

OCD



Developments

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*Office of Child Development**SELS Project Final Report*

Rallying Low-Income Neighborhoods To Help Children Succeed In School

Few urban neighborhoods posed greater challenges to preparing young children to succeed in school and later in life. Some 80% of school-aged children qualified for federal school lunch assistance due to low family incomes. Special education enrollment far exceeded the countywide average. School dropout rates were nearly three times higher than the county average.

Yet today, there are reasons to be optimistic about the futures of children growing up in the Allegheny County municipalities of Braddock, McKees Rocks and Wilkesburg, and the Hill District neighborhood of Pittsburgh.

Quality early learning opportunities, once scarce, are

more abundant and strategies to sustain them for years to come have taken root, according to the final report of the Strengthening Early Learning Supports (SELS) Project, which engineered the turn around in just 17 months.

“It was as if these communities wrapped their arms around the children and said, ‘We’re going to align our resources to make sure they get what they need to get ready for school – whether it is literacy programs, help for special needs children, or better quality child care,’ ” said

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LIFT

Family Support Turns To The Web To Manage Child And Family Data

When the many strengths of Allegheny County’s wide network of family support centers are discussed, a “scalable, comprehensive, and interactive web-based information application built on the Microsoft.Net development program” is not likely to enter into the conversation. Soon, however, it might.

A faster, more powerful, upgrade of the technology Allegheny County centers use to manage information ranging from family demographics to child outcomes is being devel-

oped through a partnership of the University of Pittsburgh Office of Child Development (OCD) and KIT Solutions, Inc., a for-profit technology firm based in Ross Township, Allegheny County.

Although the partnership’s Linking Information, Families and Technology (LIFT) data collection infrastructure only recently graduated from the prototype stage, it is already attracting interest among family support centers from as far away as California.

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Family support centers have long struggled with collecting, storing, and managing vital data on children, families, and services that help them measure the effectiveness of programs and examine trends and outcomes. While information management software written years ago for Allegheny County family support centers has helped, the system is cumbersome to use and limited in too many ways.

The web-based LIFT was developed as a more thorough, accessible, user-friendly, and cost effective information management tool – one capable of generating the kind of data that are not only useful for planning and evaluation, but for demonstrating with hard evidence the effectiveness of family support initiatives.

“It gives them a tool to document what they do – for accountability, program monitoring, and evaluation,” said Lucas Musewe, Ph.D., Management Information System Director of Partnerships for Family Support, an OCD project. “Right now, stakeholders are asking for outcomes, but it is very hard to show outcomes. This will help them do that.”

A Much Needed Upgrade

OCD is no stranger to developing family support management information systems. In 1997, Dr. Musewe developed the Microsoft Windows-based software used in the county today. When that system was unveiled, it represented a significant improvement over the DOS-based program that was being used by a handful of family support centers in the county.

As computer technology rapidly matured and embraced the Internet, however, it became clear there were far better ways of handling family support data. For example, the Windows-based system could not be scaled up to accommodate a large number of users. It also required considerable computer resources to operate and was incapable of exploiting exciting new web-based technologies.

LIFT was designed to solve those and other problems and add a knowledge base that puts a broad range of resources, such as information on best practices, at the fingertips of every user.

In addition, the partnership with KIT Solutions paves the way for marketing LIFT nationally. OCD last year sold the intellectual rights to KIT Solutions as part of the partnership agreement. Soon afterward, KIT Solutions was awarded a grant from the National Institutes of Health to help develop LIFT.

Building A Better Tool

LIFT, like its predecessor, is family support-specific. It is

tailored to the needs of centers and follows the family support philosophy, its principles, and practices.

Unlike the previous Windows-based system, however, LIFT is web-based. This allows users to access it anywhere and anytime as long as they have a computer and an Internet connection. Multiple users can access a web-based system simultaneously without diminishing performance. It also offers greater flexibility to adapt to differences among centers and an expanded capacity to collect, store, and manage information.

The system is designed to give family support a better tool to document the core outcomes most centers track, including child development, school readiness and success, prenatal and infant health, family stability, and family economic stability. It can, for example, capture data from a wide set of domains, such as family housing, income, employment, education, nutrition, mental health, access to doctors, child development, children’s school attendance, academic performance, and children’s social, emotional, mental, and physical health.

Such information can be valuable in a number of ways. For example, it can be used to identify trends in demographics of families, monitor the progress of families striving to reach their goals, and enhance program evaluation. LIFT is also better able to generate reports that help administrators, staff, researchers, and stakeholders answer critical questions, such as: Are family support centers reaching their targeted population? Are they achieving desired outcomes? What impact is family support having on families and their communities?

