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Focuses on Child Care Settings

OCD Explores Early Intervention For Child Behavioral Health Problems

Signs of emerging behavioral health problems in children tend to be more apparent in group settings, such as child care. But many child care administrators and workers are not trained to detect such problems, and even when they do, treatment options for young children may be limited.

Concerned over questions regarding the adequacy of services for young children, the Jewish Healthcare Foundation recently awarded the University of Pittsburgh Office of Child Development \$200,000 to develop and implement a community framework for identifying and treating behavioral health issues among children ages 0-5 years.

"These are issues that society knows are there. You know that children have mental health issues and that they

are presented early," said Karen Feinstein, President, Jewish Healthcare Foundation. "Yet, we haven't built any system in which these children and families can get support and help at the earliest possible age."

The two-year initiative begins with an environmental scan to examine resources and other issues, such as insurance coverage for child behavioral health. Later, demonstration models for addressing children with emerging behavioral health issues will be designed and evaluated, and at least one is expected to be implemented.

(Behavioral continued on Page 2)

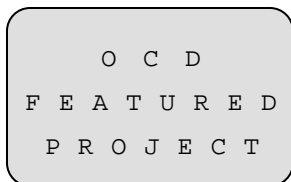
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Evaluators Give Early Head Start High Marks For Helping Children

Young children benefit when high-quality services focused on their development are implemented by well-trained staff and coupled with support for their parents, a national evaluation of Early Head Start (EHS) suggests.

Pittsburgh Early Head Start, operated by the University of Pittsburgh Office of Child Development, was among 17 sites included in the evaluation, which reports EHS children performed significantly better on cognitive, language, and social-emotional development measures than did children in control groups.

Benefits were also seen among EHS families, who earned high marks in parenting behavior, home environment, and other measures.

The federal EHS initiative was begun in 1995 to provide high-quality child and family development services to low-income families with infants and toddlers through a network of local programs. While the programs are tailored to their neighborhoods, they also embrace a set of common standards, including an emphasis on staff development and building community partnerships.

Over the last five years, EHS has grown from the first wave of 68 programs to more than 600 programs serving some 45,000 families nationwide.

Pittsburgh EHS

Pittsburgh EHS, one of the first EHS programs in the

(Early Head Start continued on Page 10)

(Behavioral continued from Page 1)

Child Care

Behavioral scientists see child care as an important setting for identifying emerging behavioral health issues. The reason, they say, is that behavioral health issues are more likely to surface in a child care setting where children find the structure, rules, and other demands to be quite different than those at home.

"There are usually more demands, different expectations put on the child," said Susan B. Campbell, Ph.D., Professor of Psychology, University of Pittsburgh. "A child has to deal with peers, cooperate, follow routines. A child who is kind of on the edge at home might demonstrate more severe problems in a child care setting."

The initiative sets several goals to improve identification and treatment early in childhood. These include:

- Raising the child development knowledge of child care and preschool professionals and parents, and heighten the capacity to identify and intervene in behavioral health issues when teachers or parents suspect a problem.
- Designing a model for early identification of behavioral health problems and a system to connect child care professionals and parents to services and training.
- Developing new or acquiring existing material for training child care workers and educating parents on important behavioral health topics.

Just how skilled Western Pennsylvania child care centers are at identifying behavioral health issues in children has not been documented. But staff training, in general, varies widely. And it is not likely that many settings have staff trained in spotting behavioral health issues, said Dr. Campbell, who has examined child care issues as part of a nationwide study funded by the National Institutes of Health.

Recognizing the Signs

Identifying emerging disorders among young children is not as easy as simply spotting behavior that appears out of the ordinary. A child's behavior while in care may be influenced by a number of factors.

Children ages 0-5 are going through a great deal of

developmental transition and many are likely to have difficulties adjusting to a new or different setting. Deciding whether such problems are serious enough to warrant deeper investigation can be a tough call to make for staff with little or no training in behavioral health issues.

And the child care setting itself may influence behavior, particularly if it is chaotic and lacks structure and adequate supervision.

Other considerations include whether the behavior is seen at home as well as in school, how long the problem has been occurring, and whether the child is reacting to normal stresses, such as the addition of a new brother or sister to the family.

"I do think that people working in child care settings should be aware of the kinds of problems kids have, and have some sense as to how to handle them," said Dr. Campbell, author of a book on the topic, "Behavioral Problems in Preschool Children: Clinical and Developmental Issues."

