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Phoenix Early Head Start: An Introduction to Twelve Family Stories

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About Phoenix Early Head Start

Phoenix Early Head Start (EHS) is a program for first-time teen parents and their families. Part of a national initiative funded in 1995 to provide services for low-income pregnant women and families with children ages birth to three, Early Head Start is a family-centered program that is intended to provide early, continuous, intensive, and comprehensive child development and family support services for vulnerable families and their very young children.

Phoenix Early Head Start recruits low-income teens ages 13 to 19 in central/south Phoenix who are pregnant with their first child or who have an infant under six months of age. The program is designed to serve 120 families, with services provided through a three-pronged approach: weekly home visits, site-based socialization activities, and “brokered” services that link families with high-quality community resources. Male involvement is a major program focus, with concentrated outreach efforts to engage young fathers with their children.

Introduction to Twelve Family Stories

Amidst the numbers and statistics that comprise a program evaluation, it is easy to lose sight of the program participants themselves. That is one rationale for a case study—to tap into some of the rich background information that only participants can provide. To develop some of this background information for the five-year program evaluation of Phoenix Early Head Start (EHS), a case study was undertaken of 12 families who were representative of all EHS program participants. Each of the 12 families agreed to be followed throughout their participation in the program so that their “stories” can be updated as they unfold from one year to the next.

The case study families were interviewed for the first time in August 1997, toward the end of the first full year of program implementation. At this point, each had been involved in the program a minimum of seven months. Shortly afterward, discussions were also held with the family support specialists in order to obtain additional information about each family. Due to issues of anonymity, however, some information could not be used in the individual family stories. Therefore, to set the stage for the individual family stories, some of this background information has been woven into a brief composite sketch that will help explain who these families are.

Family Composite

By program design, all EHS families consist of at least one teen parent as the primary caregiver. In all but a few cases this primary caregiver is the mother, but the program includes focused efforts to engage fathers as well. Among case study families, the mother was considered the primary caregiver in 11 of 12 families, but four of those families also had the father participating in raising the child. In one family, the father was the sole and primary caregiver.

Many of the case study teens came from troubled, disrupted families. Several were currently living in extended family situations that involved complicated familial relationships and included resident children of other relatives. In some cases severely strained relationships had occurred between the teen parents and their parents or relatives.

Some of these teen parents initially voiced ambivalent feelings toward their impending parenthood. Two mothers reported seriously considering an abortion to avoid the responsibilities of motherhood. One father threatened to abandon the soon-to-be-mother of his child when he found out she was pregnant and wouldn't abort. All three subsequently changed their minds and expressed satisfaction with their decisions to accept the role of parent.

Drug and alcohol abuse were reported problems for several of the families. These abuses had occurred on the part of the teen parents themselves, their parents, or in one case, a 39 year old boyfriend of one of the teen parents. Many of the families also had contact with the criminal justice system. At the time of the interviews, one primary caregiving parent was on probation while at least two non-primary caregiving parents were in detention. In addition, one teen parent's father died in prison and another's uncle was currently serving a prison sentence. Domestic violence, rape, or prostitution were also reported in the background of three of the families.

Most of the teen parents were experiencing difficulty completing their education. Prior to enrolling in EHS, more than three quarters of the case study parents had dropped out of junior high or high school, and one parent reportedly had never attended any school at all. At the time of the interviews, only four parents were actively continuing their schooling, but five others had either enrolled for fall or made plans to attend GED classes.

Several parents faced special problems because they were undocumented immigrants and, consequently, had to manage their lives under a different set of conditions than legal residents. Among the difficulties, illegal residents were ineligible for some types of public assistance. In one family, an illegally documented parent applied for badly needed health care through AHCCCS (Arizona's indigent health care system) but when illegal documents were discovered during the application process, the spouse of this parent lost his job—and the family's only source of income.

The children of these families were also facing risk factors. During the first year of the program, staff expressed concern about two of the babies that had exhibited poor health or failure to thrive. In addition, one family had been investigated by Child Protective Services after their baby was injured. Furthermore, some of these children would soon face competition from a sibling: at the time of interview, two case study parents were pregnant with their second child.

Common Themes

The families in this case study vary considerably in needs, strengths, and available resources. They also differ in age, language, ethnicity, family support specialist, and program participation. But while each family is unique, their family stories—particularly with respect to their EHS program experiences—exhibit several recurrent themes. Among the most common of these themes are the following:

Assistance from caring staff—Parents repeatedly described their family support specialists and other EHS staff as “caring.” They felt that EHS staff provided focused assistance, sincere social and emotional support, concerned but unbiased advice, and “someone to talk to.” They said their family support specialists were “always there” for the them, “like a member of the family,” and “not pushy” as compared to relatives, friends, or some staff from other programs. The attention of staff was the most valued of all EHS services to them.

Reassurance from home visits and child development tracking—Most parents said they looked forward to the home visits more than any other EHS activity. They saw home visits as a time to discuss problems, ask questions, and find out about the progress of their babies. Parents also said the home visits helped reassure them about their children’s well-being because of periodic videotaping sessions, routine checkups by the EHS nurses, and developmental assessments by EHS staff.

Help in becoming good parents—Case study participants often expressed the goal of “becoming a good parent,” and they acknowledged the contribution EHS was making in helping them achieve that goal. They said that EHS staff taught them how to recognize their baby’s cues and respond appropriately. They valued the parenting and child development information they had received from nurses and other staff during home visits and site-based activities. And they said they appreciated the affirmation they received from EHS staff regarding their role as parents.

Help with education and career goals—Parents frequently mentioned that EHS staff had provided them with the assistance they needed to move ahead with their lives. Nearly all said they had received help in finding or enrolling in school, locating or keeping a job, and defining or achieving educational and career goals. Typically this assistance came from the family support specialist. Involved fathers also often credited the male involvement specialist with helping them improve their education or career situation.

Help with daily life—Many parents discussed their frustrations with daily life. They found many “simple” tasks to be daunting at times, primarily because as parents they are young, inexperienced, have little income, and in some cases only have limited proficiency in English. Transportation, for example, posed a huge barrier for many. Without a car or convenient public transit, parents found it difficult to pick up needed supplies, go to the doctor, attend school, and get to a job site. While EHS did not offer a comprehensive solution to transportation problems, several parents noted that EHS staff had periodically helped them get to appointments and other locations, and this service had not only made life easier but also helped move them forward toward achieving their goals.

