

Developments

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University of Pittsburgh
Office of Child Development
400 North Lexington Street,
Suite LL104
Pittsburgh, PA 15208

www.ocd.pitt.edu

BLOCK GRANT UPDATE

County Hopes Human Services Block Grant Can Help Ease Pain Of State Funding Cuts

As the 2012 summer neared an end, it was clear that 2012 would be a difficult year for the providers of human services across Pennsylvania. Gov. Tom Corbett had signed a new budget that, as part of a number of austerity measures, cut the state human service dollars allocated to counties by 10%, leaving to speculation how such cuts would affect the services they provide and the well being of the vulnerable adults and children who rely on them.

None of the 67 counties were spared the cuts, which reduced the money they receive for mental health, child welfare special grants, intellectual disability, homeless assistance, behavioral health services, drug and alcohol services and the Human Services Development Fund. But Allegheny County and 19 others were selected for a block grant pilot program that merged funds for those line items and offered a degree of flexibility in deciding how to spend it.

In Allegheny County, the cuts meant a loss of about \$12 million in those funding categories for fiscal 2012-2013 from the previous year and foretold of difficult decisions for the county Department of Human Services (DHS).

The offer of more flexible funding motivated DHS to participate in the block grant rather than continuing to work under rigid funding categories that tend to inhibit the innovation and service integration that might give it a better chance of doing more with less, said Director Mark Cherna.

“The demand always outweighs the supply of what we do and the majority of people we serve have multiple needs,” Cherna told a large audience at a public meeting scheduled by DHS to explain the decision last October. “We figure the way to minimize the damage with less money and more demand is to be more creative and have more flexibility in how we serve those people.”

Efforts in the county to use the block grant in ways that lessen the pain of the 10 percent state funding cuts and improve the human services system remain a work in progress as DHS enters its second fiscal year under the pilot program.

The new fiscal year marks the first time DHS has used the flexibility of the block grant to move funds among programs and finance new initiatives. DHS estimates that such flexibility accounts for about 2 percent of the state ▶

dollars received under the block grant in fiscal 2013-2014.

Among the ways DHS is using that flexibility in the current fiscal year is to fund several new initiatives, including ideas for improving the quality of service for homeless families that had been proposed by the University of Pittsburgh Office of Child Development (OCD).

Deep Cuts

In the spring of 2012, Gov. Corbett presented a proposed budget that sought to trim the state deficit with steep spending cuts, including a 20 percent cut in funds allocated to counties through the Department of Public Welfare for seven categories of human services.

The response to those cuts included an advocacy campaign in Allegheny County that became known as the Campaign for What Works, a joint effort initiated by the United Way of Allegheny County, Greater Pittsburgh Nonprofit Partnership and the Pittsburgh Foundation to ensure the future of critical human service programs and the well-being of the people they serve. That effort was joined by organizations across the state to advocate for the rollback of the human service cuts contained in the governor's budget.

When the state General Assembly passed a state budget for fiscal 2012-2013, the cut in human services funding had been pared from 20 percent to 10 percent.

In Allegheny County, the cuts represented less than 2 percent of the more than \$800 million budget managed by DHS, which serves some 200,000 people each year. But to providers in the county and across the state, the new cuts were the continuation of a trend that has seen overall public spending for human services steadily reduced in recent years, despite a heightened demand for those services following the 2008 recession.

The cuts were made across seven state-funded human services line items, all of which were merged in the block grants given to counties selected for the pilot program.

- Mental Health Base funding, which is allocated to a range of populations with a large share earmarked for people who have previously been served in state men-

tal health facilities or who are being diverted from that level of care.

- The Intellectual Disabilities Community Base Program, which is mostly used to meet the needs of those with intellectual disabilities who may or may not be eligible for waiver programs. The dollars are largely used to pay for individual services such as residential, in-home supports, day programming, employment, rehabilitation, and transportation.

- The Behavioral Health Services Initiative, which funds most mental health and drug and alcohol services for people who are poor, but not eligible for Medical Assistance.

