes can be made within that relationship. (SPV, 2)

This excerpt sincerely reveals the personal and professional impact of the Izmir95 program on supervisors. The participant shares how a personal trait such as impatience gradually transformed, particularly through experiences in the field. This learning journey, which began during the preparatory phase of supervision, involved accepting a mother's reality without judgment, creating space through silence, and enduring the pace of change with patience. The excerpt reflects patience not merely as a professional skill but as a form of learning interwoven with sensitivity and empathy. In this context, the supervisory role can be understood not only as team management, but also as a process of personal growth, inner transformation, and the reconstruction of relational dynamics.

4.2.5.5 Municipal structures

The *Municipal Structures* sub-theme addresses the positioning of the Izmir95 program within local government frameworks, the nature of its collaboration with the municipality, and how this relationship impacts the program's implementation. The excerpts reveal a multilayered interaction process, ranging from the program's efforts to gain visibility within İzmir Metropolitan Municipality, to raising awareness about the 0–3 age group, and challenging traditional service models in municipal communication. It becomes evident that supervisors play dual roles as both advocates and implementers within the municipality, pushing against structural limitations. Moreover, academic support emerges as a source of legitimacy throughout this process. In this context, the sub-theme highlights that the institutionalization and sustainability of early childhood services depend not only on success in the field but also on the strategic partnerships formed with local governance structures.

We managed to convince the Director General and the department heads that 80% of brain development occurs between the ages of 0 to 3, and after that, we were able to establish units and evolve into a much better place. The idea for a maternal nutrition package actually came from them. Of course, it is more traditional on their side, but they were very eager to implement it quickly. I believe we've now conveyed the necessity of teaching to fish in the early childhood field, and I think they are starting to understand that. (SPV,1)

This participant portrays the relationship Izmir95 has established with local government actors not merely as a service delivery mechanism, but as a transformative effort at the level of institutional awareness and understanding. The participant explains that they aimed to convey scientific knowledge about early childhood development to municipal administrators and to promote an intervention model focused on behavioral change-moving beyond the traditional municipal approach of one-time, consumable aid distribution. The fact that municipal officials

began to recognize and appreciate behavior-focused interventions over material aid highlights both the program's visibility and its role in initiating a cognitive shift regarding the nature of public services. The excerpt shows that following Izmir95's growing presence in the field, decision-makers began to embrace the model through their own observations and became more receptive to sustainable intervention strategies. This points to the program's capacity to generate change not only at the individual level but also within structural and institutional frameworks.

I think it has led to a profound change. Before, in İzmir, yes, we had story houses before 95, but we only started accepting children from 36 months onwards. We had to convince the administration, the director, and the department head to accept this unit, and over time, it evolved into a process shaped by the work we did and the insights we brought from the field. working in the field and conveying the real information we gathered from the mothers we visited at home was very effective in raising awareness about the 0 to 3 age group. (SPV, 2)

This statement presents the shift in İzmir's local government approach to early childhood services as an institutional transformation, supported by field-based insights generated through the Izmir95 program. The participant notes that prior to the program, there was no systematic service model targeting children under 36 months. However, through Izmir95's work in the field, the developmental needs of the 0–3 age group became visible. Particularly significant is the program's role in communicating critical issues-such as poverty-related nutritional challenges faced by mothers-to municipal authorities, which led to the concrete outcome of developing pregnancy-specific nutrition packages. A key aspect highlighted here is the direction of influence: rather than a top-down process, the change emerged from the field upward-characterized as *field-informed policy development*. Izmir95's home-based observation and data-sharing approach successfully drew the municipality's attention to early childhood needs and led to the formal recognition of services for the 0–3 age group within the institutional structure. In this regard, the excerpt demonstrates that

the program generates not only individual level but also institutional awareness and policy change.

We have actually started to turn the tables. Management has to listen to us. None of the department heads or directors can definitively tell us how things should be. They are asking us instead, "How do you think it should be?" I believe this could be the best place we have reached in terms of management. (SPV, 1)

This excerpt reveals that the Izmir95 program has influenced not only field-level practices but also the dynamics of local governance. The participant highlights the traditionally hierarchical structure of classical municipal administration, which operates through top-down directives, and emphasizes how Izmir95 has reversed this model. With field-based experiences and needs being communicated upward, decision-makers have begun asking implementers "How should we do this?", indicating that the program has enabled active participation in the decision-making process. This shift points to the emergence of a more participatory, flexible, and need-oriented structure within local governance, allowing for more effective planning of early childhood services. Thus, the excerpt demonstrates that through its field-informed structure, Izmir95 serves as a catalyst for a client-centered transformation in local public administration.

Having academic support has been incredibly valuable. The field is a very different place, and while you are running around in the field, you need another perspective. Having relationships with other programs and municipalities implementing this program can also be very beneficial, especially if similar issues arise. It certainly increases the possibility of collaboration. Regarding what the municipality should provide us with in terms of support, first and foremost, their acknowledgment of our existence really alleviates a lot of pressure. They recognize the process of establishing our existence is supported by the academic side. (SPV, 1)

This participant highlights that the Izmir95 program has gained enhanced effectiveness not only within the municipality but also through its strong collaboration with academia. The participant acknowledges that, while it is

technically possible to operate without academic support, such collaboration significantly strengthens the program's field-based impact and managerial legitimacy. In particular, the partnership with a prestigious institution like Boğaziçi University is noted to have elevated the program's credibility in the eyes of local government and provided holistic guidance in addressing challenges encountered in the field. Furthermore, the excerpt emphasizes that this relationship is mutually beneficial contributing not only to implementation but also enriching academic work by integrating real-world experiences with theoretical insights. Thus, the excerpt illustrates an interactive partnership model that fosters reciprocal learning and empowerment for both practitioners and academics.

4.2.6 Experiential insights for enhancement

When evaluated through the lens of field-based experiences shared by implementers, the Izmir95 program is recognized not only for its strengths but also for areas that require further development. Gathered under the “*experiential insights for enhancement*” theme, these proposals reflect constructive feedback from the field regarding various aspects of the program, including duration, content, regional adaptation, and ongoing support mechanisms. Within this framework, suggestions include extending the duration of initial visits, conducting preliminary research on local cultural characteristics, integrating psychological support for mothers throughout the process, adapting the program length to the specific needs of participants, and placing greater emphasis on topics such as boundary-setting in the training component. These suggestions represent a valuable feedback mechanism aimed at deepening the program's impact in the field and more holistically addressing the needs of both implementers and beneficiaries.

In the program, the standard visit duration is set at half an hour. However, I believe that thirty minutes is often not enough for families. I think forty-five minutes would be much more adequate. As the meetings continue, the duration naturally decreases. However, for the initial meetings, I believe forty-five minutes is necessary. (SPV, 2)

The participant expresses that the thirty-minute visit duration prescribed by the structured program is often insufficient, particularly during initial meetings, and advocates for extending this time to enable deeper communication and relationship-building. In contexts where social support networks are weak, families tend to perceive home visitors as their first safe space for sharing, which naturally leads to longer interactions. The participant emphasizes the importance of balancing structure with flexibility to better align the program's framework with field realities. This suggestion offers a valuable insight into the need for Izmir95's implementation processes to be shaped not only by theoretical design but also by the practical needs encountered in the field.

When developing the program, I believe we should also conduct a cultural assessment of the area before going out into the field. While we typically select high-risk neighborhoods based on statistical maps, understanding the cultural codes of a community is equally important. (SPV,1)

This excerpt presents a significant recommendation regarding the need to assess the cultural context in advance to ensure more effective integration of the program into the field. The participant emphasizes that identifying high-risk areas solely through statistical mapping is insufficient; it is also essential to understand the social and cultural codes of these regions. For instance, knowing which behaviors mothers perceive as positive or negative, or which practices are commonly observed in a particular area, could help design interventions that are more authentic and widely accepted. The participant proposes conducting small-scale cultural studies to deepen field-related insights for both home visitors and program designers. This approach offers a development strategy that combines the program's content strength

with contextual sensitivity, enhancing Izmir95's overall responsiveness and relevance.

The home visitor may also start to feel bored from working with the same person for 15 months. I believe that extending the program where necessary or finding alternative options would allow the home visitor to see more families. This would keep the home visitor more dynamic and help prevent them from feeling stagnant. (SPV, 1)

This participant offers a valuable recommendation concerning the flexibility of the program's duration and the sustainability of home visitors' motivation. The participant notes that during the 15-month period, which begins in pregnancy, a shift occurs in the dynamics of the mother–visitor relationship at a certain stage, and that home visitors may experience a sense of monotony from working with the same family for an extended time. This situation is said to potentially affect both the quality of the supportive relationship and the practitioner's professional motivation. As a solution, the participant suggests allowing the duration of the program to be adjusted based on family needs or developing alternative structures that enable home visitors to work with different families. This recommendation highlights the potential for Izmir95 to be reconceptualized as a dynamic and needs-oriented model that prioritizes the well-being of both families and staff.

Some of us come from this field, so we know how to set boundaries, but not all home visitors have the same background and might struggle with this. I think there should be a much more detailed section in the training that clarifies the program's boundaries (SPV, 1)

This excerpt offers a critical yet constructive recommendation concerning the clearer definition of program boundaries and the development of empowering training modules for implementers. The participant highlights that home visitors' ability to maintain professional boundaries varies depending on their field experience, noting that not all practitioners possess the same level of preparedness. Therefore, the participant suggests that the training curriculum should include a

dedicated and detailed section on boundary setting. Additionally, they advocate for making visit durations flexible rather than fixed, allowing them to be adjusted based on specific needs. This perspective provides a valuable contribution toward reshaping the Izmir95 program into a more inclusive and adaptable model-one that acknowledges individual differences among implementers and supports flexible implementation practices.

I think the support for the mother could be increased, perhaps by developing the content further. The "thinking healthy" cards, for instance, eventually run out. While there may be a reason for this, I believe we can continue to support the mother's mental well-being throughout the process. (SPV, 2)

This SPV highlights the need to enhance the Izmir95 program's content aimed at supporting mothers. The participant observes that after the sixth month-when toy-based activities are introduced-the program's focus tends to shift more toward the baby, resulting in reduced attention to the mother's emotional processes. Materials such as the "Thinking healthy Cards" are noted to be used only for a limited time, and once they are exhausted, the program does not sufficiently address the mother's ongoing psychological needs. In this context, the participant emphasizes the importance of developing content that supports not only the child's physical development but also the mother's psychological well-being in a sustained manner. This excerpt offers a meaningful improvement suggestion that would strengthen Izmir95's foundational approach based on the mother-infant dyad.

I think that the follow-up forms are especially valuable for visitors. Because they can follow the family. But I think it would be much more useful if it were digital. (SPV, 1)

The SPV emphasizes that completing follow-up forms manually on paper increases the workload in the long term. According to the participant, this practice not only slows down the form-filling process but also complicates retrospective document

retrieval when needed, thereby exacerbating the workload. As a solution, the participant suggests transitioning to a digital system.



CHAPTER 5

DISCUSSION

The Izmir95 Early Childhood Program is a home visitation-based intervention targeting socio-economically disadvantaged families with children aged 0-3 in Turkey. This study explored professional experiences of the three home-visitors and two supervisors, who worked for the Izmir95 program that was conducted in İzmir, the third largest city of the country. The HVs and SPVs were asked to share their thoughts and feelings about the program content, method, participants (i.e., mother-infant dyads) and their professional roles through semi-structured interviews.

In the interviews, both home visitors (HV) and supervisors (SPV) emphasized that the most prominent advantage of the home-based implementation lies in the opportunity to conduct direct observations in the field and to witness the daily life cycles of families within the program. *On-site observation* becomes a core intervention tool not only for tracking developmental practices, but also for identifying the mother's psychosocial state and gaining a deeper understanding of family dynamics. These visits, conducted in the home environment allow for an "opening up" that strengthens the trust-based relationship established with the mother. The SPVs describe this as a more systematic and observation-centered monitoring process, while for the HVs, it also creates a space for emotional connection and interaction.

The frequency of home visits and flexibility of the program content were addressed by both HVs and SPVs as elements that directly shape the influence of the program. Both groups emphasized that biweekly visits are generally sufficient, yet in some specific cases-such as first-time pregnancy experiences or emotionally

vulnerable periods-it was noted that this frequency should be increased. The HVs naturally stretch this rhythm based on the bond they established with the mothers and daily variability of the field, while the SPVs noted that intermittent contact, via phone calls, was also included in the process when needed.

It seems that the HVs adapted the standard implementation manual according to the cultural background of families and needs of the mothers, while the SPVs stressed out that this flexibility must be maintained without deviating from the main principles of the program.

In terms of challenges in implementation of the program, the supply of materials and the use of toys stand out as a difficulty experienced from different angles by both HVs and SPVs. For HVs, the material problem is not limited to the supply process; the repeated use of the same toys, the inability to diversify them, and limitations imposed on the creativity of interactive play bring pedagogical constraints. According to the SPVs, the material issue is shaped more by the slowness of institutional procurement processes and logistical barriers. When toys need to be procured collectively by the municipality, bureaucratic procedures lead to delays, which directly affect field implementation. This table shows that while the HVs focus more on creative pedagogical production and direct implementation in the field, the SPVs approach the issue of materials through structural coordination, resource management, and procurement processes. This differentiation between the two groups reveals that the program operates simultaneously at both micro (in-home implementation) and macro (institutional structure) levels, and that these two dimensions need to be synchronized in a mutually responsive manner.

Both HVs and SPVs openly expressed experiencing burnout in the Izmir95 program. For HVs, burnout is often related to emotional labor arising from listening

to families' life experiences, the constant need to re-establish connections in the field, and at times, the feeling of not receiving mutual engagement. Particularly, seemingly "small" incidents-such as broken toys, a mother's resistance to suggestions, or lack of observable change-can have a profound emotional influence on HVs, shaking their sense of self-worth and professional competence. SPVs, on the other hand, describe burnout more in terms of role conflict, isolation, and ongoing responsibility to maintain motivation. While trying to provide emotional support to their team, the SPV must also uphold institutional responsibilities and maintain professional boundaries. These findings indicate that the program's structure may strain professionals' inner resources and underscore the importance of sustainable support mechanisms.

While HVs and SPVs emphasize the necessity of maintaining professional boundaries in their work processes, they also reveal how these boundaries are intertwined with emotional and relational dimensions. In HV's narratives, boundaries are often discussed in the context of relationships established with families. SPVs, on the other hand, approach the issue of boundaries in a much more layered way, both in their relationships within the team and in the connections, they built with families. Particularly during the transition into the supervisory role, the need to create distance from HVs with whom they previously had friendships may lead to a kind of role transformation crisis, which is reported to be emotionally challenging for both the SPV and the team. Similarly, the SPVs who frequently interact with families often face requests for assistance at the end of visits, requiring them to strike a delicate balance between offering support and fostering dependency. These findings show that the concept of boundaries is critical for balancing workload, emotional sustainability and role clarity.

The Izmir95 program creates a marked personal and professional transformation not only for parents and children but also for its implementers. In the narratives of the HVs, this influence is primarily shaped through their own parenting experiences, past life events, and emotional bonds they build with families. A similar influence was observed among some SPVs. The program was described as “like a book” for a supervisor, offering knowledge and experience across many domains such as psychology, motherhood, leadership, and pedagogical guidance. All these findings suggest that the Izmir95 program offers implementers not only professional responsibility but also an opportunity for personal growth, self-insight, and transformation. However, it is evident that for this transformation to be sustained in a healthy way, both HVs and SPVs must be supported with continuous supervision, psychological support, and professional development opportunities.

The narratives of the HVs and SPVs revealed that the Izmir95 program has a strong influence on the development of participating children. Some HVs reported that during the home visit process, they observed firsthand how babies who were initially developmentally delayed in motor skills made progress through regular interaction, guidance, and play. The SPVs similarly stated that the changes they observed in the field became especially evident in the 13–36-month age group, emphasizing that some children get more sociable, and open to communication. It was also noted that the transformation in most mothers (i.e., increased parental self-efficacy) shaped their interaction with babies (i.e., more frequent eye contact and verbal stimulation). Thus, it seems that from the viewpoint of the HVs and SPVs, the program supported infants’ social-emotional and cognitive development.