"People need to be tuned into the fact that some problems might be adjustment reactions that need to be handled gently, but firmly, but also that it may be a sign of something more serious."

Some indications of an emerging disorder can be masked in behavior commonly seen by child care workers. In many cases, for example, separation anxiety or withdrawal may be age appropriate or a short-lived adjustment reaction. But those same behaviors might also signal the onset of a more serious problem, such as major depression.

First Steps

The development of a community framework for addressing emerging behavioral health problems among young children begins with gathering information through an environmental scan.

The scan will include a map of existing behavioral health professionals and services by region, which should help parents and childcare professionals understand and access the behavioral health care system when children need care. An accounting of childcare facilities and practitioners with expertise in child behavioral health issues will also be done.

(Behavioral continued on Page 9)

Fathers Collaborative

Initiative Seeks Stronger Bond Between Children And Fathers Absent From Home

Five agencies are knitting together a network of services to improve relationships between non-custodial fathers and their families that studies suggest influence the likelihood of school dropout, behavioral disorders, homelessness, and other adverse conditions among children.

In Allegheny County, an estimated 80,000 children live in fatherless homes.

Active child support cases total nearly 74,000. And only 62% of court-ordered child support payments are collected, a rate that falls 4% below the state average.

The collaborative envisions a "father friendly" system offering case management and an array of services to help fathers who do not have custody of their children play a more active role in the lives of their families and meet their financial responsibilities.

The Allegheny County Comprehensive Service Delivery Collaborative for Non-Custodial Fathers is supported by a \$500,000 grant from the state Department of Public Welfare and is administered by the University of Pittsburgh Office of Child Development. Other partners include the Healthy Start Male Initiative, the Single and Custodial Fathers' Network, Goodwill Industries of Pittsburgh, and the Parental Stress Center.

It is one of four such initiatives being funded throughout Pennsylvania.

A variety of services are available to fathers in Allegheny County. But delivery tends to be fragmented and navigating the current system can be confusing. Also, not all of the programs are responsive to issues non-custodial fathers face.

"What we intend to do is to set the model to bring all those services together and to have a single point of entry for the father," said Jay Darr, Executive Director of the Healthy Start Male Initiative.

The Fathers Collaborative is recruiting 300 non-custodial fathers for the first stage of the program. Many of the fathers have active cases in the Common Pleas Court Family Division and children who are involved with county social service agencies, including the Department of Human Services Office of Children, Youth and Families.

Children at Risk

The lack of a father in the lives of children is one of the most serious social problems in America, where about 25% of children go to bed each night in fatherless homes.

Research suggests these children are more prone to live in poverty and less likely to have adequate parental involvement in their lives – factors that conspire to make them less likely to succeed in school and later in life.

In Allegheny County, the median family income of single-parent families with children and one employed parent is less than \$12,000 a year. When the parent is unemployed, the median family income falls below \$5,000 a year.

Importance of Relationships

Research makes it clear that children's relationships with their parents are extremely important to psychological, emotional, developmental, and behavioral growth.

The absence of a parent from the lives of children raises the risk of serious problems, according to a variety of sources, including the U.S. Census, Centers for Disease Control, and the U.S. Department of Justice. For example, children in single parent families face:

- 77% greater risk of being physically abused.
- 87% greater risk of being harmed by physical neglect.
- 74% greater risk of suffering from emotional neglect.
- 80% greater risk of suffering serious physical injury as the result of abuse.

The outcomes of children who grow up in fatherless homes are grim. For example, these children account for nearly:

- 63% of youth suicides.
- 90% of all homeless and runaway children.
- 85% of children who exhibit behavioral disorders.
- 71% of all high school dropouts.
- 75% of adolescent patients in chemical abuse centers.
- 70% of juveniles in state sponsored institutions.
- 85% of all youths in prison.

Announcements . . .

Agency Offers Funds For Projects To Improve Health Care Delivery

The Agency for Healthcare Research and Quality is offering small grants for projects that address clinical practice improvement, and the organization, financing and delivery of health care services. New investigators, in particular, are encouraged to apply.

Deadlines are March 24 and July 24. The agency has doubled funding for small grants to \$100,000 in total costs for two years. U.S. nonprofit organizations are eligible.

