

9-1997

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8 Youths and Communities: Toward Comprehensive Strategies for Youth Development

William H. Barton, Marie Watkins, and Roger Jarjoura

Society's conventional response to problems of young people—such as teenage pregnancy, school dropout, substance abuse, juvenile delinquency, and violence—is to target a specific problem and develop intervention or prevention programs for individuals who manifest the problem or are at high risk of it. Research shows that overlapping risk and protective factors affect the occurrence of all of these problems and that prevention strategies aimed at enhancing youths' development, reducing communities' specific risks, and strengthening protective factors are likely to be more successful than programs addressing the problem behaviors themselves. Among such strategies deserving wider consideration are "comprehensive community initiatives" that create collaborative partnerships among public officials, service providers, primary institutions, and citizens to promote the well-being of children, youths, and families.

Key words: *adolescence; collaboration; community; prevention; youths*

As the 21st century approaches, communities across the United States remain concerned, frustrated, occasionally fearful, and sometimes outraged by the behavior of some adolescents. Issues of teenage pregnancy, school dropout, substance abuse, juvenile delinquency, and violence persist despite various attempts to deal with them.

We believe that attacking problems of youths in isolation is ineffective because it ignores the considerable overlap among the causes and occurrences of youth problem behaviors. Research over the past few decades has clearly identified risk factors for these behaviors, many of which

are implicated for several behaviors. Similarly, there are overlapping "protective factors" that can counter the risk factors. These risk and protective factors exist at several levels—individual, family, peer group, school, and community (Hawkins, Catalano, & Associates, 1992). Therefore, a prevention strategy that assesses a community's specific risks and assets at multiple levels is more likely to reduce problem behaviors than programs addressing the problem behaviors themselves.

This article presents a national profile of youth problems and a literature review that focuses on the causes of each of the problem areas

and reviews what is known about preventive measures and the effectiveness of existing intervention strategies. Conclusions from this review encourage a paradigm shift in perspective away from a focus on correcting "deficits" in individual youths toward enhancing the potential for healthy youth development in all youths in the community.

Enactment of a youth development vision requires a communitywide collaborative effort among public officials, current service providers, primary institutions (such as churches, recreational facilities, libraries, and schools), and citizens (including youths themselves). In the past few years, several "comprehensive community initiatives" have begun across the country. This article discusses several of these. Although they have not existed long enough to amass conclusive evaluation results, their attempts to forge collaborative relationships can provide lessons for other communities.

Status of Youths

Poverty, child abuse and neglect, health risks such as teenage pregnancy and low-birthweight

babies, juvenile crime, and homelessness conspire to erode the real and perceived quality of life of youths. Recent statistics from a variety of sources illustrate the amount and persistence of youth problems in this country. These indicators suggest that childhood poverty, the teenage unmarried birth rate, child abuse and neglect, and juvenile violent crime have increased during the past 20 years. The rate of high school dropouts has remained steady at about 10 percent. The prevalence of binge drinking and marijuana use, while declining slightly over the period, is still at an alarmingly high rate (Table 1) (Annie E. Casey Foundation, 1996; Children's Defense Fund, 1996; U.S. Department of Health and Human Services, 1996).

It is reasonable for communities to be concerned about these statistics. Why are the problems so persistent? What can be done?

Problem Areas

Teenage Pregnancy. Adolescents are at risk of pregnancy if they are sexually active and not using contraception (Dryfoos, 1990). The younger the youths are when they begin sexual

Table 1

National Indicators of Problems of Adolescents: 1975-1995

Indicator	Year				
	1975	1980	1985	1990	1995
Child poverty rate (% of children under age 18 living below the poverty level) ^a	17.1	18.3	20.7	20.6	21.2 ^d
Adolescent unmarried birth rate (births per 1,000 unmarried females ages 15 to 19) ^a	23.9	27.6	31.4	42.5	44.5 ^e
Reports of abuse or neglect (per 1,000 children) ^a	NA	18.0	31.0	41.0	43.0 ^e
Juvenile violent crime arrest rate (ages 10 to 17, per 100,000 youths) ^b	NA	NA	305.0	429.0	506.0 ^e
Percentage of adolescents who are high school dropouts (ages 16 to 19) ^b	NA	NA	11.0	10.0	9.0 ^e
Percentage of 12th graders reporting binge drinking ^c	36.8	41.2	36.7	32.2	29.8
Percentage of 12th graders reporting use of marijuana ^c	27.1	33.7	25.7	14.0	21.2

NOTE: NA = not available.

