



Parents Too Soon Programs

FY2010

Annual Report

the **Ounce**

Parents Too Soon

The Ounce of Prevention Fund (Ounce) has partnered with community-based agencies across Illinois since 1984 to give teen parents and their babies a better start in life by providing funding and support for Parents Too Soon (PTS) programs. PTS programs provide intensive, long-term home visiting services to teen parents and their families in at-risk communities throughout Illinois. Each PTS program implements one of three nationally recognized, evidence-based home visiting models: Healthy Families Illinois, Parents as Teachers, or Nurse Family Partnership. In FY10, the Ounce funded twenty-one home visiting programs and also provided funding to add doula services to ten Healthy Families programs funded directly by the Illinois Department of Human Services.

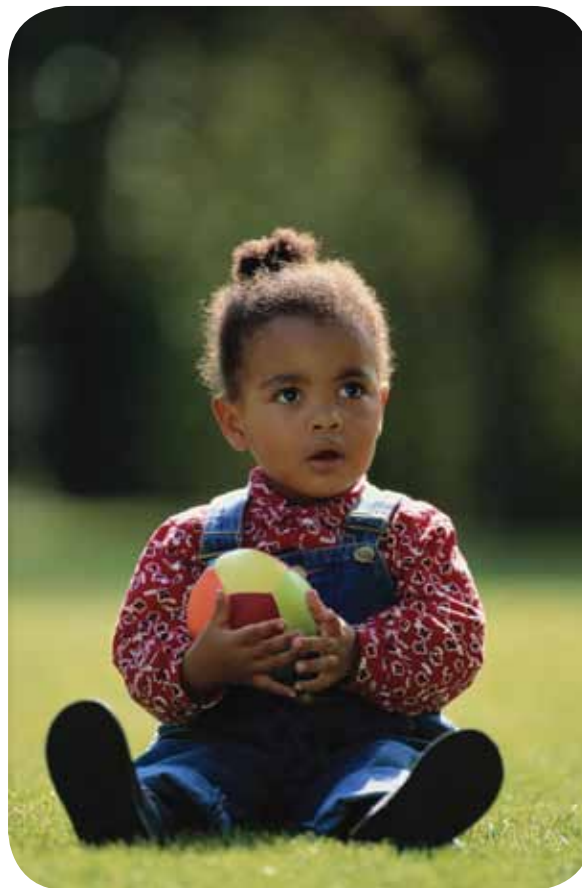
The Ounce helps ensure that programs exceed their model requirements by providing extensive ongoing training for program staff and supporting innovative program development including enhancements such as the Community Based FANA (described later in this report), and by employing a committed team of program and

fiscal advisors who work closely with site staff to ensure quality service delivery.

Together, Ounce home visiting and doula programs served over 2,000 at-risk families in FY10. The following pages detail some of the ways in which PTS programs changed their lives. For some of these families, the support of a home visitor helped a teen mom stay in

school rather than drop out. Some children with developmental delays that might otherwise have gone undetected received referrals to early intervention programs because of developmental screenings done by home visitors. Many moms gave birth in FY10 and PTS doulas were present in the delivery room for nearly 500 of these births. Their presence helped moms have more positive birthing and early bonding experiences and, in some cases,

provided the encouragement needed to help new moms initiate breastfeeding. Children received immunizations and well-child care, parents learned about child development, and isolated teens learned they were not alone by participating in parenting groups. Home visitors helped families access needed services: pregnant moms



received referrals to WIC, domestic violence victims received referrals to shelters, families in need of food received referrals to food pantries, and new immigrants received referrals to ESL classes and legal aid attorneys. Postpartum depression screenings provided opportunities for depressed moms to talk about and access treatment for their depression. In a few cases, these screenings resulted in calls for emergency services to support moms who were considering suicide. Through it all, home visitors helped parents focus on building strong relationships with their babies.

The process of a parent falling in love with her or his baby is natural but not inevitable. Environmental stressors such as poverty, dysfunctional family dynamics, and the developmental tasks of adolescence often impede the attachment process. By providing a supportive relationship, knowledge, and access to resources, PTS home visitors help teen parents overcome the obstacles that might get in the way of their relationships with their babies. In so doing, they help the Ounce realize its mission of giving “*children in poverty the best chance for success in school and in life.*”



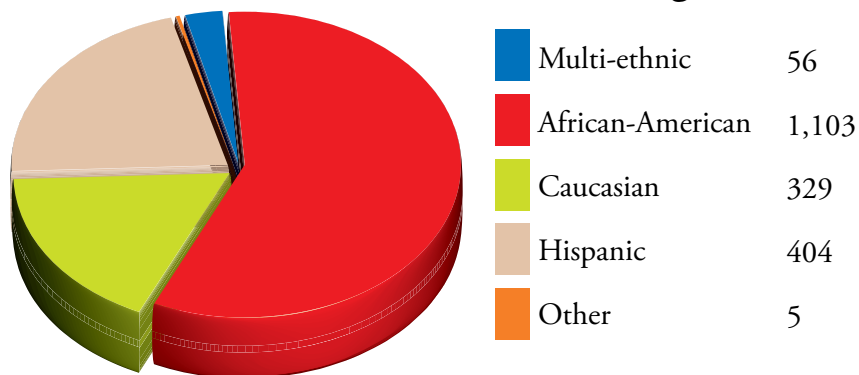
FY10 Highlights

In FY 2010...

