Julie Downs and her colleagues had a few ideas of what they would likely hear when they began interviewing teenaged girls more than a decade ago about how they make decisions that lead to sexual behaviors. Pressure from boys to have sex, for example, was one they thought they'd hear a lot about. What they learned surprised them.

The girls spoke not of being pressured into having sex or wanting to have sex because it was pleasurable or any of the other reasons the researchers anticipated hearing. What the teenaged girls confided was a profound lack of awareness that having sex is something they can control.

“They talked a lot about not even realizing that there were decisions being made—about how situations just kind of led to sex and that they didn’t realize that, if they wanted to make a different decision, they had some agency, some ability to change the outcomes,” said Downs, PhD, an associate professor and the director of the Center for Risk Perception and Communication, Department of Social and Decision Sciences at Carnegie Mellon University (CMU).

Such findings were used to create an interactive video, which dramatized situations that can lead to sexual behavior in an effort to arm teenaged girls with knowledge and options that would help them better negotiate similar circumstances in their own lives. In a small-scale evaluation, the video showed promise in promoting safer decisions among girls and lowering their rates of sexually transmitted infections.

CMU researchers have improved the quality of the video and refined, updated, and expanded its contents with a $7.4 million grant from the U.S. Department of Health and Services. And to assess its effectiveness, they are recruiting some 3,000 teenaged girls from health clinics in three states to be part of a larger-scale evaluation conducted by the University of Pittsburgh Office of Child Development (OCD) Division of Applied Research and Evaluation.

**Having A Choice**

The project dates to the late 1990s, when Downs and colleagues received a National Institutes of Health grant to look at the prevention of sexually transmitted infections. The work focused on the decisions that result in risky behaviors and lead to sexually transmitted infections and...
other negative outcomes. For teenaged girls, those decisions are around having sex, the partners they choose, and the protections they take.

It became clear during interviews with girls aged 14-18 years those decisions were strongly influenced by a lack of understanding that they have a choice in the matter and options to help them negotiate the outcomes of situations that lead to having sex.

“We used those findings to create a video where we just hit them over the head with the idea of having a choice,” Downs said. “We wanted to make it super concrete for them and help them practice: Here is a place where a girl can make a decision. Here are some options she has, several of which lead to less risky outcomes. Now, you can practice making these kinds of decisions in your own life.”

The video, “What Could You Do?” used actors in a series of vignettes to recreate situations that arise in relationships that can lead to sexual behaviors. The situations depicted range from that of a girl confronting the prospect of having sex when she is attracted to a boy at a party to a girl and her boyfriend confronting the issue of condom use.

In each case, the viewer chooses how the situation will unfold from several options. In the vignette depicting the girl’s encounter at a party, for example, there were three options to choose from, each portraying different responses and consequences that range from one that has the girl saying, “don’t stop” to one in which she gently pushes the boy away and says, “don’t.”

Other segments of the video offered information on common sexually transmitted diseases, and topics such as what happens during a gynecological examination and proper use of condoms.

Researchers from CMU, Children’s Hospital of Pittsburgh of UPMC, and Slippery Rock University developed the “What Could You Do?” content.

A small-scale evaluation was done to determine the impact the video had on 300 girls aged 14-18 years recruited from urban Pittsburgh-area clinics, including two control groups. It suggested that overall the video resulted in positive changes in the girls’ behavior, at least in the short term.

“One outcome was whether they stopped having sex,” Downs said. “We found the girls who saw our video were more likely to become abstinent by a fairly large odds ratio, about two-and-a-half, compared to controls. We attribute that to giving them skills to say no to sex if they want to say no to sex, so they were less likely to find themselves having sex if they really didn’t want to.”

The girls were also tested for chlamydia, which is the most frequently reported bacterial sexually transmitted disease in the United States. Although the sample was small, the clinical tests showed a pattern consistent with lower chlamydia rates among girls exposed to the video compared to the controls. Self-reported rates of other sexually transmitted diseases were also lower among girls who watched the video.

