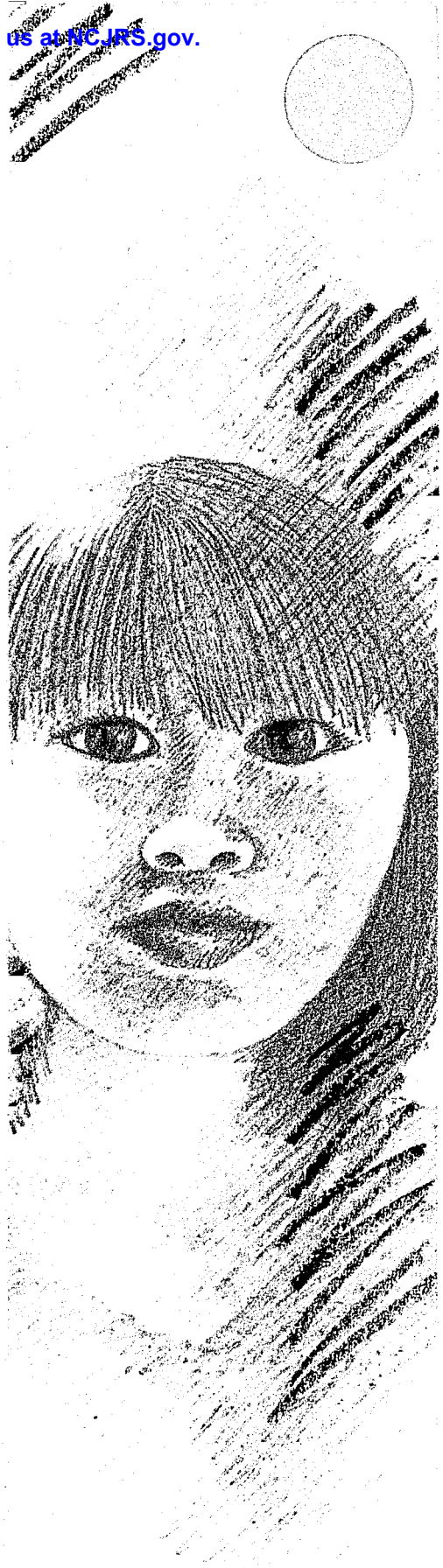
A Portrait of Child Abuse and Neglect



A Portrait of Young Adolescents in the 1990s:

Implications for Promoting Healthy Growth and Development

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SECTION 1

Setting the Stage

THE 1990s will be a crucial decade for children and youth in the United States. The 1980s arguably represented a decade of increasing awareness of their needs, most notably at the state level.[1] The 1990s will represent a decade of decisions over what to do about those needs.

As those decisions are made, however, an ever-sharpening appreciation must be cultivated of the special issues present for different age groups of children and youth. The same policy or program clearly will have a different impact on a five-year-old, an 11-year-old, and a 17-year-old. It is the thesis of this report that although increasing their attention to young adolescents ages 10 to 15, policymakers and practitioners have not commensurately improved their understanding of either young adolescents' developmental needs or the realities of their lives in families, schools, and communities. Consequently, well-intentioned policies and programs have a high potential for failure. *A Portrait of Young Adolescents in the 1990s* addresses policymakers and practitioners in education, health, social services, youth organizations, and government. It provides a statistical portrait of the trends that will affect this age group in the 1990s and a developmental framework for creating responsive policies and programs.

Over the decade of the 1990s, the U.S. Bureau of the Census estimates that more than 65 million children will become young adolescents ages 10 to 15.[2] At any given time, roughly one in every twelve persons in the United States will be a young adolescent, and as the decade progresses, this age group will swell by more than 15%, creating still greater challenges for the families, schools, and communities in which young adolescents live.

Year Born	Year Age 10 to 15	Number
1975-1980	1990	20,050,000
1980-1985	1995	22,419,000
1985-1990	2000	23,387,000

The period of early adolescence represents the last genuine chance for primary prevention of the youth problems that concern us.

In the mid-1970s, Joan Lipsitz described the early adolescent age group as "forgotten." At the beginning of the 1990s, there has been improvement, but 10- to 15-year-olds are still more overlooked than other children and youth. Program and policy attention in the United States is still more concentrated on the preschool and early childhood years, and on the school-to-work transition.

And yet, by the latter part of the 1980s, young adolescents did receive more attention. The report of the Carnegie Council on Adolescent Development, *Turning Points: Preparing America's Youth for the 21st Century*, directed attention to middle-grades education reform.[3] Lisbeth Schorr's study of community-based prevention programs, *Within Our Reach: Breaking the Cycle of Disadvantage*, underscored the premise that the period of early adolescence represents the last genuine chance for primary prevention of the youth problems that concern us.[4] The Search Institute's study of 5th to 9th graders, *The Quicksilver Years: The Hopes and Fears of Early Adolescence*, provided a glimpse into the psychosocial world of the young adolescent.[5]

These were important contributions to awareness of early adolescence (the period) and young adolescents (the persons). Since Lipsitz's 1977 book, *Growing Up Forgotten: A Review of Research and Programs Concerning Early Adolescence*,[6] the book that led her to found the Center for Early Adolescence, and since former Center Deputy Director Leah Meyer Lefstein's 1986 paper, "A Portrait of Young Adolescents in the 1980's,"[7] awareness of young adolescents has grown more rapidly than understanding of them. This has meant that young adolescents are mentioned more frequently and more basic factual information is sought about them, but not that policies and programs are necessarily designed with young adolescents' developmental needs in mind.

The experience of the Center for Early Adolescence of the University of North Carolina at Chapel Hill is instructive. In 1978, in its first year, the Center received 300 requests for information about early adolescence; in 1990, the Center received more than 4,000 requests. A dramatic increase in awareness, yes, but even more dramatically, we continued to see a gap between people's knowing about early adolescence, that is, being aware that it is important to pay attention to the age group, and people's knowing what this meant for policy and program development.

Consequently, this prospective view of young adolescents in the 1990s begins with a review of the period of early adolescence in order to create a developmental context — a framework for meaning — in which to understand the implications of trends in young adolescents' health status, family lives, education, and experience of community. In trying to anticipate and respond to the many social, economic, and cultural forces shaping young adolescents' lives in the 1990s, the study poses these questions: What does this trend mean from an adolescent's point of view? What special import does this trend have for people going through this period of development? Which of our possible policy and program responses to this trend make the most developmental sense?

All the trends point to a growing number and proportion of young adolescents who are in fact at high risk of being underprepared and unsuccessful in the modern social and economic world.

The reader may note two seemingly contradictory purposes and philosophical perspectives in this report. First, while there is a focus on the particular 10- to 15-year-old age group, there is also a contention that an effective policy framework for prevention must comprehensively attend to the entire span from birth through post-high school transitions. That contention is intended to be a contextual reminder. The purpose of this report is to focus on the young adolescent, not to provide a comprehensive policy agenda for all children and youth.

The second seeming contradiction is between the emphasis on drawing out the positive possibilities of young adolescents and the presentation of statistical data that point to negative indicators of youth "at risk." As described in Section 2, many of our popular depictions of young adolescents leave the impression that the majority is at serious risk of school failure, juvenile delinquency, adolescent pregnancy, and other woes. This is not the case. Developmentally, about 80% do not experience a turbulent early adolescence, and that reality is emphasized. Undeniably, however, all the trends point to a growing number and proportion of young adolescents who are in fact at high risk of being underprepared and unsuccessful in the modern social and economic world. The positive possibilities of young adolescents are an outgrowth of their developmental needs. By understanding these needs and how they are being met for many young adolescents, we may be able to create policies and programs that meet the needs of ***all*** young adolescents. We hope that *A Portrait of Young Adolescents in the 1990s* helps achieve that goal.

SECTION 2

Creating a Developmental Framework: The Positive Possibilities of Young Adolescents

ONE of the key premises of the Center for Early Adolescence is that if we as a nation are to successfully promote the healthy growth and development of all young adolescents, we must focus not on what is wrong with young adolescents, but rather on what is right. We must view young adolescents through the lens of positive possibilities.

We also must view young adolescents within an accurate developmental framework, that is, one that describes the needs that are particularly characteristic of the developing 10- to 15-year-old, and that differentiates the young adolescent from the person in late childhood or later adolescence. To do so requires moving beyond an awareness of young adolescents to an understanding of them.

Moving Beyond Awareness to Understanding

In the contemporary United States, the public receives its information in swiftly cascading sound-bites and images, consuming the world's data without time for in-depth reflection like so much music television. One study, comparing the election of 1968 with 1988, reported that even the television news coverage of actual candidate talk had decreased from about 40 seconds to less than 10 seconds per spot.[1] Images substitute for understanding.

This elevation of images over understanding profoundly affects our gender and racial beliefs, and what we think about people in various life stages. Our attitude concerning early adolescence, that period from 10 to 15 years of age, is a prime example. We have inherited a majority culture's understanding that young adolescents are in a period of storm and stress, a transitional state or phase that, with a little bit of luck and benign neglect, they will grow out of. We have inherited an understanding that early adolescence is a time of wholesale rebellion against authority and rejection of parents, an egocentric and indulgent period marked by preoccupation with sex and drugs. That is what we know about young adolescents. Those beliefs are wrong.

Perhaps the most frightening image is one that can be seen in any major city newspaper or on television, the one with a sad or angry looking adolescent in a close-up, with a deeply timbered voice-over telling us that adolescence can be a difficult time and authoritatively assuring us that if our son or daughter needs help, this residential hospital program will do the trick. If we do not like our adolescents' behavior, we can hospitalize them. While some adolescents should be hospitalized for serious psychiatric disturbances, the growth of this response has been far out of proportion to its likely need. The U.S. House Select Committee on Children, Youth, and Families reported that in the 1980s this placing of adolescents in residential psychiatric hospitals was the fastest-growing sector of the for-profit mental health care business.[2]

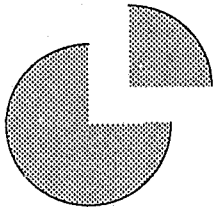
The academic and popular press alike are filled with reports and recommendations about America's "at-risk" youth, telling us that roughly one-quarter of the 28 million 10- to 17-year-olds in the United States are at high risk of failing at school, abusing drugs, becoming delinquent, or becoming an adolescent parent.[3] This is an alarmingly high proportion of youth whose futures are being stunted, and the concern over these figures is surely warranted. Yet, while this helps draw attention to the needs of many adolescents, it is also a misleading description of the majority. The disproportionate attention that such figures receive can leave the erroneous impression that ***most*** young people are beset with these problems. Such representations can produce an overall negative view of young people, an image in which the majority of adolescents are included. For example, a 1986 Cambridge Reports poll found that United States adults believed today's youth are less responsible than the young people of previous generations.[4] A winter 1990 *Newsweek* issue on "The 21st Century Family" described today's adolescents as "less mature" than previous generations.[5]

In one clever study, mental health clinicians were asked to respond to a questionnaire as they thought a normal adolescent would. Perhaps it should not be surprising that the clinicians' "adolescent" responses were far more psychologically disturbed than were the responses of actual adolescents![6]

When we do pay attention to young adolescents, the frame of reference often used is a problem, such as adolescent pregnancy, substance abuse, or school dropout, rather than the whole adolescent. We view young people in a splintered and fragmented way, as a collection of discrete problems, to be responded to by an equally fragmented system of education, health, and social services. While some insist that genuine prevention of the problems of young adolescents requires looking at young

people holistically and arranging support systems comprehensively, others take refuge in inertia, which remains a powerful force.

Our patterns of funding services and research also encourage us to view young adolescents in a fragmented way. For example, in preparing this report the author talked with an official of an important children's advisory body. The official explained that since they had had little luck receiving funding for a generic and comprehensive prevention model, they had been forced to retreat to a single-problem focus on preventing adolescent pregnancy, alcohol and other drug abuse, dropout, and whatever issue was dominating the prevention headlines.



"Roughly one-quarter of the 28 million 10- to 17-year-olds in the United States are at high risk of failing at school, abusing drugs, becoming delinquent, or becoming an adolescent parent."

– YET –

80% of young people are happy with their family lives,

70% of 15-year-olds have not had sexual intercourse,

80% of young people under 17 do not have a drinking problem,

80% are not regular smokers.

The other image in this gestalt of early adolescence, the one we do not as readily see, is a picture of positive possibilities, of a majority of young adolescents not falling victim to risky behaviors. In this picture, 80% of young people are happy with their family lives, 70% of 15-year-olds have not had sexual intercourse, 80% of young people under 17 do not have a drinking problem, and 80% are not regular smokers, among other facts. This picture is there, but we only perceive it faintly, like the good news and decent acts of humanity that occur daily in our lives but that we tend to assume are rare.

In the following section, this report reviews key physical, social, cognitive, and emotional issues of early adolescence that can help provide a deeper developmental understanding of positive possibilities. As much as possible, these issues are examined as intertwined correlates, for the most part inseparable from each other.

A Developmental Overview

We view the challenges of the 1990s from a fragile vantage point near the decade's beginning; making predictions from such a perspective is always hazardous. Nevertheless, we know that regardless of the conditions surrounding them, young adolescents will be engaged in a variety of developmental tasks that are part of what has been called the biopsychosocial ecology.

Regardless of the larger social trends that may occur in the 1990s, (the) developmental process will still unfold.