The benefits could extend beyond Allegheny County as well. If, as envisioned by its developers, LIFT emerges as a regional and national data collection infrastructure, it would establish a standardized way of collecting data that family support currently lacks and create a large repository of data for evaluators, researchers, service providers, and others to work with.

Whether LIFT’s potential will be realized largely depends on whether those who use it find the system useful and easy to work with. To begin to answer that question, a prototype was recently tested at six family support centers in Allegheny County and staff trained to use it reported their experiences in surveys and during focus group discussions.

Although pilot testing was limited to data entry, early findings suggest users find LIFT easy to learn and use. For example, six of nine family support staff trained consistently worked ahead of the training and the others were consistently on task, said Sharon Harper, Family Support Training

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Foundation Has The Ticket For Broadening A Child's World

For longer than a decade, the Tickets for Kids Foundation has used its ties to the region's human services agencies to turn the benevolence of others into meaningful experiences for low-income children and families who might not otherwise step into places like Heinz Hall, the Carnegie museums, PNC Park, or the Benedum.

Giving needy children such opportunities is a concept western Pennsylvanians have embraced with a vengeance. Started as a family nonprofit in 1994, Tickets For Kids has gone from raising about 6,000 tickets a year to having the resources to send 154,000 children and families on 7,000 field trips in 2005.

"I can't tell you how many kids living in the Hill District had never been in the Mellon Arena before they became partners with Tickets for Kids," said Vera Marelli, the foundation's program director. "Or how many South Side children had never been Downtown to an event. Or how many kids on the North Side had never been inside PNC Park or Heinz Field.

"It's as if there are imaginary boundaries set up around different neighborhoods. What we try to do is give these kids and their families the confidence to step over those boundaries and explore."

To help them cross those boundaries, Tickets for Kids relies on more than 100 western Pennsylvania companies, foundations, venues and individuals who donate tickets, grants for the purchase of tickets or, in some cases, provide both means of support.

The list of supporters bears some of the region's biggest names. Last year, the University of Pittsburgh Medical Center (UPMC) alone donated more than \$1 million in Pittsburgh Penguins tickets to be distributed by Tickets for Kids. It was the largest single donation in the foundation's history and helped to continue a trend that has seen revenues rise steadily and the foundation distribute more tickets to more children each year.

The foundation distributes free tickets through partnerships with 600 social service agencies and community organizations that serve underprivileged children. These groups first undergo training on the planning and mechanics that go into successful field trips to shows, museums, summer camps, ballgames and other events.

Participating agencies agree to arrange transportation, often an obstacle for low-income families. And they are required to report their experiences and outcomes following each outing. The reports are shared with donors and are used to determine an agency's eligibility to receive future tickets. "There is an accountability factor built in," said Marelli. "It's not as simple as just getting free tickets in the mail."

Expectations are modest. An outing is considered plenty successful if it opens a child's eyes to a world never experienced or provides a moment of sheer enjoyment or a memory of sharing something new and exciting with a friend or parent. And there is always the chance that it could mean something more.

A seventh-grade field trip to the Smithsonian Museum of Natural History in Washington, D.C. confirmed for Matt Lamanna what he had suspected since before grade school – that he would devote his life to paleontology. Growing up in Waterloo, N.Y., dinosaurs were his passion. He read about them, studied them, drew them, thought about them, talked about them. But he had never seen a single collection of dinosaur remains until that field trip. "It was influential," said Lamanna, 30, assistant curator of vertebrae paleontology at the Carnegie Museum of Natural History. "I remember thinking, wow, these are real. I've waited my whole life for this. It was like seeing a rock star."

FOR MORE INFORMATION, call the Tickets For Kids Foundation at 412-781-5437 or visit its website at: www.ticketsforkidsfoundation.org.

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Specialist. The users also felt that moving to a web-based approach to collect and manage family support data was the right direction to take.

User input and recommendations from the pilot testing are expected to be implemented as part of the second phase of development. That stage will also include developing a knowledge base – a key feature of LIFT that other family support management information systems lack.

Adding Knowledge

Rather than limit LIFT to data collection, developers decided to add a knowledge base after they noticed that family support staff lacked easy access to important information related to best practices for a number of issues they regularly dealt with.

“They are so focused on providing services to families that they have no time to go out and research best practices and standards,” Dr. Musewe said. “For example, What are the best tools to use to screen a child? What are the best tools for doing developmental assessments? There are so many instruments. We felt that with a knowledge base, we

could do the research for them and summarize what tools are out there that work and what the standards are.”

The knowledge base is being designed to provide easily-accessed online information in user-friendly language on best practices, standards, research findings, frequently asked questions about child health, and other topics that staff find useful. It could also link them to other useful websites, such as OCD’s growing online library of parenting guides and background reports on children and family issues.