“We wanted to make it super concrete for them and help them practice: Here is a place where a girl can make a decision. Here are some options she has, several of which lead to less risky outcomes. Now, you can practice making these kinds of decisions in your own life.”

—Julie Downs, PhD
As a remedy, the number of scenarios in the new video was expanded to include multiple takes of every situation so each situation is available with actors who match a girl’s race.

The new video will also be evaluated with a larger group of teenaged girls, which will be 10 times the size of the original cohort and recruited from clinics in Western Pennsylvania, West Virginia, and Ohio.

OCD, which was hired to be an independent evaluator, will use a number of data collection tools to measure the effectiveness of the new video intervention. Baseline data will be gathered at the beginning of the intervention. Data will be collected three months later and again at six months, which marks the end of the intervention. Another round of data will be collected one year from the end of the intervention to assess longer-term outcomes.

At each data collection point, girls complete a calendar in which they are asked to report on their sexual behavior, partners, use of birth control, and outcomes, such as a sexually transmitted disease diagnosis or a pregnancy test, that occurred over the previous three months. They also complete a survey, which includes questions related to self-efficacy, an influential factor in girls’ decisions when confronted with situations that can lead to sexual behaviors. In addition, they are given a pregnancy test and are tested for chlamydia and gonorrhea.

The evaluation should also provide insight into the video’s effectiveness across a broader demographic representative of the audience it would likely find if widely used by girls across the nation. The larger cohort, for example, includes girls recruited from rural clinics in addition to urban clinics, from which most of the girls in the earlier study were recruited.

“I think that will be interesting to see,” said Milena Nigam, director of the OCD’s Division of Applied Research and Evaluation. “The current study is looking at how this video can be used in normal clinic operations. We have clinics in rural areas, in urban areas, and those in between. Some communities are quite rural and isolated in terms of geography. And, in some counties, there is not much education available to girls around sexual health.”

If the new video is found to be effective, plans call for making it available as a DVD and online to help teenaged girls across the nation understand their choices in sexual situations and give them the means to avoid poor decisions that lead to unwanted consequences.
Developments Special Report

Understanding Institutionalized Children:

*Developmental Issues, Intervention, and Policy Implications*

Nations trying to improve the outcomes of children without permanent parents face steep challenges, particularly those that have long relied on institutions to house such children and whose child welfare systems remain works in progress. While many obstacles confront their efforts, the lack of research essential to understanding the developmental issues of those children and creating more effective interventions is not one of them.

The number of vulnerable children being raised in institutions throughout the world is imprecise. Estimates range from 2 to 8 million—a small percentage of the total international population of vulnerable children, which also includes children living on the street, in refugee camps, in informal kinship or community care, and those who are runaways, are recruited as child combatants, or are trafficked for labor or sexual exploitation.

Institutionalized children, however, are the focus of a substantial body of research on their development, both while living in institutions and, for some, after they were placed with families through adoption or other means.

Interest in such research has increased in recent decades, driven, in part, by the appalling conditions within Romanian orphanages that were exposed following the fall of the regime of Nicholae Ceaușescu. As adoptions from the world’s orphanages increased, so did the desire to learn more about the development of children raised in them, as well as the willingness of more nations to explore alternatives to institutionalizing their vulnerable children.

The research sheds light on issues that are important in addressing the needs of vulnerable children, including the developmental outcomes experienced by children raised in institutions, how the interactions between caregivers and children affect those outcomes, developmental changes that occur after children are placed with adoptive or foster families, and interventions that show promise to improve the development of children who remain in institutions.

This report summarizes some of the key findings of that research.

**Orphanage Characteristics**

It is not unusual for the care found in orphanages to differ from institution to institution in a country, or over a period of time in the same country, or from one country to another. However, anecdotal evidence and recent empirical studies of orphanages in several locations, including the Russian Federation and Central America, suggest institutions share several characteristics, although variations are sometimes seen that can be significant.¹

Common structural characteristics of orphanages, for example, include wards that house relatively large numbers of infants and young children, sometimes as many as 30 in each. The number of children under the care of a single caregiver during their waking hours is often high, ranging from 6 to 10 or more children per caregiver, including infants in the first year of life.