“When you examine closely a public human services system, you see how much overlap there is. So, the notion of an integrated human services block grant from a management and client perspective makes a lot of sense. But there is very little public discussion today about the cuts from last year and restoring them. There is a lot of discussion about the block grant. The mechanics of the block grant take all of the oxygen out of the room and the needy gasp for air.”

—Ray Firth, Director of Policy Initiatives, Office of Child Development

- Act 152 Drug & Alcohol funding, which gives people access to residential treatment who are enrolled in Medical Assistance but do not yet have behavioral health coverage.

- The Homeless Assistance Program, which supports emergency shelters, bridge housing, rental assistance and case management programs for homeless families and individuals.

- The Human Services Development Fund, which helps counties provide services to low-income residents who need assistance but don't qualify for categorically funded services. It is a key funding source for disabled 18-to-59 year olds in need of in-home care. The incomes of most who receive services fall below 125 percent of the federal poverty level. ▶

- Child Welfare Special Grants, which offers counties lower match requirements as an incentive to conduct best practice programming, such as High Fidelity Wraparound and innovative delinquency and truancy programs.

Block Grant

DHS was several months into the 2012-2013 fiscal year when its application to participate in the block grant pilot program was approved by the state. Agencies were already under contract and those contracts were based on the 10% across-the-board state funding cuts. As a result, DHS did not use the flexibility afforded by the block grant that fiscal year.

For Allegheny County, the state cuts required trimming \$12 million in human services costs that fiscal year. Not all providers felt the cuts, but many did. For example, 70 mental health agencies had their funding reduced and funding for eight others was eliminated altogether. Eight providers of intellectual disabilities services had their funding eliminated and 25 others had it reduced. Nine drug and alcohol providers endured lower funding levels. DHS itself pared \$1 million from its operating budget through staff reductions and other cost-saving measures.

In the meantime, the decision to accept funding through a block grant raised some concern among providers and others. One lingering concern has been the implication it has for advocacy. Advocates for underserved populations have spent years building organizations and strategies to influence decisions related to specific funding streams. Funds combined into a block grant can make advocacy for a specific funding stream, program or population more challenging.

Another concern is that the block grant can be seen as shifting the responsibility for the impact of the 10 percent funding cuts on agencies and clients from state government to the counties, which decide how to spend the smaller amount on local services. Still another con-

cern is that the block grant can steer the conversation away from the cuts themselves and their implications for specific vulnerable populations.

“I am of two minds on this,” said Ray Firth, director of the OCD Division of Policy Initiatives and the county block grant advisory committee DHS assembled last year. “When you examine closely a public human services system, you see how much overlap there is. So, the notion of an integrated human services block grant from a management and client perspective makes a lot of sense. But there is very little public discussion today about the cuts from last year and restoring them. There is a lot of discussion about the block grant. The mechanics of the block grant take all of the oxygen out of the room and the needy gasp for air.”

Moreover, the state Department of Public Welfare has not announced whether the state will evaluate the impact of the funding cuts on services and those who rely on them, or whether there will be a formal study of how the block grant is being implemented across the state.

The ability to use the flexibility offered in the block grant to find ways to stretch the lower overall dollar amounts is not without challenges. Funds are still allocated categorically and the block grant pilot program was not coupled with regulatory and reporting reform, leaving in place some restrictions that complicate integrating services across funding categories.

At least in Allegheny County, the block grant led to greater transparency in how human services funding decisions are made. DHS held a series of public “town hall” information meetings to explain the state funding cuts, its decision to pursue the block grant, the decision-making process and other issues. An advisory board was established that offered advocates, users of human services, foundations and others a chance to inform and review the county’s block grant plan.

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Developments Special Report

Head Start: How It Affects the School Readiness Of Children in Urban Neighborhoods

Head Start has stood as the largest and longest-running early childhood care and education government program in the United States for nearly four decades—and one of the most heavily researched. Yet, despite evidence of both short- and long-term benefits, debate lingers over how effective it is at achieving its primary goal of improving the school readiness of low-income children.