Young adolescents are moving into puberty with its heightened sense of sexuality and, for many, the confusion that comes with that awareness. They are grappling with ambivalent feelings of independence from and dependence on parents, wanting to be able to turn to parents and other adults without being suffocated by them. They are finding out what they are good at doing, what they enjoy doing, and what they believe in.

In fits and starts, young adolescents are forming identities, first with groups, and ultimately, personal senses of self in relation to the world. They are learning where they fit in and how they are or are not accepted in the wider society; how their gender, race, religion, disabilities, and other characteristics affect how they see themselves, and how others see them. Regardless of the larger social trends that may occur in the 1990s, this developmental process will still unfold. We still will have to help young people answer yes to these fundamental developmental questions: Am I competent? Am I normal? Am I loveable and loving?[7]

Psychologist George Albee developed an analogous paradigm to express ways to promote healthy development and prevent psychopathology. Psychopathology, he said, is caused by physical factors plus stress plus exploitation. The way to combat psychopathology is to promote people's coping skills (Am I competent?), sense of social supports (Am I loveable and loving?), and the conditions in which self-esteem can flourish (Am I normal?).[8] Can combating psychopathology really be that simple: coping skills, social supports, and self-esteem?

The answer would appear to be yes. Research ranging from Schorr's book, *Within Our Reach: Breaking the Cycle of Disadvantage,*[9] to the American Psychological Association's comprehensive review of effective mental health promotion programs[10] to Joy Dryfoos' analysis of successful prevention programs for adolescents[11] all point to those elements time after time. What they also point to, and what contemporary policy recommendations are coming to reflect, is that young people live in a complex context of families, schools, and communities. The efforts that have the greatest chance of promoting well-being among young people are those that recognize this reality.

Most critically, successful prevention or intervention programs are not only comprehensive and ecologically holistic: they are also ***intimate***. As Schorr expresses it, "Smallness of scale at the point of service delivery is crucial to maintain a climate where flexibility and informality can flourish."[12]

Informality, flexibility, and intimacy are key characteristics of effective prevention programs across age ranges and, as we shall see, have particular resonance for describing what works for young adolescents.

As the American Psychological Association researchers put it, the best helping programs try to change "life trajectories," and they deal with people as whole beings, not as categories or labels.[13] That notion is especially important when dealing with young people. When we helpers see an adolescent in need, for example, we are often like the blind man and the elephant. One observer describes it like this. In looking at a high-risk teenager, an educator sees a student in danger of dropping out, a health care provider sees a patient at risk of having a low birthweight baby, a social worker sees a client who may need public assistance, and a religious leader may see the troubled offspring of a personal friend.[14] Who sees the whole young adolescent?

We tend to see young people in parts and frequently offer our help to them in that fragmented and conditional way. One would think that if it takes a label to get various kinds of services, then a young person with more than one label or problem would have an easier time getting through the system. This is not the case. The Family Impact Seminar has described this dilemma as follows: "A runaway shelter will not accept teenagers who have drinking problems, a maternity home will not accept pregnant teens who are 'disturbed,' and a psychiatric clinic will not treat a youngster who is also retarded or deaf."[15]

If infancy has its "terrible two's," then early adolescence has its "terrible too's": too much, too little, too slow, too fast.

The developmental context of early adolescence is most profoundly shaped by physical development. Age 10 to 15 is a period of accelerated development. If all young people developed on equal schedules, this acceleration would be less of a problem, but in any group of young adolescents of similar chronological age, there is enormous variability in growth rates. The Search Institute in Minneapolis reported in the early 1980s that nearly four in ten 6th grade boys and nearly six in ten 6th grade girls worried a lot about their looks, with the figure rising to 50% and 66% by grade 9.[16] No wonder. If infancy has its "terrible two's," then early adolescence has its "terrible too's": too much, too little, too slow, too fast.

Physical changes are related to perceptions of self, and it seems, in different ways for boys and girls. Although the research is not unanimous,[17] it is mostly consistent in suggesting that early maturing boys tend to be happy with that status, scoring high on self-esteem measures. Early maturing girls, on the other hand, tend to be less happy, scoring lower on self-esteem.[18]

The social world into which young adolescents are emerging provides an explanation for why this might be so. An especially revealing look at the world of 5th to 8th graders by researchers Charles and Ann Lewis described how dares for the sexes differ as they mature. From 5th to 8th grade, "I dare you" for boys becomes more and more a test of physical courage, skill, or bravado, while for girls, it increasingly becomes a challenge involving their sexuality.[19] The sexual content of the dares might

include dares to engage in sexual activity, to partially undress, or to listen to sexually oriented jokes or language.

Although early maturing girls may have lower self-esteem than other girls, it may still be the case that young adolescent females more generally have lower self-esteem than males as a consequence of gender role socialization. Carol Gilligan's latest case studies of young adolescent girls suggest that the confident 11-year-old often becomes confused and quiet by age 16.[20] Daniel Offer and his colleagues who studied nearly 6,000 adolescents in 10 countries concluded that boys from the United States to Bangladesh generally had higher levels of self-esteem than girls.[21] Despite recent gender role changes in industrialized nations, these researchers concluded that there is still more power and prestige associated with young males' life options than with the life options of young women in these countries. Young women in early adolescence begin to discover this power and prestige disparity for the first time.

Preoccupation with self in this age group was best described in the 1960s by psychologist David Elkind.[22] He portrayed young adolescents as acutely aware of a constant "imaginary audience" doggedly observing their every move, magnifying pimples into mountains, and turning braces into cages. Young people played out this stage of life surrounded by an imaginary, always critical audience but continued to star in their own "personal fable," the story of their life as told from a single, if not simple, perspective.

More recent cognitive development research shows that Elkind's description is probably too limited,[23] but his metaphors remain useful, although some realities do change. For the last few years of the 1980s, for example, it seemed that so many young people had braces — and adults too — that they became more of an "in" symbol than an "out" one. On a more profound level, 30 years ago as we entered the 1960s, a young person whose parents were divorced and who had a different last name than his or her remarried custodial parent was in a distinctly small minority, exacerbating the sense of being acutely unlike everyone else. As we enter the 1990s, this family situation is so common it is nearly the norm. With 60% or more of today's infants expected to be in a single parent or stepfamily home by the age of 18, this will become the major experience of family life by the decade's end.[24]

Despite some changes, Elkind's framework still accurately describes a self-consciousness that is pronounced among 10- to 15-year-olds. The desire to do away with the "terrible too's" and fade into group conformity and peer acceptance emerges strongly in this period. There have always been those who want to leaven their peer acceptance with a little more personal style or statement (e.g., the first males to wear their hair long in the 1960s or to wear an earring in the 1980s), and always a portion whose personal style choices veered dangerously off into the risky terrain of early sexual experiences, drugs, and delinquency. Even these choices are made in the context of trying to establish acceptance in a subgroup of some kind.

The young person moves through the period of early adolescence, establishing a group identity that serves as a cocoon. Unlike the way in which the caterpillar can miraculously metamorphose into the butterfly, however, the young person's meta-

morphosis is not predictable. Young people both cling to and struggle against the cocoon. Changeability and ambivalence are normal, a fact that can drive parents to distraction. When one stars in a personal fable, with esteem depending so much on what others think, and when those others are (to one's own mind) preoccupied with observing the star, then the usual ups and downs of daily life in which good days share the stage with bad and in which excitement alternates with periods of boredom can seem as jarring to vulnerable feelings of self-worth as would parents who craze their child by alternately hugging and hitting.

The child who always asked for Mom's permission or Dad's approval suddenly demands privacy and respect instead. He or she may no longer want to go to church, visit relatives, have the same bathing or dressing habits, or the desire to tell parents what went on at school or where they plan to go with their friends. "Can Sally come out and play?" turns into "We're going out." "Where, honey?" "Around." (And "around" is the place parents fear most.)

Of course, like their young adolescent children who often think concretely in terms of today, many parents of young adolescents slip into those patterns too and overreact, jumping to conclusions when their kids are just floating trial balloons, experimenting, or, in truth, just having some fun seeing their parents react on schedule.

It is an unanswered question as to who is having the harder time in early adolescence, young persons trying to develop their own identity without losing connection to others or parents trying to accept that change while still hanging on to their children. Ultimately, however, it is parents who must adapt. Children's values must be tested in real life if they are to become personal and precious and serve as guiding principles. Borrowing other people's values without testing them is like borrowing someone else's ill-fitting suit. For better or worse, when parents increasingly allow their young adolescents to make decisions and choices, and do not always impose them (imposing sometimes is effective; doing so always is not), then parents promote the development of strong values. Young people whose parents are "authoritative" in this manner tend to have higher and more stable levels of self-esteem, a more positive view of their abilities and more positive attitudes toward school, and better academic performance than young adolescents whose parents are overly strict or overly permissive.[25]

Cognitive development in early adolescence is not easily summarized. Daniel Lapsley of the University of Notre Dame has demonstrated that there is little consistent support in the research literature for a special quality of transition in cognitive development during early adolescence; rather, children's thinking seems to change gradually and continually.[26] Age and cognitive development are far from perfectly correlated. Indeed, many adults never attain the most abstract levels of formal operational thinking.

Each young adolescent may be quite variable in his or her level of apparent cognitive development, with a 12-year-old one day seeming to reason far beyond her years and the next day younger than her chronological years. Lapsley warns that, as a result, "any search for the developmental primacy of certain transitions is bound to

disappoint."[27] Adelson and O'Neil suggest very approximate guidelines in an interesting study in which adolescents were asked to resolve dilemmas that pitted community-oriented solutions against individually-oriented ones.[28] The study suggests that the 10- and 11-year-old is characterized more by the predominance of concrete thinking, an egocentric perspective, a focus on "right now," and on fairly rigid standards of right and wrong. The 14- and 15-year-old is characterized by more abstract thinking, the ability to consider possibilities and not just realities, to see things from another person's point of view, to allow perceived consequences of behavior to temper the desire for immediate gratification of wants, and to consider exceptions to the rules. Based on Adelson and O'Neil's study, the 13-year-old may be the most malleable of all, periodically seeming more like a 10-year-old and periodically more like a 15-year-old. In one five-year period, young people can go from being sure of everything to being sure of nothing and all points in between; from seeking a parent's advice, to rejecting it, to seeking it and seeming to ignore it.

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>
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>
> The 14- and 15-year-old: abstract thinking, possibilities, not just realities, others' point of view, perceived consequences of behavior.

A good deal of this variability may be due not only to changes in cognition per se, but also to the social and emotional impact these cognitive changes have on the adolescent's awareness of self. Harter observed that adolescents under 13 tend not to be troubled by an awareness of their multiple selves, that is, their ability to exhibit different parts of their personalities to different people, in different roles, or in different settings.[29] Between ages 13 and 16, she noted, adolescents become increasingly troubled by their dual realization that they are capable of being both inconsistent (e.g., acting one way with friends and another way with parents) and even purposely false (e.g., knowingly presenting an inauthentic self on occasion).

When considering solutions to moral dilemmas, young adolescents' variability can be due not only to differences in their ability to think abstractly or in their construction of self as described above, but also to their sense of interpersonal rules. Two common perspectives are a standard of justice (what is right) or a standard of caring (what is fair). While psychologist Carol Gilligan's research has suggested that

adolescent males tend to respond with *justice* formulations and adolescent females with *caring* approaches, she also warned against creating new gender stereotypes based on these findings. Gilligan discussed the research finding that about half of young adolescents could, if asked whether there was another way to resolve a dilemma, spontaneously switch to using the other moral "voice."[30] Even more adolescents could switch moral perspectives if gently prompted. Thus, neither young adolescents in general, nor males or females in particular, are stuck within patterns of moral reasoning particular to either their age or their gender.

Psychologist Erik Erikson believed that people have to resolve particular psychosocial crises at each life stage in order to move on developmentally.[31] He believed that from late childhood through young adulthood (a period he thought stretched into a person's twenties) a person needed to achieve competence at something, a personal identity, and the ability to engage in the giving and receiving of intimacy. Like the tremendous physical variability in any group of young adolescents of the same chronological age, the psychosocial range is also extraordinarily broad, such that all these psychosocial tasks characterize many 10- to 15-year-olds. The self-questions that these tasks represent were posed earlier as: Am I competent? Am I normal? Am I lovable and loving? The more young adolescents can be helped to answer those questions yes, the smoother that period will be.

Summary of Young Adolescents' Developmental Needs

Based on extensive research on successful schools and community-based programs, and on a wide-ranging review of literature such as briefly reviewed above, the Center for Early Adolescence concluded that there are seven key developmental needs that characterize early adolescence.[32] Because of their enormous developmental diversity, 10- to 15-year-olds require a variety of types and levels of activities designed to meet these seven developmental needs.

1. **Positive social interaction with adults and peers.** Young adolescents identify with their peer groups' values and desperately want to belong, so they require opportunities to form positive peer relationships. Although they may not often admit it, they have a similar need for caring relationships with adults who like and respect them and who serve as role models and advisors.
2. **Structure and clear limits.** Clear expectations are crucial to unsure, self-critical young people. Explicit boundaries help define the areas in which they may legitimately seek freedom to explore. In their search for independence and autonomy, young adolescents often feel immune to risks and dangers, so they require structure and guidance in setting clear limits that involve them in the process of decision making.
3. **Physical activity.** Young adolescents experience very rapid and uneven physical development. They have a tremendous amount of energy, so they require a great deal of physical activity and time for having fun as well as time for relaxation.