Many different caregivers often serve the children. When vacations, staff turnover, and other factors are considered, children may be exposed to 60-100 different caregivers over their first two years of life. The care they receive tends to be highly regimented. There is also a tendency to segregate children with disabilities in different wards or different institutions.

Studies also find common characteristics in the quality of caregiver-child interactions that occur in institutions. These interactions often tend to be limited to the routine chores of the day, such as feeding, bathing, and changing. Such chores are often done in a perfunctory, business-like manner with little social interaction. Caregivers tend not to respond to a crying child or to play with the children. Little warmth and sensitivity is afforded the children. One-on-one interaction is rare. And reciprocal verbal and nonverbal “conversation” is limited.

Some institutions have been found to be globally deficient. In such institutions, not only are structural
characteristics and caregiver-child interactions found wanting, they also fail to provide adequate medical care, nutrition, sanitation, and safety. Other orphanages offer adequate medical care, nutrition, and sanitation, but the nature of their structural characteristics and caregiver-child interactions cast them as social-emotionally depriving institutions.

Children’s Development
In general, studies suggest that infants and young children who are raised in institutions as typically operated develop more poorly than children who are raised at home and have not been institutionalized. The research, which is fairly substantial, tends to focus on outcomes such as a child’s physical growth and general behavioral development as measured by standardized tests that include cognition, language, personal-social, motor, and adaptive behaviors.

Infants and young children raised in orphanages are, on average, more than a standard deviation below the mean of non-institutionalized children raised at home on measurements of height, weight, head circumference, and general behavioral development. And it is not unusual to find orphanage-raised children well below those levels.

Young children in three St. Petersburg, Russian Federation institutions, for example, averaged more than 1.5 standard deviations below home-raised children. About half of those children would rank in the bottom 10 percent of non-institutionalized children in physical growth and mental development.

Caregiver-Child Interactions
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. Being deprived of interacting with their caregivers, talking, and the benefits of one-on-one responses contribute to general behavioral and mental deficiencies in children. A large body of research shows behavioral and mental development markedly improved when institutionalized children were given sensory and perceptual stimulation, with or without a social component, and interventions were implemented to improve the social and educational nature of caregiver-child interactions.

Attachment is another issue influenced by a child’s interactions with his or her caregivers. Children raised in institutions have much higher rates of insecure and disorganized attachments, as assessed by the Strange Situation Procedure. Such issues even occur with their favorite caregiver or with someone whom they know well. In studies of children in institutions, about 73 percent of them displayed disorganized attachment or were not able to be scored—outcomes that might be expected in only 15 percent of low-risk children raised by their parents outside of an institution.

To some extent, the nature of children who are placed in institutions contributes to the substantial developmental delays researchers find and to the atypical behaviors the children display. Few studies have examined children’s development when they enter an institution. But those that have report finding higher rates of low birth weight, prematurity, low Apgar scores, and other perinatal risk factors that lead to poor developmental outcomes when the conditions children are raised in are poor. On the other hand, few studies report finding such risk factors among children who leave institutions to live with advantaged adoptive families.

Intervention Studies
Several interventions have been studied that largely focus on improving the caregiver-child interactions in orphanages. Findings suggest that certain steps to improve those interactions can improve the physical
and general behavioral development of children being raised in institutions.

The studies show that the more comprehensive and intensive children’s interactions are with their caregivers the greater their development improves. In one study, substantial improvements in children’s physical and general behavioral development were reported after a family-like environment was created in an orphanage and caregivers provided better care.8 Fewer children showed disorganized attachment, and atypical behaviors became scarce. And improvements were broadly seen across the population of orphanage children, including those with disabilities.

More dramatic improvements occur when infants and young children leave an institution and are placed with adoptive families or high-quality foster homes. The studies reporting such improvements involved children who were placed with families that provided much better conditions than those they experienced in institutions.8 The children showed immediate and significant gains in physical and behavioral growth and became attached to their new parents.

Research also demonstrates the importance of improving children’s environments as early in their lives as possible. The long-term development and adjustment of institutionalized children tend to be influenced by how long they are exposed to conditions that deprive them of the interactions, warmth, and other factors important to healthy development.