Developers have so far focused on family support centers in Allegheny County. However, a recent LIFT demonstration made to a national audience of family support officials has drawn considerable interest. Family support centers in Hillsborough County, Fla. and Sacramento, Calif. have already agreed to participate in pilot testing, allowing developers to begin working toward their long-range strategy of developing a LIFT model that can be marketed nationally. ■

Announcements...

Grant Mentoring for Mental Health Researchers

The African American Mental Health Research Scientist (AAMHRS) Consortium is pleased to announce the opportunity for African American mental health researchers to receive hands-on mentoring in preparing a competitive grant application to submit to the National Institute of Mental Health (NIMH).

We are seeking 10 mentees and 10 mentors to participate in this one-year grant-mentoring program beginning with a 3-day grant workshop on April 3-5, 2007. The AAMHRS Consortium represents a national effort to increase the number of competitive NIMH grant applications by African Ameri-

can researchers and to build a supportive research network for emerging African American mental health researchers.

Applications and more information will be available online at www.aamhrs.net beginning October 9, 2006. The application deadline is December 1, 2006.

All applicants will be notified of their standing by mid-January 2007. If you have questions regarding eligibility criteria, please contact the current AAMHRS Consortium Co-Chairs, Dr. Velma McBride Murry (vmurry@uga.edu) or Dr. Gene Brody (gbrody@uga.edu). Any questions related to the application submission process may be directed to Sharon Koehler (skoehler@uga.edu). ■

OC D | Special Report

Child Maltreatment In America: A Profile Of The Victims, Perpetrators, And Protective Services System

Reports of child abuse and neglect flood the offices of child protective services across the United States every year. An estimated 3 million allegations were reported in 2004, driving up the rate of referrals from 39.1 referrals per 1,000 children recorded the previous year to 42.6 per 1,000 children.

Allegations investigated by child protective services (CPS) involved more than 3.5 million children, 872,000 of whom were confirmed to have been victims of abuse or neglect. However, CPS investigations alone offer an incomplete picture of child abuse and neglect. In Pennsylvania, for example, CPS agencies account for only 30% of the allegations that are investigated or assessed by the child welfare system.

Nevertheless, data reported by CPS agencies help to define and track child maltreatment. This information is routinely collected by the federally sponsored National Child Abuse and Neglect Data System (NCANDS) and reported by the U.S. Department of Health and Human Services each year. The department also reviews state CPS policy and the services they offer.

This report, drawn from recent NCANDS data and relevant Department of Health and Human Services reports, is intended to provide a snapshot of child maltreatment in America, from reporting to characteristics of perpetrators, victims, the types of maltreatment children experience, and the agencies that investigate these tragic circumstances.

Reporting Of Child Maltreatment

Each week, CPS agencies across the U.S. receive, on average, about 60,000 allegations of child maltreatment, including reports of neglect and physical, sexual, psychological, and other types of abuse.

The allegations are reported by sources ranging from teachers and social service workers to neighbors and rela-

tives. CPS agencies investigated more than two-thirds of the allegations they screened in 2004. Evidence was found to substantiate claims of maltreatment in more than 25% of the cases.

It is important to note that certain characteristics of the NCANDS data make it difficult to make definitive state to state comparisons. Differences in the legal definitions of child abuse and neglect and different procedures and criteria used for screening and investigating referrals are among the factors that complicate state to state comparison. In Pennsylvania, for example, CPS agencies focus their investigations on child abuse and only the most serious cases of neglect. Less serious cases of child neglect are addressed through general protective services investigations rather than CPS investigations and are not classified as child abuse.

Who Reports Abuse And Neglect?

About 56% of all of the reports of child maltreatment made nationwide in 2004 came from professional sources. These sources include educational, legal, law enforcement, social services, medical, and mental health personnel, and daycare and foster care providers. The remaining 44% of the allegations were reported by nonprofessional sources, such as friends, neighbors, parents, and anonymous sources.

Professionals are required by law to report alleged maltreatment in almost all states, including Pennsylvania. Sixteen states also require some, if not all, nonprofessionals to report alleged maltreatment. In Kentucky, for example, all nonprofessionals are required to report maltreatment, including victims. In Pennsylvania, friends and neighbors are the only nonprofessional sources who are mandated to report child abuse or neglect.

Educational personnel reported 16.5% of the child maltreatment allegations made in 2004, the most by any single source. Next, were legal and criminal justice personnel, who

reported 15.6% of the alleged acts of abuse and neglect; social services, 10.5%; relatives, 7.9%; medical personnel, 7.9%; parents, 6.2%; friends or neighbors, 5.5%; and mental health workers, 3.8%. About 9.4% of referrals were reported anonymously. Child care providers, foster parents, and victims each accounted for fewer than one percent of the reported allegations.