Fueling debate has been the fact that, over the years, the findings of studies that examined the effectiveness of Head Start have varied, ranging from those that suggest the program does little or nothing to improve school readiness to those that suggest it offers young, low-income children significant benefits.

Rigorous Head Start studies in the past decade, however, have found the program to have a positive influence on children's school preparation. The only randomized experiment to date—the 2005 U.S. Department of Human Services Head Start Impact Study—reported short-term benefits, although the gains tended to fade in the longer term.

More recently, a large, longitudinal study of Head Start in 18 U.S. cities found the program to be associated with improvements in the cognitive ability and social competence of enrolled children, who also showed reduced attention problems. The study also reported that the effects varied depending on the type of care or early education services received by comparison groups of children.

This special report is a summary of that 2011 study, which was published in the American Psychological Association journal, *Developmental Psychology*, by Jeanne Brooks-Gunn and Jane Waldfogel of Columbia University and Fuhua Zhai of Stony Brook University.

Head Start

Head Start was begun in 1965 as a comprehensive child development program to promote school readiness by providing high-quality early education services and nutritional, social and other support to young, low-income children and their families. Since then it has served an estimated 30 million low-income U.S. children.

Several characteristics of Head Start teachers and parents have been identified in the 2005 Head Start Impact Study data. For example, compared with teachers in other center-based classrooms of low-income children, Head Start teachers tend to be less harsh, less detached, less permissive, more sensitive, and more likely to encourage children to be independent, more involved in learning and more cooperative with their teachers and classmates.

Compared with parents whose children weren't in the program, Head Start parents were found to be more emotionally supportive, more likely to read to their children and less detached. The data also suggest they are less likely to use physical discipline and provide a better-quality home environment.

Such teacher and parent characteristics and learning and home environments are well suited to promoting school readiness. A large body of evidence gathered over the years has consistently linked high-quality care to children's cognitive development, social competence and attention, especially when measured by indicators such as caregiver warmth, sensitivity, responsiveness, consistency and stimulation of interactions. Studies also suggest such care is particularly beneficial to children with disadvantaged backgrounds.

Previous Research

Despite the potential of such attributes, the outcomes of children reported in previous studies of Head Start effectiveness vary considerably, ranging from producing negative or no effects to promoting substantially positive long-term gains.

Selection bias in previous studies is considered one of the main reasons for such divergent findings. Head ▶

Start serves disadvantaged children. Overall, these children tend to have poorer developmental status than more advantaged children before entering the program. Most Head Start children also have lower math skills and literacy scores when they enter.

Those and other factors, such as parental stress and low parental education, can affect the outcomes of Head Start children. As a result, simply comparing their outcomes to those of nonparticipants could bias the estimated effects of Head Start in observational studies, which account for the vast majority of studies done on the program.

Another challenge in previous studies is the composition of the reference group of children with which Head Start children were compared. These groups varied considerably across studies and time. Studies from the 1960s and 1970s, for example, were conducted during a time when few young children attended preschool. Today, many children not in Head Start get some type of childcare, and programs and policies vary across states and localities with differences seen in such key issues as access, funding levels, program standards and teacher quality.

As a result, the care children in non-Head Start control groups had access to and received might vary substantially across studies. Research has shown the type and quality of care are closely related to developmental outcomes. That suggests unless the reference group is clearly defined, the estimated effects of Head Start can vary significantly across studies depending on the experiences of children who had other care arrangements.

Yet, with few exceptions, that was not previously done. In many past studies, estimates of Head Start effects were drawn from simply comparing Head Start children to all other children who experienced a variety of alternative care settings ranging from exclusively parental care to other center-based care.

The most recent major Head Start study took steps to address those shortcomings in order to provide a more accurate reading of how well the federal program prepares disadvantaged young children for school.