FOR MORE INFORMATION, see contacts listed in the notice, which is available from AHRQ Publications Clearinghouse, (800) 358-9295; and on the Internet at <http://grants.nih.gov/grants/guide/notice-files/NOT-HS-00-001.html>. n

Nonprofit Institute Offers Leadership Seminar

The Nonprofit Leadership Institute at Duquesne University is offering a two-day Leadership Academy seminar for board members and executive staff of nonprofit organizations.

Program areas covered at the seminar include board leadership, setting strategic direction, fiscal management, personnel considerations, legal issues, and social entrepreneurship.

The seminar will be held on the Duquesne University campus May 18, from 7:45 a.m. to 4 p.m., and May 19, from 8 a.m. to 2:45 p.m. Registration fee is \$339.

FOR MORE INFORMATION, call (412) 396-6231 or visit <http://coned.duq.edu/nonprofit>. n

Institutes Seeking Applications For Child Mental Health Studies

The National Institute of Mental Health and the National Institute of Child Health and Human Development are seeking applications for studies on the epidemiology, etiology, treatment, and prevention of mental disorders in children and adults with mental retardation, including emotional and behavioral problems.

Areas of interest range from prevalence estimates of

mental and emotional disturbance to development and testing of early intervention programs to prevent emotional and behavioral problems in infants and young children with mental retardation.

Deadlines are June 1 and October 1. Public and private nonprofit organizations are eligible to apply.

FOR MORE INFORMATION, contact David Stoff, NIMH (diagnosis and detection), phone (301) 443-4625, fax (301) 480-9719, e-mail: dstoff@nih.gov; Benedetto Vitiello, NIMH (treatment and prevention), phone (301) 443-4283, fax 443-4045, e-mail: bvitiell@nih.gov; Mary Lou Oster-Granite, NICHD, phone (301) 435-6866, fax (301) 496-3791; or visit <http://grants.nih.gov/grants/guide/pa-files/PA-01-028.html>. n

Institute Offers Grants For Pilot Studies On Deafness

The National Institute on Deafness and Other Communication Disorders is offering small grants for mission-relevant pilot research conducted by scientists just establishing independent research careers and established scientists switching areas of emphasis. The grants provide \$50,000 a year for up to three years. U.S. public and private for-profit and nonprofit organizations are eligible. Deadlines are April 20 and August 24. *FOR MORE INFORMATION*, see contacts at <http://grants.nih.gov/grants/guide/pa-files/PAR-00-110.html>. n

NIH Offering Fellowships To Experienced Scientists

The National Institutes of Health is accepting applications for senior fellowships intended to support experienced scientists who are making major changes in their research careers or are seeking to broaden their background by acquiring new research skills.

A stipend based on the salary from the home institution will be provided, up to \$42,300. To be eligible, researchers must be citizens, nationals, or permanent residents. They must have at least seven years beyond a doctorate, and at least seven years of relevant research or professional experience.

Deadlines for applications are April 5 and August 5.

FOR MORE INFORMATION, see the solicitation at <http://grant.nih.gov/grants/guide/pa-files/PA-00131.html>. n



IS WELFARE REFORM WORKING? TRENDS IN ALLEGHENY COUNTY EMPLOYMENT AND CHILD WELL-BEING INDICATORS FOLLOWING ENACTMENT OF WELFARE REFORM LEGISLATION

Special Report

University of Pittsburgh Office of Child Development

Serving Children and Families By Promoting

Interdisciplinary Education and Research • University-Community Programs • Dissemination

By

Maria Zeglen Townsend

The federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, generically known as "welfare reform," sought to encourage self-sufficiency among dependent families and reduce the cost of the federal anti-poverty benefits, particularly the cash assistance program, Aid to Families with Dependent Children (AFDC).

Proponents hoped the incentives of welfare reform would not only reduce rates of AFDC use, but also ease problems such as unemployment and teen pregnancy, as well as possibly curb school dropout rates. Critics of welfare reform, however, feared children would suffer and the nation might witness an increase in child abuse and out-of-home placements resulting from the stress experienced by low-income parents who might be compelled to take jobs that provide them with less income than they received in AFDC payments.

Although it may be too soon to get a complete picture of the impact welfare reform has had, it is clear that the AFDC roles have decreased and several statistical trends suggest that neither the other hopes for reform, nor the feared outcomes, have been realized so far in Allegheny County.

TANF Numbers Reduced

Welfare reform has indeed reduced child participation in Temporary Assistance to Needy Families (TANF), the cash assistance program that replaced AFDC.