4. **Creative expression.** Young adolescents need opportunities to express to the external world who they are on the inside, be that in music, writing, sports, art, cooking, or making up games for younger children to play.
5. **Competence and achievement.** Young adolescents also need to find out what they are good at doing. They can be painfully self-conscious and self-critical and are vulnerable to bouts of low self-esteem, so they require many varied opportunities to be successful and have their accomplishments recognized by others.
6. **Meaningful participation in families, schools, and communities.** Young adolescents are intensely curious about the world around them, so they require exposure to situations in which they can use their skills to solve real-life problems. Young adolescents need to participate in the activities that shape their lives.
7. **Opportunities for self-definition.** Young adolescents are at a uniquely vulnerable time in their lives. They require time to reflect upon the new reactions they receive from others and to construct a consistent self-image from the many different mirrors in which they view themselves.

These seven developmental needs provide a useful framework for beginning to understand young adolescents. Some of these needs (e.g., the need for close relationships or for competence) are present throughout life. Some (e.g., the need for self-definition through exploration) are particularly salient during this period. Pittman and Wright observed that those needs most specific to this age group may not directly contribute to adolescents' sense of self-empowerment, but can contribute to "feelings of disempowerment because the adolescent is in an inappropriate environment."[33] These needs should be considered a working framework rather than a definitive one. While this scheme seems to effectively encompass the broad needs of all young adolescents, it does not show how those needs might vary in emphasis depending on a particular adolescent's gender, race, or other important characteristics. For example, Phinney conducted a small study of African-American, Asian-American, Latino, and white adolescents.[34] Phinney reported not only a wide variation in the degree to which adolescents had constructed an ethnic identity, but also differences among adolescents in what issues they thought were important in the achievement of an ethnic identity.

Like the view of a Seurat painting seen from a distance, our view of early adolescence is often only the large pattern of early adolescence, not the countless small points of paint — the particular young adolescents — that create the illusion of the whole. This developmental framework may suggest both research questions and interpretations of research data that help fill in those details about young adolescents as persons in varying circumstances. For example, because of the turbulence and danger some young people do experience in early adolescence, popular thinking originating in the early 1900s with the observations of psychologist G. Stanley Hall began to attribute storm and stress peculiarly to this age group.

Yet, young adolescents are no more likely to experience stress than other groups. When all is said and done, according to a 1987 Harris poll, it may be adults who have

the greatest storm and stress: nearly nine in ten report high stress on a regular (whatever the adults defined as regular) basis, and nearly half of all adults said they had great stress once or twice a week.[35]

Moreover, most adolescents do not experience great stress at all. Daniel Offer has shown that adolescence is no more pathological than any other age group.[36] Overall, about 80% of adolescents tend to have relatively problem-free passages. They experience the physical, social, cognitive, and emotional challenges already described, but meet them in relative peace. Most, about 40% of the 80%, go through a period of fits and starts, with changeability paramount; and the rest are evenly divided between those who experience serene and those who experience more stormy — but not pathological — development.

We might ask, do families, schools, and communities meet those seven developmental needs of adolescents so differently that some young adolescents experience a stormy and some a serene adolescence? Can we point to distinct differences in the degree of positive interaction with peers and adults these two groups of young adolescents experience? Is there a difference in their opportunities for experiencing competence and achievement?

Some of the answers are found in research on protective factors and resilience. This literature shows that the seven developmental needs of young adolescents described above emerge time and again as central components shielding a person from the worst outcomes of even very risk-filled environments.

Norman Garmezy of the John D. and Catherine T. MacArthur Foundation's Mental Health Research Network has called the key protective element a deep sense of competence.[37] This sense of competence is accrued slowly from the buildup of a person's noticing that he or she has an impact on his or her ever-enlarging world. It is made possible by having at least one warm relationship with a caring adult and by having positive experiences with the wider community and its institutions outside the immediate home. The Search Institute, reporting the findings of a study of nearly 47,000 6th to 12th graders in 111 United States communities, found a strong and inverse relationship between four categories of assets and a host of risk factors.[38] Adolescents who had strong scores on a positive family life, positive school experiences, participation in structured youth activities, and a feeling of belonging to a church or synagogue had six times fewer risk factors in their lives than adolescents who scored poorly in those four asset areas.

If we saw young adolescents through the above framework, we might also better appreciate their view of the world and again our helping responses would make more sense. One example was pointed out by attendees of the 1988 National Invitational Conference on the Health Futures of Adolescents.[39] Research on adolescence, panelists said, has been preoccupied with separation and independence, such as postulating that peers and parents are inevitably in conflict as young adolescents grow older.

Popular culture follows in depicting the period as one of rejection of parents, whereas rejection is really temporary and on a superficial level for most. The great majority, for example, express preference for learning about sexuality and other

important issues, more from their parents than from their peers. In addition, the great majority give their parents grades of B or better, and say they agree with many of their parents' values on sex, politics, and religion.[40]

Clearly, the protective factors research cited above indicates that a warm relationship with a parent or other adult is a crucial contributor to healthy growth and development. We have tended to overlook the importance of these and other attachments during adolescence. Young adolescents begin the task, not of separating from parents so much as differentiating and distancing from parents enough to establish a personal identity. Gilligan describes the task as figuring out how to have attachments with others without losing oneself in the process.[41]

Another example of incomplete understanding of underlying developmental needs is reflected in society's concern about early sexual experiences and their possible outcomes of pregnancy, AIDS, and sexually transmitted diseases. Although the concern is appropriate, we tend both to overestimate the frequency of sexual activity among youth and underattend to other developmental issues sexual activity can mask. For some, it is searching for intimacy in a largely impersonal world; for others, it is reaching for hope in a world filled with apparent bleakness, an expression of the need for us, as human beings, to make connections with others. All of these underlying concerns are reflected in peer pressure to have sex, according to a 1986 Harris poll.[42] In our most progressive health education classes in the middle grades, we may cover saying no and contraception, but even in these classes it is rare that we help young adolescents deal with the psychology of love and understand how our feelings about love motivate our own and others' behavior.

Overemphasizing (preoccupation with self) rather than the need for attachments with others may prevent us from seeing the desire and reality of young adolescents' giving to others and bettering their communities.

This example illustrates the difficulty we have encountered to date in separating risk taking from what Irwin and Vaughan called "exploratory behavior."[43] To meet the seven developmental needs we have already outlined requires a certain degree of experiencing new situations and new relationships. Such positive developmental outcomes among adolescents require adults to facilitate adolescents' trying of new roles and to enable adolescents to gradually encounter the responsibilities and consequences of self-regulation. The answer to the question, "Is this behavior risky?" would then appear to be, "It depends." Indeed, Baumrind observed that, except for alienation and a lowered achievement motivation, most of the attributes that have been held to characterize "deviant" adolescents are "also descriptive of mature, healthy adolescents."[44]

If we poorly understand early adolescent developmental needs in such ways, then we will fail to see the positive possibilities of young adolescents and fail to create policies and programs that have the best chance of promoting their healthy growth and development. For example, although preoccupation with self is common in the age group, overemphasizing that aspect of development rather than the need for attachments with others may prevent

us from seeing the desire and reality of young adolescents' giving to others and bettering their communities.

In more than a dozen United States communities, there is a program called KidsPlace in which advisory boards of 11- to 15-year-olds collect data on the condition of their communities from a young person's perspective and work with community leaders to do something about what they have found.[45] In the Early Adolescent Helper Program started at the City University of New York, Joan Schine and her colleagues work with middle-grades schools to place young people in senior citizen programs and Head Start centers. Data show that the Head Start children who have young adolescent helpers increase their prosocial behavior, such as asking for help.[46] Yes, it may be true that most young adolescents worry a lot about their looks, but sizeable numbers also worry about hunger and other social problems, and many do something about that concern.

Similarly, if our developmental understanding stops with the oversimplified conclusion that cognitive maturity is still developing from a concrete to an abstract mode in early adolescence, and that the desire to conform is strong, we perhaps become less able to see the possibility and the reality that young adolescents can lead others, meaningfully participate in the workings of their schools and communities, and develop excellent ideas that solve social problems.

- Based on San Francisco's Community Boards Program, young people in the middle grades in scores of cities around the country have been trained to serve as conflict managers in their schools, preventing fights and settling disputes rationally.[47]
- Harvard University Professor Robert Selman has developed another excellent, research-based approach to building the "interpersonal negotiation skills" of young adolescents.[48]
- The Future Problem Solving Program (a national program based in North Carolina) includes thousands of young adolescents in its activity of generating complex social problems that may occur and asking young people to propose solutions.[49]
- Numerous young adolescents are journalists for Children's Express, a national organization that assigns young people to interview leading political figures, cover important social stories, and report in newspapers throughout the country under their own bylines.[50] In a particularly refreshing twist, the Edna McConnell Clark Foundation awarded a grant to Children's Express so that young adolescents could write about the Foundation's efforts to systemically change the face of middle-grades education in the United States.

Beyond the policy strategies...beyond any programs, perhaps parents, policymakers, and practitioners need most...to allow the positive possibilities of young adolescents today to become the happy realities of tomorrow.

Most of these efforts involve youth who are highly vulnerable and "at risk" as well as those at less risk of

developing social problems. In thinking that these types of programs are only for the gifted adolescent, we miss enormous opportunities.

Concerned adults should not, and cannot, ignore the problems apparent among a sizeable number of our young people. We suggest, however, that as parents, educators, policymakers, and concerned citizens, we base our actions on a more thorough understanding of what young adolescents developmentally need and who they are. Central to this improvement is an increase in accentuating the positive possibilities of young adolescents. Perhaps that is harboring an overly optimistic view of things, but the alternative is despair. Shelley Taylor, a psychologist at the University of California at Los Angeles, gave a response in her book, *Positive Illusions*, to those who look despairingly at today's world and say it is crazy to be optimistic.[51] She made the case that looking at life's glass as half-full rather than as a half-empty is ***not*** a sign of pathology. Rather, she insisted, a normal person tends to exaggerate how competent and well-liked she or he is. A depressed person tends to exaggerate the negative and focus on things that are out of her or his control.

Ultimately, beyond the policy strategies adopted to cope with the trends discussed in the next section, beyond any programs, perhaps parents, policymakers, and practitioners need most to nurture more of these normal optimistic illusions in order to allow the positive possibilities of young adolescents today to become the happy realities of tomorrow.

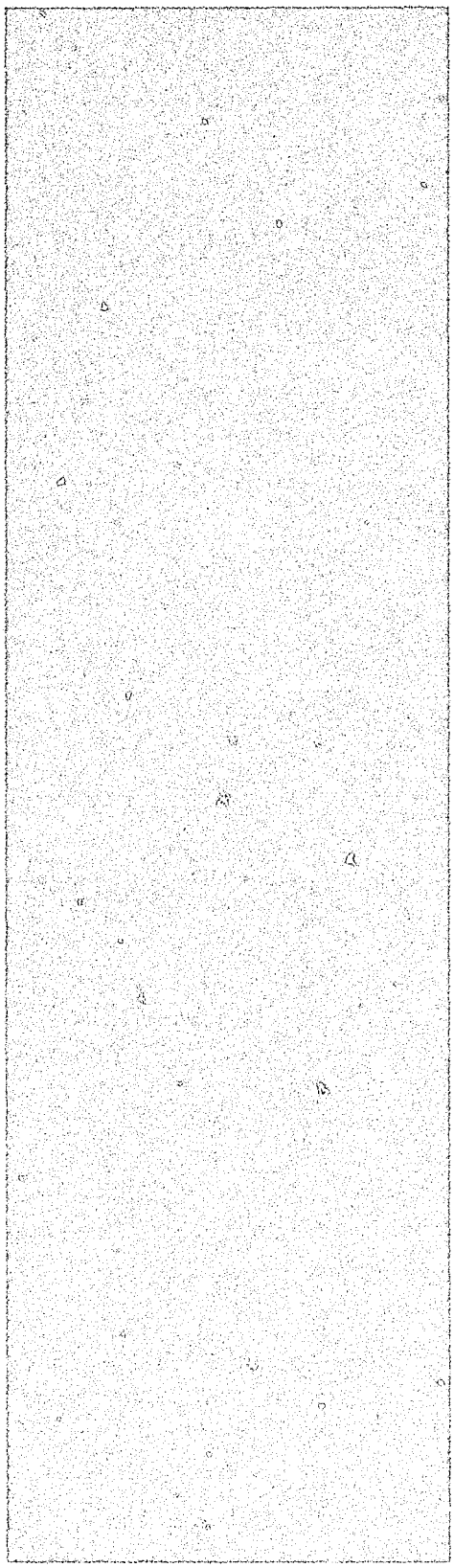
SECTION 3

Trends and Forces Affecting Young Adolescents in the 1990s

IN sketching a developmental framework for understanding early adolescence, this report has emphasized the positive perspective for promoting the healthy growth and development of young adolescents in their families, schools, and communities. To this point, it has not considered the historical and individual context in which particular young persons experience their early adolescence. This section examines the various trends and forces that are likely to have an impact on the lives of young adolescents in the decade of the 1990s.