Recent Findings

In their 2011 study, Jeanne Brooks-Gunn and colleagues investigated the effects of Head Start on school readiness using data from the Fragile Families and Child Well-Being Study, a large, longitudinal birth

cohort study of mostly low-income children born in hospitals serving disadvantaged communities in large U.S. cities. The sample of mostly disadvantaged children helped to address issues related to selection bias. They took other steps as well. For example, they controlled for children's initial developmental status.

The researchers first compared Head Start children with all nonparticipants, regardless of their childcare arrangements. To address the previous problem of using poorly defined reference groups, they also separately compared Head Start children with children who had other kinds of care arrangements, such as prekindergarten and parental care. They also looked at whether the effects of Head Start were influenced by children's gender, race and ethnicity.

Overall, researchers found Head Start offered significant benefits to low-income children's preparation for school, including improvements in cognitive de-

Research offers evidence that poor social-emotional interactions play a role in a number of troubling developmental outcomes ranging from poor physical growth to attachment problems and general behavioral and mental deficits.

velopment and social competence, as well as fewer attention problems at age 5. Head Start, however, had no statistically significant effects on children's internalizing and externalizing behavior problems.

The findings they reported were roughly comparable to the findings reported in the Head Start Impact Study, with one important exception. Jeanne Brooks-Gunn and colleagues provide insight into the disparities reported in previous studies. They found that the reported effects of Head Start often depend on the type of childcare received by control group children with whom Head Start students are compared.

Child Care Arrangements

The proportion of children in various types of childcare other than Head Start tended to vary from study to study. In the Head Start Impact Study, for example, 48 percent of the children who were compared with Head Start children received parental care, 35 percent attended other childcare centers and 18 percent had other non-

Among the disadvantaged children Brooks-Gunn and colleagues studied, 19 percent of those not in Head Start received parental care, 29 percent attended prekindergarten, 43 percent attended other center-based care and 9 percent had other non-parental care.

When compared with children who had parental care right before entering kindergarten, Head Start participants scored considerably better on measures of cognitive development, such as the Peabody Picture Vocabulary Test and WJ-R Letter-Word Identification test. They were also found to be more socially competent, as measured by the Adaptive Social Behavior Inventory.

In contrast, Head Start children scored higher only on measures of social competence when compared with non-participating children who attended pre-kindergarten programs that tended to be associated with cognitive gains.

Head Start children did better on social and behavioral measures compared to children who attended other center-based programs, which have been found to be associated with more behavior problems for some children. The study found that Head Start participants were more socially competent, and had fewer attention and externalizing behavior problems.

Children who participated in Head Start also had higher cognitive scores on the Peabody Picture Vocabulary Test and WJ-R Letter-Word Identification test and had fewer attention problems when compared with children who had other non-parental care, a mixed category of care that generally has not been reported to promote improvements in learning and behavior. In the study, non-parental care included care provided by grandparents, other relatives and by people not related to the child.

The researchers also looked at the role of children's gender, race and ethnicity in regard to Head Start effects. Their examination did not provide evidence that the effects of Head Start on school readiness were moderated by those factors, although they noted that the small sample size might have limited their ability to detect significant interactions.

Policy Implications

Despite decades of study, the debate over the effectiveness of Head Start has been clouded by wide-ranging disparities in the findings of some of those studies. The recent 2011 study by Brooks-Gunn and colleagues using a sample of mostly disadvantaged children in major U.S. cities sheds important light on the effec-

tiveness of Head Start in preparing young children for school, as well as on why previous research offers mixed conclusions.

The study reports that, overall, Head Start is associated with improved cognitive ability and social competence and fewer attention problems among young children who participate in the program. Perhaps just as important, the study shows that the benefits of Head Start are somewhat different depending on the childcare arrangements experienced by children with whom Head Start participants are compared.