- A total of 2,172 families received services from Ounce-funded programs.
- 1,870 families received 22,360 home visits through our 21 long-term home visiting programs.
- An additional 302 women received Ounce-funded doula services at 10 DHS-administered Healthy Families programs.
- 809 women received doula services (507 at the long-term home visiting program and 302 at the DHS HFI programs); Doulas were present at 484 births, and 71% of doula participants initiated breastfeeding.
- PTS home visitors conducted 4,603 developmental screenings.
- Over 75 prenatal or parenting groups were held comprising 1,623 sessions.
- Over 65% percent of fathers of children enrolled in PTS programs were involved with their children on at least a weekly basis.
- Over 68% of mothers enrolled in PTS scored higher on a measure of maternal efficacy after program participation than they did at enrollment.
- 89% of children in PTS programs were up-to-date with required immunizations.
- 71% of the mothers in PTS programs who gave birth in FY10 initiated breastfeeding.
- 184 participants graduated from high school or received their GED in FY10.
- Of 130 participants who were not in school and did not have a high school diploma or a GED at the time they enrolled in the program, 33% were enrolled in school or had graduated one year later.

FY10 Overall Service Numbers -Ethnicities of Participants

1,870 Served in Home Visiting



Ages of Children Served

Under 1 year	739
1 year	534
2 years	301
3 years	146
4 years and older	84
Total	1,804

building strong parent-child relationships

“There is no such thing as a baby...” British psychiatrist Donald Winnicott once famously said, “...there is a baby and Someone”. Winnicott realized that the relationship with the primary caregiver helps create the person that the baby will become. PTS home visitors recognize that, to improve the future for babies born into poverty, they must work to build strong parent-child relationships.

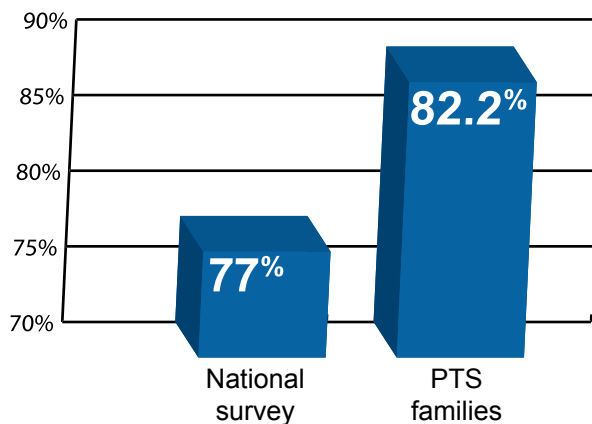
Even before birth, home visitors help parents connect to their babies. Ounce home visitors receive training in the facilitation of the Community-Based FANA (Family Administered Neonatal Activities), an intervention that helps moms learn about their babies’ capacities and responsiveness in utero and the neonatal period. These activities help a new mom realize that her baby is uniquely responsive to things as simple as her voice, her touch, and her smell. Ounce trained doulas develop birth plans with moms-to-be that support positive early interactions including, when the mother wishes, early skin-to-skin contact

and the initiation of breastfeeding. Ounce-trained home visitors skillfully use videotaped interactions of parents and babies to shine a light on all that is going well in the interactions and, at times, to identify potential missteps in the dance between parents and children before they become more deeply engrained maladaptive patterns.

Home visitors help new parents realize that the routine activities associated with infant care; diapering, bathing, feeding, etc., are opportunities for rich interactions that are the basis of strong relationships. Parents are encouraged to talk to their babies during these interactions and to read

to their babies even before they are born. There is research to suggest that one of the factors responsible for the achievement gap between poor and affluent children is that children from affluent families grow up in more language rich environments. One oft-cited study found that children from poorer environments are exposed to fewer words and engage in fewer “conversations”

Percentage of children under one who were read to



with their parents than children from affluent environments.

A more recent national survey confirms that “in virtually every state, minority and low-income children are less likely to be read to every day than their non-minority and higher income peers”¹. This same survey finds that younger children are less likely to be read to, citing that 23% of children under the age of one were reported as never having been read to. PTS programs routinely ask parents how frequently they are reading to children. Of the 848 families with children under the age of one for whom we have data in FY10, 748 of them (88.2%) report having read to their child. The chart on page 4 compares data collected from PTS families with children under one in FY 10 with findings from the national survey.

Because of the support, guidance, and validation of the home visitors, parents tend to feel better about their parenting abilities. This enhanced self-confidence is neither artificial nor inconsequential. Research has shown that improving a parent’s sense of efficacy affects their behavior and behavior affects relationships².