A number of parents also commented that EHS staff helped them navigate complex bureaucracies and understand legal documents. For example, they spoke of their family support specialists helping them file requests for public assistance, establish paternity or legal custody, complete school and job applications, or fill out complicated paperwork. Spanish-speaking parents indicated that family support specialists often provided translation services for them. Several parents also noted that their family support specialists helped them obtain food and household items when needed.

Opportunities for socialization—Several parents indicated that they felt isolated and restricted by their roles as parents. They also mentioned that their children had no other babies to play with in the home environment. EHS activities, therefore, were a welcome chance for both

the babies and the parents to meet others, socialize, and have fun. Parents also reported that their babies were stimulated by EHS activities and sometimes learned things that they wouldn't have been able to learn at home.

Ruby and Luis

Ruby, 17, and Luis live with their 16-month-old daughter in a neatly kept apartment with children's books and child furniture visible in the living room of their home. Ruby is taking classes to get her GED; Luis works 10-12 hours a day installing awnings. They receive benefits from WIC (Women, Infants, and Children program) and AHCCCS for their baby.

Each has a number of close relatives nearby, including Ruby's mother and sister, and Luis's sister and brother. While they are both relatively conversant in English, they asked to be interviewed with the assistance of a Spanish translator. They had been enrolled in Early Head Start for one year at the time of their interview.



Ruby and Luis heard about the program from his sister who is a neighbor of their family support specialist. Ruby: "She told us that she knew a program for teenagers that have kids, and they help them take care of the baby...and help with whatever they can."

They decided to enroll because of their inexperience as parents. Luis: "We don't know anything about taking care of a little girl because this is our first." Already, Early Head Start is giving them valuable information. Ruby: "They are helping us to read children's books to her, and to know when she's sick." Luis: "How to take her temperature." Ruby: "And if she has a temperature, to contact the nurse."

While neither has required much help meeting personal goals, their family support specialist helped Ruby enroll in a GED course. "I just started one week ago but they arranged it so I can take classes. [My family

support specialist] took me to Metro Tech; she gave me a ride."

They both appreciate the attention of their family support specialist, and Luis tries to join Ruby during home visits when he can. Luis: "When we need something, like when we don't have any money to buy diapers or milk, we ask her and she helps. She says, 'Whenever you guys need something, you just give me a call and I'll try to help.'"

Their family support specialist also provides transportation at times. Ruby: "She gives me rides to the doctor and to WIC."

They are enthusiastic about the home visits that involve videotaping. Luis: "I really like it when [the family support specialist] comes out and they take videos of my

daughter." Ruby: "Yes, every month. How she drinks, how she's doing." Luis: "How she grows up... It's going to be good because we're going to have them forever."

Ruby has also turned to her family support specialist for emotional support. “She helped me when my dad died...That was when I didn’t feel like doing anything. She encouraged me to go on.”

They both try to attend site-based activities together when Luis’s schedule permits: Ruby has participated in most of the activities, while Luis has attended five. They readily recall their favorite topics. Luis: “I liked when they talked about how to take care of my little girl, how to talk to her...” Ruby: “When they showed us how to read to the baby.” Luis: I like when we go play there and they have some good food, pizza. We have a good time there.”

Ruby remembers another Early Head Start activity that had an impact on her life. Ruby: “When they talked about [family

planning]...what you have to take...in order to protect yourself from having babies.” She is motivated to prevent a second pregnancy because her first was so difficult—she spent a month in the hospital, part of it in ICU. Consequently, she followed through after the activity on family planning—with the help of Early Head Start staff. Ruby: “They helped me to go to my doctor to get my [contraceptive] shot.”

But it is the education on parenting that Ruby finds most valuable about Early Head Start. Ruby: “They show us how to be a parent, and to listen to the baby...Like when she needs something, I have to listen. And when she’s crying a lot, to know about what she wants and not to [spank] her.” She would like Early Head Start to add one thing: “More activities on how to deal with your child—to avoid mistreating your child.”

Monica and Tony

Monica, 17, and Tony, 21, live together with their nine-month-old daughter in a small house with Monica's uncle and her grandfather—the owner of the house. The neighborhood is a mix of well-cared-for older homes with mature landscaping, punctuated by a few extremely run-down properties.

Tony holds a full-time job with medical benefits and the possibility of a raise in the near future. Monica handles primary child care responsibilities. On days off, however, Tony gets their daughter up in the morning so that Monica can sleep in. The two have been a couple for more than four years. At the time of their interview, Monica and Tony had been in Early Head Start for eight months.



Monica originally called Early Head Start for information after hearing about it from the nurses who check her diabetes. Monica: “They told me they have get-togethers, meetings. The babies go in, like, play groups. They help you out in anything you need, like if the baby’s sick or something they help take care of her. And when she’s three she’ll go to Head Start.”

months and Tony picked her up wrong and her arm got fractured, so the CPS got

While Tony was not involved in the initial contact, Monica told him the program had a “male counselor” who would work with him. Tony: “I said ‘Okay, sure.’ Then after that I guess [the male involvement specialist] opened a lot of doors for me... He helped me with finding a better job. He’s trying to help me get back into school. And he was there...when we went through a period of our time when we were being watched by CPS (Child Protective Services).”

The CPS investigation was a difficult time for the couple. Monica: “She was like 2½

involved. I called [my family support specialist] right away, and [the male involvement specialist], they all came...and they were all here for me—for us... That showed me that they really were helping us... They really stuck up for us... That's what got us close to [them]."

As first-time parents, both Monica and Tony credit Early Head Start with teaching them how to care for a baby. Tony: "The program is really helpful. It's opened our minds to a lot of stuff that we really didn't know, like the way [our daughter] develops and the way we should treat her, how to react...and how she's going to be acting toward us... They taught us how to be aware of certain things, like they gave us a chart about what she's going to be doing every month."

Much of the information is provided during home visits. Monica: "[My family support specialist] comes every week and tells me things like not to lay [the baby] down when she's taking her bottle. [The nurse] will come once in a while and give her a check-up...about once a month. Sometimes she'll come with [my family support specialist] just to visit... She'll sit here and talk for a long time about how babies do things."

Monica dropped out of high school because of her pregnancy, but she says Early Head Start is helping her think about career goals. She doesn't, however, anticipate any changes in the immediate future. Monica: "I'm not ready to go to school yet. I'm not ready to get a job either because I have the baby still. [My

family support specialist] asked me to look into day care, but [my daughter] is still a little bit too young."