^aChildren's Defense Fund. (1996). *The state of America's children yearbook 1996*. Washington, DC: Author.

^bAnnie E. Casey Foundation. (1996). *Kids count data book: State profiles of child well-being, 1996*. Baltimore: Author.

^cData are from the Monitoring the Future surveys as reported in U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. (1996). *Trends in the well-being of America's children and youth: 1996*. Washington, DC: Author. *Binge drinking* is defined as having had five or more drinks in a row within the preceding two weeks. *Marijuana use* is defined as having used marijuana within the past 30 days.

^dData are for 1994, the most recent available.

^eData are for 1993, the most recent available.

activity, the less likely they are to use contraception, increasing the likelihood of teenage pregnancy (Dryfoos, 1990; Franklin, Grant, Corcoran, O'Dell, & Bultman, 1995). An early onset of sexual intercourse is more likely for black youths, especially young men, and those going through early puberty. Lower-income adolescents are more likely to initiate sexual activity earlier, as are those whose parents have low levels of educational attainment.

Parents who communicate poorly with their adolescents or who are not supportive are more likely to have teenagers who engage in early sexual activity. Poor school performance and lower levels of involvement in school activities are also predictive of early sexual intercourse. Other problem behaviors, such as truancy and drug or alcohol use, are also predictive of early initiation of sexual behavior. Having peers who are sexually active at an early age is another predictor. Finally, youths living in poor communities of color are more likely to be sexually active at an early age (Dryfoos, 1990).

Teenage pregnancy prevention programs, although they have little effect on the sexual behavior of adolescents, have been shown to increase the use of contraceptives and, ultimately, to reduce pregnancy rates (Franklin et al., 1995). The most effective of these programs teach information on contraception and provide for the distribution of contraceptive devices. Programs administered within clinics are more effective than those run in nonclinic settings. Furthermore, clinic-based programs are more effective when run in the community rather than within the school setting (Franklin et al., 1995).

Miller, Card, Paikoff, and Peterson (1992) identified several principles that increase the effectiveness of teenage pregnancy prevention efforts:

- The goals and objectives of the program must be clear and specific.
- The program should serve the younger teenagers.
- The intensity of the program must be substantial in terms of both frequency and duration.
- The program must be comprehensive in scope. Teaching facts is not enough; an

effective program also will teach decision-making and social skills and provide life options along with health services.

- The program needs to involve the parents and provide for peer support.

The best evidence suggests that "young people at high risk of early childbearing may need an array of comprehensive services, including alternative schools, preparation for employment, job placement, and case management" (Dryfoos, 1990, p. 194).

School Dropout. There are many early predictors of dropping out of school. Poor school performance and being held back in early grade levels both increase the likelihood of dropping out (Wehlage, Rutter, Smith, Lesko, & Fernandez, 1989). Family income and the quality of parental support have been shown to affect the decision to drop out (Dryfoos, 1990). Men and youths of color are more likely to drop out, as are youths growing up in poverty or on welfare. In addition, youths who drop out are likely to have family and friends who have also dropped out. Earlier evidence of problems is predictive of dropping out later in adolescence, including such factors as truancy, suspensions and expulsions from school, and delinquency. Early sexual intercourse is also associated with a higher likelihood of dropping out (Dryfoos, 1990; Wehlage et al., 1989).

Most of the dropout prevention programs have been administered within the school setting (Wehlage et al., 1989). Early intervention (that is, preschool) is critical, as is early identification of high-risk youths. Alternative school programs that stress individualized attention and instruction have been successful with certain types of youths. Building in vocational components that enhance the school-to-work experience has also been effective with certain types of youths. In this context, success can mean better school performance, higher educational attainment, higher graduation rates, and higher expectations about educational attainment by the youths (Dryfoos, 1990).

To work with troubled youths within the school setting effectively, counseling and support services must be available. Building in parental involvement and peer support is also important. Comprehensive initiatives involving

schools, families, social services, health services, and community groups are essential for effectively preventing school dropouts.