Examination of the rates in Allegheny County show the highest rate of participation occurred in the fiscal year 1993-94, when the rate was 16 per 100 children. The lowest rate – 7.8 per 100 children – occurred in fiscal year 1999-00. This reduction is marked by a sharp decline beginning in fiscal year 1995-96, when welfare reform was implemented, and it is characterized by an average annual reduction of 1.6. Thus, welfare reform appears to be reducing the AFDC rolls.

Although it might be assumed that welfare reform would be reflected in a lower unemployment rate, this is not necessarily the case.

Unemployment

Participation in TANF is highly correlated with annual unemployment rates from 1989 to welfare reform and those years after reform was implemented. However, the addition of more historical data from 1980 through 1988 shows that there is no correlation between unemployment and welfare participation in these earlier years.

In fact, unemployment rates examined from 1970 to 2000 show the cyclical nature of this rate that reflects labor market influences rather than welfare reform. While welfare reform may have some influence on the unemployment rate in Allegheny County in the past several years, the unemployment rate's decrease is more likely due to the moderate job growth experienced in the county, and a small labor force, which is due, at least in part, to the population decline the county has experienced since 1960.^{1,2,3}

Medical Assistance

Welfare reform appears to be related to a decline in the enrollment in Medicaid, the federal health insurance program for the poor.

The rate for enrollment of children in Medicaid fell between fiscal years 1995-96 and 1997-98 in Allegheny County. The average annual rate of decline was .53 during this three-year period. The enrollment rate, however, has risen in subsequent years.

The changes in enrollment may be influenced to some degree by eligibility issues. Even as families move off of TANF, they may be eligible for Medicaid – a fact that some families may not have been aware of early on. The recent rise in enrollment may reflect increased efforts to ensure that those who continue to qualify for Medicaid receive this benefit.

Other Well-Being Measures

Examination of several child well-being indicators reveals trends that suggest welfare reform has had little or no effect on school dropout rates or the number of teen mothers in Allegheny County.

- The rate of teens dropping out of high school has been relatively stable, around 3 per 100 students. The trend suggests that welfare reform has had no obvious effect on this indicator.
- From 1983-1998, the rate of births to teens has declined slightly from a high of 8.6 births per 100 teens in 1993 to 7.9 births per 100 teens in 1998, the last recorded year. Because the decline in teen birth rates began before reform legislation was enacted, it is difficult to credit welfare reform for the improvement.

Child Abuse

Child abuse rates in Allegheny County are declining slightly and reached the lowest rate in 17 years in 1999, when 1.2 substantiated abuse cases per 1,000 children were recorded. The highest rate, 2.7 cases per 1,000 children, was recorded in 1991.

The decline began before welfare reform legislation was enacted, however, and may be influenced by economic improvements.

It is also important to consider the possibility that lower rates of abuse are influenced by abuse cases not being identified and, therefore, going unreported. In the era of welfare reform, there are reasons to suspect this is a factor. For example, when families move off TANF, there are no subsequent contacts with caseworkers who may identify abuse.

Out-Of-Home Placement

The last trend is the rate of out-of-home placements of children made by the county Department of Human Services, Office of Children, Youth and Families (CYF). Placement of abused and neglected children rose sharply in Allegheny County beginning in 1994, peaked in 1996, then fell slightly in each of the following three years.

One reason for the sharp rise was the surge in crack cocaine use the county witnessed in the early 1990s. Another is the shortage of court resources during that period of peak demand. High judicial caseloads tend to dilute the court's ability to keep close track of child dependency cases. As a result, many cases languish in the system without resolution, sometimes for several years.

The recent decline in out-of-home placements is likely due to a number of factors. The crack epidemic in the county has eased. The federal Adoption and Safe Families Act of 1997 imposed tighter time limits on finding permanent living

arrangements for dependent children. And a series of recent reforms in juvenile court and within CYF has significantly increased the number of court officers available to oversee cases, has led to more adoptions, and has brought more resources to bear on mending families and more quickly finding dependent children permanent homes.

Given such factors, it is difficult to attribute the decline in placements to welfare reform. In fact, there is some evidence to suggest that welfare reform may be a factor in some cases of neglect. CYF workers have noted an increase in cases where the lack of supervision is the reason children are removed from their home. Parents tell the intake workers that, while they have found jobs in compliance with welfare-to-work reform, they cannot afford childcare, so they leave their children unattended for several hours during the day.⁴

Conclusions

Welfare reform appears to be contributing to a decline in the number of children receiving TANF benefits. But the impact of reform on employment and measures of child well-being are less clear.