Unsurprisingly, one of the key differences that emerged in the interviews seems to be the “job definition of the two groups. While SPVs undertake

responsibilities such as team management, supervision of program fidelity in the field, and reporting, the HVs defined their roles primarily in terms of building one-on-one relationships with families, providing emotional support, and delivering psychoeducational content, without making any reference to administrative duties. This distinction clearly reveals that a hierarchical division of labor exists in program implementation and that both positions have different areas of responsibility.

Although the '*support*' theme appeared in the interviews with both groups, its definition differed in accordance with their role definitions. Among the HVs, this support is outward-facing-toward the family while for SPVs, it is inward-facing-toward the team and implementers. In other words, the HVs defined this theme around through the emotional bond they established directly with the mothers. In contrast, the SPVs try to maintain the team's morale and professional balance through regular supervision, motivation tracking, and sharing emotional burdens in response to the challenges HVs face in the field. Participants described this support using the metaphor of a "compass," indicating that the SPV acts both as an implementer and as a guide within the program.

Under the '*home visitation as an intervention model*' main theme, HVs conceptualized through the sub-theme of '*opportunity to provide individualized support*', while SPVs framed it through a '*holistic approach*'. This difference reveals two complementary answers to the question of what kind of intervention model home visits represent: the HVs emphasized flexible, individualized relationships shaped by field-specific needs, while the SPVs highlighted that the program addresses the entire family structure as a whole and its influence is not limited to the child.

Under the '*use of program materials*' theme, HVs directly defined this as a challenge due to the difficulties they faced particularly in obtaining and diversifying toys as factors that disrupt the process. In contrast, although the SPVs mention some bureaucratic issues in the material procurement process, they generally emphasized the need to use existing resources creatively and they find the transformation of simple and inexpensive household items into toys pedagogically meaningful. They stated that this practice shows families that developmental support can be provided without the need for expensive toys. This perspective highlights not only the function of the material but also the importance of the message conveyed to the family, that "everything can be used as a toy." Therefore, this difference reflects the variations in expectations, responsibilities, and perceptions between implementers and supervisors.

The '*cultural sensitivity*' theme was brought up only by the SPVs and they evaluated sub-cultural norms and traditional roles, in socioeconomically disadvantaged areas (such as Kadifekale) where the program is implemented, as direct determinants of fieldwork. Particularly, they predict whether families accept home visits or not. The SPVs reported that they provide detailed assessments of the sociocultural characteristics of the region where the program is implemented. On the HVs side, cultural sensitivity is not directly named or thematically processed in a systematic way. However, some excerpts mention issues such as families with a migration background, stereotypical beliefs related to parental roles, and limitations on women's decision-making power. In this respect, HVs' reference to the families' cultural context seems to be centered on the mother's psychological experience and inner world. Thus, this difference relates to the scope and level of responsibilities associated with each role. While SPVs must consider the program's holistic

operation, the sociocultural context in the field, and institutional coordination together, HVs function at a more micro level within the context of individual relationships.

It seems that the HVs viewed psychological support (i.e., establishing emotional bonds, encouraging empowerment processes, and modeling positive coping strategies) at the very core of their professional role definitions. On the other hand, the SPVs brought up the theme “*supporting mothers*” while discussing the ‘*strengths*’ of the program. Thus, this thematic structure demonstrates that SPVs positioned the relationship established with mothers not merely as an interaction, but as a marker of success. In conclusion, while HVs viewed “support” as an inherent and naturally integrated aspect of their role, the SPVs highlighted the relationship and support process with mothers as a distinct dimension of monitoring and evaluation, reflecting the program’s effectiveness and strength.

Although the theme of ‘*supervision and team support*’ holds significant importance for all participants, from the perspectives of HVs this theme emerged as a clear strength, however SPVs described the same theme as burdensome and problematic in terms of boundary management. Regular team meetings, supervision sessions, and peer solidarity enabled HVs to share the challenges they had encountered in the field and alleviated their emotional burden. SPVs expressed difficulties in balancing multi-layered tasks such as motivating home visitors and organizing the team, while simultaneously maintaining professional distance. Therefore, the same structure functions as a solidarity and support network for HVs, while turning into an administratively and emotionally exhausting area of responsibility for SPVs.

Under the theme of “influence” the HVs stated that they observed the program’s influence predominantly on the mothers, focusing on individual-level transformations such as mothers’ psychological empowerment, enhanced communication with their children, and increased level of parental self-efficacy. The SPVs assessed the influence of the program within a more systematic and multidimensional framework. They stated that not only families but also the HVs and municipal structures. In this respect, the SPVs conceptualized the influences of the program in a multi-layered structure, whereas the HVs described it through field-based observations and individual relationships they established with the mothers and children.

These thematic differences underline that multi-actor programs like Izmir95 should be evaluated by considering both micro-level practitioner experiences and macro-level coordination and decision-making processes. In this respect, examining HV and SPV perspectives together offers significant depth for understanding the multilayered nature of the program’s influence. Although these findings seem to align with previous ones on home visitation programs, it also offers some unique contributions.

Kitzman et al. (1997) stated that reaching families and maintaining interaction with them are significant difficulties that home visitors may face in early childhood programs. In their systematic review, Drummond et al. (2002) mention the issue of participant attrition as one of the major challenges in home visitation-based programs targeting at-risk families. According to the HVs interviewed in this study, the issue of participant drop-outs was largely overcome through trust-based relationships and emotional bonds that they established with the families. Kitman et al. (1997) stated additional difficulties that may occur in terms of identification and

inclusion of significant family members in the program. In the current study participants emphasized, the program targeted not only mother-child dyads, but all members of the family through providing psychoeducative brochures and expanding interactions with fathers, grandparents and other children in the family whenever possible. Thus, the concept of "significant family member" is redefined not merely through physical participation but through access to information and interaction.

Heaman et al. (2006) argue that a structured approach based on early intervention and ongoing support principles enhance the effectiveness of home visitation programs. Similarly, in this research, participants considered initiating the program during pregnancy and continuing regularly after birth as significant advantages for strengthening family relationships and enhancing the program's influence.

The extent to which home visitation based programs could be tailored in accordance with the needs of the family seems to be a topic that has been discussed in previous literature. Kitzman et al. (1997) regarded the element of "flexibility" as a challenge for these programs. Heaman et al (2006) on the other hand argue that structured programs should be adaptable to family circumstances rather than rigidly fixed. In this study, both HVs and SPVs emphasized the adaptability of the program to family-specific conditions without disrupting structural integrity, which seems to align with the "flexible yet structured" model advocated by Heaman et al. (2006). As participants indicated, when program content can be flexibly implemented, it more effectively addresses the needs of both mothers and infants, thereby increasing program effectiveness. In this respect, our research not only validates the core principles highlighted by Heaman et al. in the local context but also offers

qualitative, in-depth insights into how the balance between structure and flexibility is experienced in the field.

Poland et al. (1991) argue that the effectiveness of intervention designs sensitive to cultural context, directly align with our findings. In this study, the SPVs indicate that cultural sensitivity is not just a theoretical approach in the field, but a decisive element in practice. Specifically, the SPVs highlighted their adoption of a flexible, understanding, and context-sensitive approach rather than a fixed protocol when working with families holding diverse cultural norms. This creates an interactive environment driven not merely by information delivery, but also by social acceptance. Adopting a “non-judgmental and understanding” language facilitates program acceptance, particularly in socioeconomically disadvantaged neighborhoods such as Kadifekale.

Previous research points out the decisive role of home visitors’ professional competence for the success of the programs (e.g., Munns et al., 2016). Munns et al. (2016) highlighted the importance of supervision support and maintaining professional boundaries, noting that a lack of such support can lead to feelings of burnout among HVs. In this study, the themes of "emotional burnout" experienced by both HVs and SPVs, as well as boundary management issues seem to be in line with these findings. While the HVs reported that their emotional burden was reduced through support provided by supervision meetings, the SPVs emphasized difficulties in organizing supervision and maintaining team motivation, aligning with the concept of “organizational burden” presented in the literature (Harden et al., 2010).

Schultz et al. (2019) underline the importance of additional training needs, especially in dealing with challenging family situations such as abuse, violence, and addiction. Similarly, Nathans et al. (2019) emphasized that initial training of HVs

should place greater emphasis on challenging areas and highlighted the importance of continuous supervision. In this study, both HVs and SPVs expressed their need for additional training when facing complex cases such as domestic violence and substance abuse. Particularly, the SPVs recommended developing specialized training modules for such circumstances. This finding seems to be in line with Schultz et al.'s (2019) findings which indicate the role of institutional trainings that are provided to HVs and SPVs for the effectiveness of early childhood programs.

In this study, critiques by the SPVs regarding the program's duration were notable; some participants reported experiencing a loss of motivation after the 15-month period and suggested that the HVs might maintain their dynamism by working with different families. Additionally, increasing referral mechanisms was recommended, which seems to be compatible with Li et al.'s (2015) call for collaboration with other institutions and integrated systems to enhance the program's influence.

This research supports Ismail et al.'s (2021) findings by centering cultural sensitivity and highlighting individual empowerment, while also contributing robustly to the literature by emphasizing the importance of “adaptability” and “relationship-building” for establishing trust in the field.

Regarding the effects on parental and child development, the findings of this study strongly align with existing literature. A meta-analysis conducted by Sweet and Appelbaum (2004) demonstrated that home visitation has positive influences on children's cognitive, linguistic, and socio-emotional development. Similarly, in the current study, both HVs and SPVs reported observing significant developmental progress in children, noting improvements in motor and social skills such as sitting, crawling, and object tracking. Particularly, the SPVs highlighted improvements in

social adaptation skills among children aged 13–36 months, paralleling these findings. Moreover, as emphasized in the systematic review by Jeong et al. (2021), it was noted that positive developmental effects tend to slow down in the long term. This aligns with recommendations from Li et al. (2015) regarding the extension of program duration. Indeed, in the current study, SPVs indicated that a program duration that is either too short or excessively long reduces motivation for both families and HVs, suggesting flexibility in duration or introducing more dynamic family circulation could be beneficial. These findings constructively overlap with recommendations in literature.

In a longitudinal evaluation conducted by Olds et al. (1998), home visits were shown to enhance parenting quality and lead to positive childcare behaviors, even among mothers with limited psychological resources. Similarly, in this study, mothers who initially did not interact or communicate with their children began to establish eye contact, sing to their children, and initiate communication over time. This transformation was associated with increased maternal confidence and improved parenting skills. This situation supports findings by Schafer (2016) and Roggman et al. (2016), which indicate that the empathetic relationship-building skills of home visitors serve as a model for mothers.

In a longitudinal study conducted by Hebbeler and Gerlach-Downie (2002), excessive emphasis on the role of social support overshadowing parent-child interaction was identified as a factor contributing to the ineffectiveness of home visitation programs. Their research indicated that merely offering support to mothers was insufficient; such support should be balanced with developmental objectives targeted at the child. The current study uniquely contributes to the literature by demonstrating that a healthier balance between these two elements has been

achieved. According to the research findings, psychological support provided to mothers by the HVs not only empowers them but also positively influences the relationship established with their children. Participant statements indicate that maternal well-being enhances parenting skills, resulting in visible progress in the bond with the child. Similar to Ismail et al.'s study, increased self-efficacy among mothers was reported as a significant outcome in the interviews. Improvements such as mothers making more eye contact with their children, initiating conversations, and exhibiting increased self-confidence demonstrate the transformative influence of the program, not only on children but also on mothers and the family system as a whole. In this context, the current findings seem to point out the necessity of a constructive and holistic bridge between social support and developmental goals, offering a successful practice example against the imbalance risk highlighted by Hebbeler and Gerlach-Downie (2002).

One of the original contributions of the study is its detailed revelation of the transformative influence of the program on the SPVs. While the HVs' personal development, emotional burdens, and empathy capacities are frequently addressed in the literature (e.g., Harden et al., 2010; Schafer, 2016), the findings of this study indicate both organizational responsibilities and emotional burnout processes of the SPVs. In this regard, the study significantly contributes to literature by demonstrating that the supervisory role entails not only managerial tasks but also a high level of emotional labor. Additionally, narratives concerning SPVs' individual transformations trace the “invisible” influences experienced both professionally and personally.

5.1 Limitations

This research was designed as a qualitative study aimed at understanding the experiences of home visitors (HVs) and supervisors (SPVs) involved in the implementation of the Izmir95 early childhood program. While the findings provide valuable insights, certain limitations of the study should be acknowledged.

First of all, this study was conducted with home visitors and supervisors working in Izmir. Since the sample is geographically narrow, different results may be obtained in regions with varying socio-economic or cultural structures. The socio-economic and cultural characteristics of the region where the program was implemented may influence the nature of the findings, therefore restrict their generalizability. Analyzing similar programs in diverse socio-economic groups and regions across Turkey could provide essential insights into the role of cultural factors. Future studies involving larger and more diverse samples could enhance the validity and reliability of the findings.

Second, the study focused on a one-year period of the Izmir95 program's implementation. The limited timeframe made it challenging to evaluate the long-term effects of the program. As a result, the lasting influences of the program on the professional team as well as participating families could not be assessed. Longitudinal studies conducted in the future could provide significant contributions to understanding the sustainability and long-term outcomes of the program. Furthermore, Qualitative data collection methods, particularly semi-structured interviews, were used in this study. While qualitative methods provide in-depth and comprehensive information, they may limit the objective measurement and generalizability of the results. Combining quantitative data collection methods (such as surveys and scales) with qualitative approaches could allow for more

comprehensive analyses.

Last, the interviewer was a graduate student, who has been supervised by the Izmir95 academic team for her master's thesis. Although she ensured the anonymity of the interviewees and privacy of data, the HVs and SPVs might have felt hesitant about bringing up all their concerns or obstacles that they had faced during the interviews due to the social desirability effect. For future studies, researchers may consider working with independent research organizations to examine the experiences of professionals in these programs. Furthermore, as the SPVs stated, the program influence is partially dependent on some bureaucratic issues and institutional resources such as budgets for program material (i.e., toys, incentives that are given during recruitment) and training of the HVs. Thus, perspectives of final decision-makers (e.g., directors of the pertinent unit at the municipality) should be also obtained in the future to get a more comprehensive understanding about the real-life obstacles along the way.

Future studies could address these constraints by collecting more extensive, diverse, and long-term data to ensure a broader understanding of the program's influence.

CHAPTER 6

CONCLUSION

This study aimed to explore the perspectives and experiences of the Izmir95 early childhood program practitioners (i.e., home visitors and supervisors) regarding the implementation of the program through in-depth interviews. One of the most significant outcomes of the study was the identification of the program's positive influence on both parents and children. The home visitors observed that the provision of structured guidance during home visits enabled parents to foster more nurturing environments for their children. Participants reported mothers' increased understanding of their child's developmental needs and the importance of responding appropriately to those needs. The study also revealed the vital role of supervision in enhancing the effectiveness of the program, with supervisors providing critical support to home visitors, ensuring that the program was implemented with fidelity, and addressing any challenges that arose in the field.

However, challenges in the implementation of the program were also highlighted. These included issues such as limited resources, high demand for services, and the difficulty in reaching families in impoverished areas. Additionally, while home visitors reported feeling emotionally and physically exhausted at times, they expressed a strong commitment to the program's goals, demonstrating the resilience required to work in these challenging contexts.

In conclusion, from the viewpoints of the practitioners, the Izmir95 program home visitation program seems to be an effective strategy for supporting the development of children from disadvantaged backgrounds. It also highlights the need for continuous evaluation and adaptation of such programs to address the evolving

needs of families and practitioners. By expanding and refining the Izmir95 program, it is possible to make a lasting influence on the well-being of children and families, thereby contributing to broader societal benefits in terms of health, education, and social equity.

To enhance the effectiveness of the Izmir95 home visitation program, several key recommendations have emerged from the findings. First, it is essential to provide comprehensive and specialized training for home visitors to equip them with the skills necessary to address complex family situations, including issues such as domestic violence, substance abuse, and mental health challenges. This level of training would enable practitioners to respond more effectively and safely in cases that go beyond routine developmental support.

In addition, cultural sensitivity training should be emphasized to help home visitors navigate the diversity of family structures and cultural dynamics they may encounter in the field. This includes understanding the roles of extended family members and adapting communication strategies accordingly, without compromising the program's core objectives. Such training would allow for more inclusive and contextually appropriate interventions.