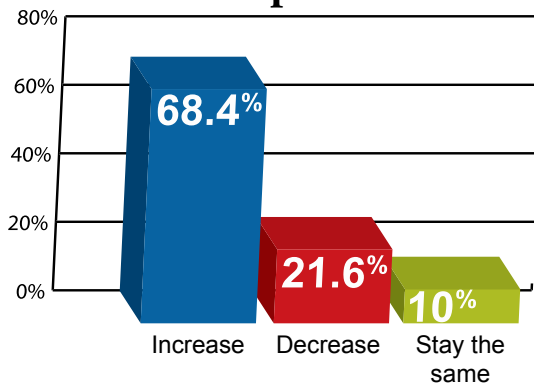
As is the case with the frequency with which parents read to their children, home visitors using the Maternal Efficacy Questionnaire measure maternal efficacy at regular intervals.

Of the 1,373 mothers for whom we have data across time in FY10, we found that over three times as many mothers increased their sense of efficacy (939) as decreased (297), with 137 reporting no change. Perhaps more importantly, for those mothers who were at the lower end of the self-esteem continuum early on in the program (as measured by an answer of “not very good” or “okay” to the question “In general, how good a parent do you feel you are?”), 85% reported feeling “good” or “very good” about their parenting by the last administration of the questionnaire. The charts to the left illustrate these findings.

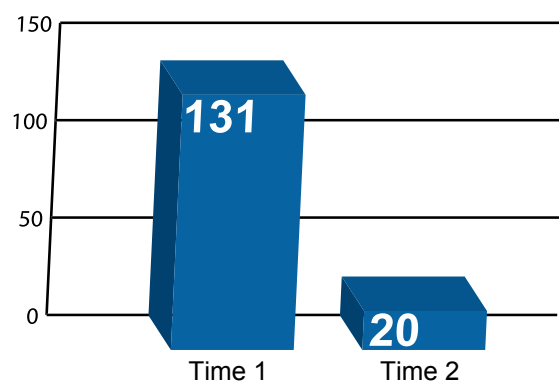
The vast majority of mothers enrolled in PTS home visiting programs do not live with the fathers of their babies and thus special efforts are made to ensure that fathers benefit from what home visitors have to offer. Home visitors

will often adjust their schedules to accommodate fathers’ availabilities and programs will often develop group activities geared specifically

Direction of Change in Material Efficacy Scores over Time for PTS Participants in FY 10



Change over time in moms (N-131) Initially reporting low maternity efficacy



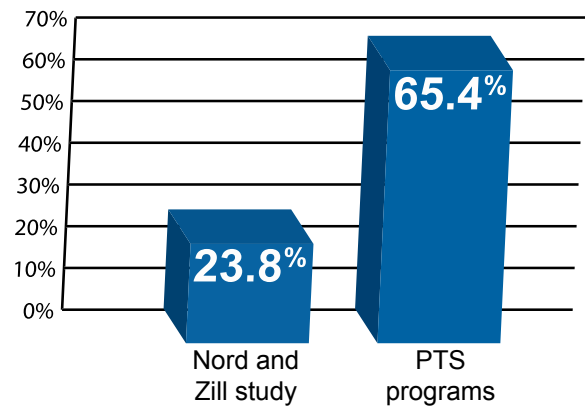
¹Russ S, Perez V, Garro N, Klass P, Kuo AA, Gershun M, Halfon N, Zuckerman B. Reading Across the Nation: A Chartbook (2007): Reach Out and Read National Center, Boston, MA.

²Teti, D.M. & Gelfand, D.M. (1991) Behavioral competence among mothers of infants in the first year: The meditational role of maternal self-efficacy. Child Development, 62, 918-929

toward young fathers. Unless it is contrary to the mothers' wishes, fathers are involved in prenatal activities and encouraged to attend the birth. Programs involve fathers because they realize that the absence of a father's presence in a child's life is often correlated with poor outcomes³ and because a non-residential father's relationship with the mother is an important mediator of child outcomes⁴.

These efforts pay off. Whereas a 1996 study found that only 23.8% of non-resident fathers had weekly contact with their children⁵, data from PTS programs in FY10 show that 65.4% of families report that the baby's father had at least weekly contact with the baby.

Percentage of non-resident fathers having at least weekly contact with their children



³Horn, Wade F., & Sylvester, Tom. (2002). *Father facts* (4th ed.). Gaithersburg, MD: National Fatherhood Initiative.

⁴Marsiglio, W., Amato, P., Day, R. D., & Lamb, M. E. (2000). Scholarship on fatherhood in the 1990s and beyond. *Journal of Marriage and the Family*, 62, 1173-1191.

⁵Nord, C.W., & Zill, N. (1996a, August). Non-custodial parents' participation in their children's lives: Evidence from the survey of income and program participation (Vol. I, Summary of SIPP analysis). Washington, DC: U.S. Department of Health and Human Services. (DHHS Contract No. DHHS-100-93-0012, Delivery Order No. 11). Available: <http://fatherhood.hhs.gov/fi-research.htm>

promoting children's health

"The health of the child population is reflective of the overall health of a nation, and has many implications for the nation's future as these children grow into adults."⁶ Keeping this truth in mind, Ounce-funded home visiting programs strive to achieve established benchmarks related to up-to-date immunizations, well child visits, and developmental screenings for children served. While child health outcomes have always been part of PTS programs, a look toward the future of home visiting indicates these programs are on the right track. The objectives identified for home visiting programs as part of the Patient Protection and Affordable Care Act place a strong emphasis on child health, focusing on physical health and cognitive, social-emotional, and physical development.