Adding to the obstacles is the fact that she is pregnant with a second child. But Monica seems to accept her situation, and she admits that she did nothing to prevent the pregnancy. Monica: "[The nurse and family support specialist] were always bugging me to get on some kind of birth control, but I never did it." After this child, however, she says she definitely intends to get a "birth control shot."

Tony has also been thinking about his goals with the help of Early Head Start. As a 17-year-old, he dropped out of high school so he could work and help his mother financially. Now he would like to earn a high school diploma, but school is hard for him. Tony: "My goal is to try to find a way to get my GED or something just to get me ahead in life. I know it's real necessary nowadays. [The male involvement specialist] has taken me to places, vocational high schools, to see if I could do a GED test, but I can't do it. I still need a lot of basic stuff... I was always in special ed so it made it hard on me...learning stuff they tried to teach me."

A crowded housing situation stressed the couple for a while. Monica: "We had a period of time when my mother and my brothers and sisters were living here. We were really aggravated and constantly having problems... She has five kids and they're all little...and they were always yowling and they totally tore up the house... My uncles and everybody were getting mad, and it was awful."

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Their family support specialist and male involvement specialist offered help and advice. Tony: “They used to tell us...walk around toward the park...get out away from the situation.” Monica: “They were going to try to get us a [different] place [to live], but I don’t want to move out of this house.” Eventually, Monica’s mother found another home.

Among the program features that Monica enjoys most are the site-based activities. She attends for both the information and the socialization. Monica: “I go to every meeting. Sometimes they’ll have like a Jeopardy game—like, ‘What is it when a baby has a high temperature?’ We tell them, ‘A fever.’ Or they’ll have somebody come in from Teen Challenge or Planned Parenthood. They’ll have different people come in and talk about jobs, to go to school. They always have a certain topic at the meetings... It’s fun. We do lots of things with the babies, and we talk to everybody.”

She particularly liked an activity that involved the babies in water play and massage. She also enjoyed one that tested the babies’s senses. Monica: “They had crumpled paper...certain smells to see how they react...noises.”

Tony also likes the activities and, at one time, was even elected to the Parent Policy Council. His work schedule, however, has prevented him from participating recently. Nevertheless, Monica keeps him informed. Tony: “She lets me know what she did when she gets back,” he says. They also draw on some of the site-based activities for ideas when playing with their daughter at home.

Early Head Start’s most attractive feature for Monica and Tony is the attention they receive from staff. Monica: “I know they’re involved with us and the baby.” Tony: “They’re like family in a way. If you have problems, they always show up and try to help out as much as possible.”

Monica would like to see the Early Head Start enrollment requirements changed so that the program would include all teenage parents, not just those with children under six months. Tony would like to see the program hire more male involvement specialists. Tony: “I understand a lot of the fathers always need help, looking for a job...to really support their children. [The male involvement specialist] is a good counselor for the reason that he is really involved with all the fathers....He helps families try to put down payments on a home so they can buy their own home, get teenagers—males—back into high school, and try to get better jobs, and motivate them to actually follow through...with their plans, and not let them fall behind. We need a lot more like [him].”

Michael

Michael, 18, lives in his mother’s home in far northwest Phoenix with his seven-month-old son, two younger brothers, and an older sister who has two young children of her own. He typically works from afternoon to late evenings, and relies on his sister to provide child care for his son. His mother also works and goes to school during the day, but is able to provide child care in the evenings.

Michael appears to understand the goals and strategies of Early Head Start better than many other participants. He is one of a few fathers enrolled in the program as a primary care giver. Since joining Early Head Start, he has established paternity for his son, and is now seeking full custody because the mother is in prison and the two do not “get along.” He expects to obtain his high school diploma and go on to college. At the time of his interview, Michael had been in Early Head Start for 10 months.



The mother of Michael’s child learned about Early Head Start through her high school nurse’s office and enrolled while still pregnant. She told Michael about the program. “My understanding was it was a program to help further your knowledge in being a parent and help you develop parenting skills—and then when the baby arrives, help you understand more about the baby. It seemed like the best thing to do seeing that this was our first child. It sounded like a nice program.”

down, they talk to you, and they listen to you.”

Michael admits to having a “rocky start” with Early Head Start, but he was soon attracted to the personal attention that program staff gave him, particularly the male involvement specialist.

“They really show interest in helping you. Some people just talk; they go ‘Okay, here’s a pamphlet, take it home, read this.’ But Early Head Start...they sat

“I’ve learned...that my son’s development is not just natural. There’s a key part that I have to play.”

Recounting some of the help he has received, Michael sounds pleasantly surprised. “Early Head Start got me a better job to help pay for more things...and the home visits...the nurse comes to see you, checking up. It’s like a guardian angel. If you have a problem you can call them; if you need help you can call them. It’s just the best program I’ve ever seen.”

One of the insights Michael has gained from Early Head Start is that parenting requires work. “From Early Head Start I’ve learned... that [my son’s] development is not just natural. There’s a key part in it that I have to play. Early Head Start makes sure you stay on that track of raising yourself and your kid—because we’re still kids, turning into adults.”

Staying on track, for Michael, has involved setting personal goals and working toward them. “They know what I want to accomplish. They got me back in school. Before he was born I dropped out of high school to pursue a better job so I would be able take care of him. Two more months and I would have been done. It was a major sacrifice, but I thought it was for the better at the time. I turned that around with Early Head Start; they kept after me. I told them that I was going to go back to school. Their response was, ‘When do you want to go? Let’s go down there and get you enrolled.’ I kind of kept waiting and then they finally said, ‘Let’s go,’ so we set up a date and I got myself enrolled, and everything’s been going real good thanks to them.”

As a male primary caregiver, Michael is in a distinct minority in Early Head Start. However, he says he’s not bothered by

participating in a program that primarily targets mothers. “You don’t normally see a single father taking care of his kid. I’m pretty sure they look at me and go, ‘Wow. Single dad. And he’s doing it.’ I take it in stride. I appreciate what they’re [the mothers] doing for their children. I’m pretty sure...they realize that I’m just doing the same thing they’re doing, just from a different standpoint. It shows them that there are some men out there that do care.”

The afternoon schedule for site-based activities conflicts with Michael’s work schedule, and he has only attended a few. He says he would like to attend more because of the opportunity they give him to get to know the other parents. “The first one I went to was an orientation with all the parents. I met a lot of kids that were in situations they didn’t think they could overcome. But that was eight or nine months ago, and it is like now I see these same kids still in the program and they have changed a lot. I’ve seen how Early Head Start has helped them, and continued to guide them. You can tell the program has really helped them because they’re still involved in it. If something doesn’t help you, you don’t tend to stick around. They want to help and those parents see that. One day, hopefully, I’ll be able to return the help and favors to Early Head Start.”