Substance Abuse. Despite recent declines in the prevalence of adolescent substance abuse, the proportion of youths who use alcohol or drugs is still substantial (Johnston, O'Malley, & Bachman, 1994). Imposing tougher drug laws and more aggressive law enforcement has resulted in high rates of incarceration for drug dealers. Increased drug enforcement efforts may have helped reduce rates of substance abuse, but the persistence of the problem suggests it is not sufficient. Attempts to reduce the demand through treatment and prevention are also necessary. The most promising strategies involve prevention efforts aimed at reducing known risks and enhancing known buffers.

Risk factors for adolescent substance abuse exist at both the environmental and individual levels (Hawkins, Catalano, & Associates, 1992; Hawkins, Catalano, & Miller, 1992). These include economic and social deprivation, low neighborhood attachment and community disorganization, transitions and mobility, community norms, attitudes favorable toward drug use, drug and alcohol availability, family history of alcoholism or drug use, poor family management practices, academic failure, low commitment to school, early antisocial behavior and aggressiveness, association with drug-using peers, favorable attitudes toward drug and alcohol use, and early first use of drugs. Protective factors, which have been shown to prevent delinquency and violence, include strong attachments to adults, school, positive peers, and the community (Hawkins, Catalano, & Associates, 1992).

Interventions aimed at changing youths' attitudes toward drugs and enhancing their social skills to make them more resistant to peer pressure have not achieved a sustained reduction in the use of drugs and alcohol (Hawkins, Catalano, & Associates, 1992). Multifaceted interventions that address the full range of risk and protective factors at the community level appear necessary. The "communities that care" (Hawkins, Catalano, & Associates, 1992) approach is one such community mobilization strategy that encompasses promising approaches

at several levels: prenatal and infancy programs, early childhood education, parent training, school organization and management, instructional improvement in schools, drug and alcohol prevention curricula, community and school drug use policies, and media mobilization.

Juvenile Delinquency and Violence. Although the overall rates of juvenile crime may not be increasing, the rate of violent juvenile crime has risen sharply in the past few years (Snyder, 1994). Since 1988 the arrest rates of juveniles for serious violent crimes including aggravated assault, robbery, and murder have increased by 50 percent. Many attribute this rise to the increased availability of firearms (Howell, 1995).

A variety of studies have shown that the large majority of adolescents, perhaps as many as 80 percent, engage occasionally in some form of (usually minor) delinquent behavior. Only a relatively small proportion of juveniles (about 5 percent to 10 percent), however, account for the vast majority (60 percent to 80 percent) of the serious and violent crimes committed by juveniles (Elliott, 1994; Hamparian, Schuster, Dinitz, & Conrad, 1978; Shannon, 1991; Tracy, Wolfgang, & Figlio, 1990; Wolfgang, Figlio, & Sellin, 1972). Moreover, this small percentage of serious offenders also accounts for a great deal (about half) of all crimes committed by juveniles.

Recent reviews of existing research have identified a list of predictors of delinquent behavior. Factors that predict delinquent involvement include poverty, biological disabilities, poor parenting, difficult temperament, cognitive deficits, poor bonding to parents and school, poor peer relations, and school problems (Dryfoos, 1990; Tremblay & Craig, 1995). Combining results from recent large-scale longitudinal studies, we can identify predictors of chronic violent offending. Chronic violent offenders are more likely to be exposed at an early age to violence, have little attachment to their parents, be subject to poor monitoring of their behavior by parents, have little attachment to teachers, lack commitment to school, have higher numbers of delinquent peers, have favorable attitudes toward deviance, and reside in high-crime areas (Elliott, 1994; Thornberry, Huizinga, & Loeber, 1995).

Efforts at prevention of delinquency have sought to address one of three primary risk factors: socially disruptive behavior, cognitive deficits, and poor parenting. When delinquency is the outcome of interest, results of prevention experiments are more likely to be positive if interventions target more than one risk factor. Positive results are also more likely when the interventions are longer and when they target preadolescents (Tremblay & Craig, 1995). To effectively prevent serious forms of delinquency and violence, though, interventions must be comprehensive in addressing multiple risk factors and co-occurring problem behaviors (Thornberry et al., 1995).