Frequent and structured supervision meetings were also highlighted as crucial for both professional development and emotional well-being. These sessions provide a platform to monitor progress, resolve field-based challenges, and offer psychological support. Moreover, home visitors should be trained in maintaining professional boundaries and making appropriate referrals when families require services outside the scope of the program. These measures are essential for preventing burnout and ensuring service quality.

Supervisors themselves also require targeted training and support to perform

their roles more effectively. Establishing structured feedback mechanisms that include input from home visitors, supervisors, and participating families can help identify both systemic gaps and areas for improvement within the program.

Furthermore, the integration of digital tools can enhance the program's efficiency. Online platforms may be used for ongoing training, supervision meetings, and peer support groups, especially in remote or resource-constrained areas. Digital solutions can also support outcome tracking and more strategic allocation of program resources.

Alternative communication methods, such as phone calls and virtual check-ins, should be more widely utilized to maintain consistent contact with families, particularly in cases where in-person visits are not feasible. However, the effectiveness of the program is also hindered by the lack of educational materials, such as age-appropriate toys and learning aids. Developing partnerships with local businesses, non-profit organizations, and public institutions could help provide these resources in a sustainable and equitable manner.

Finally, addressing logistical challenges, especially those related to transportation, is essential to support the regular scheduling of home visits and to improve families' consistent access to services. Investing in solutions to these operational barriers will ultimately strengthen the program's overall accessibility and influence.

APPENDIX A

INFORMED CONSENT FORM FOR HOME VISITORS (TURKISH)

T.C.

BOĞAZİÇİ ÜNİVERSİTESİ

SOSYAL VE BEŞERÎ BİLİMLER İNSAN ARAŞTIRMALARI ETİK KURULU

KATILIMCI (EV ZİYARETÇİSİ) BİLGİ ve ONAM FORMU

Araştırmayı destekleyen kurum: Boğaziçi Üniversitesi

Araştırmanın adı: İzmir95 Aile Rehberliği Programlarının Saha Değerlendirmesi

Proje Yürütücüsü adı: Prof. Dr. Feyza Çorapçı, Dr. Öğretim Üyesi Nihal Yeniad

E-mail adresi:

Telefonu:

Proje konusu: Sayın Ev Ziyaretçisi, İzmir Büyükşehir Belediyesinin sağlamış olduğu hizmetler arasında 0-3 yaş döneminde sağlıklı çocuk gelişimini desteklemek ve anne-babaların erken dönemdeki ebeveynlik kapasitelerini güçlendirmek için “İzmir95 Aile Rehberliği” isimli program yer almaktadır. Bu program 2022 yılında sahada uygulanmaya başlamıştır. Çalışmamızın amacı ev ziyaretçisi olarak görev aldığınız bu programa ilişkin deneyimlerinizi öğrenmek ve bu programın ailelere ne kadar faydalı olduğuna dair görüşlerinizi almaktır.

Onam: Çalışmamıza katılmayı kabul ettiğiniz takdirde, Boğaziçi Üniversitesi Sosyal ve Beşerî Bilimler İnsan Araştırmaları Etik Kurulu onayı ile sizinle yaklaşık 60 dakika sürecek yüz yüze bir görüşme yapmak istiyoruz. Çalışmakta olduğunuz Belediye binasında yapılması planlanan bu görüşmede görev almış olduğunuz ev ziyareti programındaki deneyimleriniz ve programda başka neler olmasının faydalı olabileceğine ilişkin konularda kısa sorularımız olacak. Toplanan veriler üzerinde daha sonra çalışılacağı için görüşmenin ses kaydı alınarak yazıya dökülmesi planlanmaktadır. Bu çalışmaya katıldığınız takdirde kişisel bilgileriniz ve paylaşımlarınız kimseyle paylaşılmayacaktır. Sizlerden edindiğimiz bilgiler sadece araştırmacılar tarafından görülebilecek, isminiz alınan verilerle eşleştirilmeyecek ve tüm görüşme formlarında ev ziyaretçisinin ismi yerine bir numara kullanılacaktır. Toplanan veriler bireysel olarak değil toplu olarak değerlendirilip yayımlanacaktır. Bu çalışmaya katılmak tamamen isteğe bağlıdır. Görüşme esnasında cevaplamak istemediğiniz sorular atlanacaktır. Katıldığınız takdirde çalışmanın herhangi bir aşamasında herhangi bir sebep

göstermeden onayınızı çekme hakkına da sahipsiniz. Çalışmadan çekilmeniz halinde size dair toplanan veriler kayıtlardan silinecektir. Çalışmaya katılımınız tamamen gönüllülük esasına dayalı olup karşılığında herhangi bir ödül veya ücret sunulmayacaktır. Katılmama veya çalışmadan çekilme kararı vermeniz, iş güvenceniz açısından herhangi bir risk içermemektedir.

Bu çalışma Boğaziçi Üniversitesi etik kurulu tarafından onaylanmıştır. Ayrıca İzmir Büyükşehir Belediyesinin bilgisi dahilinde yürütülmektedir. Çalışmada yer alan görüşmede risk içeren sorular bulunmamaktadır. Bu formu imzalamadan önce, ek bilgi almak ya da sorularınızı yöneltmek istediğiniz takdirde lütfen yukarıda iletişim bilgileri yazılı olan Boğaziçi Üniversitesi öğretim üyesi Prof.Dr. Feyza Çorapçı ile temasa geçiniz (Telefon 212 3597323). Araştırmayla ilgili haklarınız konusunda Boğaziçi Üniversitesi Sosyal ve Beşerî Bilimler İnsan Araştırmaları Etik Kurulu'na (sbinarek@boun.edu.tr) da danışabilirsiniz. Elinizde bulunması için bu onam formunun bir kopyası size verilecektir. Bu bilgiler ışığında bize yardımcı olmayı ve çalışmaya katılmayı kabul ediyorsanız, bu formu imzalayıp bize geri yollamanızı rica ediyoruz.

Ben, (katılımcının adı), yukarıdaki metni okudum ve katılmam istenen çalışmanın kapsamını ve amacını, gönüllü olarak üzerime düşen sorumlulukları tamamen anladım. Çalışma hakkında soru sorma imkânı buldum. Bu çalışmayı istediğim zaman ve herhangi bir neden belirtmek zorunda kalmadan bırakabileceğimi ve bıraktığım takdirde herhangi bir olumsuzluk ile karşılaşmayacağımı anladım. Bu koşullarda söz konusu araştırmaya kendi isteğimle, hiçbir baskı ve zorlama olmaksızın katılmayı kabul ediyorum. Formun bir örneğini aldım / almak istemiyorum (bu durumda araştırmacı bu kopyayı saklar). İzmir95 Aile Rehberliği Programlarının Saha Değerlendirmesine ilişkin araştırmaya katılmaya

☐ I give my consent

☐ I do not give my consent

☐ Ses kaydı alınmasını kabul ediyorum.

☐ Ses kaydı alınmasını kabul etmiyorum.

Ev Ziyaretçisinin Adı-Soyadı:

İmzası:

Tarih (gün/ay/yıl):...../...../.....

APPENDIX B

INFORMED CONSENT FORM FOR HOME VISITORS

T.R.

BOĞAZIÇI UNIVERSITY

SOCIAL AND HUMAN SCIENCES HUMAN RESEARCH ETHICS
COMMITTEE

PARTICIPANT (HOME VISITOR) INFORMATION AND CONSENT FORM

Sponsoring institution: Boğaziçi University

Title of the research: Field Evaluation of İzmir95 Family Guidance Programs

Project Directors: Prof. Dr. Feyza Çorapçı, Dr. Nihal Yeniad

E-mail adresi:

Phone:

Dear Home Visitor, among the services provided by the İzmir Metropolitan Municipality is a program called “İzmir95 Family Guidance” designed to support healthy child development in the 0-3 age period and strengthen early parenting capacities. This program began field implementation in 2022. The aim of our study is to learn about your experiences in this program and gather your views on its usefulness for families.

Consent: If you agree to participate in our study, we would like to conduct a face-to-face interview of approximately 60 minutes with you, approved by the Boğaziçi University Social and Human Sciences Human Research Ethics Committee. This interview, planned to be held in the municipal building where you work, will include questions about your experiences with the home visit program and suggestions for its improvement. The interview will be audio recorded and transcribed. Your personal information and statements will not be shared with anyone, and only the researchers will have access to the data. Your name will not be matched with the data, and instead, a number will be used. Data will be reported collectively and anonymously. Participation is voluntary, and you may skip any question or withdraw at any time

without any consequences. No reward or payment will be provided, and choosing not to participate will not affect your job security.

This study has been approved by the Boğaziçi University ethics committee and is conducted with the knowledge of the Izmir Metropolitan Municipality. There are no risky questions in the interview. For more information, you may contact Prof. Dr. Feyza Çorapçı at the number provided above. For questions about your rights as a participant, you may contact the Boğaziçi University Human Research Ethics Committee (sbinarek@boun.edu.tr). A copy of this consent form will be given to you. If you agree to participate, please sign and return this form.

I, (participant's name), have read the above text and fully understand the scope and purpose of the study as well as my voluntary responsibilities. I had the opportunity to ask questions. I understand that I may withdraw from the study at any time without providing a reason and without facing any negative consequences. Under these conditions, I voluntarily agree to participate in this research without any pressure or coercion.

I have received / do not want to receive a copy of this form (in which case the researcher will keep the copy).

Regarding participation in the research on the Field Evaluation of Izmir95 Family Guidance Programs:

☐ I give my consent

☐ I do not give my consent

☐ I agree to audio recording.

☐ I do not agree to audio recording.

Home Visitor's Name-Surname:

Signature:

Date (day/month/year): / /

APPENDIX C

INFORMED CONSENT FORM FOR SUPERVISORS (TURKISH)

T.C.

BOĞAZİÇİ ÜNİVERSİTESİ

SOSYAL VE BEŞERİ BİLİMLER İNSAN ARAŞTIRMALARI ETİK KURULU

KATILIMCI (SÜPERVİZÖR) BİLGİ ve ONAM FORMU

Araştırmayı destekleyen kurum: Boğaziçi Üniversitesi

Araştırmanın adı: İzmir95 Aile Rehberliği Programlarının Saha Değerlendirmesi

Proje Yürütücüsü adı: Prof. Dr. Feyza Çorapçı, Dr. Öğretim Üyesi Nihal Yeniad

E-mail adresi:

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Proje konusu: Sayın Ev Ziyaretçisi, İzmir Büyükşehir Belediyesinin sağlamış olduğu hizmetler arasında 0-3 yaş döneminde sağlıklı çocuk gelişimini desteklemek ve anne-babaların erken dönemdeki ebeveynlik kapasitelerini güçlendirmek için “İzmir95 Aile Rehberliği” isimli program yer almaktadır. Bu program 2022 yılında sahada uygulanmaya başlamıştır. Çalışmamızın amacı ev ziyaretçisi olarak görev aldığınız bu programa ilişkin deneyimlerinizi öğrenmek ve bu programın ailelere ne kadar faydalı olduğuna dair görüşlerinizi almaktır.

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göstermeden onayınızı çekme hakkına da sahipsiniz. Çalışmadan çekilmeniz halinde size dair toplanan veriler kayıtlardan silinecektir. Çalışmaya katılımınız tamamen gönüllülük esasına dayalı olup karşılığında herhangi bir ödül veya ücret sunulmayacaktır. Katılmama veya çalışmadan çekilme kararı vermeniz, iş güvenceniz açısından herhangi bir risk içermemektedir.

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Formun bir örneğini aldım / almak istemiyorum (bu durumda araştırmacı bu kopyayı saklar).

İzmir95 Aile Rehberliği Programlarının Saha Değerlendirmesine ilişkin araştırmaya katılmaya

☐ Onay veriyorum

☐ Onay vermiyorum

☐ Ses kaydı alınmasını kabul ediyorum.

☐ Ses kaydı alınmasını kabul etmiyorum.

Süpervizörün Adı-Soyadı:

İmzası:

Tarih (gün/ay/yıl):...../...../.....

APPENDIX D

INFORMED CONSENT FORM FOR SUPERVISORS

T.R

BOĞAZIÇI UNIVERSITY

SOCIAL AND HUMAN SCIENCES HUMAN RESEARCH ETHICS
COMMITTEE

PARTICIPANT (SUPERVISOR) INFORMATION AND CONSENT FORM

Sponsoring institution: Boğaziçi University

Title of the research: Field Evaluation of Izmir95 Family Guidance Programs

Project Directors: Prof. Dr. Feyza Çorapçı, Dr. Nihal Yeniad

E-mail adresi:

Phone:

Dear Supervisor, among the services provided by the Izmir Metropolitan Municipality is a program called “Izmir95 Family Guidance” designed to support healthy child development in the 0-3 age period and strengthen early parenting capacities. This program began field implementation in 2022. The aim of our study is to learn about your experiences in this program and gather your views on its usefulness for families.

Consent: If you agree to participate in our study, we would like to conduct a face-to-face interview of approximately 60 minutes with you, approved by the Boğaziçi University Social and Human Sciences Human Research Ethics Committee. This interview, planned to be held in the municipal building where you work, will include questions about your experiences with the home visit program and suggestions for its improvement. The interview will be audio recorded and transcribed. Your personal information and statements will not be shared with anyone, and only the researchers will have access to the data. Your name will not be matched with the data, and instead, a number will be used. Data will be reported collectively and anonymously. Participation is voluntary, and you may skip any question or withdraw at any time without any consequences. No reward or payment will be provided, and choosing not to participate will not affect your job security.

This study has been approved by the Boğaziçi University ethics committee and is conducted with the knowledge of the Izmir Metropolitan Municipality. There are no risky questions in the interview. For more information, you may contact Prof. Dr. Feyza Çorapçı at the number provided above. For questions about your rights as a participant, you may contact the Boğaziçi University Human Research Ethics Committee (sbinarek@boun.edu.tr). A copy of this consent form will be given to you. If you agree to participate, please sign and return this form.

I, (participant's name), have read the above text and fully understand the scope and purpose of the study as well as my voluntary responsibilities. I had the opportunity to ask questions. I understand that I may withdraw from the study at any time without providing a reason and without facing any negative consequences. Under these conditions, I voluntarily agree to participate in this research without any pressure or coercion.

I have received / do not want to receive a copy of this form (in which case the researcher will keep the copy).

Regarding participation in the research on the Field Evaluation of Izmir95 Family Guidance Programs:

☐ I give my consent

☐ I do not give my consent

☐ I agree to audio recording.

☐ I do not agree to audio recording.

Supervisor's Name-Surname:

Signature:

Date (day/month/year): / /

APPENDIX E

HOME VISITORS AND SUPERVISORS DEMOGRAPHIC FORM (TURKISH)

EV ZİYARETÇİSİ VE SÜPERVİZÖR DEMOGRAFİK FORM

Yaşınız: _____

Mezun olduğunuz okul: _____

Kaç yıldır belediyede çalışıyorsunuz ? _____

İzmir95 Aile Rehberliği Ev Ziyareti Programına ne zaman dahil oldunuz?

İzmir95 Aile Rehberliği Ev Ziyareti Programından önceki göreviniz ne idi ?



APPENDIX F

HOME VISITORS AND SUPERVISORS DEMOGRAPHIC FORM

HOME VISITORS AND SUPERVISORS DEMOGRAPHIC FORM

Your age: _____

School you graduated from: _____

How many years have you been working at the municipality? _____

When did you join the Izmir95 Family Guidance Home Visiting Program?

What was your position before joining the Izmir95 Family Guidance Home Visiting Program?

APPENDIX G

HOME VISITOR INTERVIEW QUESTIONS (TURKISH)

Ev Ziyaretçisi Görüşme Soruları

1. İş tanımı ve roller

- Yaptığınız işi nasıl tanımlarsınız? Sizin bir ev ziyaretçisi olarak sorumluluklarınız nelerdir?
- 13-36 ay eğitimine kadar genelde toplam kaç ailenin sorumluluğunu taşıdınız?
- En fazla kaç aileyi aynı anda ziyaret sorumluluğunuz oldu?
- Sizce bu sayılar bir ev ziyaretçisi için fazla mı?
- Genel anlamda, ev ziyaretçisi olarak çalışmanın hoşunuza giden tarafları nelerdir?