Another policy implication is that if improving cognitive development is a goal, it would be important to target Head Start funds to children who otherwise would receive only parental or non-parental care, since the cognitive benefits of participating in Head Start were the largest when compared to such children. Given the low average skills of children entering Head Start, another policy consideration might be to increase the capacity of programs to improve children's cognitive skills.

A clear, more accurate picture of the effectiveness of Head Start is of growing importance as federal and state governments look to cut public expenditures, sometimes drastically. The \$7.5 billion Head Start budget in fiscal 2013, for example, reflects a greater than 5 percent funding cut over the previous year.

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This Special Report is based on the above-referenced paper. It is not intended to be an original work but a summary for the convenience of our readers. References noted in the text follow:

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DHS also conducted a series of case reviews to examine the experience of consumers involved in multiple services to get a better idea of how systems interact and to help identify ways to improve service delivery and outcomes.


New Concepts

In some cases, unspent dollars in 2012-2013 fiscal year were identified and used to increase support for certain services in fiscal 2013-2014, including an increase in funding to help reduce the waiting list for drug and alcohol treatment.

Also in 2013-2014, DHS used about 2 percent of the flexibility allowed under the block grant, which totals about \$2.4 million. Those dollars were allocated to support concepts in areas the county block grant plan suggests DHS will continue developing in future years, including homeless services, transition-age youth services and justice-related services. For example, block grant funds were used to continue to support and, in some cases, expand some re-entry services for inmates and services for their families that have been offered through the Jail Collaborative, which has shown promise in reducing recidivism.

Several new approaches were adopted as part of the recent spending plan that emerged from a public call for concept papers on ways to improve services and outcomes that was part of the block grant decision-making process.

“That shocked a lot of people,” Firth said of the call for concepts. “Some folks may say, ‘Just tell me what you want me to do.’ Others see it as an opportunity. It wasn’t big money. But opening up that process was good for public perception of DHS, which is important, and it opened them up to ideas they might not have thought of otherwise.”

OCD was among those who had concepts included in the block grant plan. OCD submitted several proposals related to improving the process and quality of care for families in the county’s homeless system. To address needs identified by OCD, the county reports that in 2013-2014 it will begin offering case management to families with children in emergency shelters in order to better connect them to services. DHS also plans on examining its homeless system from top to bottom, including intake, process of care, system integration and transition. 

Haitian Families First — Working To Keep Children Out Of Orphanages

A little less than two years after the 2010 Haitian earthquake, Marie entered the delivery room in a small hospital in Port-au-Prince, afraid and alone—without the baby’s father or any other family members at her side to support her. After several hours of difficult labor, Marie died due to complications, but her tiny baby, Jeremie, survived.

It is not uncommon for a mother to die in childbirth in Haiti. The cost of proper health care is beyond the resources of many residents and visits to a clinic usually require payment before treatment. This deters many from seeking care, under any circumstance. The level of poverty and lack of education experienced by many pregnant women also makes it difficult to maintain their health and the health of their unborn child. For impoverished fathers left with a newborn, formula is out of their reach because of its high price. Most fathers don’t have the education to care for the child without help or guidance. Those left to care for a motherless newborn are routinely approached by orphanage workers who promise that the child will have a better life in the orphanage because the child will have access to medical care, food, and education. Of course, the parents and the family of the newborns wish to keep and care for the child themselves; but they feel they have no other choice. With no social services to speak of and low literacy rates among the residents of Haiti, compounded by little or no knowledge of their rights, the overwhelmed parents and family members often sign away their newborns to the institution.

Recent scientific studies have shown that situations like the one in Haiti have significant consequences for the society. In most institutions, children are left without stimulation or personal attention for the majority of the time every day. They share a living space with other boys and girls up to age 18. Their meals are often scant and lacking in nutrition. The quality of education is extremely poor. Scientists have found that these conditions negatively affect the child’s brain development, which can lead to serious health and behavioral problems.