In general, children removed from institutions at a young age tend not to have long-term deficits. But the age at which long-term deficits become a significant risk often depends on the severity of their experiences in the institution. That “step,” for example, can occur in as little as six months for children in extremely depriving conditions, such as those characteristic of Romanian orphanages several decades ago.

Studies of children who are removed from orphanages to family settings offer further evidence of how the length of time spent in an institution affects their outcomes. A large body of research shows that children who are placed in family care after spending a long period of time in institutions have higher rates of physical developmental delays and behavior and psychiatric problems. They are, for example, more likely to have deficits in executive functioning, such as short-term memory and cognitive inhibition, and in language development—all of which can contribute to poor academic performance later in life.

The best developmental outcomes are found among children who were adopted, especially at an early age, out of an institution to live with families.

Foster care is also found to offer children better outcomes than what they would be expected to experience if raised in orphanages or other institutions.10 In general, the quality of foster care tends to matter. The best evidence of gains seen among institutionalized children after they were placed in foster care were reported in the Bucharest Early Intervention project, in which the quality of foster care was exceedingly high. Studies report that children in the project who were randomly assigned to foster care showed better physical and mental development—particularly children placed with foster families at younger ages—than those who stayed in institutions.11 While demonstrating the benefits of placing children in high-quality foster care, the project also raises questions as to whether countries with few resources would be willing or able to duplicate such conditions.

But many more children remain in institutions than are adopted or placed in foster care in most countries. For them, research suggests, interventions that improve the quality of their interactions with their caregivers can be critical to their developmental outcomes. In a study of Russian Federation orphanages, interventions that encouraged caregivers to be warmer, more engaged, and more responsive was coupled with improvements in the orphanage environment to better promote such practices. After such steps were taken, children’s physical and socio-emotional development improved substantially compared to children in control institutions.12

Studies of interventions aimed at improving the outcomes of institutionalized children vary. But what emerges is evidence suggesting that, in practice, the quality of care may be more important than the type of care. Among the challenges nations face in reforming practices that rely on housing vulnerable children in institutions is to build a professional social work and child welfare infrastructure capable of supporting quality care, especially in families, throughout the system.

Policy Implications

As the research makes clear, the best outcomes for children occur when they are raised in an environment that is safe, provides them with basic necessities, such as adequate nutrition and medical care, and offers them a family-like atmosphere in which they regularly interact with caregivers who are warm and responsive to their needs.
Helping nations develop comprehensive and professional child welfare systems with an emphasis on family alternatives over institutional care is an endeavor several international and national organizations, as well as private foundations, are undertaking, including UNICEF, USAID, the Oak Foundation, and others.

The challenges are daunting, particularly in countries whose resources for creating such systems are low. Simply legislating that young children shouldn’t be raised in institutions is not enough to ensure the environments they are raised in are better. Well-functioning child welfare systems require substantial up-front investment. Some family alternatives, such as adoption, can be controversial. In fact, some religions forbid adoption, although alternatives are often possible.

Research offers these nations some guidance having identified several key requirements for developing an effective professional child welfare system. For example:

- Local policymakers and practitioners should lead the development of care arrangements to make sure they are tailored to fit their local cultures and populations. Solutions that work in one country may not be a good fit in others. Advisors and international organizations, therefore, might be most helpful by providing local professionals and policymakers with multiple options and information about each.
- Nations need to develop a professional social work infrastructure to support child welfare systems. Social services for at-risk children and families are either not well developed or not available at all in many low-resource countries. And developing one would likely take many years.
- A professional social work infrastructure is critical to another requirement for developing a child welfare system: Parents need to be recruited, trained, supported, and monitored.
- Financial investment and the support of a professional social services network are required to help at-risk parents through difficult circumstances and adequately provide for their children so they stand a better chance of retaining custody and avoid having their children placed in institutions, foster care, or other alternative arrangements.
- Family alternatives take time and may or may not go smoothly when first implemented, placing a premium on persistence and a steady commitment to improvement. In the Ukraine, for example, many requirements for family alternatives were in place, yet after five years only 6,700 children were in such arrangements while 45,000 remained in institutions.