Welfare reform might have contributed to lower unemployment in recent years, but the chief reason for the improved employment picture is likely the increase in the number of jobs in the county.

Fears that such measures as teen birth rates and school-drop-out rates would increase under welfare reform have not been realized in Allegheny County. The rates of teen births are in decline and have been since before reforms were in place, while school dropout rates have remained steady. The trends also suggest that welfare reform contributed little, if at all, to the improvements.

Although welfare reform may be a factor contributing to a slight reduction in recent child abuse rates, it is important to consider the possibility that more instances of abuse are going unreported due to factors such as children having less contact with caseworkers. Finally, the county has recently seen a decline in out-of-home placements of abused and neglected children, not an increase as was feared by critics of welfare reform. However, it is difficult to credit welfare reform as being a significant factor in lowering placement rates given the profound, unrelated changes made in juvenile court and CYF to improve the way the cases of dependent children are handled in Allegheny County.

The author, Maria Zeglen Townsend, Ph.D., is Director of the Child and Family Welfare Indicators Project for the University of Pittsburgh Office of Child Development.

References

This report is based on information from the databases of child and family well-being indicators that Dr. Townsend maintains for the University of Pittsburgh Office of Child Development and the Pennsylvania State of the Child guidebook. The databases include measures of health, poverty, welfare, child care, education, and other well-being indicators gathered from all Pennsylvania counties as well as from neighborhoods and municipalities within Allegheny County. Additional references follow.

¹Bruce Noel, Intake Manager, Allegheny County Department of Human Services, Office of Children, Youth, and Families. Interview. Dec. 12, 2000.

²The State of the Region: Economic, Demographic, and Social Trends in southwestern Pennsylvania (1999). R. L. Bangs (Ed.). University Center for Social and Urban Research, University of Pittsburgh, PA.

³Bangs, R. L. Personal communication. Nov. 11, 2000.

⁴Bruce Noel, Intake Manager, Allegheny County Department of Human Services, Office of Children, Youth, and Families. Interview. Dec. 12, 2000.

Allegheny County Child Well-Being Measures

YEAR	AFDC/TANF (children enrolled)	AFDC/TANF (percent of all children age 0-17 years)	CHILD ABUSE (per 100 children)	OUT OF HOME PLACE- MENTS (per 1000 children)	SCHOOL DROP- OUTS (per 1000 students)	BIRTHS TO TEENS (percent of all births)	CHIP ENROLL- MENT (per 1000 children ages 0-18 years)	MEDICAID ENROLL- MENT (per 100 children ages 0-18 years)
1980	50,473	14.6						
1981	50,886	14.9						
1982	48,636	14.4						
1983	46,088	13.8	1.5	3.7		6.8		
1984	46,777	14.2	1.9	3.9		6.6		
1985	47,094	14.5	2.5	4.3		6.9		
1986	46,723	14.5	1.8	4.3		7.3		
1987	46,042	14.5	2.3	4.6	2.9	7.2		
1988	44,714	14.2	2.4	4.9	2.8	7.5		
1989	44,482	15.1	2.5	5.2	3.3	8.1		19.3
1990	42,765	15.2	2.6	6.1	3.2	8.0		19.8
1991	44,301	15.4	2.7	6.7	3.3	8.4		20.8
1992	45,799	15.8	2.5	7.2	3.3	8.2		22.2
1993	46,464	15.8	2.2	7.2	3.1	8.6		23.2
1994	46,904	16.0	2.3	7.5	3.0	8.5	1.1	24.2
1995	45,713	15.7	2.2	9.5	3.0	8.3	2.1	24.8
1996	40,630	14.1	1.7	11.1	2.9	8.4	2.1	24.4
1997	35,675	12.5	1.8	10.8	2.8	8.1	2.0	23.9
1998	29,284	10.3	1.8	10.2	2.8	7.9	2.0	23.2
1999	24,406	9.0	1.2				2.4	23.8
2000	21,172	7.80						

OCD Offers Courses In Program Evaluation

The University of Pittsburgh Office of Child Development Planning and Evaluation Project is offering human service agencies training courses designed to develop and enhance evaluation skills and information management techniques to improve service delivery.