Juvenile Justice System

A great deal of overlap exists in the etiology of the different problem behaviors considered here. Youths who engage in the most serious delinquent and violent behaviors tend to be "multiproblem" youths who are exposed to relatively more risk factors at multiple levels (family, peers, community) and fewer protective factors than their peers who do not engage in these behaviors. The Office of Juvenile Justice and Delinquency Prevention recently outlined a "Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders" (Howell, 1995). The strategy combines the "communities that care" prevention model of Hawkins and his colleagues (1992) with the juvenile justice recommendations of Howell, Krisberg, Hawkins, and Wilson (1995) from the National Council on Crime and Delinquency (see also the ecological-developmental perspective described by Fraser, 1996). The strategy consists of a continuum of services, from primary prevention programs (Hawkins, Catalano, & Associates, 1992) pursuing positive youth development goals for all young people to a graduated array of intermediate, community-based sanctions that would reserve the most costly and restrictive residential programs for offenders who persist in serious violent delinquency.

Bernard (1992) argued that the juvenile justice system cannot do much to reduce juvenile crime, because by the time the juvenile justice system intervenes, it may be too late to turn

many young lives around. More important, because the juvenile justice system by itself can do little to alter the risk and protective factors that cause or prevent delinquency, only coordinated community efforts can promote healthy youth development.

Youth Development Perspective

Many researchers, youth advocates, and practitioners are urging communities to make a greater investment in youths by moving beyond programs and policies that merely respond to youth problems. In a major conceptual shift, they advocate replacing an emphasis on specific prevention, intervention, or treatment efforts with an emphasis on policies and programs that support and build competence to prepare youths for adulthood (Carnegie Council on Adolescent Development, 1992, 1995; Center for Youth Development and Policy Research, 1994; Pittman & Cahill, 1991). The underlying premise is that better long-term outcomes evolve from increasing developmental supports and opportunities available to young people. Pittman and Cahill (1991) advocated that "the operating assumption must shift from thinking that youth problems are the principal barrier to youth development and therefore the focus should be on problem prevention—to thinking that youth development serves as the most effective strategy for prevention of youth problems" (p. 15).

Although a single definition of youth development does not exist, critical components have been identified. These include a sense of

- safety and structure
- belonging and membership
- self-worth and an ability to contribute
- independence and control over one's life
- closeness and several good relationships
- competence and mastery.

Enhancing youths' competencies requires the development of adequate attitudes, skills, and behaviors in key areas, including health; personal and social skills; reasoning, knowledge, and creativity; vocational awareness; and citizenship (Carnegie Council on Adolescent Development, 1995; Pittman & Cahill, 1991).

Public/Private Ventures (1993) identified several important supports and opportunities

for successful adolescence and, specifically, for the transition to economic self-sufficiency: adult support and guidance, work as a multi-purpose tool, filling of critical gaps and facilitating transitions; continuity from early adolescence through early adulthood, and promotion of individual involvement and positive peer influence. These supports may be limited in resource-poor communities and can be influenced by social policy.

Adolescence

This broader, holistic framework of youth development draws from theory and research on adolescence (Carnegie Council on Adolescent Development, 1992, 1995; Center for Youth Development and Policy Research, 1994; Pittman & Cahill, 1991). Adolescence is a time of dramatic change in terms of physical growth, sexual development, cognitive abilities, and identity development, all in the social and interpersonal context of changing schools, developing peer relationships, dating, and part-time employment (Blos, 1962; Crain, 1985; Steinberg, 1985; Tanner, 1962). The quest for healthy youth development outcomes should be framed in light of these individual and social developmental processes. Accordingly, although youth development approaches may focus solely on individual youths or target a single aspect of their behavior, they should simultaneously pursue multiple strategies that encompass both the individual youths and their social context.

Healthy Outcome Indicators

The youth development framework is entirely compatible with what we know about the causes of and strategies for dealing with youth problems. The healthy outcomes described in the youth development literature are indicators of strong bonds between youths and families, neighborhoods, schools, and communities—precisely the factors demonstrated to provide effective protection from the risks of developing problem behaviors. Reviewing results from three longitudinal studies, Thornberry and colleagues (1995) identified a list of protective factors, including commitment to school, good school performance, higher levels of anticipated educational attainment, high levels of parental

supervision, strong attachments to parents, associations with conventional peers, and association with peers who meet with parental approval. For youths classified as “high risk,” the presence of multiple protective factors was associated with a much lower involvement in delinquency and violent offending.