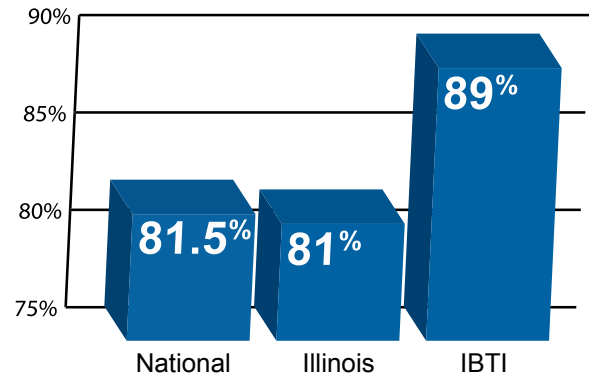
The following data demonstrate the continued impact PTS programs have in helping families protect and maintain the health of their children. For example, for at least the fourth year in a row, PTS programs' rates of immunization for two-year-olds are higher than overall rates in Illinois. Moving forward, PTS programs will continue to focus on national objectives while implementing the same quality programming participants have received for many years.

Immunizations

Vaccination against communicable disease is the greatest public health achievement of the 20th century. Childhood immunization programs are responsible for saving countless numbers of children from permanent injury and even death. One of the measurable outcomes for children enrolled in Ounce-funded programs

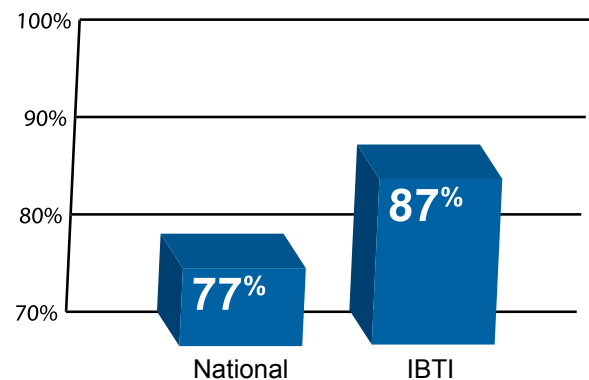
is that rates of childhood immunization will be higher than comparable groups. Programs track immunization status of children through age six, monitoring whether or not children

Percentage of children 19-35 months fully immunized



participating in the program are up-to-date with immunizations based on the Centers for Disease Control and Prevention immunization schedule. The chart above illustrates the impact of PTS programs on ensuring children stay up-to-date with immunizations.⁷

Up to date Immunization rates for children in poverty**



**using WIC status as a proxy measure for poverty; in 2009, 94% of PTS participants were enrolled in WIC

⁶ US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *Child Health USA 2010*. Rockville, Maryland: US Department of Health and Human Services, 2010.

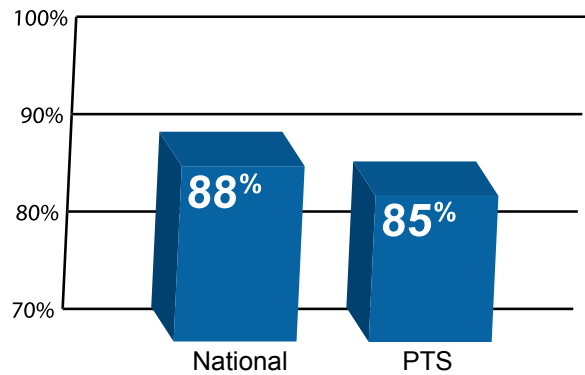
Even more significant than the difference between the national statistics and PTS enrolled children, is the difference between children in poverty and children in PTS programs. The national percentage of up-to-date immunizations for children in poverty is 78%, which is approximately 12% lower than the PTS percentage.⁷

Well-Child Visits

Well child visits provide parents with a regularly scheduled opportunity to gain valuable insight into their children's health and development. While seeing the doctor when a child is sick is critical, sick visits do not always allow time for discussions around physical and social development, nutrition, behavior, discipline, and other general health issues. During well child visits, physicians have the opportunity to conduct hearing and vision screenings, lead screenings, and other assessments of growth and development. In 2008, 88% of children under age two had received at least one well

child visit in the previous year.⁸ In 2010, 85% of children under age two enrolled in PTS programs had received at least well child visit in the previous year. Our rates are virtually the same as the national average in spite of the fact that ChildTrends research shows that many of the groups PTS programs work with (Hispanic children, children with parents who have less than a high school education, etc.) have rates significantly below the national average.