The training, conducted in small group sessions, provides hands-on learning so participants can apply the concepts to their own agency.

Courses Offered

- **Needs Assessment:** This two-session course provides basic instruction in how to design and conduct a needs assessment. Topics focus on methods to collect information and strategies to draw conclusions from the data collected.
- **Choosing an Evaluation Instrument/Tool for Outcome Measurement:** This one-session course provides guidance in how to find and select appropriate evaluation tools to measure outcomes. Since this course will focus on instruments relating to outcomes for family functioning and youth development, we recommend that only staff from these types of programs attend.

Who Should Attend?

The workshops are designed for directors, program staff, and board members of human service agencies.

Schedule

The courses are held from 1 p.m. to 4 p.m. on Thursdays at the Office of Child Development in the Tom Foerster Training and Resource Center located in East Liberty at the corner of Penn and Negley. The center can be reached by bus and free parking is available.

Needs Assessment, a two-session course, will be held on April 26 and May 10, 2001. C.E. credit: 6 hours. The fee is \$90.

Choosing a Tool, a course only for agencies serving families and/or youth, will be held on May 24. C.E. credit: 3 hours. The fee is \$45.

FOR A COPY OF THE PROGRAM BROCHURE, contact Charlene Nelson at (412) 624-1188, fax (412) 624-1187, or e-mail: bobcats@pitt.edu. n

Parenting Guide Series Available From OCD

The University of Pittsburgh Office of Child Development is offering a series of easy-to-use parenting guides offering information and advice on 50 parenting topics. These guides are available free of charge to parents and organizations, agencies, and professionals who work with children and families.

The You & Your Child parenting guide series, written and edited by the University of Pittsburgh Office of Child Development, covers topics ranging from how to deal with children's fears, finicky eating habits, and aggressive behavior to getting a child ready to read, setting rules, and coping with grief.

Each guide is based on current parenting literature and has been reviewed by a panel of child development experts and practitioners. The series is made possible by the Frank

and Theresa Caplan Fund for Early Childhood Development and Parenting Education.

To receive a printed set of all 50 guides by mail, send a request along with your name, organization, mailing address and telephone number to:

Parenting Guides
Office of Child Development
University of Pittsburgh
121 University Place, Suite 201
Pittsburgh, PA 15260

The You & Your Child parenting guides are also available on the Internet for downloading as portable document files at: www.pitt.edu/~ocdweb/guides.htm n

In Memoriam: Barbara Wells

The University of Pittsburgh Office of Child Development lost a longtime friend and a devoted and respected employee on December 12, 2000, when Barbara Wells passed away unexpectedly.

Barbara was an administrator and a member of the OCD family from its early days. For many of her nine years at OCD, she was in charge of most of the administrative matters. Her exceptional knowledge of university administrative policies, passion for helping others, and nurturing attitude are greatly missed.

Raised in the North Side neighborhood of Pittsburgh, Barbara was educated in the city's public schools and continued her education at the University of Pittsburgh. She began her career at the University in 1973, and held positions in GSPIA and the Center for Environmental Epidemiology before joining the OCD staff.

Barbara was active in her community and in her church, Mount Ararat Baptist, where she served in several capacities and had been elected Trustee shortly before her death. She is survived by her husband, James Wells, three daughters, and two grandchildren. n

(Behavioral continued from Page 2)

"We will survey the mental health care providers and the child care providers, and we're adding interviews with the family members to get a family perspective," said Ray Firth, Director of Behavioral Health Policy for the Office of Child Development. "Much of the scan is looking at the service capacity and the nature of the access issues."

Legal and public policy issues related to identifying and treating children with behavioral health problems will also be examined. Other issues include funding and the availability of insurance to cover the cost of the services. Available training manuals and best practices information will be the subject of a literature review and evaluation.

The results of the scan are expected to be published. The initiative will also design an Internet website, which will include geographic and neighborhood-specific data on where and how to obtain behavioral health services for children.

Demonstration Models

Information gathered by the environmental scan will be used to design practical community frameworks to help childcare professionals, parents, and others identify and find treatment for young children with emerging or urgent mental health needs.

During the second phase, the initiative will:

- Develop demonstration models based on the input of childcare workers, consumers, behavioral health professionals, child development professionals, parents, and others.
- Design evaluation models that not only keep stakehold-

ers informed, but also support continuous program improvement and assess the outcomes of children, development of skills among child care workers, and positive changes seen in child care and behavioral health systems.