Michael says he likes the home visits best. “It gives you the chance to interact with the counselors. They see if you progressed. They want you to progress more. Home visits are really fun. We get one a week.”

Periodically the Early Head Start nurse visits also. “She does the baby well check-up to

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see how he's progressing as far as growth and development, how much he can do for his age. They do the same thing at the doctor, but with her you feel more comfortable because you're in your own environment. She's basically helping you out by telling you how much he's grown, and you tell her what he's doing and she can tell you how far advanced he is for his age. I really appreciate it when she comes."

Michael would like to see at least one thing changed about Early Head Start. "I would love for activities to be done on weekends...not every weekend...once a month or maybe twice a month where we're all together. That would be better for me because it would be a day I'm off and have the time to actually go and do it."

But if Early Head Start were to disappear, Michael says what he would miss most is, "Somebody to talk to. I would miss the encouragement to finish things in life. I would miss the company, knowing I was somewhat underneath God's wing. That's how they make you feel—you come first."

Alysa

Alysa, 17, lives in an economically depressed neighborhood with her mother, three younger siblings, and an older sister who is, herself, the mother of a young child. Her family has been renting the same home for several years and they know most of their neighbors. The father of her 14-month-old son is not involved with Alysa or the child.

Alysa is the only household member who holds a steady job. She works as a grocery bagger at a local supermarket in order to help support herself and her son. When she becomes 18, she expects to move up to the higher paying position of cashier, something she is looking forward to. Her mother provides child care while Alysa is at work. At the time of her interview Alysa had been in Early Head Start for 10 months.



A family member recommended Early Head Start to Alysa. “My sister is in the same program, and she gave me the card to call... It helped her a lot with her problems.” Because of her sister, Alysa already knew what to expect in the way of program services. “I thought it was going to be helping me with my child, and with transportation getting my baby to doctor’s appointments.”

Transportation is a source of great frustration for Alysa. To go to work or to school she must rely on public bus service or rides from friends; otherwise she must walk. Because Early Head Start provides her with rides to activities and medical appointments, she considers it a big help. She says: “It’s doing real good and helping me a lot. It’s been there when I need to go somewhere. And you can depend on it.”

Early Head Start has also helped Alysa with her educational goals. “I’ve been out of

school for three years,” she says, “and I’m barely getting back in.” In two weeks, she will begin attending a charter school that her family support specialist told her about. The family support specialist also drove her to the school to enroll. She expects to graduate within two years.

Alysa relies on her mother for much of the information she needs on child rearing. She says, however, that Early Head Start has informed her about a number of important issues: “about feeding the baby and when to feed him, when to change him, what not to give him, and when he gets sick, go to the doctor.”

“When I come to the activities, there’s a lot of little kids here and [my son] communicates with them...there’s no kids around the house.”

She has been unable to participate in most of the site-based activities because of her work schedule. At the three or four she has attended, she enjoyed “the different little activities we do around, and getting to meet a lot of new people when I come... They all have been fun and interesting.” She particularly likes to bring her son along for the stimulation he receives there. “When I come to the activities, there’s a lot of little kids here and he communicates with them...there’s no kids around the house.”

Home visits also seem to stimulate her son. “When she [the family support specialist] comes over, my baby does a lot of different things, talk and wave and little baby stuff.” She and her family support specialist also “talk about the baby” during visits and they discuss parenting issues. The Early Head Start nurse has visited, as well. “She

stretched him to see how long he was, see how he reacts to little objects.”

One service Alysia would like to have Early Head Start provide, however, is in-home care for her baby. That would allow her to “go to school and go to work without having to worry about having a baby sitter.” She would also like to see site-based activities held every week and at different times to accommodate her work schedule.

Whitney

Whitney, 15, and her nine-month-old son live with her aunt and a cousin in far northwest Phoenix. She is also pregnant with a second child due in five months. While she would like to marry the father of both babies, she is prevented from seeing him because she is underage and he is currently under prosecution for that reason. No one in her household is employed.

Until recently, Whitney had been raised primarily by her grandmother. Her mother reportedly has had drug problems and been arrested several times, and according to Whitney, “does her own thing.” When she needs baby sitting for her son, her grandmother or aunt help. At the time of her interview, Whitney had been enrolled in Early Head Start for 10 months.



A counselor at Whitney’s former high school connected her with the program while she was still pregnant. “He asked me if I needed help. He called [Early Head Start] and they came out to see me. They told me Early Head Start helped teen parents.”

Whitney was attracted to the program because it promised to teach her how to care for her baby. “I didn’t know much about parenting. They said we’d have classes, like on nutrition. There’d be home visits. They’d answer questions about parenting.”

When asked how Early Head Start helps her, the first thing she mentions is transportation to appointments and meetings. “I’m 15 years old and can’t drive,” she points out. She also mentions the site-based activities. “I learn about the baby in fun ways.” And she says she appreciates the home visits because she likes to have someone to talk to. “[My family support specialist] helped a lot when

I was stressed out. I am not talkative, but [she] is nice and is there when I need to talk.”

Her family support specialist also provides her with information about how her child grows and develops. “She gives me books that go along with his development—what he should be doing next, at different ages. Another book has what to do with him that month: if he’s six months old, do these things... They give me lots of books and papers to help me understand... If he’s cranky or fussy, it says: ‘Nine months old—he’s teething.’”

“I thought about moving into a girls home to raise my baby...CPS was involved. My family support specialist was with me all the way.”

Whitney sets goals every six months with her family support specialist. Her short-term goals are “to go to school, get an education, show the baby more love.”

Longer term she wants “to get a decent job and get my child in school.” Her family support specialist revisits these goals with her to see if she is making progress. Already, with the help of her family support

specialist, she has enrolled in a charter school that offers day care, parenting skills classes, and bus tokens for transportation to school.

While Whitney says she likes the site-based activities, she has been to just a few. She cites many reasons: conflicts with doctor's appointments, school work, being tired from raising a child, and not being informed of the activity. Her favorite activity so far was centered around Christmas. "We had games and activities. We made magnets for the baby. We got together and had fun."

When asked what could be improved about Early Head Start, Whitney talks of material goods and getting out of the house. "I need help getting things for him, like diapers, and WIC doesn't give enough milk. I need more transportation to take [my baby] places for experiences, to get him out... It's hard to do my own shopping."