Not only did professional sources report the greatest share of alleged child maltreatment, the cases they reported accounted for more than 67% of the investigated allegations that resulted in substantiated findings of child abuse and neglect. Reports made by nonprofessional sources, on the other hand, accounted for 81% of those that were determined to be intentionally false.

The Victims

Acts of child abuse and neglect are committed against children of all ages. However, the youngest, most vulnerable children have the highest rates of victimization. More girls identified as victims of abuse or neglect in 2004, but their numbers were only slightly higher than boys. Nearly three-quarters of all victims had no prior history of being abused or neglected.

The 2004 victimization rate in the U.S. was 11.9 victims per 1,000 children. If there is any good news in such numbers, it is that the rate has gradually fallen since 1993, when it peaked at 15.3 victims per 1,000 children.

In Pennsylvania, 4,628 children were identified as victims of maltreatment, 105 more than in 2003.¹ The state's victimization rate of fewer than 2 victims per 1,000 children was among the lowest reported in the nation.

National data suggest that certain characteristics or circumstances place children at a greater risk of being identified as victims of maltreatment. For example:

- Children with allegations of multiple types of maltreatment were nearly three times more likely to have been identified as a victim than children who were alleged to have been physically abused.
- Children who were alleged to have been sexually abused were 71% more likely to have been identified as victims than children with a physical abuse allegation.
- Children who were disabled were 68% more likely to have been identified as a victim of maltreatment than those not disabled.
- Children who were reported by educational personnel were twice as likely to have been identified as a victim of maltreatment than children whose cases were reported by social and mental health services.

Types Of Maltreatment

Neglect is by far the most common type of maltreatment experienced by children. In 2004, neglect was experienced by 62% of the victims identified in CPS investigations.

Another 17.5% of the victims had been physically abused. Sexual abuse accounted for nearly 10% of confirmed victims of maltreatment; 7% were found to have been psychologically abused; and 2% had been medically neglected. Some 14.5% of the victims experienced other types of maltreatment, such as abandonment, threats of harm, and congenital drug addiction.

Most of the acts of maltreatment endured by these children were initially reported by professional sources.

Educational personnel, for example, reported 24% of the confirmed cases of physical abuse. Law enforcement reported another 22% of the cases and 11% of the cases resulting in children being identified as victims of physical abuse were reported by medical personnel. Only 27% of the victims of physical abuse were reported by friends, relatives, and other nonprofessional reporting sources.

Reporting of confirmed cases of neglect and other types of abuse followed similar patterns.

Law enforcement sources, for example, reported the largest share of cases in which children were subsequently found to have been the victims of neglect and sexual abuse. Nearly one-third of medical neglect were reported by medical personnel.

Age And Risk Of Maltreatment

National data show that, overall, the youngest, most vulnerable children have the highest rates of being victims of abuse and neglect.

In 2004, for example, the rate of victimization of children ages birth to 3 years was 16.1 victims per 1,000 children, with children under the age of 1 year accounting for more than 10% of all victims. Children ages 4-7 years had a rate of 13.4 victims per 1,000 children, while the oldest age group, children 16-17 years old, had a victimization rate of 6.1 victims per 1,000 children.

Neglect was the most common type of maltreatment experienced by young children. Nearly 73% of victims ages 3 years or younger experienced neglect, compared to 52.4% of victims ages 16 years or older.

Another very vulnerable group, children with disabilities, accounted for 7.3% of all victims of maltreatment. Children with the following risks were considered to have a disability: mental retardation, emotional disturbance, visual impairment, learning disability, physical disability, behavioral problems, or other medical problems.

Older victims were more likely to have experienced physical abuse and sexual abuse. For example, among victims 12-15 years old, 22.8% had been physically abused and 16.5% had been sexually abused. Among victims ages 4-7 years, 16.8% had been physically abused and 9.1% sexually abused.

Recurrence

For a state to meet the national standard for recurrence set by the Department of Health and Human Services, no more than 6.1% of all children who had been identified as victims during the first six months of the review period can become victims again within six months. In 2004, 42% of the states met that standard, including Pennsylvania, which reported that less than 3% of child maltreatment victims had experienced additional abuse or neglect.

Several factors influence the likelihood of a child being abused or neglected more than once. For example, an analysis of the NCANDS data found that:

- Recurrence is 84% more likely among children who have been victims of maltreatment more than once than among children who are first-time victims.
- Victims with a disability are 61% more likely to become victims of maltreatment again than children without a disability.
- The oldest children, ages 16-21 years, are the least likely age group to experience a recurrence. For example, they are 52% less likely to reexperience abuse or neglect than the youngest children, ages birth-3 years.