Percentage of children under age two with at least one well child visit in the past year



⁷ 2009 CDC National Immunization Survey

⁸ Well-Child Visits (2011). Retrieved January 26, 2011 from <http://www.childtrendsdatabank.org/alphalist?q=node/85>

attending to children's development

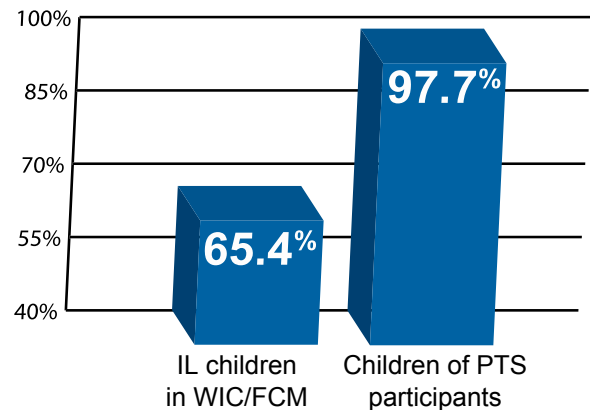
Home visitors receive extensive training and mentoring in administering developmental screenings. Ounce Program Advisors monitor data and work with programs to ensure that all children receive screenings at recommended intervals. The regular developmental screenings done by home visitors can serve to detect potential developmental delays at an early age or they can validate for the parent that their child's development is on track. Either way, these developmental screenings, when done by skilled home visitors, serve as tools to focus young parents' attention on their children's development, and on their role in facilitating that development.

The percentage of children in Illinois that have received developmental screenings has risen steadily over the last few years thanks in part to initiatives such as the Assuring Better Child Health and Development (ABCD) project, aimed at helping physicians incorporate developmental screenings into routine well child visits. Nevertheless, in spite of these efforts, and Child Find activities that bring developmental screenings into local communities, many young moms, due to school schedules, language barriers, and a variety of other reasons still are not able to have their children screened. By bringing the screenings into the home and doing them within a context of an ongoing relationship, PTS programs are able to ensure that almost all of the children enrolled receive developmental screenings.

The chart⁹ in the next column compares the

percentage of Illinois children (ages 0-3) enrolled in the Women, Infants, and Children (WIC) program or the Family Case Management (FCM) program who received at least one developmental screening in the past year with the percentage of

Percentage of children with at least one developmental screening in the past year



PTS children (virtually all of whom are enrolled in WIC or FCM) who received at least one developmental screening in the past year.

While the use of a developmental screening tool increases the identification of potential delays,¹⁰ simply identifying the developmental delay is only the first step toward improving outcomes for children. In PTS home visiting programs, the screening process occurs within the context of a long-term, supportive relationship. When the screening results indicate that delays may be present, the conversation that accompanies them is crucial. Some younger and first time parents may not be familiar enough with what normal development looks like to recognize potential problems. Other parents

⁹ Illinois Title V 2010 Needs Assessment: Maternal and Child Health Databook December 18, 2009, accessed at <http://www.dhs.state.il.us/page.aspx?item=50201>

¹⁰ Squires, J., Nickel, R.E., Eisert, D. (1996). Early Detection of Developmental Problems: Strategies for Monitoring Young Children in the Practice Setting. *Journal of Developmental and Behavioral Pediatrics*, 17, 420-427.

may have a vague uneasiness about their child's development, but an inability to pinpoint their concerns, combined with a natural tendency to want to view their child as normal, may keep them from giving voice to these concerns. The training and mentoring provided by Ounce staff to home visitors gives them the skills not only to administer the screening tool, but to have the difficult conversations with parents and to support parents as they digest this new information.

Identifying potential developmental delays is only part of the battle. While fifty years of research attests to the efficacy of early intervention programs,¹¹ there are often significant obstacles blocking the road to accessing services. Before

providing a referral for services, home visitors must address the parents' feelings of loss and perhaps denial, and help parents deal with the feelings and opinions of extended family members. Once those barriers have been overcome, the child will usually need to have a more thorough assessment and then the family must navigate their way through the paperwork, waiting lists, rights and responsibilities statements, IEP conferences, and other steps. It is a daunting task for a teen mom. The stories below, written by PTS providers over the last year, are typical illustrations of the kinds of support that home visitors provide families to help them access the services that will alter their children's developmental trajectories.

This story comes from our program in the Pilsen neighborhood of Chicago and tells of the program's efforts to support a young Latina mom's gut feeling that something was not right with her baby. The use of a developmental screening tool and the support of the home visitor gave Dolores the information needed to support her intuition.

Dolores thought that her child might have a delay in the area of speech. Her mother and family, as well as the baby's father's family, believed that Dolores was mistaken, that Hector (her baby) was too small to have a delay. The home visitor and Dolores discussed the issue during many of the visits. Many discussions and the completion of the Denver Screening validated Dolores' beliefs. Dolores stated that she felt relieved and more familiar with the signs of speech delay. The home visitor followed up and referred

Dolores to Eater Seals. A speech and language therapist completed an evaluation and discovered that Hector had a significant speech delay. The therapist informed Dolores that Hector seemed to have a hearing problem more than a cognitive problem. Dolores followed through with pediatrician and completed hearing screening for Hector. Dolores found out that Hector does have a hearing loss. Dolores and Hector are seeing the therapist twice a week. Dolores thanked the home visitor for her support through the process. The home visitor was present for the therapy, evaluation, and assessment visits, making Dolores feel less scared about the process. Felipe, Hector's father, supported Dolores through the process after having a discussion with the home visitor about the process and how it would ultimately benefit Hector. Felipe also thanked the home visitor for her support.