2. Ev Ziyaretçisi Rolündeki Deneyimler

2.1. Program ile İlgili Görüşler

2.1.1. Programın içeriği hakkında ne düşünüyorsunuz? (Örn., oyuncaklar, broşürler, genel olarak yöntem, ziyaret sıklığı vs. gibi)

2.2.2. Programın aileler için nasıl faydalı olduğunu düşünüyorsunuz?

2.2.3. Annelerde ne gibi değişimler fark ediyorsunuz?

Annenin kendi olan güveni ve/veya ebeveynlik davranışları bu programda nasıl değişiyor? Sizce programın hangi özellikleri buna katkıda bulunuyor?

2.2.4. Bebeklerde ne gibi değişimler fark ediyorsunuz?

2.2.5 Sizce programda neler farklı yapılırsa, aileler için daha çok fayda sağlanabilir?

2.2. Programa Katılan Aileler ile İlgili Görüşler

2.2.1. Bir aile ile ilk olarak çalışmaya başladığınızda nelere dikkat ediyorsunuz? Anne ile ilişki kurarken nelere dikkat ediyorsunuz?

2.2.2. Anne ile olan ilişkiniz zaman içinde değişiyor mu? Nasıl değişiyor?

2.2.3. Kolaylıkla çalıştığınız aileler kadar sizi zorlayan aileler de olmuştur. Öncelikle sizi zorlamayan kolaylıkla çalıştığınız aileleri düşünürseniz, bu ailelerle olan deneyimlerinizden bahsedebilir misiniz?

2.2.4. Sizi zorlayan aileler de olmuştur. Şimdi de bu ailelerle olan deneyimlerinizden bahsedermisiniz? Özellikle sizin için neler zorlayıcı olmuştur? Bu durumlarla nasıl başa çıkmaya çalıştınız? Neler yaptınız? Ailelerden nasıl geri dönüş aldınız?

2.2.5. Çalıştığınız ailelerde karşılaştığınız en önemli/en ciddi problemler nelerdir?

2.2.6. Ev ziyaretçisi olarak ihtiyacı olan aileleri yönlendirebileceğiniz servisleri biliyor musunuz? Bu servislere istediğiniz zaman erişebiliyor ve destek alabiliyor musunuz? Bu servislere erişim konusunda gerektiğinde çalıştığınız kurumdan/iş ortaklarınızdan/süpervizörünüzden gereken desteği alabiliyor musunuz?

2.2.7. Siz bugüne kadar ailelerinizi hangi destekleri almak üzere başka kurum ve kuruluşlara yönlendirdiniz? Yönlendirme yaptığınız kurum ve kuruluşların etkileriyle ilgili nasıl geribildirimler aldınız?

3. Ev Ziyaretçisinin Yetkinlik Algısı

3.1. Bir ev ziyaretçisi olarak kendinizi erken çocukluk gelişimi ve ebeveynlerle iletişim konusunda ne kadar yeterli görüyorsunuz?

3.2. Bir ev ziyaretçisi olarak size sağlanan kaynaklardan memnun musunuz? Hangi yeni becerilere ya da kaynaklara sahip olmak sizin iş performansınızı ve yaptığınız işin faydasını artırır?

4. Süpervizyon Toplantıları

4.1. Düzenli olarak süpervizyon toplantıları yapılıyor mu? Evet ise hafta 1 mi? Ayda 1 mi? Bu toplantılarda genelde neler konuşuluyor? Önceden ayarlanmış bir gündemi var mı yoksa gündem ihtiyaç odaklı mı belirleniyor?

4.2. Planlı süpervizyon toplantıları dışında ihtiyaç halinde süpervizörünüze ulaşım konuşma/danışma fırsatınız oluyor mu?

4.3. Ev ziyaretçisi olarak süpervizyon toplantıları sizce faydalı mı? Hangi yönleri bu toplantıları sizin için faydalı kılıyor? Size ve işinize ne gibi katkıları oluyor? Eğer faydalı değilse neyin eksik olduğunu düşünüyorsunuz? Peki, bu süpervizyon toplantıları nasıl geliştirilebilir, önerileriniz nelerdir?

4.4. Süpervizörünüz ile olan ilişkinizi nasıl tanımlarsınız?

5. Ev Ziyaretçisinin Psikolojik İyi Olma Hali

5.1. İşiniz dolayısıyla duygusal ve fiziksel olarak çok yorulduğunuzu ya da yıldıđınızı hissettiğiniz ve devam etmek istemediğiniz zamanlar oluyor mu?

5.1.1. Oluyorsa/olduysa bu süre boyunca kendi fiziksel ve psikolojik sağlığınıza yeterince ilgilenebildiniz mi?

5.1.1.1. İlgilenebildiyseniz bunu mümkün kılan kaynaklar/kişiler nelerdir/kimlerdir? İhtiyaç duyduğunuzda çalıştığınız kurum size öz bakımınız ve sağlığınıza ilgili imkanlar sağladı mı? (çalışma saatlerinde esneklik sağlama, gerektiğinde izin, süpervizyon toplantıları dışında destek gibi)

5.1.1.2. İlgilenemediyseniz buna engel olan sebep/ler nelerdi?

5. 2. Zor durumlar yaşayan ailelerle çalışırken onlarla iletişim kuramadığınız ya da onlara yeterince yardımcı olamadığınızı hissettiğiniz durumlar oluyor mu? Bu gibi durumlarda siz nasıl hissediyorsunuz? Bunu kimlerle paylaşıyorsunuz? Hissettiklerinizi süpervizörünüzle/iş arkadaşlarınızla rahatça paylaşabiliyor ve destek alabiliyor musunuz?

5.3. İş/özel hayat dengesini koruyabiliyor musunuz?

7. Kurum ve Çalışma Ortamına Yönelik Algılar

7.1. Çalıştığınız kurum/iş ortaklarınız/iş arkadaşlarınız ile olan ilişkinizi ve deneyimlerinizi değerlendirir misiniz?

7.2. Çalıştığınız kurumda ev ziyaretleri dışında ne gibi sorumluluklarınız var? Bu sorumlulukları tamamlamak için haftalık ne kadar vakit ayırıyorsunuz? Bu sorumlulukların ev ziyaretçisi olarak asıl görevinizi yapmaya engel olduğunu düşünüyor musunuz?

7.3. Çalıştığınız kurum/iş ortaklarınız/iş arkadaşlarınız ile ilişkinizi nasıl tanımlarsınız? Hiç karşılaştığınız sorunlar oldu mu? Olduysa bunlar nelerdir? Bu sorunlar iş performansınızı nasıl etkiledi?

8. Kariyer Planları

8.1. Gelecekte ev ziyaretçisi olarak kariyerinize devam etmek istiyor musunuz? Yoksa başka bir alanda mı çalışmayı planlıyorsunuz?

8.2. Hiç işinizi bırakmayı düşündüğünüz oldu mu? Olduysa bu düşüncenizin sebebi/sebepleri neydi?

8.3. Ev ziyaretçisi olarak Boğaziçi Üniversitesinden almış eğitimden başlayarak bugüne geldiğimizde çocuk gelişimi alanında siz de ne tür dönüşümler oldu? Ya da ev ziyaretçisi olmak sizi nasıl etkiledi?

APPENDIX H

HOME VISITOR INTERVIEW QUESTIONS

1. Job Description and Roles

- How would you describe your work? What are your responsibilities as a home visitor?
- Until the 13–36 month training, how many families were you generally responsible for in total?
- What is the maximum number of families you have been responsible for visiting at the same time?
- Do you think these numbers are too high for a home visitor?
- In general, what aspects of working as a home visitor do you enjoy?

2. Experiences in the Role of Home Visitor

2.1. Opinions about the Program

2.1.1. What do you think about the content of the program? (e.g., toys, brochures, general methodology, visit frequency, etc.)

2.1.2. How do you think the program is beneficial for families?

2.1.3. What kind of changes do you observe in mothers?

How do the mother's self-confidence and/or parenting behaviors change during this program? Which aspects of the program do you think contribute to these changes?

2.1.4. What kind of changes do you observe in the babies?

2.1.5. What could be done differently in the program to provide more benefits to families?

2.2. Opinions about Families Participating in the Program

2.2.1. What do you pay attention to when you first start working with a family? What do you consider when building a relationship with the mother?

2.2.2. Does your relationship with the mother change over time? How does it change?

2.2.3. Just as there are families you work with easily, there must be families that are more challenging. First, thinking about the families that were easy to work with, can you talk about your experiences with them?

2.2.4. Now thinking about the families that were challenging, can you talk about your experiences with them? What specifically was challenging for you? How did you try to cope with these situations? What did you do? What kind of feedback did you get from the families?

2.2.5. What are the most important/serious problems you encountered in the families you worked with?

2.2.6. As a home visitor, are you aware of services to which you can refer families in need? Can you access and receive support from these services whenever needed? Can you get the necessary support from your institution/partners/supervisor when accessing these services?

2.2.7. So far, to which institutions and organizations have you referred your families for support? What feedback have you received about the effects of these referrals?

3. Home Visitor's Perception of Competence

3.1. As a home visitor, how competent do you feel regarding early childhood development and communication with parents?

3.2. Are you satisfied with the resources provided to you as a home visitor? What new skills or resources would improve your job performance and the effectiveness of your work?

4. Supervision Meetings

4.1. Are regular supervision meetings held? If yes, are they weekly? Monthly? What is generally discussed in these meetings? Is there a preset agenda or is it determined based on needs?

4.2. Apart from planned supervision meetings, do you have the opportunity to reach your supervisor for consultation when needed?

4.3. As a home visitor, do you find supervision meetings helpful? What aspects make these meetings beneficial for you? What kind of contributions do they make to you and your work? If you don't find them helpful, what do you think is missing? How can these supervision meetings be improved, what are your suggestions?

4.4. How would you describe your relationship with your supervisor?

5. Psychological Well-being of the Home Visitor

5.1. Are there times when you feel emotionally and physically exhausted due to your job or feel like you don't want to continue?

5.1.1. If yes, were you able to take care of your physical and psychological health during that time?

5.1.1.1. If yes, what resources or people made this possible? Did your institution provide opportunities related to self-care and health when

needed? (e.g., flexible working hours, leave when necessary, support outside of supervision meetings)

5.1.1.2. If not, what were the reasons that prevented you?

5.2. Are there situations where you feel you cannot communicate with families in difficult situations or cannot help them adequately? How do you feel in such situations? With whom do you share these feelings? Can you comfortably share your feelings with your supervisor/colleagues and receive support?

5.3. Are you able to maintain a work/life balance?

6. Perceptions About the Institution and Work Environment

6.1. Can you evaluate your relationship and experiences with your institution/partners/colleagues?

6.2. What responsibilities do you have at your institution besides home visits? How much time do you spend weekly on these responsibilities? Do you think these responsibilities interfere with your main duty as a home visitor?

6.3. How would you describe your relationship with your institution/partners/colleagues? Have you encountered any problems? If yes, what were they? How did these problems affect your job performance?

7. Career Plans

7.1. Do you want to continue your career as a home visitor in the future? Or do you plan to work in another field?

7.2. Have you ever thought about quitting your job? If yes, what were the reasons?

7.3. Starting from the training you received from Boğaziçi University to the present, what kinds of transformations have occurred in you in the field of child development? Or how has being a home visitor affected you?

APPENDIX I

SUPERVISOR INTERVIEW QUESTIONS (TURKISH)

Süpervizör Odak Grup Görüşme Soruları

1. İş tanımı ve roller

1.1.Yaptığınız işi nasıl tanımlarsınız? Sizin süpervizör olarak rolünüz/rolleriniz nelerdir?

2. Süpervizör Rolündeki Deneyimler

2.1. Program ile İlgili Görüşler

2.1.1 Programın içeriği hakkında ne düşünüyorsunuz? (Örn., oyuncaklar, broşürler, genel olarak yöntem, ziyaret sıklığı vs. gibi)

2.1.2 Programın aileler için nasıl faydalı olduğunu düşünüyorsunuz?

2.1.3. Annelerde ne gibi değişimler fark ediyorsunuz?

Annenin kendi olan güveni ve/veya ebeveynlik davranışları bu programda nasıl değişiyor?

Sizce programın hangi özellikleri buna katkıda bulunuyor?

2.1.4. Bebeklerde ne gibi değişimler fark ediyorsunuz?

2.1.5. Sizce programda neler farklı yapılsa, aileler için daha çok fayda sağlanabilir?

2.1.6. Sizce program ekip arkadaşlarınızda ne tür değişikliklere yol açtı ?

2.1.7. Sizce program sizde ne tür değişikliklere yol açtı ?

2.1.8. Sizce program belediyenin yapısında, işleyişinde, saha çalışmalarına ve erken çocukluğa bakışında ne tür değişikliklere yol açtı ?

2.2. Ev Ziyareti/ Grup Oturumlarına Katılım

2.2.1. Süpervizör olarak ev ziyaretlerine katılım sağlıyor musunuz ? Ne sıklıkla katılıyorsunuz ? Sizce katılımınızın avantajları/ katkıları nelerdir ? (EZler ve anneler açısından)

2.2.2 Süpervizör olarak grup oturumlarına katılım sağlıyor musunuz ? Ne sıklıkla katılıyorsunuz ? Sizce katılımınızın avantajları/ katkıları nelerdir ? (Grup rehberleri ve anneler açısından)

2.2.3. Katıldığınız ev ziyaretleri ve grup oturumları sonrasında EZ ve grup rehberlerine nasıl geri dönüş veriyorsunuz ? Onlardan size nasıl geri dönüşler geliyor?

2.2.4. EZ'lerin doldurduğu İzlem formları hakkındaki görüşleriniz neler ? Katkıları, avantajları nelerdir ? Bu formların nasıl geliştirilmesi sizce daha faydalı olabilir ?

2. 3. Programa katılan Ev ziyaretçileri ve Anneler ile ilgili Görüşler

2.3.1. Süpervizör olarak çalışırken nelere dikkat ediyorsunuz?

2.3.2. Anneler ile ilişki kurarken nelere dikkat ediyorsunuz?

2.3.3. Ev ziyaretçisi ve grup rehberleri ile ilişkilerinizde nelere dikkat ediyorsunuz? Zaman içinde ilişkiniz ve ilişki kurma tarzınız değişiyor mu?

2.3.4. Seminer ve Temel Mesajlar veren ekiple ilişkilerinizde nelere dikkat ediyorsunuz ? Zaman içinde ilişkiniz ve ilişki kurma tarzınız değişiyor mu?

2.3.5. Kolaylıkla çalıştığınız ekip arkadaşları kadar sizi zorlayanlar da oluyordur. Sizi zorlamayan kolaylıkla çalıştığınız arkadaşları düşünürseniz, onlarla olan deneyimlerinizden bahseder misiniz.

- 2.3.6. Şimdi de sizi zorlayan ekip arkadaşlarınızla ilgili deneyimlerinizden bahseder misiniz? Özellikle sizin için neler zorlayıcı olmuştur? Bu durumlarla nasıl başa çıkmaya çalıştınız? Neler yaptınız? Onlardan nasıl geri dönüş aldınız?
- 2.3.7. Ekibinizde karşılaştığınız en önemli/en ciddi problemler nelerdir?

3. İşe Yönelik Algılar

- 3.1. Süpervizör olarak çalışmanın size keyif veren tarafları nelerdir?
- 3.2. Çalıştığınız kurum/iş ortaklarınız/iş arkadaşlarınız ile olan ilişkinizi ve deneyimlerinizi değerlendirir misiniz?
- 3.2.1. Çalıştığınız kurum/iş ortaklarınız/iş arkadaşlarınız ile karşılaştığınız sorunlar oldu mu? Olduysa bunlar nelerdir? Bu sorunlar iş performansınızı nasıl etkiledi?
- 3.2.2. Süpervizyon dışında ne gibi sorumluluklarınız var? Bu sorumlulukları tamamlamak için haftalık ne kadar vakit ayırıyorsunuz? Bu sorumlulukların asıl görevinizi yapmaya engel olduğunu düşünüyor musunuz?
- 3.3. Süpervizör olarak çalışmanız sizin için zorlayıcı kısımları (ekip /üstlerle ilişkiler / diğer kurumlarla) nelerdir?

4. Süpervizörün Yetkinlik Algısı

- 4.1. Süpervizör olarak kendinizi ne kadar yeterli görüyorsunuz?
- 4.2. Süpervizör olarak size sağlanan kaynaklardan memnun musunuz? Hangi yeni becerilere ya da kaynaklara sahip olmak sizin iş performansınızı ve yaptığınız işin faydasını artırır?