Although many of the developmental issues of early adolescence will seem to have been similar in different eras, their relative importance may well have varied in the past and may well vary in the future. Elder pointed out that the difference in growing up in the Depression-era 1930s and the War-era 1940s was "literally a difference between two worlds of adolescence."[1] Similarly, at least some of the concerns that were most salient to the 10- to 15-year-olds of the 1960s are not likely to be equally important to the young adolescents of the mid-1990s. The adolescents of the 1980s were said to be quite worried about the possibility of nuclear war, a threat the adolescents of the 1950s could have perceived, but did not perceive to a great degree.

The changes in the American social landscape since World War II have been so great that it makes little sense to compare the pre-War experience of 10- to 15-year-olds with young adolescents' experience in more recent times. For example, the fact that 25% of young people do not complete high school on time in 1991 causes great concern; in 1941, a 75% completion rate would have been cause for national celebration. Another example is that while adolescents in some numbers have always



had premarital sexual intercourse, the changes in sexual mores, gender politics, and contraceptive technology during the 1960s created a vast chasm between the sexual context of adolescent development in the 1950s and earlier, and from the 1960s and subsequent generations of young adolescents.

Which issues are considered important may vary also on the basis of who is ascribing the degree of importance — the adolescents of that generation, their parents, or the wider society represented by public opinion. One theory suggests that the more adolescents there are in proportion to the rest of the population ("cohort crowding"), the more problems they will have.[2] One study that looked at more than 100 years of psychological articles concluded that when times are economically depressed — and adolescents are therefore competing for jobs that adults supporting families also want — adolescents are portrayed as psychologically immature, while in wartimes — when the young are used to fulfill a national need of the moment — they are viewed as psychologically competent.[3] More recently, one study has attempted to show that an apparent decline in the well-being of youth over the period from 1960 to 1980 was related to the loss of parental influence caused by divorce and mothers' employment.[4] A reexamination of those data shows that declines in well-being were not limited to youth and that in all likelihood the wider social upheavals in the United States and much of Europe in the late 1960s and early 1970s, as well as cohort crowding as described above, are more plausible alternative explanations.[5]

The beginning of the 1990s appears to have some of these same period characteristics. There is enormous political upheaval in governments around the world, an increasingly interdependent and volatile world economic and monetary structure, even more greatly accelerated technological change than seen in the 1960s and 1970s, and the building pressure of unequal population growth rates among the educationally and economically prepared and underprepared. The 1990s appear to be anything but a quiescent period in United States history, and these events provide the challenging framework for all of the other trends documented in this section.

All those who will be the young adolescents of the 1990s are already born. What portrait can we paint of their world? What will they think and feel? What forces and issues will form the outlines of their experience? This section examines some of the more important trends in young people's social health, family change, education, and experience of community.

Demographics

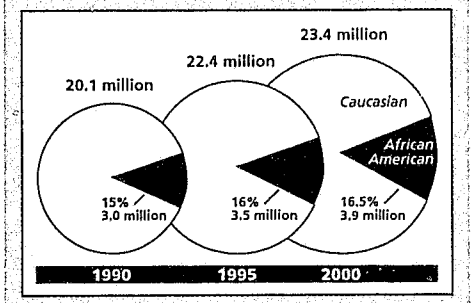
In attempting to summarize data and trends for 10- to 15-year-olds, the researcher is faced in the majority of cases with studies on early adolescence that report statistics based sometimes on 10- to 14-year-olds, sometimes on nine- to 13-year-olds, sometimes on 12- to 17-year-olds, and so on. Even in Lipsitz's seminal work, *Growing Up Forgotten*, young adolescents were defined as the age group 12- to 15-years-old.[6] In 1980, the Center for Early Adolescence began to utilize the ages 10 to 15 to define early adolescence, on the basis of the "conjunction of rapid biological, social, cognitive, and emotional changes" evident within the age group.[7]

Throughout this report, available data are used, but the reader is reminded of the limitations of trying to aggregate data defined by widely differing age brackets of early adolescence. Clearly, there is a need for public and private sector researchers alike to standardize their conceptual and demographic definitions of early adolescence.

The U.S. Bureau of the Census estimates that there were 20,050,000 young adolescents ages 10 to 15 as of July 1, 1990.[8] Roughly 51% were males, 49% females; about 15% were African-American and 85% white. The estimate is not given separately for Latino, Asian, and American Indian or Native Alaskan youth. Another approximation is provided by the National Education Longitudinal Study of 1988, a two-stage, stratified random sample of 24,599 8th graders conducted by the U.S. Department of Education.[9] These 8th graders (63% of whom were 14 and 30% of whom were 15 in 1988) were 71% white, 13% African-American, 10% Latino, 4% Asian/ Pacific Islander, and 1% American Indian/Alaska Native.

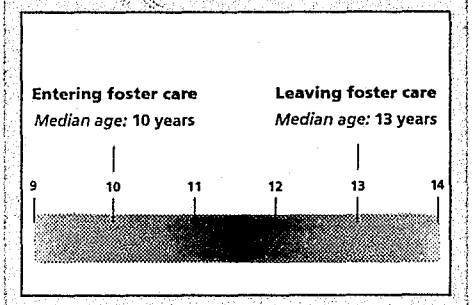
The proportions of non-European heritage adolescents are projected to increase over the 1990s. The Census projects that 34% of the nation's children in 2000 will be African-American, Latino, and Asian. If the estimate Ima and Rumbaut make of a 4% total Asian population by 2000 is correct,[10] the Latino portion would then rise to roughly 13.5%. By 1995, the U.S. Bureau of the Census estimates that there will be 22,419,000 young adolescents with about the same gender breakdowns, but about 16% African-American versus the 15% of 1990. The age group increases to 23,387,000 in the year 2000, with the same gender distribution and about 16.5% African-Americans.

In the 1990s, the percentage of non-European heritage young adolescents will increase.



In the year 2000, 34% of the nation's children will be African-American, Latino, and Asian.
Source: U.S. Bureau of the Census

Foster care is disproportionately an experience of early adolescence.



Source: U.S. House Select Committee on Children, Youth, and Families

Homeless and in Foster or Institutional Care

The U. S. House Select Committee on Children, Youth, and Families' survey of children in foster care suggests that roughly 35% of the 340,000 children estimated to be in foster care in 1988 were age 12 to 17.[11] Foster care is disproportionately an experience of African-Americans and of older children and adolescents: the median age at entry to foster care from 1980-1986 was 10, and the median age for leaving it was 13.[12] The U.S. House Select Committee also reported that an estimated 68,000 children under 16 may be members of homeless families, although estimates of the number of homeless children vary enormously.[13] Approximately 82% of juveniles in custody in public facilities in 1987 were ages 14 to 17, and 5% ages 10 to 13, but since private facilities house roughly 40% of all juveniles in custody, it can be estimated that a total of about 90,000 10- to 17-year-olds are in custody on any given day, and that nearly one million may be admitted over the course of a year.[14]

Immigrant and Refugee Young Adolescents

In 1987, nearly 44,000 10- to 14-year-olds were officially documented immigrants to the United States, with the largest numbers arriving from Mexico, the Dominican Republic, the Philippines, Jamaica, and Vietnam.[15] It is uncertain how many undocumented young adolescents from other countries live in the United States.

Moreover, Ima and Rumbaut pointed out that it is crucial to distinguish between immigrant and refugee arrivals, in order to understand their socioemotional health and implied needs for help.[16] For example, young adolescents who are refugees may be separated from close family, have watched loved ones perish in war and brutality, and undergone extreme experiences of deprivation and loss that render their circumstance thoroughly different from the young adolescent with at least one parent moving freely and with relative optimism to a new country.

Health Status and Social Health

From 1970 to 1987, the Fordham Institute documented trends in infant mortality, child abuse, children living in poverty, teenage suicide, drug abuse and school dropout. According to this index, the social health of America's children and youth plummeted nearly 50% in the last two decades, particularly due to child abuse, suicide, and poverty.[17] The Center for the Study

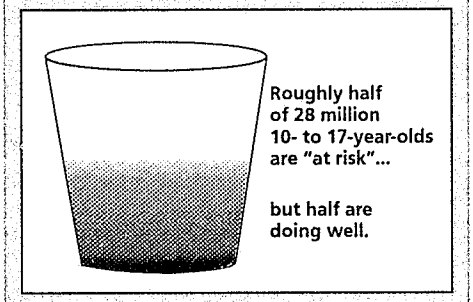
of Social Policy reached a similar conclusion in looking at trends in children in poverty, births to teenagers, adolescent violence, and other measures: "Our children are at greater risk today than at the beginning of the 1980s."[18] Despite these negative indicators, one of the best reviews of the literature concludes that the majority of young people are "not depressed, alienated, or profoundly dissatisfied with their lives" and that this conclusion has not changed for the better or for the worse over the last 10 years.[19]

Metaphorically speaking, is the glass of adolescence half-empty or half-full? Clearly, depending upon the perspective one chooses and the dimensions of adolescent experience examined, very different conclusions can be drawn. The 1990 report of the National Commission on the Role of the School and the Community in Improving Adolescent Health, a joint effort of the American Medical Association and the National Association of State Boards of Education, concluded that "for the first time in the history of this country, young people are less healthy and less prepared to take their places in society than were their parents."[20] Yet, while the report documents a ***growing*** minority of youth in trouble, the problems documented do not include a majority of adolescents. From that standpoint, most of the aggregate data on social woes among youth show the overall glass to be at least half-full.

Dryfoos' research for the Carnegie Corporation of New York indicates that roughly half of the nation's 28 million 10- to 17-year-olds are at moderate to high risk for failing at school, becoming delinquent, abusing drugs, or becoming an adolescent parent, but about half are "doing quite well."[21] Eleven percent of adolescent females may become pregnant each year, but 89% do not. One in four young people may drop out before high school graduation, but three in four do not. And while the figures are still too high, there have been significant drops among 12- to 17-year-olds in reported use of alcohol, cigarettes, and marijuana since 1974.[22]

Similarly, the great majority of adolescents say they have positive relationships with and respect for their parents. For the last 60 years, research on parent-child conflict has been remarkably consistent: adolescents in the 1920s and in the 1980s reported that curfew issues and chores were where most disagreements occurred. As one researcher has summarized it, "Study after study has confirmed that parent-adolescent conflicts about basic economic, religious, social, and political values are rare."[23] There have even been improvements in adolescents' perceptions of parent-adolescent relations in recent years: ac-

Adolescent health:
Is the glass half-empty or half-full?



Source: Dryfoos, "Community Schools"

The two leading causes of death among adolescents:

Motor vehicle accidents

White adolescents die three times more often than minorities from vehicular accidents.

Homicide

Minority adolescents die four times more often than whites from homicide.

Source: Johns Hopkins University

cording to the Gallup Youth Surveys, 20% of adolescents in 1977 said "getting along with parents" was one of the biggest problems facing United States teenagers, whereas in 1987 just 2% said so.[24]

Mortality

For 10- to 14-year-olds, as for older adolescents, the two leading causes of death are motor vehicle and other accidents. Between 1970 and 1981, however, deaths due to suicide and homicide among young adolescents doubled, from 4% of deaths to 8%.[25] Further, a Johns Hopkins University study reported that from 1980 to 1985, suicide rates among 10- to 14-year-olds more than doubled, from .76/100,000 to 1.61/100,000.[26] Moreover, there are significant racial differences in causes of death, with the rate of white adolescents' deaths from motor vehicle accidents three times greater than that of minority youth, and the rate of minority youths' deaths from homicide four times greater than that of white youth. Young adolescent males have much higher rates than females of both mortality and nonfatal injury.

Adolescent suicide rates are clearly disturbing figures, but they bear deeper investigation. Any adolescent's suicide is tragic. Yet, in 1984 there were 1,900 suicides among the nation's 12- to 19-year-olds. As Zill and Rogers ask, is it reasonable to extrapolate about the emotional condition of a large population group from the behavior of such an extreme minority?[27] This is a particularly apt question if we believe that more youth are killing themselves because they are unhappy. African-American female adolescents, for example, report high degrees of depression, but they have a suicide rate one-eighth that of white males.[28]

Health Concerns

There are indications that both the health concerns and the nature of health risks differ for young adolescent males and females. Alexander studied 745 rural Maryland 8th graders and found that males who viewed their health as only fair or poor were more likely to say they were often concerned with physical matters (e.g., headaches and feeling tired), whereas females who saw their health as only fair or poor were more likely to say they were often concerned with emotional or social matters (e.g., feeling sad and concerns over making friends).[29]

Ingersoll and Orr reported risk data that parallel these findings.[30] Among a sample of more than 1,500 7th to 9th

graders, males were more likely to say they had engaged in behavioral risks (substance use, sexual activity, and delinquent behavior), and females were more likely to say they had feelings of loneliness, sadness, difficulty making friends, and similar items. Despite their higher emotional risk, young adolescent females had much higher overall behavioral risk if they had engaged in some specific behaviors, such as sexual intercourse or running away from home.

When asked, young people themselves identify alcohol and other drug abuse, followed by peer pressure, as the biggest problems facing adolescents today, according to the Gallup Youth Surveys.[31] The Lutheran Brotherhood sponsored a national program among young adolescents called "Speak for Yourself," in which the adolescents wrote letters to their legislators about the issues they viewed as most important for their age group. The 9,000 letters sent by 12- to 14-year-olds ranked drug abuse, the environment, sexual issues, violence, and education as the top five issues.[32]

In the Metropolitan Life Foundation survey of school health education courses, parents, teachers, and students in the 3rd to 12th grades all placed the greatest personal importance on drug use and cigarette smoking, but students were more concerned personally with being overweight than they were about drinking alcohol.[33] In fact, when asked what would motivate them to make changes to improve their health, the students most often mentioned controlling weight.