Over 30,000 children are currently cared for by 800 or more institutions in Haiti. Many local residents believe that these well-established private institutions ▶

are the best place for a child whose parents can't afford to care for them or don't have the resources or help that they need. The funding for these institutions is often foreign aid that is based on how many children the institution cares for, or funding provided to help the children move through the international adoption process. The Haitian government lacks resources to provide meaningful supervision of these institutions. Unfortunately, it has become an accepted and thriving practice among Haitians to depend on these institutions as a safety net. Social services, if they existed, would actually help parents in dire need avoid giving up their children and stabilize the family unit at the same time, but institutions that separate families and destabilize and stunt the development of these children are seen by the public as their only hope.

Despite their reputations among Haitians, institutions do not provide the care and the education needed by these children in order to develop healthy bodies and minds. Typically, the infants are left in a crib or other holding area while a handful of workers make the rounds to change diapers, feed, and occasionally bathe the children, roughly three to four times a day. With a staff of only a few individuals caring for dozens of children, staff members provide little to no personalized attention. For school-aged children, education is provided between meals by a single teacher inside this same building. There are no opportunities for individual attention, even in the case of children with disabilities.

Decades of studies conducted in Europe show that children who are removed from their biological families and placed in large residential facilities have reduced brain development, specifically in relation to physical and social-emotional development. One study found that young adults raised in institutions are 10 times more likely to be involved in prostitution than their peers, 40 times more likely to have a criminal record and 500 times more likely to take their own lives.

Education at a price

About 90 percent of schools are private institutions in Haiti, and families are charged for their services. School fees for tuition, uniforms, books, and materials for one child add up to almost 25 percent of a working parent's yearly salary. The prospect of educating a child can be a serious burden on the family's already strapped resources. In a typical home with multiple children, only one child, if any, is able to attend school. Therefore, when institutions present strug-

gling parents with a promise that a child will receive an education in the institution, the parents may be convinced that there is no better choice for that child.

John was 7 and Dave was 4 when they were left at an orphanage. The institution promised that John and Dave would have better opportunities than what their parents could provide for them at home—including a good education. However, over the weeks that followed, John and Dave had a hard time adjusting to life in the orphanage; living with dozens of other children, all suffering their own maladies—post-traumatic stress disorder, separation issues, malnourishment, mental impairments, learning disabilities, and infectious diseases. Children of both genders, from birth to age 18, lived under the same roof exposing the brothers to bullying, abuse, and other factors that severely reduced the children's ability to learn. Even worse, John and Dave often questioned why their parents who lived less than a mile away would place them in an orphanage.

HFF Addresses Social Service Shortfalls

Ali and Jamie McMutrie—two sisters from Pittsburgh—first went to Haiti intending to work in an orphanage. Jamie stayed there for eight years, then co-founded Haitian Families First (HFF) with Ali during the aftermath of the 2010 earthquake. They wanted to help nurture and empower families in despair through emotional, social, and financial support enabling them to keep their children. They wanted to ensure that children remain with their biological families and out of institutions by working closely with the local communities in Haiti.

"Families who approach us are in desperate need, ready to turn their child over to an orphanage because they think they have no option. We help them find options so they can keep their child with them. Over 90 percent of children in institutions in Haiti have a living relative—a parent or other family member willing to care for the child, but unable due to poverty. If more social services like those we provide existed in Haiti, orphanages would not," said Ali McMutrie.

Many families who enroll in one HFF program often find they need assistance in more than that one area. Families who reach out to HFF in a desperate situation searching for alternatives to relinquishing one or more of their children go through an initial counseling and assessment process to identify their needs. HFF staff discuss the family's situation and evaluate possible options and resources aiming toward self-sufficiency in the long run. ▶

With Supports Families Thrive

Around the same time in the same delivery room where Marie died giving birth to Jeremie, another mother was also preparing to give birth. Because she was enrolled in the Health & Wellness Program offered by HFF, Junia, an HFF outreach worker was there to provide support to the mother through the delivery of her child. Knowing that Jeremie would be destined for an overcrowded and understaffed orphanage, Junia called HFF founder, Jamie McMutrie to discuss options that would set baby Jeremie on a path to a healthy life with a family in Haiti.