5. Süpervizyon Toplantıları

- 5.1. Süpervizyon toplantıları düzenli olarak yapılıyor mu? Bu toplantılarda genelde neler konuşuluyor? Önceden ayarlanmış bir gündeminiz oluyor mu yoksa gündem ihtiyaç odaklı mı belirleniyor?
- 5.2. Süpervizyon toplantıları sizce faydalı mı? Kime ne şekilde faydalı oluyor ? Ekip açısından faydaları neler? Hangi yönleri faydalı kılıyor? Eğer faydalı değilse neyin eksik olduğunu düşünüyorsunuz? Peki, bu süpervizyon toplantıları nasıl geliştirilebilir, önerileriniz nelerdir?
- 5.3. Planlı toplantılar dışında ihtiyaç halinde ekip arkadaşlarınızla görüşme fırsatınız oluyor mu?

6. Süpervizörün Psikolojik İyi Olma Hali

- 6.1. İşiniz dolayısıyla duygusal ve fiziksel olarak çok yorulduğunuzu ya da yıldıđınızı hissettiğiniz ve devam etmek istemediğiniz zamanlar oluyor mu?
- 6.1.1. Oluyorsa/olduysa bu süre boyunca kendi fiziksel ve psikolojik sağlığınıza yeterince ilgilenebildiniz mi?
- 6.1.1.1. İlgilenebildiyseniz bunu mümkün kılan kaynaklar/kişiler nelerdir/kimlerdir? İhtiyaç duyduğunuzda çalıştığınız kurum size öz bakımınız ve sağlığınıza ilgili imkanlar sağladı mı? (çalışma saatlerinde esneklik sağlama, gerektiğinde izin, psikolojik destek gibi)
- 6.1.1.2. İlgilenemediyseniz buna engel olan sebep/ler nelerdi?
- 6.2. Süpervizör olarak zorla çözemediğiniz sorunlarla karşılaştığınız durumlar oluyor mu? Bu gibi durumlarda siz nasıl hissediyorsunuz? Hissettiklerinizi üstlerinizle (koordinatör/idareci) rahatça paylaşabiliyor ve destek alabiliyor musunuz?
- 6.3. İş/özel hayat dengesini koruyabiliyor musunuz?

7. Kariyer Planları

7.1. Gelecekte süpervizör olarak kariyerinize devam etmek istiyor musunuz?
Yoksa başka bir alanda mı çalışmayı planlıyorsunuz?

7.2. Hiç işinizi bırakmayı düşündüğünüz oldu mu? Olduysa bu düşüncenizin sebebi/sebepleri neydi?



APPENDIX J

SUPERVISOR INTERVIEW QUESTIONS

1. Job Description and Roles

1.1. How would you describe your job? What are your roles as a supervisor?

2. Experiences in the Supervisor Role

2.1. Opinions on the Program

2.1.1. What do you think about the content of the program? (e.g., toys, brochures, overall method, visit frequency, etc.)

2.1.2. How do you think the program is beneficial for families?

2.1.3. What changes do you observe in mothers? How do the mother's self-confidence and/or parenting behaviors change through this program? Which aspects of the program do you think contribute to this change?

2.1.4. What changes do you observe in babies?

2.1.5. What changes would improve the program's benefit to families?

2.1.6. What kinds of changes do you think the program has caused among your team members?

2.1.7. What kinds of changes do you think the program has caused in you?

2.1.8. What kinds of changes do you think the program has caused in the municipality's structure, operations, fieldwork, and perspectives on early childhood?

2.2. Participation in Home Visits/Group Sessions

2.2.1. Do you participate in home visits as a supervisor? How often? What are the advantages/contributions of your participation (for HVs and mothers)?

2.2.2. Do you participate in group sessions as a supervisor? How

often? What are the advantages/contributions of your participation (for group facilitators and mothers)?

2.2.3. After attending home visits and group sessions, how do you provide feedback to HVs and group facilitators? How do they give you feedback?

2.2.4. What are your views on the Monitoring Forms filled out by HVs? What are the contributions and advantages? How could these forms be improved?

2.3. Views on Participating Home Visitors and Mothers

2.3.1. What do you pay attention to while working as a supervisor?

2.3.2. What do you pay attention to when building relationships with mothers?

2.3.3. What do you pay attention to in your relationships with home visitors and group facilitators? Does your relationship or style of building relationships change over time?

2.3.4. What do you pay attention to in your relationships with the seminar and core message teams? Does your relationship or style change over time?

2.3.5. You may have colleagues you find easy to work with. Could you share your experiences with those colleagues?

2.3.6. Now, could you share your experiences with colleagues you found challenging to work with? What specifically was difficult for you? How did you cope? What did you do? How did they respond?

2.3.7. What are the most important/serious problems you have encountered in your team?

3. Job Perceptions

3.1. What aspects of working as a supervisor do you enjoy?

3.2. Could you evaluate your relationship and experiences with your organization/partners/colleagues?

3.2.1. Have you had any problems with your organization/partners/colleagues? If so, what were they? How did these problems affect your performance?

3.2.2. What responsibilities do you have besides supervision? How many hours per week do you spend on these responsibilities? Do you think they hinder your main duties?

3.3. What aspects of working as a supervisor do you find challenging (e.g., team/superiors/other institutions)?

4. Supervisor's Perception of Competence

4.1. How competent do you consider yourself as a supervisor?

4.2. Are you satisfied with the resources provided to you as a supervisor? What new skills or resources would enhance your performance and the impact of your work?

5. Supervision Meetings

5.1. Are supervision meetings held regularly? What topics are usually discussed? Is there a preset agenda or is it determined based on needs?

5.2. Do you think supervision meetings are beneficial? Who benefits and how? What aspects make them beneficial? If not beneficial, what is lacking? How can these meetings be improved? What are your suggestions?

5.3. Besides scheduled meetings, do you have opportunities to consult your team when needed?

6. Supervisor's Psychological Well-Being

6.1. Are there times when you feel emotionally or physically exhausted due to your job and don't want to continue?

6.1.1. If yes, during those times were you able to take care of your physical and mental health?

6.1.1.1. If so, what resources/people enabled you to do so? Did your organization provide you with opportunities for self-care and health (e.g., flexible hours, leave, psychological support)?

6.1.1.2. If not, what were the obstacles?

6.2. Are there situations where you encounter problems you cannot solve? How do you feel in those situations? Are you able to comfortably share and receive support from your superiors (coordinator/manager)?

6.3. Are you able to maintain a work-life balance?

7. Career Plans

7.1. Do you want to continue your career as a supervisor in the future, or do you plan to work in another field?

7.2. Have you ever considered quitting your job? If so, what were the reasons?



APPENDIX K

ETHICAL APPROVAL FORM

Evrak Tarih ve Sayısı: 01.02.2023-111543



T.C.
BOĞAZİÇİ ÜNİVERSİTESİ REKTÖRLÜĞÜ
Sosyal ve Beşeri Bilimler İnsan Araştırmaları Etik Kurulu (SBİNAREK)

Sayı : E-84391427-050.01.04-111543
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Hakkında

01.02.2023

Sayın Prof. Dr. Feyza ÇORAPÇI
Psikoloji Bölüm Başkanlığı - Öğretim Üyesi

"İzmir95 Aile Rehberliği Programlarının Saha Değerlendirmesi " başlıklı projeniz ile Boğaziçi Üniversitesi Sosyal ve Beşeri Bilimler İnsan Araştırmaları Etik Kurulu (SBİNAREK)'e yaptığımız 2023-03 kayıt numaralı başvurunuz 25.01.2023 tarih ve 2023/01 sayılı kurul toplantısında incelenmiş ve projenize etik onay verilmesi uygun bulunmuştur.

Bu karar tüm üyelerin toplantıya katılımıyla ve oybirliği ile alınmıştır. Onay mektubu tüm üyeler adına Komisyon Başkanı tarafından e-imzalanmıştır.

Saygılarımızla, bilgilerinizi rica ederiz.

Dr. Öğr. Üyesi Işıl ERDUYAN
Başkan

Bu belge, güvenli elektronik imza ile imzalanmıştır.

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APPENDIX L

QUOTATIONS IN TURKISH

1. Home Visitors

1.1. Content and Role Definition

1.1.1. Psychoeducation

“Aileleri oyunlar ve etkinliklerle ziyaret ettiğimizde, her zaman çocuğun ipuçlarını takip etmeye vurgu yaparız. Annelere sürekli olarak çocuklarının birey olduğunu ve sınırlarına saygı duymamız gerektiğini hatırlatırız. Eğer bebek istemiyorsa ona asla dokunmayız; onların bedenlerine ve sınırlarına birey olarak saygı gösteririz. Anne bunu görür ve aynı davranışı modellemeye başlar. Bu bakış açısı, çocuğun da zamanla sınırları tanımayı öğrenmesine ve bunları kendi yaşamına uygulamasına yardımcı olur.” (HV, 2)

“Başta sadece materyalleri veriyoruz... Zamanla buzdolaplarında sergilendiğini görüyoruz... Merkezimize kolayca ulaşamayanlar, broşürlerin devam etmesini istediklerini belirtiyorlar. Sadece kısaca merhaba deyip bir broşür uzatmak bile güzel oluyor—bu, bağlantıyı sürdürmenin, onlara o olumlu duyguyu hatırlatmanın ve hâlâ yanlarında olduğumuzu göstermenin bir yolu.” (HV, 3)

“Bebeklerin yuvarlanmayı öğrenme sürecinin hızlandığını düşünüyorum. Ailelere bebekleri karın üstü yatırmalarını, önlerine nesneler koymalarını ve onlara uzanmalarını teşvik etmelerini önerdiğimizde, sağa ve sola dönmeleri için objeleri konumlandığımızda, genellikle bir sonraki görüşmede gelişim gördüğümüz oluyor. Taklidi çok vurguluyorum; bebeğin seslerimizi ve hareketlerimizi taklit edeceğini açıklıyorum. Ve gerçekten de bebekler bizi taklit ediyor. Aileler bunu gördükçe daha çok şey denemeye motive oluyorlar, bu da bebekleri olumlu yönde etkiliyor.” (HV, 1)

1.1.2. Psychological Support

“After birth, we guide them with thinking healthy cards, showing them how they can ask for help when needed—and it genuinely makes a difference. This way, we’re supporting the baby’s development at each stage, while also showing the mother ways to seek support or find positivity in herself before the baby arrives.” (HV, 3)

“For instance, in our thinking healthy exercises, they confront comments or judgments from others, like remarks from mothers-in-law or sisters-in-law. Through the thinking healthy cards, they come to understand that these thoughts are normal and develop strategies to handle them. As mothers gain this coping skill, they don’t get stuck in negative thoughts or behaviors; they’re able to change their responses. They share with us that these things no longer bother them, showing that they’re successfully managing these situations.” (HV, 2)

1.1.3. Referrals to Social Institutions

“Her zaman söylediğim şey şu: Biz süper kahraman değiliz. Mücadelemizin yoksunluğun kendisine karşı olduğunu düşünüyorum. İnsanlar bir yardımseverlik zihniyetine bağımlı hale gelmemeli. Bu yüzden o sınırı korumaya çalışıyorum ve eğer yardım isterlerse, onları sosyal destek hizmetlerine yönlendiriyorum.” (HV, 2)

“Burada asıl önemli olan, desteği benim vermemden ziyade, bir yönlendirme gerekip gerekmediğini fark etmek. Ben bir psikolog olabilirim ama burada bir terapi seansı yürütmüyoruz, bu nedenle gerekiyorsa onları yönlendirmek önemli. Bazen en iyisi, onları ofisteki bir meslektaşına ya da bireysel destek talep ederlerse bir danışmanlık hizmetine yönlendirmek oluyor.” (HV, 1)

“Sosyal destek hizmetleriyle ilgili çok fazla soru alıyoruz. Rehberlik ediyoruz, iletişim numaraları veriyoruz, nereye gitmeleri gerektiğini söylüyoruz. Ama sonrasında ne oluyor bilmiyorum—ailenin gerçekten destek alıp almadığını öğrenemiyorum.” (HV, 3)

“Elbette en temel sorumluluklarımız uygulama rehberimizi doğru şekilde uygulamak, gerektiğinde aileleri doğru yerlere yönlendirmek ve dikkat gerektiren bir durum gözlemlediğimizde onları uygun biçimde bilgilendirmek... Az önce bir aileyle çalışmamı bitirdim; ikinci çocuklarını bekliyorlar... Hâlâ onu takip ediyorum, ‘Hastaneye gittin mi?’ diye soruyorum. Proje bitmiş olsa da randevuyu almayı başardık.” (HV, 3)

1.2. Home Visitation as an Intervention Model

1.2.1. Emotional Bond Between HVs and Mothers

“Duygusal kartlar ve sağlıklı düşünme kartları üzerine konuşuyoruz ve bu konuşmalar sırasında çoğunlukla derin konular açığa çıkıyor. Daha önce kimseyle paylaşmadıkları derin travmaları bizimle paylaşan aileler oldu. Küçük bir topluluk içinde bile bu konuları rahatça konuşamayacaklarını düşünüyorum. Bire bir etkileşim annenin yararına çok daha fazla oluyor.” (HV, 1)

“İlk görüşmelerde de sonraki oturumlarda da güven bağı kurmak inanılmaz önemli. Eğer aileler bize güvenmezse ya da biz o ilişkiyi tam olarak kuramazsak, açılmazlar. ‘Açılmak’tan kastım, örneğin evde etkinlikleri yapmasalar bile bunu itiraf etmemeleri... Ama gerçekten güven oluştuğunda, bizimle oturup daha önce kimseye anlatmadıkları travmalarını paylaşan aileler oldu.” (HV, 2)

“Her şeyden önce ailelere samimi bir sıcaklıkla yaklaşıyoruz ki onlarla bir güven bağı kurabilelim. Bence kapının önünde her şeyi bırakmak ve içeri pozitif bir yüz ifadesi ve ses tonuyla girmek çok önemli; böylece aileyle gerçekten bağ kurabiliyoruz. O samimiyeti ve güveni inşa etmek çok önemli ve kim olduklarından bağımsız olarak, önyargısız bir şekilde içeri girmek de en az bunun kadar önemli.” (HV, 3)

1.2.2. On-site Observation of Family Dynamics

“Ev ziyaretçilerimizden biri, bir annenin pasif içicilikle ilgili bir sorunu olduğunu fark etti. Hamilelik döneminden hatırladığı bu durumu, ilk tanışma görüşmesinde not aldı ve bir sonraki oturumda sormayı planladı. Bir sonraki görüşmede evdeki pasif içicilik konusunu gündeme getirmek istedi. Anne, salonda sigara içilmesinden rahatsız olduğunu ama bunu daha önce eşine hiç dile getiremediğini ifade etti. Bu konuyu konuştuğundan sonra, bir sonraki oturumda anne sonunda bunu dile getirdiğini bildirdi. Kayınvalidesinden ve görümcesinden de destek almıştı. Endişesini saygılı bir şekilde dile getirdi, paylaştı ve olumlu bir sonuç elde etti.” (HV, 2)

“Anne, kendisi çok fazla şiddet yaşamış. İki kardeş de bizimleydi ve kız kardeşlerden biri Gülcan’la birlikteydi (programın başka bir ev ziyaretçisi). Ben kardeşlerden biriyle görüşüyordum, Gülcan diğer kardeşle. Benimle olan anne çok daha dirençli; kendisi de büyürken ciddi şiddet yaşamış. İki annenin de burun ameliyatı olmuş çünkü babaları döverken burunlarını kırmış. Bir annenin parmağı da kırık. Yoğun şiddet içeren bir geçmişten geliyorlar. İki anne arasındaki fark şu: Biri eşiyse çok iyi bir ilişkiye sahip. Kardeşlerden biri çok mutlu ve eşiyse iyi bir ilişkisi var. Öte yandan, benim görüştüğüm kardeş evliliğinde çok zorlanıyor.” (HV, 2)