Top health concerns of young adolescents, according to one survey:

1. Drug abuse
2. Environment
3. Sexual issues
4. Violence
5. Education

Source: Lutheran Brotherhood study of 9,000 12- to 14-year-olds

Criminology and Victimization

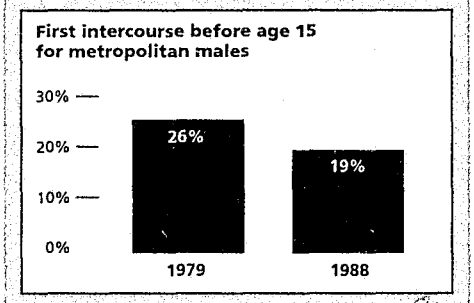
While adolescents were, as of 1985 data, no longer over-represented in criminal arrest figures, they do continue to be over-represented as victims. It is estimated that adolescents were the victims of 1.8 million violent crimes and more than 3.7 million thefts each year throughout the 1980s.[34] For a sizeable minority of young adolescents, then, it would appear that being a victim of assault or theft at some time is normative. According to the U.S. House Select Committee on Children, Youth, and Families, young adolescents ages 12 to 15 have the third highest violent crime victimization rate of any age group[35] and the highest rate of being robbed.[36] In a 1987 survey of 18- to 22-year-olds, 7.5% of white women and 3.5% of African-American women reported having had nonvoluntary sexual intercourse before the age of 16, and although just .4% of white men reported

this experience of rape, 4.5% of African-American men said they had been raped by age 16.[37]

Child maltreatment increased dramatically in the 1980s, rising by 60% to 150% depending on the reporting definition used.[38] The National Incidence Study on Child Abuse and Neglect reported that in both 1980 and 1986, children from nine to 17 years of age had higher incidences of physical and sexual abuse.[39] In 1986, using either the original definition of "demonstrable harm" to count the abuse, or using the revised standard of "endangerment" to a child's health and welfare, young adolescents ages 12 to 14 were physically abused at a higher rate than any other age group.[40] Figures such as these have contributed to the conclusion that probably a majority of the nation's roughly one million runaways are fleeing abusive home situations. Kamerman and Kahn studied the child welfare system and social services in the United States and concluded that "young adolescents in particular are seen as an increasingly growing problem group with grossly inadequate resources in the community to provide help."[41]

School can also be a dangerous environment. Simmons and Blyth studied movement into adolescence among young people in Baltimore and Milwaukee and, in particular, the effects of school structure on various outcome measures such as self-esteem.[42] As part of their classic study, they also examined victimization (having been beaten up or having something worth more than $1 stolen at school). They concluded that changing schools from 6th to 7th grade, going to a larger school, and being in a 7th grade school with a large and racially diverse population were all associated with higher victimization, which in turn was related to lower self-esteem.

Sexual activity among early adolescent males:



In 1988, adolescent males reported fewer partners, less frequent intercourse, and twice as much condom use.
Source: Urban Institute

Sexual Activity, Pregnancy, and Childbearing

During the early part of the 1980s, the proportion of adolescents having their first sexual intercourse before age 15 increased, but this increase may have slowed in the latter part of the decade. By 1983, according to the National Research Council, about 17% of boys and 5% of girls had had sexual intercourse before age 15, and 29% of boys and 13% of girls had had their first sexual intercourse by age 16.[43] By 1986, a Louis Harris poll for Planned Parenthood Federation of America reported that 29% of adolescents had had sexual intercourse by age 15, and 20% by age 14.[44] By 1988, 33% of boys and 27% of girls had had sexual intercourse by age 15.[45]

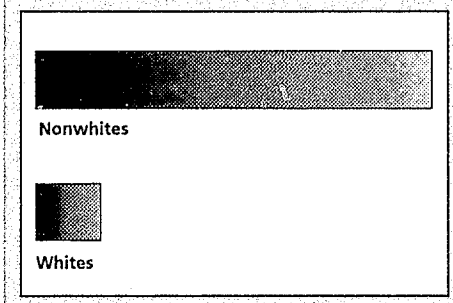
Although these data indicate an increase in the proportion of adolescents who have their first sexual intercourse by age 15, other data suggest that some reversal of the trend toward earlier sexual initiation may be occurring. The Urban Institute reported that while the proportion of metropolitan-area males under age 20 who had sexual intercourse rose from 53% to 60% between 1979 and 1988, the proportion who had their first intercourse before age 15 dropped from 26% to 19%. Moreover, in 1988, adolescent males reported fewer sexual partners, less frequent intercourse, and twice as much condom use as in 1979.[46]

Nearly six in ten adolescents report they did not use contraception at the first intercourse, and nearly three in ten report never having used contraception.[47] Between the years 1973 and 1985 (the latest national data available at this writing), the pregnancy and abortion rates of adolescents under age 15 increased 23% and 63%, respectively.[48] Thus, the roughly 10% decrease in the birthrate for under-15s in this period was accounted for by increased use of abortion rather than by decreased incidence of pregnancy. Overall, there were approximately 31,000 pregnancies to adolescents under 15 in 1985, with a third resulting in births.[49] Fifteen-year-olds are included in the next age bracket, 15 to 17. For this age group, the abortion rate increased just as much as for under-15s, but an even greater, roughly 20% decrease in the birthrate was achieved because the pregnancy rate only increased 6% over the period.[50]

Racial differences among these younger adolescents are more profound than among older adolescents. African-American females are about twice as likely as white or Latino females to have had intercourse at either age, and African-American males are two to three times more likely to have had sexual intercourse by age 15 or 16 than either white or Latino males.[51] Racial differences in pregnancy rates among young adolescents are even larger. In 1985, nonwhite 15- to 17-year-olds had a pregnancy rate nearly 2.5 times the rate of white 15- to 17-year-olds (134/1,000 vs. 57.1/1,000), but for adolescents under age 15, the pregnancy rate for nonwhites was nearly six times greater than the pregnancy rate for whites under 15.[52]

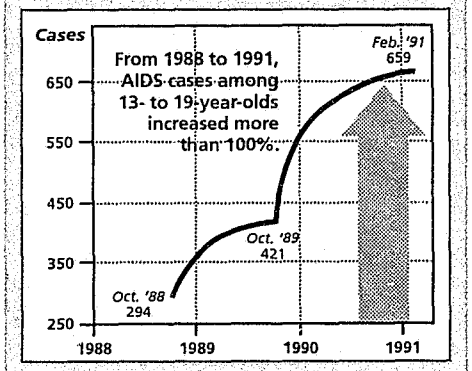
Most important in assessing the adolescent pregnancy data is one further piece of information: young people who are both academically poor students and living in poverty are three to five times more likely to become adolescent parents than their peers who are good students and live above the poverty line.[53] In fact, when educational performance and poverty status are controlled, racial differences in adolescent pregnancy rates among white, African-American, and Latino adolescents disappear.

Pregnancy rates for adolescents under age 15:



The pregnancy rate for nonwhites under 15 is nearly six times greater than that for whites.
Source: Alan Guttmacher Institute

Deadly AIDS is spreading among adolescents.



Females are represented more in adolescent HIV infection and AIDS cases than they are among adult cases.
Source: U.S. Centers for Disease Control

Sexually Transmitted Diseases (STDs)

Among 10- to 14-year-olds, the rate of reported gonorrhea cases dropped over the 1980s, from a total of 48.7 cases/100,000 young adolescents in 1980 to 42.7/100,000 in 1987.[54] However, syphilis rates, while still representing a comparative handful of cases, jumped from .9/100,000 in 1980 to 1.4/100,000 in 1987. Older female adolescents have infection rates twice those of older male adolescents. However, among 10- to 14-year-olds, females' gonorrhea and syphilis infection rates are three times male rates. Because data on other STDs such as chlamydia and herpes are either not collected by all states or not reported by age, detailed accounts are not available.

HIV Infection and AIDS

There is discouraging evidence that the AIDS virus is spreading rapidly among adolescents. As of October 1989, 421 cases of AIDS among 13- to 19-year-olds had been reported to the U.S. Centers for Disease Control, a jump of 43% in one year.[55] By February 1991, the total number of known adolescent AIDS cases had jumped another 57% to 659.[56] Although still far outnumbered by males, females are more represented in adolescent HIV infection and AIDS than they are among adult cases. The male to female ratio for adolescent AIDS cases is 5:1; whereas for adults, it is 12:1. The majority of infected adolescent females are African-Americans or Latinas.[57]

Substance Abuse

The research is remarkably consistent in suggesting that between 60% to 75% of all adolescents first try alcohol or tobacco products prior to the age of 15, and that as many as 20% to 25% already have problems with substance usage by that age. This literature is voluminous, and only a few examples are cited here.

According to the National Adolescent Student Health Survey, 26% of 8th graders said they had five or more drinks on at least one occasion in the two weeks prior to the survey. Among the 77% of 8th graders who said they have ever used alcohol, more than half reported first use by the sixth grade.[58] The national survey also found that 16% of 8th graders had smoked a cigarette during the previous month, 6% reported using marijuana, and 2% of the 8th graders reported having used

cocaine during the past month.[59] A study of rural 7th grade boys in North Carolina found that 70% said they had tried smokeless tobacco, and that 20% continue to use it.[60] In a study of youth and adults in one midwestern community, Search Institute reported that 53% of current 9th graders had first tried alcohol at age 15 or younger, versus 48% of the total under 30 group, and contrasted with just 13% of those aged 31 to 40.[61]

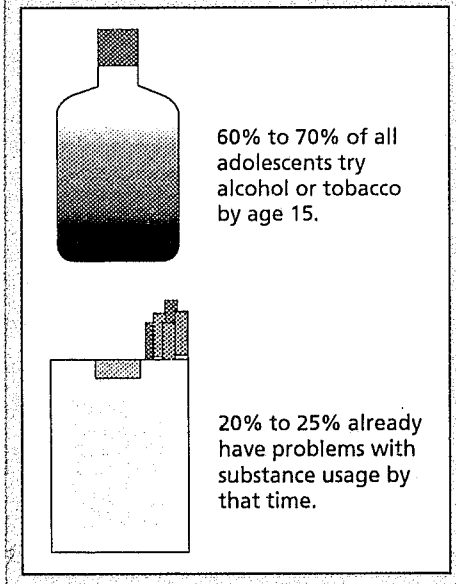
A representative study of North Carolina 7th to 12th graders in 1989 found that 20% of 7th and 8th graders said they had used alcohol in the last month, with 5% reporting that they had been drunk at least once in that month.[62] A 1989 national survey of 350,000 7th to 12th graders reported that 13% of African-American junior high school students reported alcohol use, 5% marijuana use, and 1% cocaine use within the past year, in each case roughly half the levels reported by white students.[63]

A survey of 545 mostly white, rural Ohio youth with an average age of 15 reported that nearly one in four adolescents drank at least once per week, and that 12% said they had experienced problems because of their parents' drinking.[64] Another study of 362 rural African-American youth in grades 7 through 12 reported that ages 10 to 13 were the most common ages for initial use of alcohol, cigarettes, marijuana, and other drugs (76% had tried alcohol by age 13, and 58% had tried tobacco), and that alcohol use occurred prior to the use of other drugs.[65] A study of nearly 3,400 rural Illinois youth, with more than 60% in the 7th to 9th grades, found that 20% of 7th graders had ridden in the last six months in a car when the driver had been drinking, with the percentage dramatically increasing between grades 8 and 9 to 44%.[66] The single biggest factor related to either riding with a drinking driver or oneself driving after drinking was the frequency of self-reported alcohol use in the previous six months.

There are growing trends being recorded in alcohol and other drug-exposed newborns and in AIDS-newborns; all of these trends have immense implications for all facets of the lives of these children on into the adolescence that some of them will see. Data are very murky on incidence. The National Association on Perinatal Addiction Research and Education estimates that 375,000 drug-exposed infants were born in 1987.[67] Although that may be the best estimate so far, it was not a representative sample of 1987 births and did not include alcohol exposure.

Finally, the National Institute of Drug Abuse has estimated that at least 262,000 7th through 12th graders, about 3% of that age group, have used steroids, which have been associated with

Substance abuse is already entrenched by age 15.



Source: Various studies cited in this report

sterility, high blood pressure, liver damage, and behavioral changes including violent behavior.[68] Most of the users are male, and more than half said they first used steroids prior to their 16th birthday.

Health Promoting Behaviors

Health Education

The good news, according to the Metropolitan Life Foundation's survey of health education in the nation's schools,[69] is that young people in grades 3 through 12 who have had three years of health education are less likely to drink alcohol, smoke cigarettes, take drugs, ride with a driver who had been drinking, and are more likely to exercise regularly, wear seat belts, and eat breakfast every day. The not-so-good news is that nearly one-quarter of these children and youth had health education for a year or less, and only 36% of the teachers in the Metropolitan Life survey said their schools strongly support health education.