These findings support recommendations of Dryfoos (1990) and Hawkins and colleagues (1992) that prevention efforts address multiple risks and protective factors. It is noteworthy that those concerned with addressing the manifest problems of youths and those advocating a reconceptualization in terms of enhancing youths’ strengths both endorse multisystemic, multifaceted, communitywide strategies for optimizing youth development.

Comprehensive Community Initiatives

Exhortations to pursue the goals of healthy youth development are helpful and necessary but insufficient to move whole communities systematically to change the ways they pursue these goals. Categorical funding and services for children have not achieved the desired outcomes. Poverty remains an important factor limiting the potential outcomes of youth development efforts. Poor parents are less able than other parents to prevent their children’s exposure to harm and to promote positive health and developmental outcomes (Children’s Defense Fund, 1990). The key role of poverty, the interconnectedness of the youth problems, and the holistic framework of adolescent development have led the Carnegie Council on Adolescent Development (1995) and others to propose “comprehensive community initiatives.” Such initiatives can create opportunities for more responsive interventions for children and their families and open new possibilities for community building (Brown, 1993; Chaskin & Ogletree, 1993; Connell, Aber, & Walker, 1995; Hawkins, Catalano, & Associates, 1992; Merry, Berg, Baker, & Wynn, 1995; Rosewater, 1992; Wynn, Costello, Halpern, & Richman, 1994). The council also made strong recommendations for these pivotal institutions to maintain active, positive involvement in the lives of children as the institutions reconsider their roles in the preparation of youths for adulthood.

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First, families need to re-engage with their adolescent children through greater parental involvement in school-time and after-school activities, for example. Family-friendly employment policies and child care tax credits can ease this. Second, developmentally appropriate schools for adolescents are necessary. Small-scale, safe schools that promote relationships with intellectually stimulating cooperative learning environments should be created. A third recommendation calls for the development of health-promotion strategies for young adolescents. Instilling knowledge, skills, and values is important to change behavior-related problems such as gun-related homicides, abuse of drugs, teenage pregnancy, and so on. Fourth, policies should seek to strengthen community ties with young adolescents. For instance, out-of-school leisure time needs to be safe and growth promoting, and youth organizations need to reach beyond traditional services. Finally, because the media can impart healthy behavior messages, promoting the constructive potential of the media is important.

During the past five years, up to 50 comprehensive local initiatives have been established through funding from foundations and partnerships with local or state governments (Brown, 1993; Eisen, 1992; Rosewater, 1992). Such initiatives are based on a holistic, broad understanding of community infrastructures and their subsequent influence on the needs of children and families. These initiatives attempt to rebuild social and community infrastructures within distressed neighborhoods to support the developmental needs of children and families. Comprehensive initiatives recall the work of settlement houses and involve community-based, coordinated efforts to produce healthy youth development rather than the elimination of negative influences in communities (Stone, 1994).

Brown (1993) highlighted some key goals of comprehensive, neighborhood-based initiatives: economic opportunity and security, adequate physical development and infrastructure, safety and security, well-functioning institutions, and social capital. Neighborhood initiatives that offer promise for the development of potential assets in distressed neighborhoods can create

opportunities for increased communication and social interaction, intergenerational relationships, and resident involvement in community-based organizations to address community issues. Examples of the range of strategies within these initiatives include promoting access to "one-stop shopping" for multiple services at settlement houses or schools, intensive case management to link families with community services, service redefinition to create roles for and partnerships between primary and specialized services, and major bureaucratic social services reform.

Children, Youth, and Families Initiative

Funded by the Chicago Community Trust, this project seeks to create a community-directed infrastructure to enhance the development of children and families and social responsibility for their well-being (Brown, 1993). To date there has been evidence of increases in innovative social services, collaborative service delivery, primary services and their linkages with specialized services, opportunities for staff and volunteer training, and creative new approaches for access to services.