Foster Children

The Department of Health and Human Services also sets a standard for states regarding the number of children who are abused or neglected while in foster care. To meet the standard, states must show that no more than 0.57% of all children in foster care had been maltreated during the period under review.

Compliance was high in 2004, with 84% of the states reporting data that met the standard, including Pennsylvania, which reported that 0.16% of children in foster care had been found to have been maltreated. In 2000, fewer than 60% of the states that reported such data complied with the standard.

Child Deaths

In 2004, an estimated 1,490 U.S. children died from abuse or neglect, a rate of about 2.03 deaths per 100,000 children, based on data from state child welfare systems and other sources available to states. It was roughly the same rate of fatalities reported in 2003.

The overwhelming number of children who died were the youngest and most vulnerable. Children under the age of 4 years accounted for 81% of the deaths nationwide in 2004. Another 11.5% of the children who died as a result of abuse or neglect were 4-7 years of age.

Most died at the hands of a parent. One or more parents were identified as the perpetrators in about 79% of the maltreatment cases that led to the death of a child. In 31% of those cases, the act of abuse or neglect that led to the death was committed by the child's mother acting alone.

In Pennsylvania, 44 children died of abuse and neglect

in 2004. Children under the age of 1 year accounted for 43% of those deaths. Parents were found to have committed the lethal acts of abuse or neglect in 85% of the fatalities reported by the state.²

Among the types of maltreatment blamed for children's deaths, neglect was identified as the cause in 35.5% of fatalities reported nationwide. Multiple types of maltreatment accounted for 30%. Physical abuse alone was the cause of 28% of the fatalities reported.

The Perpetrators

Most children who are abused or neglected are victimized by people they know and trust. Most are abused or neglected by parents, who either act alone or together.

The 2004 NCANDS data identify several characteristics of those who commit child abuse or neglect. For example:

- Of all perpetrators of child maltreatment, 78.5% were parents. Another 6.5% were other relatives and 4% were unmarried partners of parents.
- Nearly 92% of perpetrators who had a parental relationship with the victim were the child's biological parent.
- About 63% of parents who maltreated a child committed neglect.
- Nearly 73% of perpetrators who were friends or neighbors of the family committed sexual abuse.
- About 58% of all perpetrators had neglected one or more child.
- Nearly 58% of all perpetrators were women. Their median age was 31 years and more than 40% were younger than age 30.
- The median age of men who abused or neglected a child was 34 years, with about 44% of them being under the age of 30.

Evidence suggests that victims of maltreatment are more than twice as likely to be abused or neglected by their mothers. Nearly 39% of all victims of maltreatment in 2004 were abused or neglected by their mothers, who had acted alone. Fathers acting alone were identified as the perpetrator in 18% of the cases in which children were found to be the victims of abuse or neglect. Another 18% of victims had been maltreated by both parents acting together.

Child Protective Services

Investigating child abuse and neglect in the U.S. is largely the responsibility of CPS agencies in each state. These agencies maintain a reporting hotline, receive reports of alleged abuse and neglect, screen those reports, investigate allegations that pass initial screening, and assess the safety of the children involved.

CPS agencies are also involved in providing services to prevent future incidences of child abuse and neglect and to help remedy conditions found during an investigation that

threaten the health, safety, and overall well-being of the child.

Preventive Services

Preventive services are provided to parents whose children are at risk of abuse and neglect. These services are designed to help parents and caregivers better understand child development and improve their abilities to raise children appropriately and effectively.

Examples of the preventive services that are offered parents and caregivers include respite care, parenting education, housing assistance, treatment for substance abuse, daycare, home visits, individual and family counseling, and homemaker help.

Nationwide, 26.7 children per 1,000 children received preventive services in 2004. In 2003, the rate was 25.3 per 1,000 children. In Pennsylvania, 83.3 children per 1,000 children were given preventive services, one of the highest rates in the nation.

Post Investigation Services

Also known as remedial or post response services, these are services that are offered on a voluntary basis by child welfare agencies or ordered by the courts to help ensure the safety of children. Such services are usually based on an assessment of family strengths, weaknesses, and needs.

Examples of post investigation services commonly provided include individual counseling; case management; family-based services provided to the whole family, such as counseling or family support; in-home services; and foster care.

More than 76% of the states require workers to provide short-term services during an investigation of child maltreatment, if needed, including Pennsylvania. More than 59% of the victims of child abuse or neglect across the U.S. received post investigation services in 2004.