Although data suggest that six out of ten United States teenagers receive some sexuality education during their school years, the potential health promotion/disease prevention value of this education is shown to be limited on deeper analysis. Although 60% to 80% of 4,200 sexuality education teachers in the Alan Guttmacher Institute's national survey believed the topics of STDs, abstinence, and birth control methods should be taught by the end of the 7th grade, just 30% to 40% said they actually taught about these subjects in the 7th grade.[70]

AIDS education is also much more common at the high school level than below, and regardless of the grade at which it is offered, is not always comprehensive. One review of the research concluded that nearly 25% of state AIDS education curricula fail to mention either abstinence or the condom, and that among those mentioning condoms, less than 10% do so comprehensively (e.g., how to obtain and how to use a condom).[71] Estimates are that no more than 15% to 20% of adolescents are changing their sexual behavior because of the fear of AIDS (although that figure may well be higher among older male teenagers).[72] Moreover, there are wide variations in knowledge of risk factors. The Centers for Disease Control's Division of Adolescent and School Health reported, for example, that although 88% of a probability sample of Miami 9th to 12th graders knew that it is risky to have sexual intercourse without using a condom, just 78% of a similar Dallas sample were aware of that risk factor.[73]

Health education helps.

Youth who have had three years of health education are less likely to:

- drink alcohol
- take drugs
- ride with an intoxicated driver.

Yet 25% of all youth had health education for less than one year.
Source: Metropolitan Life Foundation Survey

Health Services

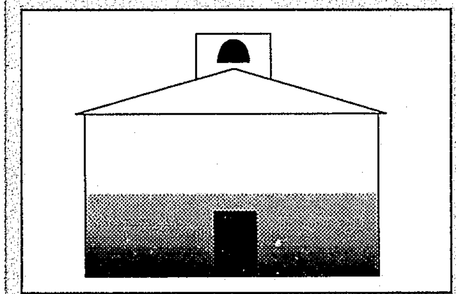
There are encouraging data on adolescents' use of school health services. The Carnegie Council on Adolescent Development estimated that between 30% and 40% of a school's students will utilize a school-based health clinic over the school year, and for many, this will be their only source of primary care.[74] More than 15% of all children and adolescents under age 16 are without health insurance, according to the U.S. Bureau of the Census.[75] A Center for Population Options survey of 140 school-based clinics found that one-third of clinic users were not covered by health insurance, and that the school clinic was the primary or only source of medical care for nearly half of all the adolescents who used the clinics.[76]

One study of 600 adolescents in Providence, Rhode Island (42% of whom were 14- or 15-years-old) indicates that the students who could benefit most from such health care — those who are feeling depressed or suicidal, those who are sexually active, those who are experimenting with dangerous diets — are much more willing to use school health clinics than students who are not experiencing such feelings and not engaging in such behaviors.[77]

The exception to that optimistic finding concerns substance use. The students in that sample who used alcohol, tobacco, or other drugs did not define that use as a problem for which they needed help. Similarly, in the Metropolitan Life survey of students in grades 3 through 12, only half of the students thought it was very important for them not to drink alcohol, compared with nearly 90% of parents who believed this health goal was important.[78]

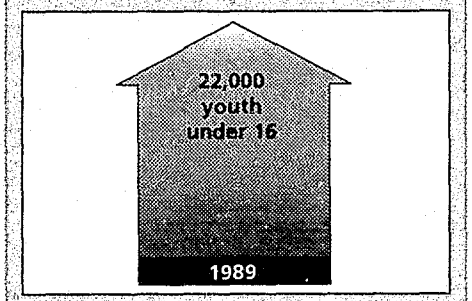
Although the public discussion has most often focused on the provision of family planning information and services through such clinics, data from the Robert Wood Johnson Foundation School-Based Adolescent Health Care Program indicate that visits for family planning account for only 10% of all visits by the inner-city adolescents in the 24 project sites. Visits for mental health needs account for nearly 25% of all visits, the second highest category after injuries and acute illnesses.[79] These usage patterns are especially encouraging in light of the findings of the National Adolescent Student Health Survey that nearly one in five girls and one in ten boys in the 8th and 10th grades report having tried to kill themselves.[80]

School health clinics provide an important service for adolescents.



30% to 40% of a school's students will utilize a school health clinic over the school year. For many it is their primary source of health care.
Source: Carnegie Council on Adolescent Development

Illegal work among young adolescents is on the rise.



In 1989, 22,000 youth under 16 were found to be working illegally — the highest total in more than 50 years.
Source: U.S. Department of Labor

Labor Force Participation

Federal law stipulates that during the school year, 14- and 15-year-olds may work only three hours a day, between 7:00 a.m. and 7:00 p.m. on weekdays, and for eight hours a day on weekends, for a total of 18 hours per week. The Department of Labor believes that about 14% of the roughly seven million 14- and 15-year-olds do work, and has found widespread violations of these laws, but existing figures give at best a notion of what the minimum levels are, not the maximum.[81] In 1989, more than 22,000 children were found to be working illegally, the highest number in more than 50 years. Millions of young people are believed to be working longer than allowed, or in prohibited jobs, the two most common violations. Among the factors propelling this growth in illegal labor force participation are the expansion of the service sector and jobs in fast-food and retail outlets, adult labor shortages in parts of the country, new immigrants to the cities, and Reagan Administration efforts to increase the hours 14- and 15-year-olds could work.[82]

Another contributor is young adolescents' status as consumers. A study of white Detroit women and their children from 1962 to 1985 showed that regardless of parents' socioeconomic status, adolescents had the same consumer aspirations, that is, they wanted to be able to buy similar things.[83] Those adolescents who had higher educational aspirations were less likely either to work or to engage in sexual activity.

Poverty

Data show that ***most*** adolescents are not on a downward slide in their social health, but that for a growing minority, serious and life-threatening trends are clear and rapidly increasing. Most serious among these are the trends in children living in poverty.

We know that poverty bears a critical relationship to most indicators of child well-being. The National Center for Children in Poverty summarized the situation succinctly: "Poor parents are less able than other parents to prevent their children's exposure to harm and to promote positive health and developmental outcomes."[84] The proportion of children in poverty declined dramatically in the 1960s, but since a low point of 14% in 1969, the proportion has risen back to a level of one in five, including roughly 40% of Latino and 50% of African-American children.[85] The interaction of urban residence and ethnic

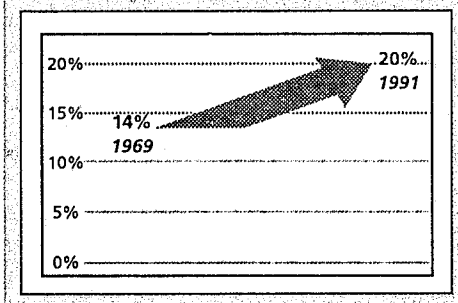
background produces city poverty rates of unbelievable proportions. In New York City in 1987, 37% of all the city's children lived in poverty.[86] Within the Latino population, children of Cuban heritage are the least likely to live in poverty, while 59% of Puerto Rican children live in poverty.[87]

On the average, the poverty proportion may even be worse among rural children: the National Commission on Children reported in 1990 that one in four lives in poverty.[88] Rural poverty is especially acute in Appalachia and the South, where 42% of rural youth overall and 96% of African-American rural youth live.[89] While the total poverty rate dips a bit for 12- to 17-year-olds, 16% of whom lived below the poverty line in 1989,[90] that is still higher than the national total of 13.1%, and among children under six — all of whom will become young adolescents in the 1990s — the poverty rate is 23%.[91]

While nonmarital childbearing and divorce have contributed to these figures, macroeconomic factors are at work as well. In constant 1987 dollars, the median income of families with children was marginally less in 1987 than it was in 1970; among families headed by mothers, it was roughly 20% less than in 1970.[92] Looking a little more deeply at this picture, we see that Latinos fare more poorly than other groups. Between 1979 and 1987, the median income of white, African-American, and Latino families with children all declined (although the white level of $32,217 was more than twice the African-American level and a little less than twice the Latino level). However, among ***married-couple*** families, white and African-American income increased over the 1980s, while for Latinos who were in married-couple families, income declined 10%.[93] In fact, the proportion of Latino married-couple families living in poverty rose to 18% by 1987, more than a 50% jump from the late 1970s.[94]

Another filter that makes simple comparisons of poverty status by race misleading is illustrated in the different geographical concentrations of whites, African-Americans, and Latinos living in urban poverty areas. Only 30% of poor whites live in areas of 20% or more poverty (those the U.S. Census Bureau defines as poverty areas) versus 85% of poor African-Americans and 80% of poor Latinos who live in economically disadvantaged areas.[95] Wilson has described how, beyond poverty itself, the disappearance of class diversity through the exodus of middle- and upper-class families from such poor areas has contributed greatly to the intractability of poverty.[96] As Bell-Scott and Taylor observed, "Similarities in family income between Black and White adolescents do not imply similarities in ecological or social conditions."[97]

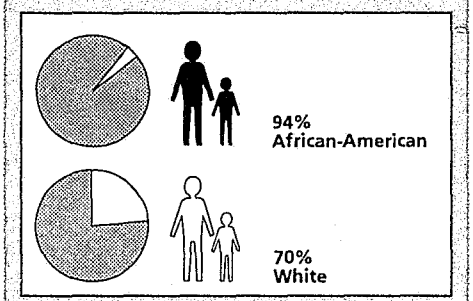
The number of children living in poverty is rising dramatically.



Today roughly 40% of Latino children and 50% of African-American children live in poverty.

Source: National Center for Children in Poverty

Trend of young adolescents living with one parent continues.



For those born in 1980, the first young adolescents of the 1990s, 94% of African-American and 70% of white children will spend time in a single-parent family by age 17.
Source: Institute for American Values

Family Change and Economic Status

Today's young adolescents live in families that are smaller, far more likely to be headed by a divorced or never-married parent, and far more likely than ever before to include mothers working outside the home. None of these trends shows any signs of reversing in the 1990s. By 2000, however, young adolescents may be living with somewhat more siblings — the 4.02 million births in 1989 were the largest number since 1964, accompanied by the highest fertility rate among women ages 15 to 44 since 1972.[98]

Although the divorce rate slowed in the late 1980s, remarriage rates declined slightly, leaving the single-parent, female-headed household as the fastest-growing family form in the United States.[99] In 1960, only 9% of United States children lived with one parent; in 1988, nearly 25% did.[100]

Those are snapshot statistics, the proportion living in single parent homes on the day of the surveys. Put a different way, the dimensions of this change are even more profound. In total childhood probabilities, among those children born between 1950 to 1954 — that is, the 37- to 41-year-olds of 1991 — about two in ten (19%) whites and five in ten (48%) African-Americans lived in a single-parent family by the time they were 17 years old. For children born in 1980 — the 11-year-olds of 1991 — the estimate is that seven in ten whites (70%) and nine in ten (94%) African-Americans will have spent some time in a single-parent family by the age of 17.[101]

The national figures mask wide variations among the states both in the proportion of children living in single-parent homes and also the trends across the 1980s.[102] For example, while 25.8% of North Carolina's children lived in single-parent homes in 1987, that was a comparatively small increase from the 23.2% in 1980. In contrast, Georgia and Alabama experienced 50% increases, to 30% and 38% respectively; and while Utah and Wyoming remained below the national average in 1987, with 20.2% and 16.7% respectively, these figures represented increases of several hundred percent over the proportion of Utah's and Wyoming's children who lived in single-parent homes in 1980.

It is important to separate here our concerns over the economic and childrearing implications of these family changes from what for some observers may be nostalgic glances back to a past that rarely was. A variety of data suggests that the pattern of early marriage, low divorce rates, low nonmarital birth rates, and high fertility rates within marriage seen in the 1950s was an

historical aberration.[103] One study concludes that while the net effects of divorce and nonmarital childrearing on children have "probably been negative, the effects have been considerably less than the devastating impact that was anticipated."[104]

Nevertheless, the trends are not encouraging. In 1987, 40% of African-Americans under 18, 27% of Latinos, and 16% of whites were living with their mother only.[105] As of March 1989, 44% of African-American families, 23% of Latino families, and 13% of white families were headed by women. These figures represent roughly 10% increases for all groups over the 1980 totals.[106]

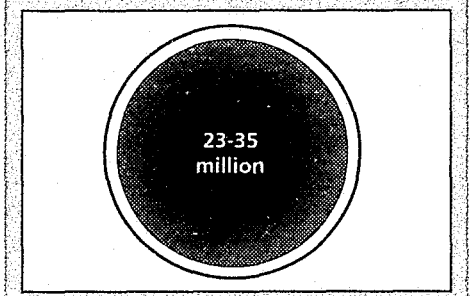
Most critical here, of course, is that families headed by women are five times more likely to live in poverty than are families headed by a married couple.[107]

Because they generally retain custody of children, women's economic status tends to drop precipitously after divorce, while men's economic status tends to improve.[108] So long as divorce is predictable for roughly half of marriages, so long as pay inequities exist between men and women, so long as child support (despite some recent improvements) is poorly enforced and woefully inadequate in the first place, and so long as AFDC payments are neither nationally uniform nor indexed to inflation, it is likely that the proportion of children living in poverty will continue to rise.