In addition to emphasizing the benefits of developing quality child welfare systems focused on family alternatives, studies underscore the importance of moving children out of institutions and into such arrangements as soon as possible. Another challenge for nations in building child welfare systems, therefore, is to develop policies that strike a balance between the custody rights of birth parents and children’s best interests while keeping the time children spend in institutions awaiting placement to a minimum.

**Improving Institutions**

Despite a nation’s best efforts to develop a child welfare system and family alternatives, the fact remains that substantial numbers of children will likely be living in institutions for many years to come. Research suggests that steps can be taken to improve the conditions of institutions for those children and, in doing so, increase the likelihood they will experience better outcomes.

Institutions do not necessarily have to operate as they currently do. Interventions aimed at changing caregiving practices to afford children more stimulation and closer relationships with their caregivers are fairly consistent in finding such steps improve children’s physical and mental development.

If, however, a nation’s goal is to provide the best environment possible for all vulnerable children, it will likely have to find ways to improve conditions within its institutions. Marshaling limited resources to do both will be a challenge, particularly among low-resource nations. The good news is that numerous studies demonstrate that after initial investments are made to develop family alternatives, nations should begin to see significant cost savings as such less expensive options are able to accommodate more children, creating the opportunity to reinvest the funds in improving conditions within institutions for those children who remain.

**References**


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:

Federal Agencies Directed To Improve Use of Evidence To Support Spending

Federal agencies, including those that provide funding for children and family initiatives, are being encouraged to find ways of using scientific evidence to measure program effectiveness and inform their budgeting decisions.

The push comes from a recent federal Office of Management and Budget (OMB) memo that directs federal departments and agencies to show in their fiscal 2014 budget submissions how to use evidence and evaluation, including their most innovative ways of doing so.

The directive stops short of requiring federal agencies to fund only programs and initiatives that evidence demonstrates are effective. Instead, it appears to be a step toward building the capacity of agencies to gather and evaluate evidence to improve program performance and guide the allocation of funds at a time of mounting pressure to tighten spending.

“There is recognition here that implementing evidence-based reforms is something the government is just learning how to do,” said Jon Baron, president of the Washington, DC-based Coalition for Evidence-Based Policy, a national advocacy organization. “To an extent, they are inventing it as they go along and are encouraging federal agencies to play a role in developing new evidence-based approaches.”

Evidence In Budgeting

Evidence-based government is not a new concept. Federal administrations going back to the 1960s have from time to time promoted the notion of funding programs based on evidence of their effectiveness.

There are plenty of examples of such an approach at the program level. Among the most recent is the Obama Administration's use of evidence-based models to assess and fund a number of federal programs, including home visitation and teen pregnancy prevention. The programs are evaluated using scientific methods and the largest share of funding is awarded to those that evidence shows produce the best outcomes.

But overall, the use of evidence to evaluate effectiveness and guide budget allocations has yet to become part of the DNA of governments and agencies across the country, whether federal, state, or local.
Evidence-based budgeting is not without controversy, although the principle of supporting programs with proven track records of success and identifying ways to make programs more effective attracts little debate. Otherwise, there is a risk that scarce dollars will be spent on programs that do little to improve the outcomes of children and families. A child in an ineffective early learning program, for example, is less likely to be ready for school; a parent who gets a voucher for job training in an ineffective program is less likely to exit poverty.

“Whether we look at it as advocates of quality social services in general or as keepers of the public purse, to expect that the programs we do advocate for and fund can demonstrate positive outcomes seems like common sense to me,” said Raymond Firth, director of the University of Pittsburgh Office of Child Development (OCD) Division of Policy Initiatives. “I wouldn’t go to a doctor if I didn’t believe he was using practices that had evidence that they were effective.”

More effective use of government dollars may be the most obvious of the potential benefits, but there are others. Evaluation rigorous enough to identify aspects of programs that work well and those that do not can lead to improvement and innovations in the nature of future programs.