¹¹ (Global School Psychology Network accessed at <http://www.dac.neu.edu/cp/consult/eiindex.html>)

The next story is from our program in Rockford and speaks to the ability of early identification and intervention to get developmental trajectories back on track at an early stage.

Maria Carlos (the program's home visitor) began a normal home visit back in November 2009, and became aware of Lisette's (the baby) ability to sit at approximately 9 months old. Maria began to focus on Lisette's motor skills and interacted with her first by reading to her, then playing with toys brought to the visit. Lisette became very interested and all toys were placed about three feet from her. Maria asked Lupe (Lisette's mother) to kneel by toys with her. Lupe was instructed to encourage Lisette to come to the toys by having Lupe pick Lisette up by hands and try to walk her to them. Maria noticed that Lisette was not trying to stand or try to tip toe walk. Lisette was very frustrated after this exercise so Maria asked Lupe to stop trying to have Lisette come toward the toys. Maria sat Lisette down and brought the toys close to

her and she became very excited. Maria explained to Lupe that Esmeralda Durbin (the program's supervisor) would be accompanying her on the next home visit to do the regularly scheduled developmental screening. Maria explained that the Denver was not to check for Lisette's IQ but to make sure she was reaching milestones. Esmeralda would be doing the Denver, as Maria had not yet received the training. One week later, Maria and Esmeralda returned to the home to perform the Denver. Esmeralda congratulated Lupe on Lisette's personal skills, social skills, and fine motor skills. Esmeralda explained that Lisette needed some help with gross motor skills. Esmeralda made sure Lupe was hearing the great things that her daughter had accomplished. Lisette was referred to early intervention and Maria is still working with Lupe and Lisette on motor skills. Maria takes exercises for Lisette to do at every visit. Three months later Lupe is noticing great results with Lisette's ability to crawl, tiptoe walk, and attempts to stand.

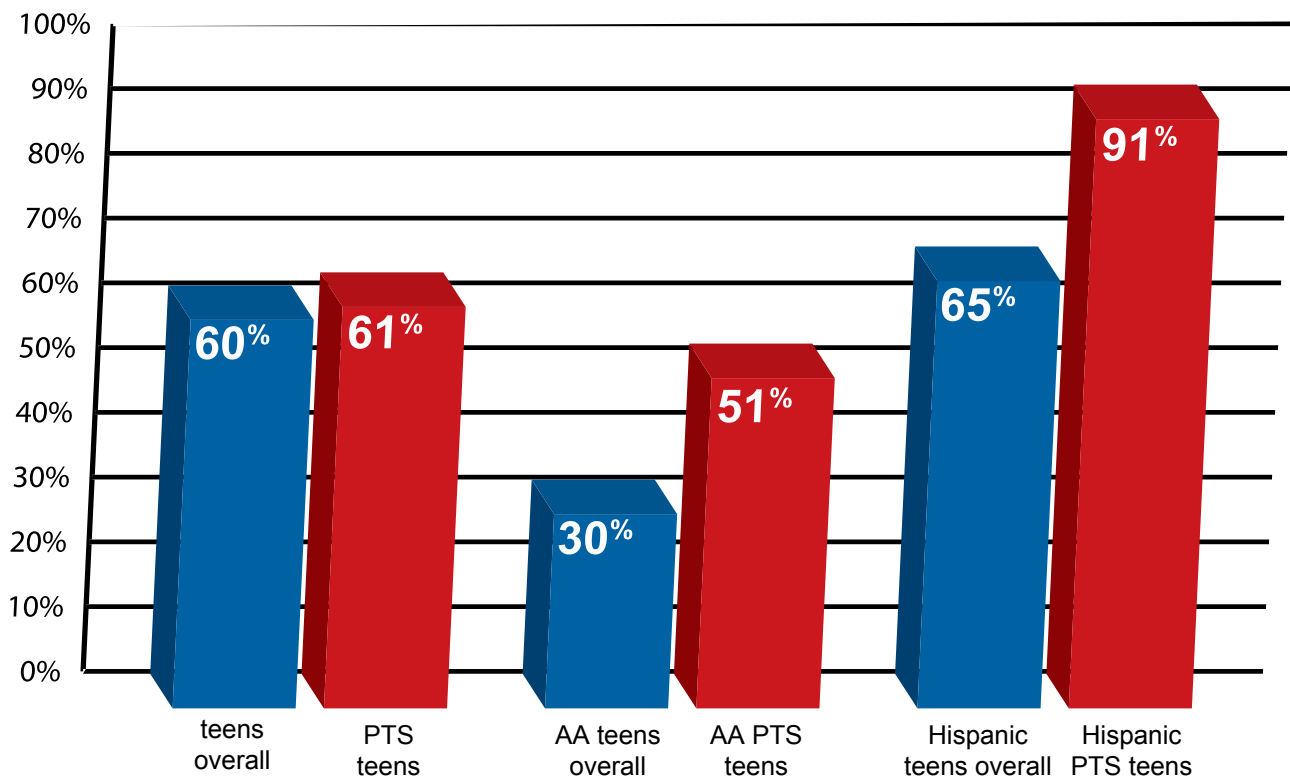


promoting breastfeeding

The benefits of breastfeeding for mother and baby, both physically and emotionally, are well researched and widely accepted. For several years now, the Ounce has invested time and resources in training home visitors and doulas in ways to support breastfeeding. With each year that passes, these investments prove to be a wise decision. In 2010, a higher percentage of moms in PTS programs (63%) initiated breastfeeding than did teen parents in the general population (60%).¹² The impact of PTS programs on breastfeeding initiation is even more pronounced for minority populations. The breastfeeding initiation rate for African-American teens in PTS programs was 53%, compared to 30% for African-American women under 20 nationally. Hispanic teens in PTS programs had a 91% breastfeeding initiation rate, compared to 66% nationally.¹²