While single parenthood may result in poverty, poverty can also help create single parenthood. Some studies point to a relationship between male earnings and marriage rates. For example, between 1973 to 1984, average annual earnings for young men 20 to 24 years of age dropped 30%, and their marriage rates dropped 46%.[109] African-American men ages 20 to 24 who earn above poverty line wages are three to four times more likely to marry than those earning less than the poverty line.[110] While deeper analyses of long-term economic data cast doubt on the validity of the income-marriage rate relationship for the population as a whole,[111] there is better evidence that this is a plausible explanation in America's inner cities.[112]

It is clear that supports enabling a single parent to work have a bearing on economic status. Whether intact or headed by a single parent, today's families — all kinds and at all economic levels — share a common need for high-quality and affordable child care options. The proportion of mothers working outside the home has risen steadily since the 1950s in every Western industrialized nation.[113] This is an historical response to economic and social changes that is unlikely to readily reverse.

School-age child care needs are critical.



By 1995, an estimated 23 to 35 million six- to 12-year-olds, or practically *all* children in that age group, will need out-of-school care.
Source: U.S. Cooperative Extension Service; Sugarman, "Early Childhood"

Between one-fourth and one-third of children entering school in the fall of 1986 were estimated to need some form of after-school care. Divorce rates will probably stay constant and more than 75% of mothers with school-age children are expected to be working outside the home by the mid-1990s.[114] Given that scenario, the estimated number of children aged six to 12 needing out-of-school care in 1995 is 23 million to 35 million, or practically all of the children predicted to be in that age group![115] If we add 13- and 14-year-olds to this picture, the need becomes even more pronounced, particularly in view of important data from the National Education Longitudinal Study of 1988 showing a strong relationship between the extent of young adolescents' unsupervised after-school time and their own expectations that they would drop out of school.[116]

Most of our efforts to deal with child care and other family supports focus on preschoolers, but it is not only families with children under five who can benefit from such resources. The Metropolitan Life Survey of the American Teacher found middle-grades teachers' top priority for additional funding to be not more teachers, but more family support services and school social workers.[117]

Education and Schooling

Increasingly, policymakers are seeing the connections between problems, such as school dropout, adolescent pregnancy, substance abuse, delinquency, single parenthood, and poverty. The National Governors' Association succinctly stated that "research shows that achievement in basic academic skills is the glue that holds together self-esteem, motivation to delay sexual activity or to practice contraception, and employability."[118] That is why the latest buzzword in education and social policy circles is "collaboration," why there is increased appreciation for how the adolescent's total environment affects his or her school experience, and why there is widespread agreement that more help is needed. For example, in New York City, "an average elementary-school counselor" handles a caseload of 755 students, a "veritable conveyor belt of problems involving incest, crack-addicted mothers, and violent homes."[119]

It is no news that communities across the country are more than ever talking about and experimenting with new connections among schools, health care services, businesses, and the nonprofit sector, all in an effort to keep young people in school and raise performance levels.

The Oregon Youth Coordinating Council gives grants to school districts undertaking coordinated approaches to dropout prevention, adolescent parenthood, and juvenile offenders. Commonwealth Futures is a school to work transition program that enables the Massachusetts Departments of Education, Economic Affairs, and Human Services to set up single point of entry programs for young people.[120] In the dozen existing sites, each community decides what its priorities are for pooled funds and gets the job flexibly done in part by the state's waiving various regulations and streamlining management and reporting procedures. In New Jersey, the $6 million School-Based Youth Services Program promotes school-community collaboration through a grant program in which the core services of employment and training, health screening and referrals, and mental health and family counseling must be provided. Either schools or community agencies can actually receive the grants, as long as they are formally committed to working together.[121]

Economic imperatives are driving and will continue to drive this education reform. Although even college graduates have suffered real income declines in recent years, their declines have been considerably less than those suffered by people with less school completion. Even the educated are experiencing economic woes: between 1973 and 1986, the inflation-adjusted earnings of males 20 to 24 years of age who had completed four or more years of college fell by 6%. Real earnings fell by 28% for high school graduates, and by 42% for high school dropouts.[122]

The number of unskilled jobs in the United States will decline from 9% of all jobs today to just 4% by the year 2000, while the number of jobs requiring substantial skills will double to 41% of the job market.[123] Minorities and the poor, who are the least educationally prepared today, will in just 10 years comprise one-third of the work force. Another indicator of the growing economic powder keg is provided by the Ford Foundation's panel on Social Welfare and the American Future. It observed that the proportion of "inactive" young men ages 18 to 24 (that is, not employed, not in college, and not in the military) doubled in the last 20 years, to 12% of whites and 30% of nonwhites.[124]

The trends are mixed on the readiness of young adolescents to become an economically competitive work force. On the one hand, there was consistent improvement from 1971 to 1988 in the reading performance of African-American 13-year-olds, according to the National Assessment of Educational Progress. On the other hand, both African-American and Latino 13-year-olds remain well under average white performance levels, which in turn are far beneath the level defined as "adept."[125] Moreover,

Are young adolescents prepared to be tomorrow's workforce?

Reading performance levels of white adolescents are far below the level defined as "adept," African-American and Latino 13-year-olds' reading performance levels are even lower.
Source: National Assessment of Educational Progress

only 40% of United States 13-year-olds can perform a two-step mathematics problem, versus 55% in the United Kingdom and 78% of Korean 13-year-olds.[126]

Unfortunately, despite all the flurry of new "collaborations" and initiatives to meet these challenges, two problems remain. First, even the best collaborations, according to a study by the National Association of State Boards of Education, are "limited in scope" and reach "relatively few" of those youth most in need.[127] Second, most education reform so far does not represent a fundamental change in outlook and structure so much as it represents add-ons to a philosophy and curriculum well-suited to the 19th century.

Two studies, the first of six states and the second of four school districts, suggest that the primary state-level reforms have been increasing course requirements and establishing curriculum standards, and that the effects on student achievement have been mixed.[128] Another study that shadowed 8th graders across the country to construct a picture of their lives in school concluded that despite an increase in attention given to middle-grades school reform, most changes at the building level were fairly superficial.[129]

To keep young people in school, policies are being tried ranging from taking away the drivers' licenses of dropouts to paying for some or all of college for those who do not drop out. The West Virginia program that restricts drivers' licenses to those who stay in school has achieved only mixed results. In its first year, more than 1,600 dropouts returned to school, but by the end of the year, less than half had remained.[130] Such stick or punishment approaches have been criticized on the grounds that they are based on a deficit model that "assumes that everything the school is doing is adequate," and thus, it is the student who is to blame for poor performance.[131] The Intercultural Development Research Association describes the potential dropout as "an academic and social isolate" and reasons that such policies increase isolation rather than integrate the at-risk adolescent into school activities.[132]

The latest variation on the carrot or positive reward approach started by New York philanthropist Eugene Lang is in Rhode Island.[133] There, 3rd graders and their parents are being asked to sign agreements that state officials hope will cut the dropout rate of economically disadvantaged children by 50%. The conditions state that the children must not commit delinquent acts, nor can they use drugs, or become adolescent parents; in return, the state will pay for their college education.

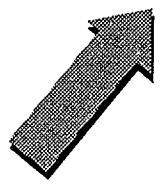
Ambitious initiatives bring with them complex implications, and it is too early to tell whether this effort will succeed, but it is quite provocative. Economic recession has forced the state to scale back its plans,[134] but the Children's Crusade for Higher Education is still moving forward.

Except for the potential of the Rhode Island initiative (and for the part-tuition plans for lower-income youth, known as Taylor Plans, operating in Arkansas, Florida, Indiana, Louisiana, New Mexico, and Texas),[135] the programs providing a college education for economically disadvantaged youth reach relatively few young people in need. For most, the difficulty of financing a college education keeps increasing. Despite an increase during the 1980s in the proportion of African-Americans graduating from high school, there has been a 20% decrease in the proportion of both African-American and Latino high school graduates graduating from college.[136] It is not unreasonable to suspect that money has something to do with this. There is demonstrable need for ***more*** financial support to make higher education affordable, but apart from recommending an increase in Pell Grant award levels (while cutting the number of grant recipients), the Bush Administration in 1990 proposed further cuts rather than increases in financial aid for higher education.[137]

While young African-Americans have significantly improved their high school graduation rates since 1968, dropout rates for Latinos, Alaska Natives, and American Indians are more than double the African-American rate. The dropout rate for Latinos, Alaska Natives, and American Indians hovers around 36%, and twice that in certain areas of the country.[138] In Fairbanks, Alaska, for example, 72% of the Natives in the 1982 freshman class did not graduate four years later.[139] Across the nation, the odds are only 50-50 that a Mexican-American or Puerto Rican adolescent will complete high school.[140]

An important contributor to these rates is enrollment below grade level. At every age, African-Americans and Latinos are more likely to be behind the modal grade for their age.[141] In the middle grades that encompass early adolescence, roughly 40% of African-American children and a slightly higher proportion of Latinos are behind, as compared with about 26% of whites. Another way of looking at this is to define at-risk youth as those young people who are either dropouts or at least one grade behind. By this measure, between the ages of 10 to 15, roughly 46% of Latinos are educationally at risk, versus 37% of African-Americans and 24% of whites.[142]

High school graduation rates have increased overall.



African-Americans have significantly improved high school graduation rates since 1968.

1968

Yet, by the middle grades, roughly 40% of African-American youth and a slightly higher proportion of Latinos are enrolled below grade level.

Source: National Council of LaRaza

The National Education Longitudinal Study of nearly 25,000 8th graders in 1988 provides yet another perspective on differential risk.[143] The study used six indicators of risk: living with a single parent, low parental education, low parental income, limited English proficiency, having a brother or sister who dropped out of school, and being home alone more than three hours a day during the week. Slightly more than half of the sample had no risk factors, but 20% had two or more. Forty-one percent of African-Americans and 37% of Latinos had more than two risk factors, versus 14% of white students. Most critical is the fact that students with two or more risk factors, as compared to those with none, were from two to four times more likely to have low test scores, poor grades, high absenteeism, and to believe that they would not graduate.

MIT's Quality Education for Minorities Project notes that by the 3rd or 4th grade, minority and nonminority achievement begins to diverge, and minority children's performance lags a year behind by the middle grades.[144] In science achievement, this lag in performance may be worse. According to the National Assessment of Educational Progress, 13-year-old African-American and Latino students are, on average, ***four years*** behind white 13-year-olds.[145] Part of the reason may be instructional style. A hands-on approach to science, for example, as contrasted with a textbook-driven approach, has been shown to stimulate the biggest gains in science process and content skills among low achieving students.[146]

Another reason for this lag is resource allocation. Twenty-two of the nation's 25 largest inner-city school districts are predominantly minority, and predominantly poor in resources for adequate building safety and health, sufficient books, computers and other learning materials, and substantial enough salaries to attract and retain excellent teachers.[147] One study of large school districts found that there are twice as many computers per student (about one for every 30 students) in schools with high socioeconomic status as there are in schools with low socioeconomic status.[148]

Another correlate of academic achievement may have to do with ethnic identity formation among some minority youth. Educator Jawanza Kunjufu writes in his book, *To Be Popular Or Smart*, that even in all-African-American schools, he has seen young people believing that being smart means acting white.[149] Therefore, some youth try not to be smart in order to be popular; if they are academically successful, they may be caught in a dilemma between minority peers and nonminority "elites."

Perhaps the greatest need for education reform may be in the area of the ***expectations*** we have for young people. Large and small scale data alike show that African-American, Latino, American Indian, and Alaska Native youth believe that their teachers and counselors do not expect much of them.[150] Xavier University educator Antoine Garibaldi found in a 1988 New Orleans study that 60% of the public school teachers thought their African-American male students would not go on to college.[151] Sixty percent of those students said that their teachers did not push them hard enough, and 40% of these students who were not expected to succeed said their teachers did not set high enough goals. In this study, two-thirds of the teachers were themselves African-Americans; therefore, racial differences between teachers and students cannot solely explain these expectations.

The principle that young adolescents' verbal, mathematical, and scientific literacy should give them a sense of participation and effect on the world they live in is often in direct conflict with the approaches used with "disadvantaged" students. Studies have shown that schools that are successful with "at-risk" students share features that include: a positive attitude toward those students, a willingness to question the usual practices, strong leadership, committed teachers, and high expectations and standards.[152] Spencer and Dornbush observe that some teachers, in meaning well and acknowledging the hardships many underprepared students face in their lives, fail to challenge them, "substituting warmth and affability" for challenge and high standards, in a form of "racism without racists."[153]

Knapp and Shields point out that the discrete-skill, sequentially ordered, teacher-directed qualities of most instructional approaches fail both to engage many youth who live in poverty or to enable them to discover the meaning and purpose behind what it is they are doing in school.[154] To accomplish this goal, Wheelock and Dorman called for middle-grades reform that includes: team teaching in a "school within a school" model, diverse curriculum with an interdisciplinary focus, flexible block scheduling, and teacher-based guidance.[155]

These organizational changes will make a difference, however, "only if we accept the premise that the children of poverty are capable of more than educators typically expect of them."[156] The attitudinal shift needed is symbolized by an Albuquerque Public Schools program. Albuquerque Public Schools has formally designated a Student Success Advocate whose job it is to make sure each individual student has the chance to experience success. It says so right on her business card.[157]

One effort that has recognized the need for a dramatic shift in expectations is the Edna McConnell Clark Foundation's Program for Disadvantaged Youth. Its goal is to help keep students in school and achieving at high levels by establishing high expectations in the middle grades; high expectations for all young adolescents, matched by high or challenging content and provision of high support.[158] Each of the school districts in the five project cities (Baltimore, Louisville, Milwaukee, Oakland, and San Diego) is making special efforts that recognize how critical expectations are to school success or failure. For example, in the Jefferson County Public Schools (Louisville), teachers are being trained in a program called TESA — Teacher Expectations for Student Achievement. The Oakland Unified School District's high expectations effort is called STRETCH — Students and Teachers Raising Expectations to Challenging Horizons. While quantitative results will not be available until 1993, these initiatives illustrate the necessary spirit and goals.