A few years back, Junia had lost her job as a cook at one of Haiti's few beach resorts when the company unexpectedly downsized. With no one to help her, she thought she would have to place one of her two daughters in an institution while she looked for work so she could support her other daughter. She thought she had no other choice. But thankfully, Jamie and Ali intervened. They met with Junia, evaluated her situation, and discussed her options. Junia expressed an interest in social work, and after some training they found Junia to be a perfect fit for an open position with HFF as an outreach worker. HFF also helped her locate childcare service during work hours.

Like many other mothers who have been supported by HFF, Junia was able to find a way to become self-sufficient and stabilize her family. HFF also helped her raise the money she needed to send her daughters to school—which is extremely challenging for many local families. But, unlike other women and families, Junia also did something unheard of in Haiti. She adopted Jeremie, the fragile little boy whose mother, Marie, had died while giving birth. Jeremie weighed less than 2 pounds at birth and needed very special care. Junia accepted the challenge because she felt it was time for her to help someone else in need.

HFF Programs

Based on many years of field research, Jamie and Ali McMutrie have developed three distinct programs currently offered by HFF—Education, Nutrition, and Health & Wellness—which encompass the social services most often needed by families in crisis in Haiti.

The Education Program provides assistance to families who wish to send children to school. This program works with schools in the child's community

to keep children close to home. Tutors and additional help are also made available for students who are struggling to keep up.

The Nutrition Program serves pregnant and nursing mothers and their children with vitamins and nutritional education that will enable them to live healthy lives. For new mothers struggling to breast-feed, HFF offers education and assistance, and for fathers or other family members without the ability to provide breast milk, HFF provides formula designed to help a baby develop in a nutritionally sound manner. HFF outreach is not limited to the mere provision of product. HFF also offers consulting and education related to each product, proper administration, and routine checks on the outcomes of services.

The Health & Wellness Program provides assis-

“Helping a family steady themselves encourages them and gives them a feeling of hope that everyone can see. Once a family learns to be and remain self-sufficient, they tell their neighbors and soon the entire community is benefiting. A strong and stable family unit is what will give the next generation the ability to change and keep the country moving forward.”

—Jamie McMutrie

tance to families who struggle to receive medical care due to cost. This enables HFF families to see a doctor when needed. HFF provides assurance of responsibility for the bill should the family need assistance. These relationships also help families with newborns who need immediate assistance for a number of reasons. Hospital staff members routinely call on HFF to provide help or guidance to families in need of HFF program enrollment. Families who live in five communities are referred to HFF, almost daily, by doctors from a dozen clinics.

A Child Recovered

Edanson was abandoned at a hospital at 2 years of age, severely malnourished, weighing only 10 pounds. Knowing that most mothers only abandon a child when they are afraid, desperate, and feel they have no other options, Haitian Families First asked hospital staff and members of the community to help them find Edanson's mother.

The next day HFF staff members found Clamene, who said that she had searched for help for a long ▶

time and did not think Edanson would live. Because she had no money, she left him at the hospital, hoping doctors would care for him. If she had stayed with him, she would have been forced to pay, otherwise, doctors would not have treated him at all. Leaving him at the hospital seemed like the only way to get the medical care that he needed to survive.

With HFF's promise to help her, Clamene went back to the hospital bringing along her infant daughter Nashka. Doctors took care of both children during their hospital stay because HFF helped with the bill. Edanson spent close to a month in the hospital recovering from illness surrounding malnutrition. During this time, doctors discovered that Clamene was suffering from pneumonia and anemia. This explained why her infant daughter Nashka was not receiving proper nutrients from Clamene's breast milk and was not growing adequately.

With the help of Haitian Families First programming, Edanson and Nashka recovered and are now home with their loving mother, and their older brother Esteven. Nashka is breastfed and growing every

day. Edanson recently started his first year of school.