Her family support specialist has provided help through some difficult times. For example, when she was having problems at home: "I thought about moving into a girls home to raise my baby... CPS was involved. [My family support specialist] was with me all the way." And during her labor: "At the birth, during the contractions, she was there more than my mother. She is like family."

Whitney admits to a number of concerns and frustrations that she discusses with her family support specialist. She worries about the seriousness of the charges against her son's father and wonders if the two will ever be able to be together again. She also worries about her future. "So many things were done to me as a child. I worry about if I will have things. I wonder if someone will be there to help me."

Mariana and Raul

Mariana, 19, and her husband Raul live with their three-month-old son in a small block guest house located behind a larger main house at their address. Raul works the afternoon shift at a salvage yard and also sells products at a weekend swap meet. Mariana stays home with the baby and does volunteer work at a local school. Raul’s mother also lives nearby and provides child care when necessary. They receive assistance from WIC and AHCCCS.

Mariana and Raul are monolingual Spanish speakers and were interviewed through a translator. At the time of their interview they had been enrolled in the program for 10 months.



Early in her pregnancy, Mariana learned about Early Head Start from a staff member at the school where she volunteers. She had easy access because the program maintains a site at the school. She remembers what she was told: “They help a person when she’s pregnant to get to the doctor and [translate] if she doesn’t speak English, and to help as much as possible, like with transportation.”

about her son’s development. Mariana:
“There’s a nurse and if we have questions,

She was attracted by the prospect of these services and others that were promised. Mariana: “They help you get ready for a baby. They have parenting classes, and help you know how to take care of your baby once it’s born, like if it’s crying.”

“When [the family support specialist] comes...the three of us talk about the program and our baby’s life, and how we’re treating him, and how we’re getting along. Just everything—she opens us up.”

She believes that Early Head Start is fulfilling its promises. While she was pregnant, for example, she was introduced to “breathing classes to get you ready for labor.” The program has also taught her

she shows us how our baby's growing...She helps explain things well. And if we still have questions...she'll ask the doctor."

Mariana also learns from the site-based activities, which she has attended four or five times. Afterward, she relates what she learned to her husband. Raul: "She always tells me...they teach her how to pick up the baby, how to tend to his needs, and how to play with him, how to feed him, and what to do if something happens to the baby." Mariana: "Like if he's choking—safety things." Raul: "She's told me about massages and bathing the baby."

The activities are also having a positive effect on their son. Mariana: "He's playing more. When we go to meetings he plays there."

When their family support specialist makes home visits, both Mariana and Raul are usually available. Raul: "When she comes, Mariana and I both sit down with her. The three of us talk about the program and about our baby's life, and how we're treating him, and how we're getting along. Just everything—she opens us up."

While they think the program is a big help just as it is, both Mariana and Raul say they would like Early Head Start to offer English classes to monolingual Spanish parents such as themselves. Mariana: "They talked about English classes and asked us who's interested, but they haven't started them yet." Raul: "If they added English classes, that'd be good. Really it's okay, though, how it is."

What they appreciate most about Early Head Start, however, is that it gives them,

in Raul's words, "peace of mind." Mariana: "At times when WIC [vouchers] runs out they provide us with milk. They provide us with clothes for our baby." Raul: "And ointment." Mariana: "Yes, if he's sick they give us ointment...to rub on him until we see the doctor." Raul also appreciates that Early Head Start helps Mariana while he is at work. Raul: "I know that they take her to the doctor and translate when she goes there. They sometimes come here to the house and help us... It really makes me feel assured. They help us with anything we would need with the baby... I like the whole program, not just the [family support specialist]—the whole idea... It's helped us."

Rosalie

Rosalie, 17, lives with her mother, two brothers, and her four-month-old daughter. Rent and other living expenses are paid by her older brother who works as a laborer. While Rosalie receives WIC and AHCCCS for her baby, she gets no other public support. The father of Rosalie’s baby lives in Mexico and provides no assistance.

Despite her new role as a mother, Rosalie expects to complete the remaining two years of her high school education. She has also expressed interest in going on to college and having a career. Her mother usually provides day care while she attends classes, and it appears that Rosalie benefits from strong support both emotionally and materially from all members of her family. While her schooling has allowed her make some progress in learning English, she chose to be interviewed through a Spanish translator. Rosalie has been in the United States for about eight years. At the time of her interview Rosalie had been in Early Head Start for seven months.



It was a counselor at school who informed Rosalie about Early Head Start. “I had never been in a program before. [Early Head Start staff] told me that they helped people and gave them advice, and they’d help me get a doctor and all that.”

So far, Rosalie feels that Early Head Start is living up to its promises by increasing her knowledge of parenting skills. “It’s helped a lot. They give a lot of advice about handling your children, and how to take care of them, too—like if she’s choking.”

Early Head Start also helps Rosalie’s daughter. “It’s helping her a lot because she is learning lots of things. At the [site] they have all these games. It really gets her attention, these games with lots of different colors.”

“[My daughter] is learning lots of things. At [the activities] they have all these games. It really gets her attention.”

Early Head Start provides some personal assistance, too. “When I need help with homework, [my family support specialist] helps me. I don’t like math and she helps me until I understand it.” For deeply personal problems, however, Rosalie does not turn to her family support specialist. “I know she’s there for when you have problems, but I feel kind of embarrassed to tell her, so I don’t.” Instead, Rosalie is able to discuss most personal issues with her mother.

Rosalie is an enthusiastic participant in site-based activities and, by her account, goes to all of them. “They’re really interesting. I learn a lot of things.” Her favorites included teaching babies to play together in the water, and learning how to exercise and massage your baby. “These two I liked the

available. “There are some times when a girl from the program may have problems that she can’t take care of at school.” For example, “Sometimes the father might try to take away the child...and for that you need a lawyer.”

best,” she said. She also recalls that, prior to giving birth, she attended an activity in which she learned how a baby develops in the womb. When asked if that activity helped her, she replied: “Yes, oh yes.”

Rosalie believes that Early Head Start would benefit from having legal advice

Camilla

Camilla, 16, and her boyfriend live together with their 14-month-old daughter in a guest house behind his family's home. Camilla is enrolled in high school and is expecting to get an after-school job. Her boyfriend works full time. She has several options for child care and other support: her boyfriend's mother and younger sisters regularly provide child care when necessary; her own mother and grandparents live nearby and help out; and a neighbor helps with advice and child care when asked. At the time of her interview she had been in Early Head Start for 11 months.