Children may be removed from their homes during or after an investigation and placed in foster care. In 2004, it was estimated that 268,000 children were removed from their homes as a result of a child maltreatment investigation. Other findings from the NCANDS data include:

- About 19% of children who were victims of maltreatment were placed in foster care as a result of an investigation in 2004, up from 15% the previous year.
- About 66% of children who were removed from their homes had experienced neglect; another 10.6% had been physically abused; 4% had been sexually abused; and 14% of them had experienced several types of maltreatment.

There are several reasons why some children and families receive post investigation services or family reunification services and not others. For example, there may not be enough services available for families or the waiting lists may be long. Other factors are suggested in the findings of an analysis of national data on who receives post investigation services. For example:

- Child victims with a disability were 70% more likely to receive post investigation services than children without a disability and were 94% more likely to be placed in foster care.
- When compared with physical abuse victims, victims of multiple types of maltreatment were 65% more likely to receive services.
- Children who had been abused or maltreated by persons other than their parents were 60% less likely to receive post investigation services than those who had been abused or maltreated by their mothers.
- Prior victims of maltreatment were 75% more likely to have been placed in foster care than children who had not previously been abused or neglected.

Such interventions to protect children only began to draw serious attention from government and the courts in the early 1960s, when researchers and child advocates raised concern over the extent of child abuse and neglect in the U.S. By 1967, 44 states had adopted mandatory child abuse reporting laws. However, it was not until 1974 that Congress passed the Child Abuse Prevention and Treatment Act, which provided states with funds to investigate and take steps to prevent child maltreatment.

Today, CPS agencies are critical components of every state's child welfare system and one of the busiest. In 2004, screening and intake workers each handled an average of more than 65 investigations per year, up from the following year's average caseload of 63 investigations per worker.

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<http://www.acf.hhs.gov/programs/cb/pubs/cm04/index.htm>

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This Special Report, written by Jeffery Fraser, is based on the publications cited above. It is not intended to be an original work but a summary for the convenience of our readers. References noted in the text follow:

¹Pennsylvania Department of Public Welfare (2004). 29th Annual Child Abuse Report. www.dpw.state.pa.us/Child/ChildAbuseNeglect/ChildABuseAnnualRpts/003672869.htm.

²Ibid.

(Final Report continued from Page 1)

Laurie Mulvey, Director of Service Demonstrations, University of Pittsburgh Office of Child Development.

SELS was launched in September 2004 to implement sustainable strategies for providing high-quality early learning opportunities to children in the four neighborhoods. The project was financed through a U.S. Department of Health and Human Services grant awarded to the Allegheny County Family Support Policy Board and support from The Heinz Endowments.

Those strategies were developed around the goals of improving literacy, child care quality, children's overall development, learning readiness, and the breadth and quality of early learning opportunities for children with special needs.

SELS reported successes in all of the areas of focus.

- Parents, educators, early care and education providers, family support centers, and others have rallied around school readiness and demonstrated the willingness and ability to collaborate in ways that will help better prepare young children to succeed.
- By tapping existing resources, such as the state's Keystone STARS program, the quality of early care and education opportunities has increased and strategies to help providers continue to raise the quality of their services have been set in motion.
- Parents have increased their knowledge in literacy and learned how to help their children become better readers.
- Neighborhood early care and education providers have become better at identifying children with special needs and connecting with services to help them work with challenging behaviors.

School Readiness A Top Concern

School readiness was identified by United for Children and others as a critical need in the SELS neighborhoods – an emphasis supported by the latest brain research and studies of early childhood education programs.

Scientists now know, for example, that the brain develops from the earliest moments of life and that experiences, nurturing, and positive relationships with parents, teachers, and other adults are highly influential to that development.

Studies also show that children perform better in school, grade retention is lower, fewer of them need special education services, and rates of antisocial behavior and delinquency rates decline when they are exposed to high quality early learning experiences that include well-trained staff and warm, stimulating relationships.

SELS focused on giving parents, child care providers, and other caregivers the skills and support necessary to improve early learning opportunities in the four selected neighborhoods. A “train the trainer” model and other steps were employed to ensure that quality early learning experiences will be available to future generations of children.

Tapping Existing Resources

The gains reported by the SELS project were largely achieved through widespread collaboration and the use of resources already available in Allegheny County. In fact, the only staff hired for the project were three coaches, who spent much of their time working with child care providers on ways to improve the quality of their programs.

This approach benefited greatly from the depth of resources for children and families found in Allegheny County, which range from the network of family support centers to early literacy programs and services for children with special needs.

Eight family support centers reside in the SELS neighborhoods, offering a broad mix of services to young children and their families. They are linked through the SELS grantee, the Family Support Policy Board, which is composed of family support center parents, government officials, educators, foundation representatives, and other community leaders. Its role in the project helped to focus a broad cross-section of the community on the issue of school readiness in low-income neighborhoods.