1.2.3. Opportunity to Individualized Support

“Bu oturumların ev ziyareti şeklinde gerçekleştirilmesi, aileyle zamanla güven inşa etmeye yardımcı oluyor. Bu güven çok önemli, özellikle de senin bahsettiğin oyunları

tanıttığımızda... Örneğin ses tonumuzu değiştirerek ya da kitabı ilgi çekici şekilde kullanarak bunu gösteriyoruz... Bu yaklaşımı daha etkileşimli hale getirip önce biz model olduğumuzda, çok daha etkili oluyor. Ev ziyaretçisinin de bu şekilde dahil olması çok önemli—sadece ‘Bak burada bir köpek var’ demek değil, bunu canlı bir tonla söylemek; bu, deneyimi onlar için daha ilgi çekici hale getirmenin bir parçası.” (HV, 3)

“Bazı ailelerde ciddi bir dirençle karşılaşıyoruz. Ziyaretlerimize rağmen gözle görülür bir ilerleme ya da gelişme olmadığını hissedip hayal kırıklığı yaşadığımız aileler var. Ancak çok zorlandığımız, dirençli ailelerde bile, eğer geç kalırsam beni arayıp ‘Bir sonraki görüşmeye geliyor musun?’ diye sorarlardı. Sadece bu tepkiyi görmek bile rahatlatıcıydı çünkü somut değişiklikleri görmek zor olsa da belli bir düzeyde katılım olduğunu gösteriyordu. Aileleri kendi gerçeklikleri üzerinden değerlendirmek gerçekten çok önemli.” (HV, 1)

1.3. Strengths

1.3.1. Supervision and Team Support

“Evden çıktıktan sonra, süpervizörlerimiz sık sık teşvik edici şekilde tepki veriyor, ‘Söylenebilecek her şeyi doğru şekilde aktardın’ diyorlar. Aileler nasıl ki başka kimseyle paylaşamadıkları sıkıntılarını ve öfkelerini bize boşaltıyorlarsa, bizim de o baskıyı boşaltabileceğimiz bir alana ihtiyacımız var. Bu duyguları sağlıklı bir şekilde işleyebilmemiz ve o stresin yükünü yalnız taşımamamız çok önemli.” (HV, 2)

“Toplantılarda, genellikle ilk kez karşılaştığımız spesifik durumları ekiple paylaşma eğilimindeyiz... Bu görüşmelerde, birbirimizin iş yükünü hafifletmeye yardımcı olabilecek fikirler paylaşıyoruz. Örneğin, evde madde bağımlısı bir eşin olması ve annenin de geçmişte bağımlılık yaşamış olması nedeniyle, toplantıda ekip arkadaşımızın güvenliğini nasıl destekleyebileceğimizi konuştuk. Kendini güvende hissetmesi için ona nasıl yardımcı olabileceğimizi düşündük ve onu bir ‘kurtarıcı’ rolüne sokmadan desteklemenin yollarını tartıştık.” (HV, 1)

“Haftamızın nasıl geçtiğini gözden geçirmek ya da varsa belirli gündem maddelerini konuşmak için grup toplantıları yapıyoruz. Ekip üyeleri karşılaştıkları zorlu durumları paylaşıyor ama her zaman zorluklar konuşulmuyor; bazen haftanın duygusal yoğunluğu üzerine de sohbet ediyoruz. Bazı ekip arkadaşları, yaşadıklarını paylaşmanın kendilerini rahatlattığını söylüyor. Bu grup toplantıları ev ziyaretçilerinin streslerini bir nebze boşaltmalarına imkân tanıyor, böylece aynı eve tekrar gittiklerinde daha rahat hissediyorlar. Bazı tepkilerin aslında ne kadar yaygın olduğunu konuşmak, durumu normalleştirmeye yardımcı oluyor. Bu güvence, ev ziyaretçisinin kendini daha emin hissetmesini sağlıyor ve benzer durumlarla başa çıkmasını kolaylaştırıyor. Bazı durumlar gerçekten zorlayıcı olabiliyor, bu nedenle bu destek çok kıymetli.” (HV, 1)

“Geçen yıl annem hastalandığında yaşanmıştı. O dönem süpervizörümüz Sayın Neslihan’dı. Bana ‘İstedığın kadar izin alabilirsin, her şeyi ben hallederim’ demişti. Bu benim için çok anlamlıydı—inanılmaz değerliydi. Annem ameliyat olduğunda hastaneye bile geldi, bir şeye ihtiyacım olup olmadığını sordu. Her bir ekip üyesini gerçekten tanıyan mükemmel bir süpervizördü. Onunla çalışmak bana büyük destek sağladı. Tüm ihtiyaçlarımın karşılandığından emin oldu. Aynı şekilde ekip arkadaşlarım da çok destekleyiciydi. Kendi hayatlarımız da dahil olmak üzere her şeyi oturup açıkça konuşabildik. Bu bana çok iyi geldi ve kendimi desteklenmiş hissettim.” (HV, 2)

“Kendi aramızda da toplantılar yapıyoruz; ‘Nasıl geçti? Sana nasıl hissettirdi? Ben nasıl hissettim?’ gibi şeyleri konuşuyoruz. Deneyimlerimizi paylaşmamızın üzerimizde olumlu bir etkisi oluyor. Sorumluluk sadece bir kişinin üzerinde değil; hepimiz birlikte yükleniyoruz ve birlikte takibini yapıyoruz.” (HV, 3)

1.3.2. Flexibility

“Biri ‘Bu böyle olmalı’ dediğinde, bunu sorgulamadan kabul etmememiz gerektiğini düşünüyorum. Senin de belirttiğin gibi, sahada bazı şeyleri deniyoruz; işe yaramazsa uyarlıyoruz ve değiştiriyoruz. Bu süreç uzun zamandır bu şekilde evriliyor. Gereksiz hiyerarşilere düşmeden, sorgulayıcı ve birlikte üretmeye dayalı bir yaklaşımı değerli buluyorum. Bu yaklaşım, farklı bağlamlarda da aynı şekilde uygulanabilir.” (HV, 2)

“Bir aileyle dil engeli nedeniyle iletişim kuramadık ve sekizinci aya kadar hastaneye gitmemişlerdi. Bu engel nedeniyle bu aileyle projede çalışamadık. Bunun dışında uygulama rehberindeki etkinlikleri doğru şekilde hayata geçirmekle ilgili bir zorluk da var. Bazen rehberin dilini doğrudan kullanmadan, aileye uygun bir dil yaratmamız ya da rehberin ötesine geçmemiz gerekebiliyor. Bu aslında bir dengeleme işi—bütünü bozmadan uyum sağlamak, rehberin özünü değiştirmeden onu aileye uygun bir biçime çevirmek. Burada mesele, sorumluluklarımızdan ödün vermeden aileye nasıl ulaşabileceğimiz.” (HV, 3)

1.3.3. Frequency of Visits

“Aileler daha sık ziyaret istiyor. Gerçekten ‘Keşke her gün gelseniz’ gibi şeyler söylüyorlar ama bence mevcut ziyaret sıklığı yeterli.” (HV, 2)

“İki haftada bir görüşmek, özellikle ilk aşamadan sonraki dönem için, bu amaç doğrultusunda bence ideal bir sıklık. Anneyle düzenli takibi sürdürmek çok önemli ve anne bir oturma katılamasa bile, telefonla da olsa o bağlantıyı kurmak gerekiyor. Bu sürekliliği sağlamak ve etkileşimi devam ettirmek, hem ilişkiyi sürdürmek hem de modülün etkisini korumak açısından çok önemli; bu nedenle bu sıklık gerçekten gerekli bir şey.” (HV, 1)

1.3.4. Starting at Prenatal Period

“Bence doğum öncesi ziyaretler kesinlikle dahil edilmeli. Doğumdan önce anneyle bir ilişki kurmak ve bu etkileşimlerin doğum sonrası ziyaretlere bağlanması çok anlamlı. Doğumdan sonra aniden eve gitmekle, önceden bir bağ kurmuş olarak gitmek arasında büyük bir fark var.” (HV, 1)

“0–3 yaş aralığı benim için çok yabancı bir alandı... Gebelik sürecinde annenin ne yapması gerektiğini biliyorum. Ayşegül’ün bizi ziyaret etmesi çok faydalı oldu—bize sağlık açısından da doğrudan destek verdi. Zaman zaman bize küçük seminerler de veriyor. Bu yüzden ekip benim için sürekli öğrenilen bir ortamı temsil ediyor.” (HV, 2)

1.4. Challenges

1.4.1. About Materials

“Malzeme temininin yanı sıra, bazen oyuncak yapımı için ekstra yardıma da ihtiyaç oluyor. Bunun dışında, içinde su olan ve yuvarlanan çingırak gibi daha basit oyuncaklarımız da var, bunları yönetmek daha kolay... Genel olarak, top ya da ipli çingırak gibi oyuncakları temin etmek hâlâ bizim için bir zorluk.” (HV, 3)

“Malzeme kısmında oyuncak sağlıyoruz ama çoğunlukla tedarik konusunda sorunlarla karşılaşıyoruz. Belediyedeki satın alma süreci çok uzun sürebiliyor, bu yüzden oyuncak üretimi bazen gecikiyor. Bu süreci sürekli takip ediyor, satın alma ekibiyle koordineli çalışıyoruz ama çoğu zaman malzemeleri ofiste kendimiz toparlayıp yapıyoruz.” (HV, 1)

“Kullandığımız oyuncakların tekrarlandığını hissediyorum, özellikle de geri dönüştürülmüş malzemelere dayandığımız için. Çok fazla malzeme temin edemediğimiz için, seanslarımız aksamadan devam etsin diye elimizdekiyle bir şeyler üretmeye çalışıyoruz. Ama bu olduğunda, oyuncaklar hep aynılaşıyor ve çeşitlendirmekte zorlanıyoruz. Oyuncaklara erişim

eksikliği bizim için oldukça zorlayıcı oldu. Etkinlikleri istediğimiz kadar çeşitlendiremedik ve bu da ailelere sunabileceğimiz çeşitliliği sınırladı.” (HV, 3)

“Malzeme temini ya da herhangi bir evrak işi olduğunda, yanıtlar çoğunlukla yavaş geliyor. Bazı adımların izlenmesi gerektiğini biliyoruz; belgelerin teslim edilmesi ve onayların beklenmesi gibi. Ama bu durum sinir bozucu çünkü sanki elimizin altındaki bir şeye, sadece evrak tamamlanmadığı için ulaşamıyormuşuz gibi hissediyoruz. İhtiyacınız olan şey yanınızdaymış ama gerekli onay olmadığı için ona ulaşamıyormuşsunuz gibi.” (HV, 2)

1.4.2. About Professional Boundaries

“Zorlayıcı zamanlar oluyor, özellikle iş ve özel hayatı dengelemek söz konusu olduğunda. İşin özel hayatıma taşmaması konusunda özellikle dikkatliyim ve bu konuda oldukça başarılı olduğumu düşünüyorum... Ekibimle birlikte iş dışındaki zamanlarda işle ilgili konuları konuşmamaya çalışıyoruz. Bir dönem konuşuyorduk ama bu bizi yordu, bu yüzden işi ve özel hayatı birbirinden ayırmaya karar verdik.” (HV, 1)

“İşimle ilgili her zaman böyle bir yaklaşımım oldu; emeğini satarak geçimini sağlayan biri olarak görüyorum kendimi. Zamanımı gönüllü olarak ancak gerçekten istersem veririm. Bu bakış açısı, sınırlarımı korumama ve iş ile özel zamanı net bir şekilde ayırmama yardımcı oluyor. Bazen kişisel zorluklar işe yansıyor, bunu tamamen engellemek zor. Neyse ki, bu tür anlarda ekibim çok destekleyici oldu.” (HV, 2)

“Kişisel hayatımdan gelen şeylerin ister istemez ofiste bana yansıdığı doğru, ama arabama binip eve vardığımda bu meseleleri geride bırakmayı öğrendim. Özel hayatımda olumlu ya da olumsuz bir şey yaşarsam, iş yerindeyken bunu ekip arkadaşlarımla paylaşıyorum. Ancak bir aileyi ziyarete giderken, odağımın ve amacımın farklı olduğunu biliyorum ve kendi duygularımı bir kenara bırakmak için bilinçli bir çaba gösteriyorum.” (HV, 3)

1.4.3. Emotional Burnout

“Benim için en zorlayıcı olan kısım genellikle kişisel koşullar oluyor; bunlar başa çıkması daha güç durumlar olabiliyor. Bu tür durumlar insanı içsel olarak çok yorabiliyor. Bazen böyle hissettiğimizi bile fark etmiyoruz. Bu, ‘Başaramadım; ben bir başarısızım; yetersizim’ gibi düşüncelerle bir öz-eleştiri döngüsüne dönüşebiliyor ve bu da başkalarıyla bağ kurmamıza engel oluyor.” (HV, 2)

“Ailelerden o kadar çok şey geldiği zamanlar oldu ki, bu yükü taşımak zorlaştı... Ama bir olayı çok net hatırlıyorum. Çocuk oyuncak halkayı aldı ve yere fırlattı, bileklik kırıldı. Şok içindeydim, sakın kalmaya çalışıyordum. Sonrasında nasıl evden çıktığımı bile hatırlamıyorum. Sadece orada oturup gözyaşlarımı tutamadan ağladım; kendimi tutamadım. Sadece öfke değildi; ne hissettiğimi anlatamıyordum. Elimde kırık oyuncak vardı ve kendi kendime, ‘Bir dahaki seansa yenisini getiririm’ diye düşündüm. Ama o seans benim için gerçekten çok zordu; çok sarsıcıydı.” (HV, 3)

“Ziyaret ettiğim bir evde, bebekler öyle sıkı kundaklanıyor ki, her gelişimde kemiklerinin ve kaslarının sağlıklı gelişebilmesi için biraz gevşetmelerini öneriyorum. Ama bir sonraki ziyarete geldiğimde yine aynı şekilde sıkı kundaklanmış oluyorlar. Beşiğin içinden geçen bir ip bile var, sabit dursun diye. Ve bu duruma şahit oldukça içim daralıyor çünkü böyle olmaması gerektiğini biliyorum. Ne kadar konuşsam da bir etki yaratamıyormuşum gibi hissediyorum ve bu beni gerçekten çok üzüyor. Benim için en zor olan kısım, çabamın bir değişim yaratmadığını fark etmek. O anlarda kendimi güçsüz hissediyorum.” (HV, 3)

1.4.4. About Supervision

“Bazen öyle yoğun hissediyoruz ki, sanki kafamız patlayacak gibi oluyor. Sahada yaşadığımız zorlukları konuşabilmek ve bunu birbirimizle paylaşarak o yükü boşaltabilmek gerçekten paha biçilemez. Bir sonraki eve girmeden önce sadece beş dakikalığına ‘az önce böyle bir şey oldu’ demek bile, taşıdığımız yükü azaltmamıza yardımcı oluyor. Genel olarak, bu gerçekten fark yaratıyor.” (HV, 1)

“Bazen ekip arkadaşlarımızın motivasyonu düşebiliyor ya da her şey rutinleşmiş gibi hissetmeye başlıyorlar. Bu toplantılar düzenli yapılmadığında bu durum fark ediliyor çünkü motivasyon seviyelerini takip etmek zorlaşıyor. Motivasyon düştüğünde, süpervizörler düzenli takip yapabiliyorsa bunu daha etkili şekilde yönetebiliyor. Ama bu takip olmadığında, nasıl başa çıkılacağını bilmek zorlaşıyor ve bu da tükenmişliğe ya da başka zorluklara yol açabiliyor.” (HV, 2)

“Burada gerçekten süpervizyona ihtiyaç var. Döndüğümde birinin bana ‘Nasıl geçti?’ diye sormasına ihtiyacım oluyor. Bazen bu kısım eksik kalabiliyor. Sonrasında, ev ziyaretçisi arkadaşlarımızla konuşup ‘Ziyaret şöyle geçti’ ya da ‘Şöyle bir şey oldu’ gibi şeyleri paylaşmamız, kendimizi biraz daha rahat hissetmemizi sağladı.” (HV, 3)

1.5. Influence

1.5.1. Mothers

1.5.1.1. Self-efficacy and Practices

“Bence annelik ve ebeveynlik becerilerini geliştiriyorlar, hatta bir kadın olarak da geliíiyorlar. Artık eşlerinden ve büyük çocuklarından destek istemeye başlıyorlar. Kardeş kıskançlığını yönetme konusunda da daha iyi hale geliyorlar. Bu yüzden bunu anneler açısından gerçek bir gelişim olarak görüyorum.” (HV, 1)