Ford Foundation's Neighborhood and Family Initiative

Launched in 1990 to strengthen the infrastructure of distressed communities through a prescribed structure for comprehensive neighborhood development, the Neighborhood and Family Initiative lends support to local leadership and addresses social, economic, and physical needs of targeted neighborhoods through a model of grassroots, participatory community development (Merry et al., 1995).

Communities that Care

Communities that Care (Hawkins, Catalano, & Associates, 1992) is a blueprint for local community planning efforts aimed at reducing risks and enhancing protective factors for youths; it includes a detailed list of risk and resource indicators that local communities can use in the planning and monitoring of programs. Among the many appealing aspects of this approach are its careful grounding in the research literature on causes and correlates of youth problem

behaviors and its attention to both youth-related programming and community development strategies.

The community development strategy involves the creation of a collaborative task group linking service providers, funders, and local citizens. The federal Office of Juvenile Justice and Delinquency Prevention has adopted this model, currently under way in several counties, as part of its Comprehensive Strategy (Howell, 1995).

New Futures

Beginning in 1988, the Annie E. Casey Foundation (1995) funded a multisite, comprehensive community-based strategy targeting at-risk youths. The foundation provided about \$2 million per year to each of five cities for the duration of five years. Motivated by a need to do more to address the needs and problems of at-risk youths while working under scarce public resources, the foundation conceived New Futures as a way to reform the current systems rather than add new programs.

The goals of the New Futures initiatives are comprehensive. They include the realization of better outcomes for youths and the development of improved methods of measuring the well-being of children. In addition, these initiatives seek to restructure community decision making and cause an improvement in service delivery. Through these efforts New Futures programs strive to increase local awareness of the needs of at-risk children.

The foundation has identified four critical steps in carrying out comprehensive community initiatives:

1. Building constituencies politically committed to long-term efforts is important.
2. Detailed assessments of current conditions and the current state of services and resources are necessary.
3. Comprehensive initiatives must also allow for careful and detailed planning of strategically sequenced change.
4. Building the required management capacities to sustain the effort over time and through changes in leadership is necessary.

The New Futures initiatives have taught us many important lessons. First, the comprehen-

sive reform process is very difficult. Service providers are more inclined to develop new programs than to build coalitions with other existing service providers. In addition, getting all the local service providers to agree on a common set of goals and expectations is difficult. Differences of race, ethnicity, and power further complicate communication problems. These barriers to working together effectively mean that the comprehensive reform process requires much time and patience.

A second lesson is that a great deal of time is required during the planning stages to build the necessary coalitions. The actual time demands of the participants exacerbate this.

A third lesson is that the community has to be "ready" for such an initiative to have a chance for success. To be ready, the community must have strong leadership that can build the necessary coalitions, set clear goals, and gather community support. In addition, there must be a "conviction that the existing systems are badly flawed and require fundamental change so that they create better opportunities for at-risk youth" (Annie E. Casey Foundation, 1995, p. 12). There should be a "lead agency" seen as an expert in providing information on the status of at-risk youths that can provide continual guidance to the intervention approach.

A fourth lesson is that to create long-term change in the approach to the needs of at-risk youths, the local community must take ownership for its success. To facilitate this, "the best initiative design will contain funds that are significant enough to get the initiative going, establish legitimacy, and keep the stakeholders on board" (Annie E. Casey Foundation, 1995, p. 18).

A fifth lesson is that although a well-developed plan is important in the initial stages of comprehensive reform, opportunities for reviewing and revising plans during the process are necessary. Sixth, there is clearly a need to "communicate effectively with external audiences" about the effects of the initiative, including information on interim outcomes that serve as markers of progress. Finally, in low-income communities, comprehensive initiatives will also need to be enhanced with strategies that build social capital and encourage economic development that targets the whole community.

Conclusion

Adolescence is a challenging period both for youths themselves and for those whom they affect, which is all of us. Problems of teenage pregnancy, school dropout, substance abuse, delinquency, and violence remain as prevalent today as ever. Although we will never discover a simple, quick fix to these problems, we have learned a great deal about them and about what does and does not work in attempts to address them. What does not seem to work is to focus solely on each problem after it becomes manifest. The phrase "it takes a village to raise a child" is becoming somewhat of a cliché these days, but it remains a profound truth. Our challenge is to define the "village" and engage all the villagers in pursuit of the common goals of healthy youth development. That is really what comprehensive community initiatives, such as those reviewed above, are all about.