Management and other services were available to SELS through the University of Pittsburgh Office of Child Development (OCD), which helped coordinate the project, acted as fiscal agent, and provided training and technical assistance. And in each SELS neighborhood, a high-quality child care center was found to host the project.

To advance early literacy, SELS drew from programs for children, families, and providers already operated by organizations such as Beginning With Books, Family Communications, Inc., and the Allegheny Intermediate Unit. Services for identifying and working with children with special needs were available through organizations such as Alliance for Infants and Toddlers.

The project also took advantage of state initiatives designed to improve early care and education, including Keystone STARS, Pennsylvania's child care quality program; PA Pathways, a statewide system of training; and Service Path-

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ways, the web-based system of special service coordination.

“On the broadest level,” said OCD Co-Director Christina J. Groark, Ph.D., “SELS involved looking at getting children ready to school: What are the available services and resources? How do you coordinate, add to them, fill in the gaps, and keep everyone informed and committed to working toward that goal?”

A Head Start In Reading

Supported by studies that identify reading ability as a key to learning, SELS set out to help young children become strong readers by arming their parents, child care providers, and other caregivers with the skills necessary to build a foundation in early literacy at home and elsewhere.

Several literacy-based activities were offered to them and each reported they have become more competent in helping young children develop critical reading skills.

Beginning With Books, for example, organized Raising Readers clubs with activities to help parents build a foundation for reading and writing at home. One result was that parents read to their children more often, with 52% reporting they do so at least seven times a week. They also demonstrated an understanding of the importance of activities such as writing with their children, having daily conversations with them, and allowing their children read to them.

Child care providers also improved their skills in promoting early literacy. The 94 providers who took part in the Early Literacy Training and Mentoring program, for example, were found to have significantly increased their knowledge in early literacy, as well as their ability to integrate literacy into classrooms and family care settings.

Such steps quickly proved beneficial to children. Those in classrooms trained in the Early Childhood Literacy Matrix – a model based on best practices of preschool literacy development – significantly raised their language and literacy scores on progress measurements.

Special training for family support home visiting staff also proved successful. Staff who took a Literacy for Home Visiting training series said they gained the knowledge and skills needed to help parents promote literacy with their children and felt comfortable doing so. Just as important, the

parents they worked with became much better at supporting their children’s learning and engaging in interactive literacy activities, according to home visiting assessments.

Special Care For Special Needs

Within months after the launch of the project, it became clear that children with special needs ranging from disruptive behaviors to complex mental illness posed a greater challenge to early care and education providers in low-income neighborhoods than was anticipated.

Both the number of children identified as having special needs and the number of early care and education providers and family support center staff eager to learn how to better help those children exceeded expectations.

In its first six months, for example, SELS identified 43 young children with special needs. It was more than twice the number that had been anticipated at that early stage. Most referrals were for developmental delays or behavioral issues ranging from serious disorders, such as autism, to kicking and biting and other less serious, yet disruptive behavior.

The concern was that too often, children are expelled from child care and early education programs for such behaviors, which most providers know little about and struggle to cope with.

The SELS project focused on increasing the awareness and capacity of caregivers, parents, and early care and education providers to identify and support these children. For example:

- The nonprofit Alliance For Infants and Toddlers was identified as a single point of contact for services for children with suspected developmental delays and/or challenging behaviors, and SELS spread the word to family support centers, providers, and parents.
- On-site consultation was provided by three child development and mental health experts to fill the service gaps encountered by providers and parents of children with special needs who were not able or willing to use publicly funded services.
- Using a train the trainer model, Family Communications, Inc. trained eight trainers on the “Challenging Behaviors:

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Where Do We Begin” curriculum, which offers strategies for managing challenging behaviors and supporting children with special needs. The trainers, in turn, held trainings for early care and education providers and family support staff.

- The same process was used to expose providers and family support staff to the Family Communications curriculum, “What Do We Do with the MAD that You Feel?,” which offers strategies for dealing with children’s angry feelings and aggression.

By the end of the 17-month project, more than 100 children received services, roughly 20% more than had been projected. Some 47% of them received services for concerns about behavior, 31% for suspected developmental delays, 28% for possible mental health issues, and 5% for concerns about health issues.

In addition, 261 early care and education providers and family support staff were trained to better manage children with special needs. Nearly all reported an increase in their knowledge, skills, and comfort level in helping children manage their angry feelings and challenging behaviors. Most said they regularly applied what they learned to help children in their care.

Perhaps most important, none of the children were excluded from an early care or education program while receiving the supports of the on-site consultant. A follow-up survey found that only one child was subsequently expelled for behaviors that persisted despite treatment.