Getting teen moms to try breastfeeding is only part of the goal. The full physical and emotional benefits of breastfeeding are only realized when breastfeeding is sustained over time. The majority of teens in PTS programs return to school at six weeks postpartum and thus the challenges of finding time and space to pump breast milk in a high school, negotiating prolonged separations from their babies, and dealing with the attitudes of their peers can make continuing to breastfeed difficult. PTS home visitors work with parents and schools to find ways to allow teens to continue to breastfeed when that is their choice. In FY10, home visitors and doulas were successful in helping teen moms continue to breastfeed even after they returned to school. For the PTS moms that initiated breastfeeding in FY10, the average duration of breastfeeding was 10.7 weeks.

Breastfeeding initiation among PTS participants



¹² McDowell, M., Wang, C., and Kennedy-Stephenson, J. 2008. Breastfeeding in the United States: Finding from the National Health and Nutrition Examination Surveys, 1999-2006. NCHS Data Brief, No. 5.

The following stories from a sample of PTS sites illustrate the impact that programs have on participants who chose to breastfeed.

Aunt Martha's

While enrolled in our services, Annie lived in a very controlling foster home. We worked very hard to keep her encouraged until she moved into a new home. Annie completed the nine-week prenatal class and went on to have a successful natural birth even though her foster mom wanted her to have an epidural. With our support, Annie was able to breastfeed despite this also being against her foster mothers wishes. Since the birth of her baby, Annie has graduated high school and moved to a different environment.

Christopher House

Isabel, a 14-year-old in our program, delivered in May 2010. Isabel's home visitor and doula began seeing her on different days once a week beginning in April. Isabel was nervous about labor and delivery, but as she learned more about the stages of labor, she became calmer. Isabel was at home for the first stage of labor, and her doula was called when she went to the hospital. Isabel

received an epidural not long after the doula arrived. Isabel's doula stayed for the duration of her nearly 10-hour labor and assisted through massage and other exercises. After the Isabel's baby was born, the doula and parent educator continued to see the participant weekly. They have provided assistance with breastfeeding, which Isabel previously did not do but has now started to try.

UMCH

Wendy, a 19-year-old participant is still breastfeeding at twelve months and has only given her son one bottle in that time. Her son, David, is on solid foods and they use mealtime as a social time. Wendy remains very active in the program and continues to play with David using activity ideas from her home visitor. Wendy follows David's lead in the activities and reads his cues very well, demonstrating secure bonding and attachment.



helping teen moms stay in school

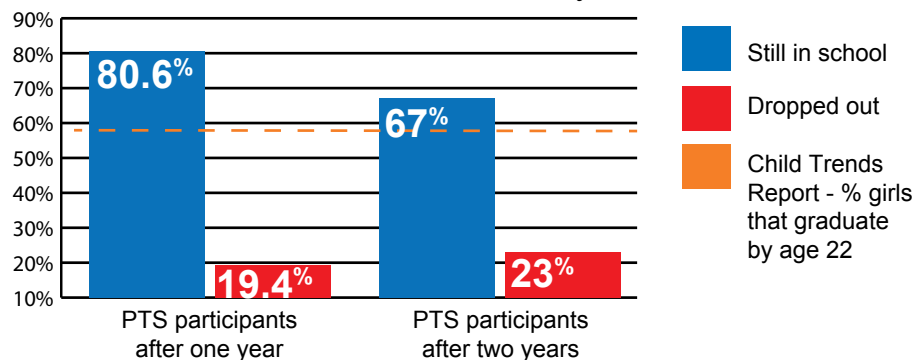
It has been fairly well documented that girls who do not graduate high school are more likely to receive public assistance and less likely to be employed than their counterparts who finish high school.¹³ More recent research has shown that high school dropouts also have more health problems.¹⁴ Like so many risk factors, poor educational attainment spans generations; children of high school dropouts are themselves less likely to graduate.¹⁵

Pregnancy is the most common reason adolescent girls drop out of high school.¹⁶ For many the challenges of parenting a newborn while going to school prove overwhelming. Others drop out before they give birth. A study of adolescent girls in the New York City's foster care system revealed that 40% of pregnant teens in the study left school during their pregnancy.¹⁷

PTS programs encounter pregnant teens during this "make or break" period and provide the support, advocacy, and information needed to enable girls to stay in school even as they make the transition to parenthood. The

results can be seen in the following charts; the overwhelming number of pregnant teens enrolled in PTS programs remain in school through this crucial period and many girls who had dropped out before they enrolled in PTS programs, re-enroll in school as a result of the home visitor's efforts. A recent (January 2010) publication from Child Trends stated that only 57% of girls who give birth before they turn 18 will go on to get a high school diploma or a GED by the time they are 22.¹⁸ Over the last two years, PTS programs have been closely tracking the educational progress of girls under 18 who come into our programs. Of the 335 girls who were under 18 when they came into our program and for whom we have data one year later, 270 had either graduated, received their GED, or were still in school one year later. In addition, of 170 girls who were under 18 when they entered our program, only 40 of these girls (23%) had dropped out two years later.