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A social worker at Camilla's former high school introduced her to Early Head Start three months after the birth of her daughter. "I was having problems going back to school because the baby was too small, and I didn't have anybody to help me with her. So he called [Early Head Start] and they...went to see me at my house and signed me up for the program."

What initially attracted her to Early Head Start was the opportunity for socializing with other young parents. "They told me that there would be activities where the baby could see other kids and there would be other teen parents there with their kids thinking about the same thing. I met a lot of [other parents] over there when I went the first time, so I decided to stay in it."

The program has been a pleasant surprise to Camilla. "I didn't expect all the help. If I need something, they look for it for me." And when she has important questions, she feels she can rely on Early Head Start to provide her with the correct answers. "Like when I went to DES, they told me that I had to work 20 hours a week to get day care. [My family support specialist] called

over there and [found out] that wasn't true."

Early Head Start has also helped Camilla track her daughter's progress. "A nurse will come and check to see how her muscles and everything are doing. Or they'll have another lady come and play with her and see how good...she plays." Because of the home visits, she feels that she is learning about proper child care. "They send me papers that tell you, like, when your baby's a year old to start feeding them this, or to start letting go of the bottle and giving them a cup; or if they get real sick to take them to the doctor and give them their medicine... and they show you how to read the back of the [medicine] bottles, how much your baby needs."

Camilla returned to her former high school six months after her baby was born, but found she didn't like being separated from her child for the entire school day. Her family support specialist helped her find a charter school that better accommodates the needs of a parent. "I can take the baby with me. They have day care...and I can be

there with her. At [my previous school] I was gone from eight o'clock in the morning

until four o'clock in the afternoon and she'd miss me a lot." Camilla has two years of high school remaining before she graduates.

Afterward, Camilla's goal is to go on to a graphic design school and then "get a good job and give my baby all that I can." She says she doesn't want to end up uneducated and poor. "A lot of people drop out of school and then their babies don't have milk or food or anything to eat," she says. "Then they wonder."

Early Head Start has helped Camilla work out difficulties with the father of her child. "I had a lot of problems with my boyfriend in the beginning. [My family support specialist] has

helped me think about it...I get along with him now real well."

The father does not participate in home visits or site-based activities due to his work schedule.

"[At activities] we eat and we talk about things like...what goals could we make to teach [our babies] how to walk or talk...or not to chew on anything that's not right."

Camilla has been to most of the site-based activities and likes them. "I try to go to as many as I can... The good part is they have transportation for you to go." Among her favorite activities was one that involved water aerobics for babies. "They put the babies in little pools and they massaged them and played and sang songs with them, and it was real nice. The babies really liked that."

Another activity she liked also centered on the babies. "They had a lot of games and different things the babies could do. There were books they would read to the babies so

they could sit there and learn to listen to you... A lot of the activities are real good

for the babies because [Early Head Start staff] are very good with them. They know what to do with them.”

She sees a difference in the way her daughter acts as a result of the Early Head Start activities. “She is real good with other kids now. Before, I’d take her and she would cry. Now she sees the other kids and she wants to get down and go play with them.” And, because of the activities, Camilla has discovered something about how her daughter learns. “She won’t do many things [at home]. If we try to teach her she gets mad or crawls away from us, or just ignores you. When she’s around other babies, it seems like she does more because she sees them doing it so she wants to copy.”

The activities address parenting issues as well. “We eat and then we talk about what other things we could do with our babies, like what goals could we make to teach them how to walk or to talk or to eat nicely, or not to chew on anything that’s not right. They show you a lot of those things and they hand you papers...it’s been real good.”

One thing that Camilla would like to see added to Early Head Start is a ride service. “Like to the DES office, or to the doctor, they could give you transportation.” Nevertheless, Camilla feels that Early Head Start is “a really good program.” What she appreciates most about it is the way she is treated. “They’re real kind with you. They don’t push you around. They’re like a big family with you.”

Rene

Rene, 18, lives with her 13-month-old daughter, her mother, two younger sisters, and her mother's boyfriend. The house belongs to her mother's boyfriend and is located in a rural-like neighborhood surrounded by undeveloped agricultural lands. Rene is partially disabled due to the lingering effects of a paralyzing stroke she suffered during her pregnancy. Through therapy, she has re-learned to walk, talk, and eat by herself, but she has continuing problems that include some vision loss, partial paralysis of an arm and a leg, and occasional lapses in short term memory.

At the time of her stroke, Rene was living independently with her boyfriend (the father of her child). He has a high school diploma and a job as a mechanic, and they planned to raise their child together. After the stroke, she returned home so her mother could care for her. Nevertheless, her boyfriend, who lives 20 miles away, picks up Rene and their daughter early each weekday morning and drives them across town to a baby sitter's home so that Rene can attend a public high school that offers special services for students with nerve and vision disabilities. She is a junior in high school. At the time of her interview, she had been in Early Head Start for eight months.

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Rene first heard about Early Head Start from a case manager when her daughter was five months old. Her mother looked into the program, and Rene recalls the recommendation: “She told me, ‘Rene, I think this would be good for you, to meet people, and to get out.’”

From the first descriptions, Rene initially believed that the program “was basically like a support group for teen moms... I figured it was just a bunch of teenage parents...sitting around in a circle talking about things that came up.” She was apprehensive about participating in that kind of group, but decided to give it a try. She has been

pleasantly surprised at how different the program is from what she anticipated.

“It is one of the highlights of my life. It is more than I expected. There’s always somebody—like if I have a problem, if the baby is having a health problem, there’s always somebody there who knows

“I was scared about going back to school...my family support specialist...told me...she would be there if I needed her, and gave me the confidence to go back.”

something about what’s going on... There’s always somebody who can help me out, even if it’s just sitting there for me to cry on their shoulders.”

One of the ways Early Head Start has worked for Rene is in guiding her as a parent. “I think it’s helped me to be a better mom—my first kid, you know...I didn’t know what I was getting into... Like

when she first started teething. It was like, 'Whoa, why is this kid crying all the time?' I didn't know what to expect... All I had to do was call up my family support specialist and...we got one of the nurses that works there to come and look and make sure it was just that she was teething and nothing else... They told me exactly what babies are going through when they're teething and helped me to relate to my baby, empathize with her, and because of that I think I'm a better mom."

Her family support specialist plays a major part in her life, for example working with Rene on achieving her ambitions. "One of my personal goals is to finish high school... I was scared about going back to school... [My family support specialist] helped talk me into it... [She] told me not to worry, that she would be there if I needed her, and gave me the confidence to go back."