“Anneler daha güçlü ilişkiler kuruyor ve genel olarak daha mutlu görünüyorlar. Göz teması, sohbet ve bağ kurma güçleniyor. Bazı anneler bize, ‘İlk çocuğumdayken karnımdayken onunla konuşmazdım ama şimdi konuşuyorum, bebeğimle konuşuyorum’ diyor. Evde yapabileceği küçük şeylerden bahsediyoruz ve bunları denediğinde, bebekten gelen tepkilerle aralarındaki bağ güçleniyor ve daha güvenli bir bağlanma oluşuyor.” (HV, 2)

“Aklıma hemen bir anne geliyor. Sık sık ‘Seninle tanıştıktan sonra özgüvenim arttı’ diyor. Eskiden özellikle eşinin ailesiyle çok fazla sorun yaşıyordu. Ama artık sınır koymayı öğrenmiş durumda, neleri başarabileceğini görebiliyor. Ayrıca şu anki çocuğuyla yaşadığı ilerlemenin, önceki çocuklarına kıyasla çok daha farklı ve çok daha iyi olduğunu fark ediyor.” (HV, 2)

1.5.1.2. Social Network

“Annelerden en sık duyduğumuz şey, ‘Sayenizde daha sosyal olduk’ oluyor. Birçoğu önceden kimseyle iletişim kurmazken, bizimle görüştüktan sonra komşularıyla da bağlantı kurmaya başladılar. Anneler, birbirlerinin bebek arabasında bizim verdiğimiz oyuncakları görünce sohbete başlıyorlardı.” (HV, 1)

“Sadece ev ziyaretçisinin ‘Merhaba, nasılsın?’ demesi bile onları iyi hissettiriyor. Yargılanmadan konuşabilecekleri, güven duydukları biriyle dertleşebilmek onlar için çok değerli. Anneler bu açıklık sayesinde aralarında gerçek bir bağ oluştuğunu fark ediyor. Bu güven artışı, çocuklarıyla olan ilişkilerini de olumlu etkiliyor çünkü kendilerini yeterli anneler olarak görmeye başlıyorlar. Özgüven sadece ebeveynlikle ilgili değil; kadın olarak, birey olarak da onları etkiliyor.” (HV, 2)

“Aile içi düzen üzerinde de önemli bir etkimiz oluyor. Birinin anneye gerçekten ‘Sen nasılsın?’ diye sorması gerekiyor. Anne her şeyi özgürce anlatabiliyor çünkü komşusuna

anlatsa dedikodu olur... Bence programım, annelerin kendini açmasına yardımcı olma konusunda çok etkili.” (HV, 1)

1.5.2. Children

“Bazı annelerimiz bebekleriyle hiç etkileşim kurmuyordu; sadece emzirip yatağa yatırıyorlardı ve bebeğin gelişiminin oldukça durağan olduğunu gözlemliyorduk... Sonunda önerdiğimiz etkinlikleri uygulamaya başladı ve bebeğin gelişiminde inanılmaz bir ilerleme gördük. Sekiz-dokuz aylıkken oturmakta zorlanan bir bebek, bir-iki ay içinde emeklemeye, ayağa kalkmaya ve yürümeye çalışmaya başladı. Aileler önerdiğimiz yöntemleri uyguladığında bu değişimi gerçekten gözlemledik.” (HV, 1)

“Bebeklerde beceri gelişim sürecinin ciddi şekilde hızlandığına inanıyorum. Taklidin önemini sık sık vurguluyorum. Bebekler taklit etme konusunda çok iyidir; sesimizi ve hareketlerimizi taklit ederler. Aileler bu taklit sürecini gözlemledikçe bebekleriyle daha çok ilgilenmeye, yeni şeyler denemeye motive oluyorlar ve bu da bebeklerin gelişimini olumlu yönde etkiliyor.” (HV, 3)

“Bir anne bana, ‘Diğer çocuklarım hep tembel gibiydi,’ dedi. Ama sonra, ‘Hamza’da hiçbir tembellik görmüyorum. Sürekli midyelerle uğraşiyor,’ diye ekledi. Kale oturumlarımızda (Kadifekale, İzmir’in sosyoekonomik açıdan dezavantajlı bir bölgesi) midyelerle etkinlikler yapıyoruz ve anne, Hamza’nın sürekli onları içeri dışarı koyduğunu söyledi. ‘Sürekli bunu yapıyor; bana bile yardım ediyor, bir tane bile atsa yeter,’ dedi. Oynadığımız oyunlardan mı kaynaklı bilmiyorum ama, ‘Diğerlerine göre çok daha çalışkan,’ dedi. Bir çocuğun bu şekilde ilerleme kaydetmesi ve sürece katılması gerçekten harika!” (HV, 3)

1.5.3. HV’s

“Bu programda edindiğim deneyimleri farklı bir alanda geliştirmek istediğimi düşünüyorum. Belediyede kazandığım deneyim, kariyer anlamında bana birçok kapı açtı. Yoksulluk, kadınlar ve çocuklar alanında daha fazla katkı sunmak istiyorum.” (HV, 2)

“Süpervizör olarak deneyimimi geliştirmek istiyorum. Daha büyük bir ekiple çalışarak liderlik becerilerimi artırmayı hedefliyorum. Gelecekte, sahada edindiğim deneyimlere dayanarak ev ziyaretçiliği alanında daha üst düzeyde çalışmaya ve daha büyük projelere katılmaya devam etmek istiyorum.” (HV, 1)

“Ev ziyaretçisi olarak devam etmeyi planlıyorum ama aile sayısı açısından daha dengeli bir yapıda çalışmayı düşünüyorum. Şu an için büyük bir kariyer değişikliği planlamıyorum, ancak ileride çocuk gelişimi alanında daha fazla uzmanlaşmak istiyorum.” (HV, 3)

1.6. Experiential Insights for Enhancement

“Belki doğum öncesi bir ziyaret olabilir. Bir süre sonra şöyle bir durum oluyor: Gözlemlediğim kadarıyla, odak tamamen anneden uzaklaşıyor. Özellikle altıncı aydan sonra, belki anneye verilen destek biraz daha artırılabilir—içerikler daha da geliştirilebilir. Süreç boyunca annenin ruh sağlığını desteklemeye devam edebiliriz diye düşünüyorum çünkü sağlıklı düşünme kartları bitiyor. Bence annenin ruhsal desteği süreç boyunca devam ettirilebilir.” (HV, 1)

“Belki oyuncaklarla ilgili bir şey... Farklılık var—bu bizim kendi belediyemizin işleyişiyle ilgili bir durum. Aynı zamanda içsel olarak bizim de üzerine düşünmemiz gereken bir konu. Ama belki annelerden bir şey talep etme şeklimiz değiştirilebilir. Örneğin, materyaller evde kullanılabilecek ve uygulanabilecek şekilde farklı bir yolla ulaştırılabilir.” (HV, 3)

“Takip formuna anneyle ilgili duygusal bir şey eklenebilir. Mesela, bu ziyarette anne kendini nasıl ifade etti? Bu bağlantıyı şöyle kurdum; çünkü o kısım (anneye dair yorum bölümü) çoğu zaman boş bırakılıyor. Yani ziyaretçinin not almak istediği her şey için ayrılmış olan alt bölümden bahsediyorum. Bence o bölüm belki genişletilebilir ya da daha detaylı hale getirilebilir.” (HV, 1)

“Ev ziyaretleri belli bir aşamaya kadar çok gerekli, özellikle de bebek çok küçükken ve anne dışarı çıkacak durumda değilken. Ama belli bir aşamadan sonra, programın bir merkezde de yürütülmesinin daha sağlıklı olacağını düşünüyorum.” (HV, 2)

“Aile sayısı otuzda tutulup kırka çıkarılmazsa, haftanın bir günü ailelerle geçirilebilir. Belki iki haftada bir görüşmeden haftada bire geçmek mümkün olmaz ama ayda bir kere, kadınların bir araya geldiği, deneyimlerini paylaştığı ve bağ kurduğu bir ortam olabilir. En azından sosyalleşebilecekleri bir alan, bir destek grubu gibi bir ortam yaratılabilir. Kadınların evden daha erken çıkmalarını teşvik etmenin faydalı olacağını düşünüyorum. Böylece daha çok sosyalleşirler.” (HV, 2)

2. Supervisors

2.1. The Role of Supervisors

2.1.1. Administrative

“Ekip ile grup toplantıları yapıyoruz ve buna ek olarak iki haftada bir bireysel görüşmeler gerçekleştiriyoruz. Yönetimle köprü görevi görüyoruz; yöneticiler ve birim amiri ile bağlantı kuruyoruz. Onlardan gelen bilgileri ekibe aktarıyor, aynı şekilde ekipten veya sahadan gelen sorunları ya da güncellemeleri yönetime iletiyoruz. Saha ziyaretleri ve ulaşım çalışmaları yürütüyoruz; ekip dinamikleri ya da iletişimle ilgili kararlar alınması gerektiğinde ya da sahada bir sorun olduğunda, bunları grup olarak koordine ediyoruz.” (SPV, 2)

2.1.2. Support

“Bence süpervizörün rolünü bir pusula olarak tanımlardım. Sadece ev ziyaretçileri için değil, tüm program için bir rehber olmak gibi. Sorumlular için, ‘Herkes kuzeye odaklanmış ama belki güneye de bir bakmak lazım’ diyerek ‘başka bir yön daha var’ diyen bir pusula gibisiniz. Yani bu rolü yalnızca ev ziyaretçileri için değil, aileler, karar vericiler ve yöneticiler için de bir pusula olarak tanımlardım.” (SPV, 1)

“Rollerimizden biri programın standartlarını korumak ve sürdürmek. Ev ziyaretçisini, programın nasıl uygulandığını ve anneyi gözlemliyoruz. Sonrasında ev ziyaretçisine geri bildirim vermek çok değerli çünkü o anda kendisini dışarıdan görmesi, ne söylediğini ya da ne yaptığını fark etmesi zor olabiliyor. Dışarıdan gelen objektif bir bakış açısı oldukça etkili olabiliyor.” (SPV, 1)

2.2. Home Visiting as an Intervention Model

2.2.1. On-site Observation

“Farklı yerlere, özellikle ihtiyaç sahibi bölgelere gidiyoruz ve aslında doğrudan evlerin içine giriyoruz ki bu, birçok programda olmayan bir şey. Evet, sağlık girişimleri var ve birçok program tanıtılıyor ama doğrudan annenin yanında, evin içinde bir şey uygulamak gerçekten çok anlamlı ve büyük bir etki yaratıyor.” (SPV, 2)

“Bir süpervizör olarak orada bulunmam, onların objektif geri bildirim alabilecekleri güvenli bir alan yaratmak için. Aileyle ilgili bana sorular soruyorlar, örneğin, ‘Aile hakkında ne düşündünüz?’ ya da ‘Anne bunu neden söylemiş olabilir?’ gibi. Bu da bana, benim varlığımın ev ziyaretçileri için daha güvenli bir ortam oluşturduğunu gösteriyor... Benim rolüm bir güven hissi sağlıyor.” (SPV, 1)

2.2.2. Holistic Approach

“Davranış değişikliğine yönelik içerikleri uygulamaya odaklanıyoruz; hem anneyle hem bebekle ve aslında tüm aileyle birlikte çalışıyoruz. Her ne kadar anne ve bebeği görmeye gitsek de, dolaylı olarak tüm aileyle çalışıyoruz; mikrodan makroya uzanan bir bağ kuruyoruz.” (SPV, 2)

“100 aileye ait kayıt formlarımız var ama bu sadece 100 anne demek değil; annelerle birlikte ailelerindeki diğer dinamiklerin çarpımı anlamına geliyor. Bu yüzden broşürün bu yönü yansıttığını düşünüyorum, çünkü evde fiziksel olarak bulunmayan birinin—örneğin baba—bebeğin gelişim süreciyle ilgili aileyle bir etkileşime girdiği ve geride bir şey bıraktığı net bir şekilde görülüyor. Bu da, aslında sadece annenin değil, ailenin bir bütün olarak bu programın parçası olduğunu vurguluyor.” (SPV, 1)

“Broşürlerin çok etkili olduğunu düşünüyorum çünkü ziyareti özetliyorlar. Programın sonunda anne broşüre dönüp bakabiliyor; içinde beslenme mesajları ve o gün konuşulan konuların özeti yer alıyor. Bence bu gerçekten çok etkili.” (SPV, 2)

2.3. Strengths

2.3.1. Frequency of Visits

“Ziyaret sıklığının oldukça yeterli olduğunu düşünüyorum. Her iki haftada bir ziyaret ediyoruz ve doğum öncesinde ayda bir kez gidiyoruz. Bazı durumlarda daha sık ziyarete ihtiyaç olabilir. Ancak daha önce bazı annelere ziyaret yerine telefonla ulaşmayı tercih ettiğimiz zamanlar oldu. Bunun nedeni, daha fazla etkileşime ihtiyaç duymalarıydı. Bu durumlarda yine iki haftada bir ziyaretlere devam ediyoruz ve süreç içinde anneyi arayıp nasıl olduğunu soruyoruz.” (SPV, 2)

2.3.2. Use of Program Materials

“Oyuncakların evde yapılabilir olması ve malzemelerin kolayca temin edilebilmesi çok önemli. Oyuncak kısmını gerçekten çok seviyorum çünkü pahalı şeylere para harcamaya gerek kalmadan motor becerilerin gelişmesini sağlıyor.” (SPV, 1)

“Broşürle ilgili çok fazla geri bildirim aldım. Broşürü evde bırakıyorsunuz; eşim okuyor, kayınvalidem okuyor; yani aslında tek bir anneyle çalışıyoruz ama o bir anne üzerinden birçok kişiye ulaştığımıza inanıyorum...” (SPV, 1)

2.3.3. Flexibility

“Programımızın ziyaretler sırasında yeme içmeyi yasaklayan bir politikası var ve bu, o bölgedeki aileler için oldukça olumsuz bir etki yaratabiliyor. Çünkü onların kültüründe, bir misafir gelip de bir şey yemez ya da içmezse, bu evin misafirperver olmadığı ya da misafirin ev sahibini sevmediği anlamına gelebiliyor. Bu nedenle, onların kültürüne hitap eden bir iletişim diliyle yaklaşarak, sınırlarımı kültürel olarak hassas bir şekilde belirleyip samimi bir ilişki kurmaya değer verdiğimi aktarmaya çalıştım.” (SPV, 1)

“Daha önce bazı annelere ziyaret yerine telefonla ulaşıyorduk çünkü daha fazla iletişime ihtiyaç duyabiliyorlardı. Bu gibi durumlarda iki haftada bir yapılan ziyaretler yine devam ediyor. Süreç boyunca anneyi arayıp nasıl olduğunu sormaya da devam ediyoruz.” (SPV, 2)

2.3.4. Supporting Mothers

“Anneler açısından benim en çok değer verdiğim şey, sadece açık fikirli olmaları değil, destek almaya da açık olmaları. O anneyle nasıl daha güçlü bir ilişki kurabiliriz, nasıl daha fazla açılabiliriz, buna odaklanıyorum. Annelerdeki temel kriterim bizim varlığımıza açık

olmaları ve tabii ki bu ilk gebelikleriyse... Ama beşinci gebeliği olup hâlâ katılmaya istekli olan annelerle de karşılaştım.” (SPV, 1)

“Danışmanlık sürecine birçok anneyi dahil etmeyi başardık. Kadifekale aslında çok muhafazakâr ve sert bir yer. Göç hikâyelerinin çok olduğu bir bölge; bu göçler çok fazla travma da getiriyor... Bu sertliğe rağmen, bir anne evine birisi girmediği dışarıdaki bir destek ağına asla yönelmiyor. Bu kapalı bir kapı gibi ve biz o kapıya nazikçe dokunup diyoruz ki, ‘Bak dışarıda bir ışık var; onu görebilirsin.’ Onlarla birlikte bir yol açıyoruz ve kesinlikle haklısınız; biz tam da onların yanındayız.” (SPV, 1)