Percentage of PTS participants under 18 at enrollment who are still in school one and two years later



¹³ The National Women's Law Center (2007). When Girls Don't Graduate We All Fail. Washington, D.C.

¹⁴ Freudenberg N, Ruglis J. Reframing school dropout as a public health issue. *Prev Chronic Dis* 2007;4(4). http://www.cdc.gov/pcd/issues/2007/oct/07_0063.htm. Accessed 1/26/11].

¹⁵ Missouri Women's Council (2005). High School Dropouts, <http://www.womenscouncil.org/documents/FAQs/High%20School%20Dropouts.pdf> Accessed 1/26/11

¹⁶ Freudenberg, et al. pg 2.

¹⁷ Advocates for Children of New York. (2000). Educational neglect: The delivery of educational services to children in New York City's foster care system. Retrieved January 26, 2011 from <http://www.advocatesforchildren.org/pubs/2005/fostercare.pdf>

¹⁸ Perper K, Peterson K, Manlove J. Diploma attainment among teen mothers. *Child Trends*, Fact Sheet Publication #2010-01: Washington, DC: Child Trends;2010.

The story below tells of a participant enrolled in Project Hope, the PTS program at Marillac House on the west side of Chicago

Keyosha is a 14-year-old mother of a one-year-old daughter. She was in 8th grade when she delivered her baby. As Keyosha has grown, she and her mother have developed some serious problems that have resulted in Keyosha and her baby being thrown out of the house on several occasions. On these occasions, Keyosha will immediately call her home visitor to ask for help finding a shelter or just to talk to her to ask her what she should do. Even with all of these obstacles, she has continued to go to school and with great determination; she graduated from 8th grade on the honor roll. When she started high school things did not get any better for her. She was able to find someone to watch her baby and goes to school faithfully. She feels that the only way she can make changes for her baby is for her to graduate from high school. She brings her report card to Marillac and continues

to be a straight “A” student on the honor roll. One recent morning one of the Project Hope staff was on the bus and saw her walking. She got off the bus and asked her where she and her baby were walking to on such a cold morning. She stated that this is their regular routine because she does not have bus fare to get to the sitter’s or school. She was walking about eight miles per day with the baby in the carrier so she could get to school. Since that morning, the program has been giving her bus fare. Her home visitor contacted the school counselor who is trying to get her a free bus pass because she qualifies as homeless. Keyosha has a long road ahead of her but she is determined to reach her goal to go away to college with her baby and make a new start. She is a very good mom who knows the importance of talking and playing with her daughter. The Project Hope program staff is and will be there for Keyosha so she can get through high school, go to college, and become a successful young woman who will bring up a successful young daughter.



Ashley was an 18-year-old student at Dunbar High School on Chicago's south side when she enrolled in the PTS program at Catholic Charities. She was seven months pregnant at the time and was close to graduating but a couple of obstacles blocked her path. The impending birth of her baby meant that she would have to enroll in the school's homebound program. She had difficulty contacting them and getting the assignments she needed. Ashley's home visitor made many phone calls and several

visits to the school on Ashley's behalf to ensure that the homebound learning plan stayed on track. The larger problem was that Ashley hadn't passed a required course in her sophomore year and a make-up course was not available at Dunbar. Ashley's home visitor helped her find the needed class at another school and helped her find the money to pay for it. Ashley graduated in June 2010. She said of her home visitor "If she wasn't there to help me, I wouldn't have made it".

If finishing high school is a Herculean task for teen moms, then enrolling in college can be an impossible dream. New moms learn to bolster their babies' ability to explore through their support and belief in their babies' abilities. Ounce programs manifest that same support and belief in moms' ability to continue to grow and develop. This support often provides the

impetus for participants to take the first step beyond the world that they had known. In addition to the psychological support they provide, our programs offer concrete help such as enrolling young moms in GED classes, taking them on tours of colleges, and helping them fill out financial aid forms.

Not all teen parents are as motivated as Keyosha and Ashley. Teen parents, like many teens often are not making long-range plans or thinking about the long-term consequences of their decisions. Part of the work of home visitors is to, by focusing on the importance of the mother in the baby's life, help the mom begin to think about the future beyond the next couple of months.

A home visitor at the Easter Seals program felt proud when Marsha, a participant she had been working with told her that she had

gotten A's and B's in her first semester of college. The home visitor remembers back to the beginning of their relationship, 19 months ago when Marsha, who had never finished high school, seemed unmotivated to go back or get a GED because she was living with her mother and did not feel a need to change the status quo. The home visitor told Marsha of a GED program at the local YMCA and convinced her to try it. Marsha is now in her second semester of college and hoping to improve on her already excellent grades.

the Ounce



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