None of the existing initiatives can or should be replicated in all its details. The state of the art is too new, too tentative, too untested. In any event, no amount of information from the experiences of other communities can replace the requirement that local people develop plans based on their own community's array of risks and resources. What we have learned from the state of the art are the following:

- There must be a unifying vision or perspective about youth development, the inseparability of the many problems of adolescents, and the inadequacy of focusing solely on problems to the exclusion of healthy outcomes.
- There must be a framework for developing a comprehensive community approach to promote healthy youth development.
- There are guidelines for the planning process and examples of promising programs from other communities that address risks and protective factors at various levels.

Communities seeking to adopt a comprehensive approach to youth development first need to promote that unifying vision through education of key community leaders. Then they need to conduct baseline assessments of current risks and resources; develop priorities for ap-

propriate support, prevention, and intervention programs; select and implement those programs; and monitor their effectiveness against the baseline assessments. The comprehensive community approach is unlikely to succeed unless collaborative funding and service delivery schemes replace conventional categorical funding mechanisms and fragmented services. To implement comprehensive initiatives successfully, communities need a combination of vision, leadership, inclusiveness, long-term commitment of resources, systematic planning, action, responsiveness to evaluative information, and patience. ■

References

- Annie E. Casey Foundation. (1995). *The path of most resistance: Reflections on lessons learned from New Futures*. Baltimore: Author.
- Annie E. Casey Foundation. (1996). *Kids count data book: State profiles of child well-being*. Baltimore: Author.
- Bernard, T. (1992). *The cycle of juvenile justice*. New York: Oxford University Press.
- Blos, P. (1962). *On adolescence: A psychoanalytic interpretation*. New York: Free Press.
- Brown, P. (1993). *Comprehensive neighborhood-based initiatives: Implications for urban policy*. Chicago: University of Chicago, Chapin Hall Center for Children.
- Carnegie Council on Adolescent Development. (1992). *A matter of time: Risk and opportunity in the nonschool hours*. New York: Carnegie Corporation of New York.
- Carnegie Council on Adolescent Development. (1995). *Great transitions: Preparing adolescents for a new century*. New York: Carnegie Corporation of New York.
- Center for Youth Development and Policy Research. (1994). *Enriching local planning for youth development: A mobilization agenda*. Washington, DC: Author.
- Chaskin, R., & Ogletree, R. (1993). *The Ford Foundation's Neighborhood and Family Initiative (NFI)—Building collaboration: An interim report*. Chicago: University of Chicago, Chapin Hall Center for Children.
- Children's Defense Fund. (1990). *Five million children: A statistical profile of our poorest young citizens*. Washington, DC: Author.