These experiences were shared with human service and education officials and have helped shape new initiatives and policy changes for improving support of children with special needs in Allegheny County, the Pittsburgh Public Schools, and across the state, including a Pennsylvania Department of Public Welfare Office of Child Development pilot program that is using the on-site consultation model with child care providers in three regions.

Raising The Quality Of Care

Raising the overall quality of child care was selected as a key goal of the SELS project for good reason. Although studies show that high-quality early childhood programs clearly promote literacy and school readiness, they are few and far between. In the Pittsburgh area, for example, a 2002 sample of 70 centers and homes found that only 14% offered high-quality care.

To address this concern, SELS focused on getting providers involved in the state’s Keystone STARS program, which sets quality standards with measurements and offers financial incentives for ongoing improvement. Only eight of the 123 child care providers in the SELS neighborhoods had

done so up to that point, most saying they lacked the time and motivation to understand what for them was an overly complex system.

Every child care provider in the neighborhoods was contacted and offered encouragement and support toward enrolling in the STARS program, including on-site coaching. In all, nearly 18,000 contacts were made between coaches and providers.

Over the course of the SELS project, 84 providers enrolled in Keystone STARS, raising to nearly 80% the share of child care providers in SELS neighborhoods that were working toward improving the quality of the services they offer young children. All four host family support centers are NAEYC accredited and have earned the highest Keystone STARS level for quality.

The SELS strategy responsible for such quality improvements was subsequently adopted by the organization responsible for implementing Keystone Stars in the southwestern Pennsylvania.

“Most providers want to provide the highest quality services to kids,” said Mulvey. “It was just that the state system was confusing, hard to get into. We were able to say, ‘It won’t be that hard. We will help you.’”

Other steps taken during the project included offering nearly 50 family support staff from the eight centers in the SELS communities training to expand their knowledge and skills in child development and parent education. SELS also brokered the PA Pathways training system to help providers access community-based learning opportunities in topics they need to earn higher Keystone STARS levels.

Several Lessons Learned

In addition to measurable improvements, the SELS project identified several underlying principles that proved critical to its success in strengthening the early learning opportunities available to children in low-income neighborhoods.

Identifying services sorely needed in those communities was a key factor. Another was making parents and providers aware of available services and showing them how to use those services. One-on-one contact with child care coaches and with consultants skilled in working with special needs children improved outcomes. Once services were identified, coordination became essential to having parents and providers take advantage of them.

- Parents, for example, participated in multiple literacy activities because they were offered, were coordinated in terms of dates offered and book choices, and were delivered by staff who were respected and trusted in the community.
- Help with children with special needs was desperately

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needed and proved valuable to providers in keeping children with challenging behaviors in their programs.

Coaching providers to use existing resources and become involved in initiatives to improve the quality of their services resulted in nearly 80% of child care providers enrolling in Keystone STARS, which most had considered too difficult to access.

Important steps were also taken to sustain these gains. The use of a train the trainer model, for example, is expected to ensure that providers and parents continue to receive resources to improve early learning opportunities for children. By engaging in Keystone STARS, providers are part of a program that views quality improvement as an ongoing process. Working with local and state systems has led to changes in policies and the integration of some of the successful practices demonstrated in SELS into the broader system of support for young children.

Whether the strategies embraced by the SELS project will produce similar outcomes in other communities – particularly those where existing resources may not be as rich as those found in Allegheny County – is a question still being explored. OCD, for example, is looking into funding for replicating SELS in a rural community.

Wherever it is tried next, leadership and commitment will be essential, said Dr. Groark. “There has to be an organization or person who sees it as their responsibility to focus on coordinating partners around getting children ready for school. If nobody says, ‘Come to this meeting and let’s coordinate what is being done for these kids,’ I don’t think it will get done.” ■

Congratulations

Jennifer Phillip, the director of the John Heinz Child Development Center, was a recipient of The Beacon of Hope Award on April 1, 2006 at Carnegie Music Hall. This award is given by the Hill House Association to those who, through their works, have made a significant impact in the Hill District Community of Pittsburgh.

Jennifer was recognized in Early Learning and Child Development for the work that she has done in child care, specifically for organizing and encouraging her peers in early care and education to form a provider network in the Hill District Community. This network is the first of its kind for the community, and the providers are excited about getting together to support one another in the work that they do.

The John Heinz Child Development Center served as the host site for the Hill District early care and education providers during the Strengthening Early Learning Supports (SELS) Project: 2004-2006. During the SELS project, the idea of a provider network was brought forth. Jennifer took the lead and this network remains a sustainable part of the project. ■



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