They talk about career plans as well. "I want to be a chiropractor, because I used to be a chiropractic assistant. [My family support

specialist] said she would help me out to gather recommendations for college and whatever I need." Other Early Head Start staff also work with her. "One of my goals is to get my arm and my leg back. [The Early Head Start physical therapist] helped me with that."

Rene likes the site-based activities and attends "every one that I can... maybe nine or ten." She particularly remembers a Christmas activity. "I think it was because all of the babies were together, and it was just neat because everybody was in the Christmas spirit, and it was fun." She also

attended a CPR class taught by one of the nurses. "I didn't think I could do CPR with one arm, but we sat down and figured how I could and got me through everything."

She regularly participates in the parent committee meetings that take place at the activities. "We vote on everything, but I've never gotten to the [Parent Policy Council] meetings because I am not part of the PPC. But we vote on the things they're going to talk about, or we give [our representatives] our concerns... I think it is a great idea, the PPC, because I think it makes it more to where the families have control over what they want out of the program, and it's not just somebody who is not even involved in it telling everybody in Early Head Start what to do and how to handle things."

If she could bring about one change in Early Head Start, it would be to have more of it. "I'd make them have more activities, more than one a month, because the time between activities gets to be kind of long and I get to missing it... I think they should have

more hands-on activities, like how they do the arts and crafts sometimes. I like those a lot... I think they could have separate parenting classes to let us know about, like say in the winter when babies are getting colds and stuff, to let us know about what to do, how to handle that, and how to handle when they're teething and colicky and stuff. That would be a good thing."

Her favorite aspect of the program is her family support specialist. "She's like a big sister. She's always there if I need her. She just supports me. She's like family now. All of my family considers her family."

"I didn't think I could do CPR with one arm, but we sat down and figured how I could and got me through everything."

That is important to Rene. “One of the things I like about this is it’s a family thing... It’s also gotten me and my family, a couple of us, closer together.”

Rene feels enriched by the personal attention she receives from Early Head Start. “I think the difference between Early Head Start and most programs is that people in Early Head Start care about you as an individual and they don’t just think of you as a number.” This is most evident in the home visits. “It’s hard for me to get up and out of the house, so I like it that they come to us, that they care that much about the development of our children that they’ll go to us and help us out at our house.”

She also relies on the personal advice she gets from Early Head Start staff, particularly when she has problems with family

members. “They listen and they tell you from their experiences what could be going on in the other person’s head—mostly it’s just the listening part. They don’t try to interfere, but they still let you know that they’re there if you want them to help out.”

The program also bolsters her spirits in the face of personal difficulties. “Early Head Start helps me keep focused and to not give in to my depression... It gives me something to do. It keeps me focused on the good and not the bad.”

Liana

Liana grew up in an abusive family in Central America. She was not allowed to go to school. At age 15, she had saved enough money to leave her family and travel alone to the United States. Arriving in Phoenix, she initially found a job as a maid; later she took a job selling tamales on the street—her current source of income. At age 17 she became pregnant and subsequently gave birth to a daughter, who was 10 months old at the time of her interview. Liana usually spends her entire day with her daughter, even when she is working. The father of Liana’s child is not involved with Liana or her daughter.

Liana lives with an older male acquaintance and his two children, taking care of the housekeeping and other chores in exchange for shelter and some food. They have moved a number of times in the last two years, and due to the unsettled nature of her living situation, Liana chose to have her interview at an Early Head Start site rather than at her home. She was interviewed with the help of a Spanish translator. At the time of her interview Liana had participated in Early Head Start for 10 months.

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Liana recalled learning about the Early Head Start program from the nurses involved with the birth of her baby. “They said it would help me be a good mother and get ahead. Since I don’t know English, and I don’t know how to read very well in Spanish either, I thought [Early Head Start] could help me with my daughter—like by getting us to the doctor when we have an appointment.”

does something wrong.” And Liana can see positive results with her daughter. “She

Early Head Start has been providing services much as Liana expected. “It helps me if I want to take my daughter to the doctor or to a WIC appointment. It’s helping me learn how to teach my daughter, how to raise her right, how to play with her, and how to talk to her when she

***Without the program...
“Things would be really different. I don’t know English, I don’t know how to study. Life with my daughter would be a battle. It would be a struggle.”***

plays really well and acts really well because my family support specialist tells me to play a lot with her.” Liana’s family support specialist is also addressing Liana’s personal goals. “She is helping me go to school and learn English.”

Liana participates in nearly all of the site-based activities. “I like them because other parents go, and I can talk with them and play with the kids. They show us different exercises to do with the kids. At one they had a little pool for the babies—I liked that.”

Despite appearing to be shy and quiet, Liana serves as a site representative on the Early Head Start parent policy council. “We have meetings with other parents and we talk about things like immigration, and I tell others [back at her site] what happened. I like that.” In fact, the committee meetings are Liana’s favorite part of Early Head Start. “I like the information they give, and I like to tell others about this information.”

Liana receives WIC and AHCCCS services for her baby, but no other public assistance. “I just have my family support specialist. There is no one else. She talks to me about my problems, or I’ll call her and ask what to

do and she gets back to me. Like when the milk runs out, she helps make sure I get some.”

Thinking about what life would be like without the services of Early Head Start, Liana says, “Things would be really different. I don’t know English, I don’t know how to study. Life with my daughter would be a battle. It would be a struggle.”

Crystal and David

Crystal, 18, and David live in a small older home that they rent at a reduced rate from Crystal's grandmother. Both come from divorced parents and disrupted families. They met in high school, but both eventually dropped out. At the time of their interview, their son was two months old.

Since enrolling in Early Head Start eight months ago, Crystal has set three immediate goals for herself: to finish high school, keep the family together, and marry David. When interviewed, she had already returned to school, and was receiving high grades. David, meanwhile, has been the sole source of income for the family. He has completed only 10th grade, but must continue to work at least until Crystal graduates.

Crystal and David share parenting responsibilities and get frequent child care assistance from other family members, including both their mothers and Crystal's brothers. Crystal's school provides day care for her son while she attends classes.



Cystal first heard about Early Head Start from an agency contact related to her pregnancy. “I called [Early Head Start]. They said that basically they come over and...you can talk about different things like stresses or whatever, anything that is going on in your family life. They said they do well checkups with the kids, to make sure the kids are doing okay. They do developmental tests and things like that.”

The program sounded good to Crystal and she enrolled. “Being as young as I am I don’t know everything, and I was just kind of hoping for a little bit of guidance to help me be a better parent.” David also liked the description of the program.