“A secondary benefit is that it raises the status of evidence in public and agency discourse,” said OCD Codirector Robert McCall, PhD “And that is certainly welcome, because historically politics always trumps evidence in policy formation.”

Evidence-based budgeting also raises some questions about how such policies are carried out. One issue is that not all research is equal. Some methods of evaluation yield more credible findings than others. Some are more vulnerable to manipulation and spin than others. And it often takes a high level of sophistication to understand the differences.

An emphasis on outcomes also has potential drawbacks. “An emphasis on outcomes can sometimes give short shrift to implementation,” said McCall. “Your first outcome is whether the program was properly implemented. Did the service providers provide the service in the manner, nature and extent that we think should be effective? You shouldn’t be evaluating other outcomes until you determine whether the program was properly implemented.

“Policymakers and funders often want you to evaluate a program in its first cohort. To the extent the program is new and innovative, it may take two or three cohorts of people before the service providers get the implementation down. It takes a while to learn how to do that.”

Rigorous evaluation can identify aspects of programs that work well, as well as those that don’t, and offer insight into why. Such evidence tends to spur innovation, as long as research that leads to creative new solutions is adequately supported. A question regarding wider application of evidence-based policy is whether the heightened emphasis on demonstrating outcomes will affect support for research that looks beyond what is the tried and true today in search of innovations that will lead to better outcomes tomorrow.

**The New Federal Approach**

The recent OMB memo directs federal agencies to show how they use evidence in their fiscal 2014 budget submissions and includes a separate section describing their most innovative approaches. The motivation for such steps was explained by acting OMB Director Jeffrey Zients, who wrote:

“Since taking office, the President has emphasized the need to use evidence and rigorous evaluation in budget, management, and policy decisions to make government work effectively. This need has only grown in the current fiscal environment. Where evidence is strong, we should act on it. Where evidence is suggestive, we should consider it. Where evidence is weak, we should build the knowledge to support better decisions in the future.”

The directive appears less about using evidence to decide which programs to fund than it is about prod- ing agencies to use evaluation more widely to gather evidence.
It invites agencies, for example, to propose new evaluations and suggests that resources will be available for initiatives expanding their use of evidence. Examples of such initiatives include low-cost evaluations using existing administrative data, expanding evaluations within existing programs, and employing evaluations linked to performance partnerships that blend “multiple funding streams to test better ways to align services and improve outcomes.”

OMB also directs federal agencies to show that, between fiscal years 2013 and 2014, they are increasing the use of evidence in formula and competitive programs. The directive offers several approaches for agencies to consider. The use of evidence-based grants is one.

The tiered frameworks used by several agencies, including the Department of Education, is an example of such an evidence-based grant strategy. Under that approach, the programs that demonstrate through rigorous evaluation stronger evidence of effectiveness are eligible for more funding. Other grants are available to programs with moderate outcomes or evidence. And some tiered initiatives provide funding for development of new models that don’t yet have strong evidence of effectiveness, but include an evaluation component, to promote innovation.

“Unlike earlier OMB initiatives, this is evidence and evaluation designed to foster program improvement rather than determining whether the program is working or not working and should be cut or get increased funding,” Baron said. “It’s not a thumbs up or thumbs down on the whole program. That’s not the goal of this evidence-building exercise. It’s trying to identify within programs which strategies or models are effective, using rigorous evaluation. It’s the kind of evidence that, if it shows effectiveness, can be disseminated throughout the whole program and used to improve its overall performance.”

Office Announcement

The Office of Child Development is Going Digital!

The Office of Child Development is creating an e-mail subscribers list and would like to invite you to join.

We will continue to print Developments, but you can choose to receive an e-mail with a PDF attachment instead if you prefer.

To join our list, please go to eepurl.com/ov0Bf and fill out the form to subscribe to our e-mail mailing list.

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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
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 columns written by Robert B. McCall, PhD, codirector 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.
Office Announcement

‘Kidsburgh’ Web site Offers Latest News about Children

A new 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 have fun, learn and thrive. The online newsletter can be found at www.pittsburghskidsburgh.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.”