- Implement one or more of the interventions by January 2002.

"The idea is to help day care workers and others to identify children with behavior that speaks to the need for intervention that might offset later problems and maximize the child's potential development," said Michael T. Flaherty, Ph.D., Director of Behavioral Health Initiatives for the Jewish Healthcare Foundation. "If there is something we can do well in three, four, five centers, it might become a model for others."

The importance of finding better ways to identify, assess, and treat behavioral health issues in young children is underscored by the grave consequences that face those whose emerging problems are neglected. "When you are three years old, the demands on you are less than when you are five and have to go to kindergarten," Dr. Campbell said. "A child who, for example, starts out with a lot of temper tantrums and being non-compliant may end up as a child who is very oppositional in school, has problems with peers, doesn't do well academically, and ultimately ends up looking delinquent in adolescence.

"There is a lot of evidence that the kids who look the worst in adolescence and have ongoing problems into adulthood are the kids who started having difficulties when they were pretty young." n

(Early Head Start continued from Page 1)

nation, provides intensive and comprehensive child development and family support services to low income families in three Allegheny County communities.

The program, which receives matching funds from The Howard Heinz Endowment, operates EHS/family support centers in Clairton, the McKees Rocks area, and the Hill District neighborhood of Pittsburgh. The program is guided by EHS standards, but also implements the principles of family support.

The family centers are hosted by community-based organizations under contracts with the Office of Child Development (OCD), which also provides direction on center activities and programs.

Pittsburgh EHS serves a total of 140 families and 151 children.

The program provides a comprehensive, intensive system of supports to families of children ages 0-3 years using a home-based approach to service delivery. Participants are required to receive at least 1½ hours of home visiting each week, and two parent-child group socialization activities a month.

Working with children in a narrow age group enables the program to focus expertise and resources on issues specific to that stage in a child's development, said Vivian Herman, Pittsburgh EHS Director.

Home visitors carry a caseload of 10-12 cases. Training expectations are high. The program looks for candidates with bachelors degrees in child development to fill home visitor positions, and further training is offered and encouraged with incentives such as tuition reimbursement.

National Evaluation

A national evaluation of EHS was begun in 1995 and involved a total of about 3,000 children and families across the 17 chosen sites.

Seven of the research sites, including Pittsburgh, were home-based programs. Other programs were either center-based, which provide all services to families through the center, or programs that provide a mix of center and home-based services.

EHS was given high marks for the services they provide and the way the programs delivered them. Evaluators found, for example, that EHS dramatically increased the intensive child development and parenting services that families received. They also reported the child development services were of good quality and improved over time.

Those services appear to have a significant impact on

children. Evaluators noted a pattern of positive findings across a wide range of domains important for children's well-being and future development, according to a summary report released in January.

Child Outcomes

By the time they were two years old, EHS children were functioning significantly better across cognitive, language, and social-emotional development measures than children in control groups, the report states. For example:

- EHS children scored higher on the Bayley Scales of Infant Development Mental Development Index.
- Fewer EHS children fell in the at-risk range of developmental functioning.
- EHS children were reported to have larger vocabularies.
- EHS children showed lower levels of aggressive behavior.

The evaluation reported that EHS did not have an impact on children's ability to regulate their emotions. Also, no differences were seen in children's engagement, negativity, or attention span while playing with their mothers.

Among EHS programs, those that use a home-based approach or a mixed approach to service delivery tend to have more of an impact on children's language development, according to the report.

Herman suggests one reason might be that home-based programs work with the child and parent together. "When you do that, you're helping the child respond to the parent and the parent to the child, and language is how you're doing it," she said.

Impact on Parents & Home

EHS also appears to contribute to healthier home environments, better understanding of child development among parents, and lower stress at home. For example:

- The home environments of EHS two-year-olds were found to be more stimulating in terms of cognitive development, language, and literacy than the homes of control children. EHS parents, for example, were more likely to read to children daily and at bedtime.

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- EHS mothers were seen as more emotionally responsive.
- EHS mothers increased their knowledge of infant-toddler development and developmental milestones.
- They were less likely to report spanking their child, and were more likely to suggest a positive discipline strategy, such as explaining to the child.
- EHS mothers reported lower levels of family conflict and parenting stress.