- Children's Defense Fund. (1996). *The state of America's children yearbook 1996*. Washington, DC: Author.
- Connell, J., Aber, J., & Walker, G. (1995). How do urban communities affect youth? Using social science research to inform the design and evaluation of comprehensive community initiatives. In J. Connell, A. Kubisch, L. Schorr, & C. Weiss (Eds.), *New approaches to evaluating community initiatives: Concepts, methods, and contexts* (pp. 93-125). Washington, DC: Aspen Institute.
- Crain, W. C. (Ed.). (1985). *Theories of development: Concepts and application* (2nd ed.). Englewood Cliffs, NJ: Prentice Hall.
- Dryfoos, J. G. (1990). *Adolescents at risk: Prevalence and prevention*. New York: Oxford University Press.
- Eisen, A. (1992). *A report on foundations' support for comprehensive neighborhood-based community empowerment initiatives*. Unpublished manuscript.
- Elliott, D. S. (1994). Serious violent offenders: Onset, developmental course, and termination—The American Society of Criminology 1993 presidential address. *Criminology*, 32, 1-21.
- Franklin, C., Grant, D., Corcoran, J., O'Dell, P., & Bultman, L. (1995). *Effectiveness of prevention programs for adolescent pregnancy: A meta-analysis*. Austin: University of Texas at Austin, School of Social Work.
- Fraser, M. W. (1996). Aggressive behavior in childhood and early adolescence: An ecological-developmental perspective on youth violence. *Social Work*, 41, 347-361.
- Hamparian, D. M., Schuster, R., Dinitz, S., & Conrad, J. (1978). *The violent few: A study of dangerous juvenile offenders*. Lexington, MA: Lexington Books.
- Hawkins, J. D., Catalano, R. F., & Associates. (1992). *Communities that care: Action for drug abuse prevention*. San Francisco: Jossey-Bass.
- Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin*, 112, 64-105.
- Howell, J. C. (Ed.). (1995). *Guide for implementing the comprehensive strategy for serious, violent, and chronic offenders*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Howell, J. C., Krisberg, B., Hawkins, J. D., & Wilson, J. J. (Eds.). (1995). *Serious, violent, and chronic juvenile offenders: A sourcebook*. Thousand Oaks, CA: Sage Publications.
- Johnston, L., O'Malley, P., & Bachman, J. (1994). *National survey results on drug use from the Monitoring the Future study 1975-1993*. Washington, DC: National Institute on Drug Abuse.
- Merry, S., Berg, P., Baker, S., & Wynn, J. (1995). *The Children, Youth, and Families Initiative: Annual report*. Chicago: University of Chicago, Chapin Hall Center for Children.
- Miller, B., Card, J., Paikoff, R., & Peterson, J. (Eds.). (1992). *Preventing adolescent pregnancy: Model programs and evaluations*. Newbury Park, CA: Sage Publications.
- Pittman, K., & Cahill, M. (1991). *A new vision: Promoting youth development* (Commissioned Paper No. 3). Washington, DC: Academy for Educational Development, Center for Youth Development and Policy Research.
- Public/Private Ventures. (1993). *Community change for youth development: Establishing long-term supports in communities for the growth and development of young people*. Philadelphia: Author.
- Rosewater, A. (1992). *Comprehensive approaches for children and families: A philanthropic perspective*. Washington, DC: Grantmakers for Children, Youth and Families.
- Shannon, L. (1991). *Changing patterns in delinquency and crime: A longitudinal study in Racine*. Boulder, CO: Westview Press.
- Snyder, H. (1994). *Are juveniles driving the violent crime trends?* (Fact Sheet No. 16). Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Steinberg, L. (1985). *Adolescence*. New York: Alfred A. Knopf.
- Stone, R. (1994). *Comprehensive community-building strategies: Issues and opportunities for learning*. Chicago: University of Chicago, Chapin Hall Center for Children.
- Tanner, J. M. (1962). *Growth at adolescence* (2nd ed.). Oxford: Blackwell Scientific Publications.
- Thornberry, T. P., Huizinga, D., & Loeber, R. (1995). The prevention of serious delinquency and violence: Implications from the program of research on the causes and correlates of delinquency. In J. C. Howell, B. Krisberg, J. D. Hawkins, & J. J. Wilson (Eds.), *Serious, violent,*

and chronic juvenile offenders: A sourcebook (pp. 213-237). Thousand Oaks, CA: Sage Publications.

Tracy, P., Wolfgang, M., & Figlio, R. (1990). *Delinquency in two birth cohorts*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Tremblay, R. E., & Craig, W. M. (1995). Developmental crime prevention. In M. Tonry & D. P. Farrington (Eds.), *Building a safer society: Strategic approaches to crime prevention* (pp. 151-236). Chicago: University of Chicago Press.

U.S. Department of Health and Human Resources, Office of the Assistant Secretary for Planning and Evaluation. (1996). *Trends in the well-being of America's children and youth: 1996*. Washington, DC: Author.

Wehrlage, G., Rutter, R., Smith, G., Lesko, N., & Fernandez, R. (1989). *Reducing the risk: Schools as communities of support*. London: Falmer Press.

Wolfgang, M., Figlio, R., & Sellin, T. (1972). *Delinquency in a birth cohort*. Chicago: University of Chicago Press.

Wynn, J., Costello, J., Halpern, R., & Richman, H. (1994). *Children, families, and communities: A new approach to social services*. Chicago: University of Chicago, Chapin Hall Center for Children.

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Original manuscript received November 19, 1996
Accepted February 21, 1997

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