2.3.5. Cultural Sensitivity

“Bence karşılıklı bir kaygı vardı; anneler belki onları yargılayacağımızdan korkuyordu, biz ise onların bizi nasıl algılayacağından endişeliydik. Ama orada madde kullanımı ya da suç araştırması yapmak için değil, gerçekten onları ve bebeklerini desteklemek için bulunduğumuzu ilettiğimizde güvenlerini kazandık... Kültürel hassasiyetle yaklaşmak, kabul ve iş birliğini kolaylaştırıyor.” (SPV, 1)

2.4. Challenges

2.4.1. Program

“İlk grup için, ne zaman sıkışsalar başvurabilecekleri biriydim. Ama programı anlayıp uygulamaya başladıklarında algı değişti. ‘Beni mi denetliyor? Bu benimle mi ilgili?’ gibi düşünceler oluşmaya başladı. Yeni grupla ise durum farklı. Artık yerleşmiş bir süreç var ve bunun farkındalar.” (SPV, 1)

2.4.1.1. Availability of Materials

“Bu malzemeleri temin etmekte gerçekten çok zorlanıyoruz. Bazen kasada sorunlar çıkıyor. Bu yüzden oyuncakların tedariki çoğu zaman gecikiyor. Ayrıca hijyen ve temizlik konusunda da zorluk yaşanabiliyor. Buradaki depolama koşulları bazen yetersiz kalıyor, bu da malzeme teminini zorlaştırıyor.” (SPV, 2)

2.4.2. SPV’s Challenge

2.4.2.1. Managing Boundaries

“Profesyonel bir iş yapıyorduk ve arkadaşlık ilişkileri bazen işi olumsuz etkileyebiliyordu— ilişkilerimizin gerildiği zamanlar oldu. Hem ekip içinde hem de ailelerle ve grup rehberleriyle eşit mesafeyi korumak benim için önemli. İş dışında arkadaşlıklar kurabiliriz ama iş ortamında o profesyonel sınırı korumayı öğrenmenin çok gerekli olduğunu düşünüyorum.” (SPV, 2)

“Aileler açısından bakıldığında, varlığımız bir bağ kurmaktan ziyade bir tür bağımlılık yaratabiliyor. Ama bunun bir olumsuz tarafı var: bazı aileler ‘Gelirken bana şunu da getirir misin?’ gibi şeyler söylemeye başlıyor. Sürekli bu evlere girip çıktığımız için sınırlar konusunda bir sorun oluşabiliyor.” (SPV, 1)

“Geçen yıl sahada işlerin en yoğun olduğu dönemde işe gelir, bunaldığımı ifade etmeye çalışırdım ama ekip arkadaşlarım ‘Eh, işin doğası bu’ gibi bir tavırla yanıt verirdi. Beden dillerinden de anlıyordum; sanki ‘Bu senin işin tatlım’ der gibiydiler. Özel hayat ve işi dengelemek gerçekten çok zordu. Bu yüzden geçen yıl süpervizör olarak her şeyi tek başıma yürütmek benim için gerçekten çok zordu.” (SPV, 1)

“Bu program sayesinde profesyonel mesafeyi korumanın önemini öğrendim. O küçük süpervizörlük ayrımının ne kadar kritik olduğunu gördüm. Zamanla ev ziyaretçileriyle aramdaki ilişki değişti. Arkadaşlık dinamiği oturmuşken, onların beni süpervizör olarak görmesi zorlaştı. Ben süpervizörlük rolüne doğru geçmeye başladığımda, neden biraz geri çekildiğimi anlamakta zorlandılar.” (SPV, 1)

2.4.2.2. Emotional Burnout

“Bazen, özellikle her şeyi tek başıma yöneten tek süpervizör olduğumda, sorumluluk ve baskı çok bunaltıcı geliyordu. Eve gittiğimde kendimi tükenmiş hissediyordum, aileme karşı sabırlı olmakta bile zorlanıyordum. Hem profesyonel mesafeyi koruyup hem de empatik kalmanın ne kadar zor olduğunu fark ettim.” (SPV, 1)

“Dirençli tutumlarla ya da savunmacı tepkilerle başa çıkmak, rolümde en zorlayıcı yönlerden biri oldu. Sabır çok önemli ama bazen bu tepkileri kişisel almamak ya da empati karşılık bulmadığında hayal kırıklığı yaşamamak zor olabiliyor. Benim rolümde sakin kalmak gerekiyor ve bu duygusal olarak oldukça yıpratıcı olabiliyor.” (SPV, 2)

“Yalnızca kedilerimle vakit geçirmekten keyif alıyordum çünkü onlarla konuşabiliyordum; oysa işte hep ben dinliyordum. Partnerime, aileme karşı bile daha az sabrım kalmıştı, tahammül seviyem düşmüştü.” (SPV, 1)

“Bir oğlum var, bugün okuldaki ilk günüydü ve onunla fotoğraf çekilmeye bile gidemedim. Böyle durumlar yaşıyorum ama dengeyi korumak önemli; ben de içinde bulunduğum duruma uygun bir yaşam dengesi kurdum ve bu dengeyi partnerimle birlikte yönetiyoruz.” (SPV, 2)

2.4.2.3. Managing the Team

“Tepkisellik ve sorgulayıcı bir tutum benim için zorlayıcı. Tepkisellik bana bir direnç biçimi gibi geliyor, özellikle bir ev ziyaretçisinden geldiğinde. Değişime direnç göstermek benim için gerçekten çok zorlayıcı.” (SPV, 2)

“Bir süpervizör olarak sakin kalmaya ve duygularımı düzenlemeye çok önem veriyorum— gerekirse kendimi defalarca sakinleştiriyorum. En büyük zorluklarımdan biri sürekli motivasyon sağlamaktı, ama zamanla bu benim enerjimi de tüketmeye başladı. Bir ev ziyaretçisini on beş ay boyunca kırk aileyle görüşmeye motive tutmak inanılmaz derecede zorlayıcı.” (SPV, 1)

“Diğer yandan ben bir süpervizörüm ve koordinasyon sürecinin bir parçasıyım. Ev ziyaretçilerinin işlerini yönetmem gerekiyor ama onların da kendi süreçlerinden geçtiğini fark ediyorum. Bazen öfkeleri bana yönelebiliyor çünkü ben onlar için güvenli bir alanı temsil ediyorum—bunu açıkça dile getirmeseler bile. Bu öfke bana yöneldiğinde, aslında güvenilen bir yerde olduğumu gösteriyor.” (SPV, 1)

2.5. Influence

2.5.1. Families

“Bir anne bir keresinde ‘Yalnızlığımı iyi geldi’ demişti. Bence biz program olarak annelerin bu temel yalnızlığına dokunuyoruz. Onlara gerçekten nasıl hissettiklerini soruyoruz. Evlerine giren küçük pusulalar gibiyiz; çıktuktan sonra da bir şekilde hayatlarında kalıyoruz ve güven duydukları bir yer oluyoruz. Annelerin hikâyelerini bebekleri aracılığıyla duyuyoruz. Aynı zamanda onlara bir tür günce gibi deneyimlerini paylaşabilecekleri bir açıklık alanı da sunuyoruz.” (SPV, 1)

“Annelerin gülümsediğini görüyorum. Çok daha sosyal hale geldiklerini gözlemliyorum. Eskiden hiç yapmadıkları şekilde şarkı söylediklerini görüyorum. Bebekleriyle hiç konuşmazlardı ama artık onlarla iletişim kurabildiklerini gözlemliyorum.” (SPV, 1)

“Evleri ziyaret ettiğimizde bazen hiçbir şeyin etki etmediğini, hiçbir şeyin onlara dokunmadığını düşünürüz. Ancak bir şey olur ve anne öyle bir şey söyler ki, bu etkinin

gerçekten var olduğunu gösterir. Yani, hiç etkilenmiyor gibi görünen annelere bile aslında içten içe dokunduğumuzu düşünüyorum.” (SPV, 2)

2.5.2. Children

“Kesinlikle daha sosyal olduklarını söyleyebilirim. Özellikle 13 ila 36 ay arasına geldiklerinde bunu artık net şekilde görmeye başladığımızı düşünüyorum. Bazı bebekler 12. aya kadar evdeydi ama şimdi hepsini gruplar içinde görüyoruz. Daha sosyal ve daha dışa dönük olduklarına inanıyorum. Çalıştığımız ailelerdeki bebeklerin çoğu, özellikle motor beceriler açısından gelişim basamaklarını zamanında tamamladı. Hatta son birkaç ayda bazılarının bazı gelişim adımlarını biraz daha erken gerçekleştirdiğini fark ettim.” (SPV, 1)

“Anneler bize önerdiğimiz uygulamaları hayata geçirdiğinde, bebeklerin gelişimi gerçekten çok iyi ilerliyor. Duygusal ve psikolojik açıdan da bebekler kendilerini çok güzel ifade ediyor. Göz teması kuruyorlar, şarkı söylüyorlar, daha fazlasını yapıyorlar. Annelerin özgüveninin bebeklerine de yansıdığına gerçekten inanıyorum.” (SPV, 2)

2.5.3. HVs

“Saha uygulayıcısı olmak, bir noktada daha iyi bir insan olmanızı gerektiriyor. Bunu, belli bir bakış açısına sahip olan bir ev ziyaretçimizde gördüm—daha önyargılıydı diyelim. Başta ‘Kürt mahallesine gitmem’ ya da ‘Roman mahallesine gitmem’ gibi şeyler söylüyordu. Ama sonra ‘Kürt mahallelerine bakışım değişti’ ya da ‘Roman mahallelerine artık farklı gözle bakıyorum’ dediğini duydum.” (SPV, 1)

“İnsanlarla, ailelerle ve kadınlarla çalışmak sürekli bir olgunlaşma ve gelişim gerektiriyor. Kişinin kendisiyle yüzleşmesini de zorunlu kılıyor. Bence bu program hem ev ziyaretçileri hem de süpervizörler için çok dönüştürücü bir deneyim.” (SPV, 1)

2.5.4. SPVs

“Ben çok şey öğrendim. Süpervizör olmak benim için sanki sayısız kitap okumak gibiydi. O kadar farklı kitaplar okumak gibi... İçinde psikoloji var, sayısız eğitim türü var, öğretmenlik var, annelik var, psikologluk var, yöneticilik var. Süpervizörlük benim için inanılmaz öğretici bir deneyim oldu. Ve en güzel tarafı da elbette bu kadar çok anneyi, bu kadar çok kadını ve onların hikâyelerini tanımak oldu... Gerçekten beni çok daha sabırlı bir insan yaptı.” (SPV, 1)

“Bazen kendi bakış açına çok yabancı ya da zıt gelen şeylerle karşılaşıyorsun ve bunlara tanıklık etmek zorlayıcı olabiliyor. Bu noktada empati kurabilmek çok önemli. Benim en çok dikkat ettiğim şey esneklik. Ve aslında çok da esnek biri olmadığımı fark ediyorum.” (SPV, 2)

“Süpervizörlük rolünde olmak bakış açımı genişletti, olaylara uzaktan bakmanın ne kadar önemli olduğunu anlamamı sağladı. Bu deneyimin analitik düşünme becerimi ve dayanıklılığımı çok geliştirdiğini düşünüyorum, her ne kadar duygusal olarak zorlayıcı yanları da olsa.” (SPV, 1)

“Eskiden çok sabırsız bir insandım ve hâlâ özel hayatımda bu konuda zorlandığım oluyor. Ama profesyonel hayatta, özellikle süpervizör olmaya hazırlanırken geçen bekleme sürecinde sabretmeyi öğrendim. Ev ziyaretlerine gittiğimizde sabrın ve dinlemenin ne kadar önemli olduğunu öğrendim. Sessizliği kabullenmeyi, dinlemeyi ve zamanla sabırlı olmayı öğrendim. Küçük değişimlerin bu ilişkiler içinde mümkün olduğunu fark ettim.” (SPV, 2)

2.5.5. Municipal Structures

“Genel Müdür’ü ve daire başkanlarını, beyin gelişiminin %80’inin 0-3 yaş arasında gerçekleştiğine ikna etmeyi başardık ve bunun ardından birimler kurabildik ve çok daha iyi bir noktaya geldik. Anne beslenme paketi fikri aslında onlardan geldi. Elbette onların yaklaşımı daha geleneksel ama bunu hızlıca hayata geçirmek konusunda çok isteklidirler. Artık erken çocukluk alanında ‘balık tutmayı öğretmenin’ gerekliliğini aktardığımızı düşünüyorum ve yavaş yavaş bunun anlaşılmasına başladığını hissediyorum.” (SPV, 1)

“Bence bu durum çok köklü bir değişimi beraberinde getirdi. Daha önce İzmir’de, evet, 95 öncesinde masal evlerimiz vardı ama yalnızca 36 ay ve üzeri çocukları kabul ediyorduk. Bu birimi kabul ettirebilmek için idareyi, müdürü ve daire başkanını ikna etmemiz gerekti ve zamanla bu süreç, sahada yaptığımız çalışmalar ve getirdiğimiz içgörülerle şekillendi. Sahada olmak ve evinde ziyaret ettiğimiz annelerden topladığımız gerçek bilgileri aktarmak, 0-3 yaş grubuna dair farkındalığın artmasında çok etkili oldu.” (SPV, 2)

“Aslında artık dengeleri tersine çevirmeye başladık. Yönetim bizi dinlemek zorunda kalıyor. Hiçbir daire başkanı ya da müdür bize kesin olarak ‘şöyle olmalı’ diyemiyor. Artık bize soruyorlar: ‘Sence nasıl olmalı?’ Bence bu, yönetim açısından ulaştığımız en iyi nokta olabilir.” (SPV, 1)

“Akademik desteğe sahip olmak inanılmaz değerliydi. Saha çok farklı bir yer ve siz sahada koştururken başka bir bakış açısına ihtiyaç duyuyorsunuz. Bu programı uygulayan diğer programlarla ve belediyelerle ilişki kurmak da çok faydalı olabilir, özellikle benzer sorunlar ortaya çıktığında. Bu durum kesinlikle iş birliği olasılığını artırıyor. Belediyenin bize destek konusunda en başta yapması gereken şey, bizim varlığımızı tanıması. Bu bile üzerimizdeki baskıyı büyük ölçüde hafifletiyor. Çünkü varlık oluşturma sürecimizin akademik tarafça da desteklendiğini kabul ediyorlar.” (SPV, 1)

2.6. Experiential Insights for Enhancement

“Programda standart ziyaret süresi yarım saat olarak belirlenmiş. Ancak bence otuz dakika çoğu zaman aileler için yeterli değil. Kırk beş dakikanın çok daha yeterli olacağını düşünüyorum. Görüşmeler ilerledikçe bu süre doğal olarak azalıyor, ancak özellikle ilk görüşmeler için kırk beş dakikanın gerekli olduğunu düşünüyorum.” (SPV, 2)

“Programı geliştirirken, sahaya çıkmadan önce bölgenin kültürel bir değerlendirmesini de yapmamız gerektiğine inanıyorum. Genellikle istatistiksel haritalar üzerinden riskli mahalleleri seçiyoruz ama bir topluluğun kültürel kodlarını anlamak da en az bunun kadar önemli.” (SPV, 1)

“Ev ziyaretçisi, aynı kişiyle 15 ay boyunca çalıştığında sıkılmaya başlayabilir. Programın gerektiğinde uzatılması ya da alternatif seçenekler sunulması, ev ziyaretçisinin daha fazla aile görmesini sağlayabilir. Bu da ziyaretçiyi daha dinamik kılar ve durağanlık hissini önlemeye yardımcı olur.” (SPV, 1)

“Bazılarımız bu alandan geldiğimiz için sınır koymayı biliyoruz ama tüm ev ziyaretçileri aynı geçmişe sahip değil, bu konuda zorlanabiliyorlar. Eğitimlerde programın sınırlarını netleştiren çok daha ayrıntılı bir bölüm olmalı diye düşünüyorum.” (SPV, 1)

“Anneye verilen desteğin artırılabilceğini düşünüyorum, belki içerikler daha da geliştirilerek. Örneğin, ‘sağlıklı düşünme’ kartları bir süre sonra tükeniyor. Bunun bir nedeni olabilir ama süreç boyunca annenin ruhsal iyi oluşunu desteklemeye devam edebiliriz.” (SPV, 2)

“Takip formlarının özellikle ev ziyaretçileri için çok değerli olduğunu düşünüyorum. Çünkü bu sayede aileyi takip edebiliyorlar. Ama dijital olsa çok daha işlevsel olacağını düşünüyorum.” (SPV, 1)



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