Parents of EHS children were also found to be more economically self-sufficient and more likely to take steps that will help them provide for their children and sustain their children's developmental gains. For example, EHS parents were more likely to become involved in an education or job-training program.

EHS programs that take a home-based approach, like Pittsburgh, tended to produce a greater number of positive impacts on parenting behaviors, the report notes. "When you are providing services in the home with the parent, you have an opportunity to get the parent more involved," Herman said. "Home-based programs, in general, have better opportunities to support parents, whatever their needs are."

FOR MORE INFORMATION on the national evaluation of Early Head Start, see Building Their Futures: How Early Head Start Programs Are Enhancing the Lives of Infants and Toddlers in Low-Income Families Summary Report January 2001, Commissioner's Office of Research and Evaluation and the Head Start Bureau Administration on Children, Youth and Families, Department of Health and Human Services.

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(Fathers continued from Page 3)

Fathers Collaborative

For several years, the Office of Child Development's Fathers Working Group has worked to strengthen young fathers in a number of ways, including helping them find jobs, manage their anger, and reach their educational goals.

The new Fathers Collaborative takes those efforts a step farther by attempting to build from existing services and supports a model system that is easy to access and more tailored to issues important to strengthening relationships between non-custodial fathers and their children and improving their abilities to financially support their families.

Among its goals, the collaborative seeks to:

- Improve the ability of non-custodial fathers to function as a family member.
- Increase the number of supervised visits that fathers have with their children.
- Increase the capacity of non-custodial fathers to fulfill their financial responsibilities, including child support payments.
- Create a unified system of coordinated services that en-

hance the involvement non-custodial fathers have with their children.

To do so, the collaborative draws on the expertise and resources of each partner.

The Healthy Start Male Initiative, for example, offers non-custodial fathers a single point of entry into the system and will provide services such as mentoring and coaching programs, father and parent groups, activities designed to build self-esteem, and health and fitness screenings.

The Single and Custodial Fathers Network will provide legal and mediation services, individual and group counseling, education-based parenting programs, help with housing, and access and visitation coordination.

Goodwill Industries of Pittsburgh will offer fathers services such as comprehensive life skills training, career guidance, GED preparation, and job development and placement services. And the Parental Stress Center will make transportation available to help non-custodial fathers visit their children.

"A collaborative approach can be successful because each agency or service provider brings its strengths to the table," said Kathy Rudy, Community and Internal Services Coordinator with the Office of Child Development. "It's far too big a problem for any one agency to deal with." n

Coming Events . . .

Summer Institute Offered For Family Researchers

The Family Research Consortium III, supported by the National Institute of Mental Health, is taking applications for a 2001 Summer Institute for family researchers.

The theme of the 2001 Summer Institute is "Public Policy, Socioeconomic Disadvantage and Child Development." It will be held June 21-24, 2001 at the Lake Tahoe Resort in South Lake Tahoe, California.

The Institute offers a forum for dissemination, evaluation, and discussion of important new developments in theory and research design, methods, and analysis in the field of family research. The Institute accepts a limited number of junior and senior researchers as participants and allows for intellectual exchange among participants and presenters in addition to the more structured program of presentations. Minority family researchers are particularly encouraged to participate.

Deadline for applications is March 23.

FOR MORE INFORMATION, contact Dee Frisque, Center for Human Development and Family Research in Diverse Contexts, Pennsylvania State University, 106

Henderson Building, University Park, PA 16802-6504; phone, (814) 863-7106; fax, (814) 863-7109; e-mail: dmr10@psu.edu; web site: www.hhdev.psu.edu/chdfrdc.n

Nonprofits Workshop Addresses Staff Compensation, Benefits

The Bayer Center for Nonprofit Management at Robert Morris College is offering a workshop on compensation and benefits for nonprofit staff.

The workshop, Compensation and Benefits - Keeping Employees By Staying Competitive, covers the challenges faced by nonprofits in staying competitive with salaries and benefits. It is part of an ongoing series of workshops offered by the Bayer Center and the Pittsburgh Human Resources Association, a local chapter of the Society for Human Resources Management.

The workshop will be held May 22 from 8:30 a.m. to 12 noon at The Bayer Center for Nonprofit Management, Robert Morris College, 718 Fifth Avenue, Downtown Pittsburgh.

FOR MORE INFORMATION, contact Sam Coleman, (412) 227-6814; e-mail: coleman@robert-morris.edu. n

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