"Helping a family steady themselves encourages them and gives them a feeling of hope that everyone can see. Once a family learns smarter and better ways to be and remain self-sufficient, they tell their neighbors and soon the entire community is benefiting. Helping a family and a community grow together is what is helping Haiti thrive. A strong and stable family unit is what will give the next generation the ability to make change and keep the country moving forward," said Jamie McMutrie.

Haitian Families First is a US nonprofit organization with offices in Pittsburgh and Port-au-Prince, Haiti. To contact HFF, email Vivian Lee Croft, Pittsburgh Operations, vivian@haitianfamiliesfirst.org or visit the website at www.HaitianFamiliesFirst.org

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Office Announcements

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 and 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
University of Pittsburgh
Office of Child Development
400 North Lexington Street, Suite LL104
Pittsburgh, PA 15208

The parenting guides are also available on the OCD Website as portable document files at: www.ocd.pitt.edu/You-and-Your-Child-Parenting-Guides/47/Default.aspx

Free Background Reports Cover Children's Issues

University of Pittsburgh Office of Child Development offers a recently-updated series of free background reports providing concise overviews of current topics important to children and families.

- New topics in the series, Children, Youth, and Family Background, include childhood obesity, foster care, early literacy, parent-teen relationships, and the trend among nonprofit agencies to help support their missions by starting money-generating social enterprises.
- The reports, originally produced to keep journalists and policymakers up to date on children's issues, are available free of charge to anyone interested in learning about the latest developments in areas ranging from education and child development to child welfare and juvenile crime. These reports are written, edited, and reviewed by the University of Pittsburgh Office of Child Development.
- All Children, Youth, and Family Background reports are posted on the OCD Web site as portable document files (.pdf) for viewing and downloading at the following address: www.ocd.pitt.edu/Default.aspx?webPageID=49&parentPageId=5.

The Office of Child Development is now on Twitter.

Follow us by visiting our Twitter page:
www.twitter.com/OfficeChildDev

Free OCD Parenting Columns Well-Suited For Newsletters

Dispensing parenting advice, long the domain of grandmothers and other family relations, is drawing more attention from policymakers and others looking for ways to strengthen families and communities—and for good reason. Studies show effective parenting improves a child's chances of healthy development.

Sound parenting advice on more than 50 topics is now available free of charge in a series of columns written by Robert B. McCall, PhD, co-director of the University of Pittsburgh Office of Child Development and former columnist for *Parents* magazine.

The columns, well-suited for newsletters and community newspapers, provide clear, concise, and accurate information on topics such as dealing with a child's

lying, how to toilet train, what to do about nightmares, discipline and finicky eaters, and how to recognize and address grief in children.

OCD offers the columns free of charge as Microsoft Word documents. All columns are available on OCD Web site at: www.ocd.pitt.edu/Parenting-Columns/151/Default.aspx.

The public service initiative is made possible by the Frank and Theresa Caplan Fund for Early Childhood Development and Parenting Education, whose contributions support production of the columns and other Office of Child Development projects.

Developments

A newsletter of scholarship, service, and policy

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Office of Child Development
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www.oed.pitt.edu

Our work consists of:

- Interdisciplinary research and education
- University-community service demonstrations
- Program evaluation studies
- Research dissemination

Office Announcement

‘Kidsburgh’ Web site Offers Latest News about Children

A Web site devoted to children and local organizations working to improve their lives and their futures was recently launched by Kidsburgh, a community partnership.

The Web site regularly posts news and feature stories about local children and their latest accomplishments, as well as stories about the programs, people, and organizations devoted to their well-being. In addition, the Web site provides links to services such as after-school, early childhood education

and mentoring programs, and links to a wide range of community partners that offer children services and opportunities to help them to have fun, learn and thrive. The online newsletter can be found at www.pittsburghiskidsburgh.com.

Kidsburgh is a growing movement by a large and collaborative group of partners in western Pennsylvania to make Pittsburgh “the best place for kids on the planet.” 