He hoped it would “teach us stuff we don’t

already know,” and “make sure we’re doing the right stuff.”

Crystal says that parenting is not entirely new to her because she has two younger brothers that she “basically helped raise.” Her family support specialist has confirmed for her that she does a good job.

Nevertheless, she feels the program is a big help. “If I have a question, I can ask someone...like if I have a question about

something that is going on with [my son] developmentally, and if [my family support specialist] doesn’t know the answer, then he’ll bring me back research papers on it, or books, to help me read through it.” David agrees.

The program has given them “different types of tips and ideas, like to have [my son]

“[EHS gave us] different types of tips and ideas, like to have [our son] behave or eat...like instead of smacking his hand and telling him ‘no’...give him a toy to get his attention.”

behave or eat...like instead of smacking his hand and telling him 'no' all the time, give him a different toy to get his attention." Also, David says, "Without Early Head Start I wouldn't know how advanced [my son] was."

Early Head Start has helped Crystal meet her personal goals. "With school it helped research-wise on where I could get into; [my family support specialist] brought me a bunch of papers on different places I could go. Job-wise he gave me the number of a lady who helps teen mothers get jobs." Program staff have also offered to assist David with school and job contacts, but so far he has not needed help.

Crystal says she looks forward to the home visits. "When he comes over I usually give him a whole week's update, everything that's happened, things bad and good. We usually both give him a whole update." One of the key benefits, in fact, has been simply having someone neutral to talk to about personal issues. "There have been times when [David and I] have been fighting, and I've sat and talked with [my family support specialist] about it and he listens, so it is like a release so then I don't have to keep it all bottled inside of me. He's been supportive and helpful, yet he's not trying to butt in and go 'this is what you have to do.' And then I've had conflicts with David's mother and he's been helping me understand her point of view, and helping me figure out a

polite but constructive way to explain to her that I didn't like what she was doing. He's helped me a lot with that." David agrees that the family support specialist "is someone to talk to that really won't [interfere]...just try to help you out."

Crystal and David have not attended site-based activities. Crystal would like that to change. "The only thing that bothers me (about Early Head Start) is that I can't make it to the activities. We haven't been able to because of me going to school and David working...and the times they're held at...we end up missing them. I've told [my family support specialist] and he told me they had done a survey to see when the best time would be [for parents]."

Without Early Head Start, Crystal says she would be "a lot more stressed." She relies on her family support specialist's visits because she's "just used to having someone to talk to openly." She also looks forward to the monitoring of her son's progress. "We've gotten so used to...learning about how [our son] is developing. We always get real excited when they do the developmental testing."

Diane

Diane, 15, and her son, 13 months, live in a middle-class neighborhood with her mother, her uncle, and her grandfather, who is the owner of the house. Other family members and friends also occasionally move in and out of the household. Her son's father lives out of state and is not involved with the family.

Although Diane originally dropped out of school before completing eighth grade, she has since earned her eighth-grade diploma. She is now attending school to get her GED. Her present school not only provides day care so that her son can be near her during the day, but also offers parenting skills classes for young mothers and fathers. When she completes her GED, Diane hopes to get a job, possibly in cosmetology. She is currently on probation for minor offenses. At the time of her interview, Diane had been in Early Head Start almost a year.



Diane learned about Early Head Start shortly after her son's birth. "After I had him, the nurses that came in every week gave me a paper on it and wanted me to call so I could get more information on it. They said it would be good for me."

She contacted Early Head Start and was told about the services. "There were going to be activities every month. They'd help me get whatever I needed for him. They'd take me to doctors' appointments, or whatever I needed they'd help me with. And they said I'd have a support specialist."

What particularly attracted her to the program was the opportunity "to meet new people, girls like me who have kids." However, Diane has not attended many site-based activities. "I've been to one or two of them. Whenever the time comes up, [my son] is either sick or I'm doing something else, or they forget to come and

get me." She admits that she was hesitant to attend the activities at first, but says she is now ready.

In most ways, Diane feels that Early Head Start has exceeded its promises. "They've done a lot more; like [my family support specialist] is helping me get a job, she's got me back into school, and stuff like that."

The program has also helped Diane "a lot" with learning how to be a good parent for her son. One way it helps is by explaining normal events. "I get frustrated easy with him because he's a crybaby sometimes. Usually he doesn't cry, but when he does cry, I don't know how to handle it.

They tell me different things for him...like sometimes he might cry because his teeth might be hurting him because all his teeth are starting to come in, or he might have a fever, or he just wants to be played with."

"I get frustrated easy with my baby because he's a crybaby sometimes...I don't know how to handle it...they [program staff] tell me different things for him...."

Knowing the causes of her son's crying helps her deal with him in a better way.

Motherhood has been a big change for Diane. While she has had experience baby sitting, her current situation is unique for her because "now I have my own kid and I have to keep him with me [all the time]. I can't get rid of him. I get up in the middle of the night with him for fevers, or teeth, or whatever. It's different."

Her family support specialist helps with parenting issues. "She brings me papers on, like, how to feed him, because sometimes he won't eat for me." In addition, her family support specialist provides tips. "She has little games to play with him, and ways to put his shoes on or teach him how to do his ABCs..." Home visits from her family support specialist, the nurse, and the child development specialist also help ease her mind about her son's progress. She finds out "things that he doesn't know that he needs to know, so I can practice with him. Or if he's ahead of himself, I learn about that."

And when Diane is worried about her son's development—for example when other family members tell Diane he is not

progressing as he should—she asks her family support specialist and usually receives reassurance. "She says, 'He's doing fine, just to do this and help practice doing this, or his ABCs or something.'"

With the help of Early Head Start, Diane is beginning to meet some of her personal goals as well. "I'm going back to school. I'm going back for my GED. Hopefully I'll get a job." The program has also helped her get along better with other family members, particularly her mother. "They've taught me a lot more anger management stuff. How to deal with my anger and how to talk it out...I get mad easily."

What Diane likes most about Early Head Start is her family support specialist. "She's a lot of fun. She comes and gets me and we do things together...like we go out to eat sometimes, or we'll go to the park and play with him [her son] and we'll take my little cousin, or we'll sit here and talk about things—she's more like a friend than a support specialist... More or less whatever I need, she's always there."

If EHS were to disappear, Michael says what he would miss most is “Somebody to talk to. I would miss the encouragement to finish things in life. I would miss the company, knowing I was somewhat under God’s wing. That’s how they make you feel – you come first.”