Experience of Community

Educator Leona Okakok, an Inupiat Eskimo, observed that the Latin and Inupiat roots of "to educate" mean much the same thing: "to assist at the birth of a child," and "to cause to become a person." She contrasted education and schooling, and related that in traditional Inupiat society, education was everybody's business: "It was okay to admonish, scold, or otherwise correct the behavior of any child, whether or not one

was a relative . . . every member of our village was involved in so' way with equipping our child for success."[159]

To paraphrase Okakok, we must ask, how can everyone in our communities be involved with equipping our children for success?

A reporter asked the author to describe what would be the biggest issue facing young people in the 1990s. The reporter expected an answer along the lines of what United States mayors said in responding to a National League of Cities survey.[160] These mayors believed they would be increasing by at least 25% their future involvement in a variety of areas affecting young people, including adolescent pregnancy prevention, adolescent health clinics, school-age child care, neglect, adolescent AIDS, and so on.

Instead, the author's response was that the number one issue facing young people in the 1990s was not a problem but rather a developmental issue: How can we ensure that young adolescents establish reliable and caring attachments, particularly with adults?

Carnegie Corporation of New York President David Hamburg concluded that adolescents need to find a place in a valued group, to engage in tasks the group considers valuable, to feel a sense of personal worth, and to have reliable, close relationships with others.[161] A Florida juvenile justice worker was quoted as saying that "kids need love the most when they seem to deserve it least."[162]

Perhaps it is on this most personal level that we can get out from under the great weight of the wider social upheavals and trends that seem impervious to individual and even to many collective influences. The National High School and Beyond Survey of adolescent women first studied as sophomores in 1980 found that for both whites and African-Americans, one of the most important factors related to their avoiding childbearing during their adolescent years was the extent to which they perceived their parents cared about them.[163]

In Werner and Smith's classic 30-year study of Kauai children, those who were most resilient in the face of life's challenges were more likely to have had a multigenerational network of relatives and friends during their adolescent years.[164] And so we come back full circle to Albee's equation linking coping skills, self-esteem, and social support as the keys to optimal health. We come back also to the developmental need for positive interactions with peers and adults to promote the healthy growth and development of all young adolescents. One factor consistently emerging as critical to the well-being of young people living in poverty is the establishment of a relationship with a caring adult, and not necessarily a parent.[165]

Where do young people get this caring today? Chicago researchers using an ingenious beeper method of sampling adolescents' daily experiences concluded that even in two-parent families, typical adolescents in the mid-1980s spent five minutes a day alone with their father, 40 minutes with their mother and an hour with both, totaling under two hours a day with both parents.[166] In the increasing proportion of families headed by one parent, the challenge of time is even greater.

In the 1950s, one of the most common predictions about the future was that technology would make leisure more common. But a 1987 Harris poll found that

leisure time for spouse and family is declining and time spent working is increasing.[167]

One observer has described what is happening as a societywide "depletion of adult resources for youth."[168] Although a societywide pattern may be evident, it is especially pronounced for some. For example, African-American adolescent males at the beginning of the 1990s experienced a dearth of positive male role models. Indeed, it was reported in 1990 that nearly 25% of African-American men in their early twenties were in jail or under the control of courts through parole or probation, versus about 10% of Latinos and 6% of whites, and because these figures refer only to convictions and not arrests, this is probably an undercount.[169] Even undercounted, this means that there are more young African-American men under the control of the courts than there are in higher education in America.

Religion is also playing less of a role than it could. Attendance at religious services by high school seniors dropped 10% between 1980 and 1985,[170] as did reported importance of religion in these young people's lives, with only one in four saying religion was very important to them.[171] In fact, the Search Institute reported in a 1986 study that the only problem about which more than 10% of 5th to 12th graders said they would seek the help of religious leaders was "feelings of guilt."[172] Although a more recent Search Institute study of Protestant youth shows that between 7th and 8th grades to 11th and 12th grades there was a significant increase in the proportion of adolescents who "frequently felt the care and support of an adult" at their church, only a third of older adolescent girls and a quarter of older adolescent boys said they felt that church-based caring and support.[173]

A particularly disturbing piece of data on adolescents' perceptions of adults comes from polls in both Chicago and Minnesota. These polls have reported that large majorities of young people think adults have negative images of them, with the largest increase in perceptions of negativity coming during early adolescence.[174] Even parents, who should know better than other adults, underestimate by factors of three to five the extent to which their young adolescent sons and daughters are concerned with important national and world issues.[175] It is no wonder adolescents feel that many adults have negative opinions of them.

It is no accident that among the most common recommendations of blue-ribbon panels on "at-risk youth" is the call for more created relationships. These include mentoring, cross-age pairing, and peer helping efforts that provide intimacy, caring, and role models for youth who may otherwise have few of these elsewhere in their lives. However, even such worthy programs may not meet much of the need. The Education Commission of the States' program, Campus Compact, which promotes mentoring of at-risk youth, mostly middle-grades adolescents, by college students, will by 1992 have awarded grants to about 40 colleges for this purpose.[176] Early results suggest, however, that even if the current record for participating mentors — 50 at one school — is achieved in every school, no more than 2,000 youths will receive that one-to-one relationship. The reality of a fine model running up against formidable numerical odds is also present at the state level. For example, a 1988 study suggests that programs targetted to at-risk youth rarely exceed 5% of a state's education budget or affect more than 10% of those in need.[177]

Even that 10% may be a high estimate. In looking at mentoring programs — one of the favored approaches among the recommendations of various blue-ribbon panels — Public/Private Ventures concludes that most such efforts deal with 60 to 100 youths at a time. Even the Big Brothers/Big Sisters program, the largest adult-to-child relationship program in the nation, has produced only 60,000 matches and they have a waiting list of 40,000 youth.[178] If even 500,000 adolescents in need had the benefit of such mentoring relationships — a figure probably several times more than reality — that would represent less than 5% of the nation's youth estimated to be at high or moderate risk.

Further, for many young adolescents, their experience of community is highly segregated by race or ethnic background, or filled with prejudice and violence. For example, while African-Americans saw school segregation decrease between 1968 and 1984, it increased for Latino youth.[179] In addition, there are increasing reports of hostilities between immigrant newcomer adolescents and already-resident adolescents that threaten to escalate as the overall minority population grows.[180]

Our challenge is to create more community connections for young people. One-to-one mentoring relationships are a part of the solution, but the above discussion illustrates that the challenge of numbers limits the applicability of this model. Strengthening young people's connections to their families through family resource and support programs and to their communities through community-based programs and service are other necessary options. It has been suggested that community groups in particular, by providing valued instruction and allocation of resources, may be able to positively influence the investment behavior of low-income youth so that those youth decide in turn to allocate their own resources of time and energy to interests and activities that help them move ahead.[181]

Community service is one vehicle for achieving that aim. Surveys tell us that a majority of young people favor requiring community service for high school graduation, but estimates are that just 5% of United States high schools do so.[182] No state yet requires community service for graduation, although Maryland does require all school systems to have community service courses and programs available.[183] In 1989, the Minnesota State Board of Education passed a rule requiring service, but the same year the legislature passed a superceding law keeping it at local discretion.[184] Pennsylvania may come the closest in its goal of making community service the "common expectation and experience of all Pennsylvanians."[185]

That example and those presented throughout this report provide a wealth of models that can be useful. Program planners should be wary, however, of creating exciting and challenging service opportunities only for young people who are already doing well and of creating busywork or dead-end labor for young people who are living in poverty, young people in numerically minority ethnic or racial groups, or young people living with disabilities. Another potential issue is that some parents in Pennsylvania are challenging at least one community's required service program in court, arguing that it amounts to involuntary servitude prohibited by the U.S. Constitution.[186]

Educators and youth workers often talk about the need to raise self-esteem among young people, but usually do not distinguish between self-worth (the belief in one's unique value) and self-efficacy (the belief in one's ability to accomplish objectives). [Harter presents an excellent discussion of the complexities of the construct "self-esteem" in adolescence.[187]] Self-worth might be increased by chanting "I am somebody," but no chant will raise self-efficacy, the sense that one's actions can have an impact in the real world. Opportunities must be provided for young people to have that impact, to reach a little bit beyond their grasp.

Ironically, research shows that young people in the early adolescent years are cognitively improving their ability to sense group and community needs.[188] At the same time, survey research shows that young people's ***stated*** concern with community issues such as hunger and poverty, while still characterizing a large minority, decreases in the same period.[189] This apparent paradox of greater developmental capacity for concern and yet decreasing statements of concern may be partly explained by adults accepting too readily the characterization of young adolescents as self-absorbed. It is up to adults to engage what is actually an increased capacity young adolescents have for caring and giving.

Summary

The data presented in this section provide evidence of both distressing and hopeful trends. The 10- to 15-year-old population will grow by 15% over the 1990s. They will be increasingly liable to live for at least some time in a single-parent family, and increasingly likely to live in poverty. If current trends continue, young adolescents will have one of the highest age-group probabilities of being victimized by crime outside the home, and abused within it. If current trends continue, greater proportions of these young adolescents will have problems related to early sexual experiences and poor emotional health, and more of them will be without adequate access to physical and mental health services. They will face a future in which their own economic well-being will be less and less certain, especially if they fail to graduate from high school with essential skills and confidence, or fail to go on to postsecondary education. As a group, they experience a disconnection from adult resources that is a particularly critical gap in what they need developmentally.

Providing a sense of hope to balance this portrait are a number of other trends. Despite increases in the incidence of problems such as those noted above, the majority of young adolescents do not experience serious challenges to their basic survival. Regardless of their family structure, the majority are happy with their family life. The majority do not live in or near poverty, although there are serious racial and ethnic differences in this likelihood. As a group, today's young adolescents may first experiment with alcohol and other drugs at a younger age than older cohorts, but young adolescents, especially African-Americans, are increasingly less likely to report high degrees of current use. They may begin to have sexual intercourse at younger ages than older cohorts started, but they appear more likely to be using condoms, for both pregnancy and sexually transmissible disease prevention. Although school dropout rates are still too high, more examples of effective dropout prevention efforts can be

found that begin at least by the middle grades, and African-Americans in particular have significantly increased their school graduation rate over the last decade. Finally, although too few young adolescents have plentiful adult resources in their lives, the examples of programs that provide such adult and community connection are plentiful and growing.

Most important, the portrait of young adolescents shows that if young people have sufficient assets in their lives, even considerable challenges and deficits need not become serious problems that threaten the attainment of their dreams. The key phrase for policymakers and program developers to consider is "if current trends continue." The next section elaborates on the policy and program implications of these trends and young adolescents' developmental needs, and suggests an agenda that may help to lessen the likelihood that the worst of the current trends will continue.

SECTION 4

Policies and Programs: Implications and Approaches

WHAT do the developmental needs of young adolescents, as filtered through the trends discussed in Section 3, imply for policy and program development? How can we ensure the healthy growth and development of young adolescents in the 1990s, and yet avoid in ourselves and in young people what columnist Ellen Goodman called "compassion fatigue," where, as she put it, "generosity can turn into resentment and sympathy can turn hard?"[1] How can we help those most "at risk" without ignoring or taking for granted the majority of young people who seem not to be "at risk," thus by ignoring them ensuring that some of them become more "at risk"?

By the measure of sheer activity, there is cause for hope. At the beginning of the 1990s, a variety of efforts are under way that could positively affect the shape of children and youth policy for years to come. The Carnegie Council on Adolescent Development's report *Turning Points* has already made an impact in stimulating policy debate, and through the Carnegie Corporation of New York's subsequent Middle Grade School State Policy Initiative, an impact on 27 states' middle-grades policies. The Council's Task Force on Youth Development and Community Programs aims to have a comparable impact on youth-serving organizations.

The National Commission on Children issued its policy recommendations in 1991, and some of these are relevant for young adolescents. The U.S. House Select Committee on Children, Youth, and Families continues to publish a steady stream of testimony that highlights key issues for improving young people's lives. The National Forum on the Future of Children and their Families is investigating common experiential pathways of high-risk youth. The National Governors' Association has undertaken a variety of efforts, including the convening of a national forum on

prevention policies for children in 1990. More than 40 states have governmental children's commissions or active citizen-based children's advocacy groups, many loosely connected through the National Association of Child Advocates. The Center for Youth Development and Policy Research of the Academy for Educational Development has launched a five-year "mobilization for youth development." Its work is rooted in an understanding of the special age group needs of younger and older adolescents as well as a commitment to emphasize the positive possibilities of all young people.[2] Regionally too, there are promising initiatives. The new Foundation for the Mid South has begun to promote community-based, regional solutions to regional problems in Arkansas, Louisiana, and Mississippi, and has chosen to initially focus on economic development, education, and children and families with a focus on young adolescents.[3]

Is there a consensus among this plethora of task forces and commissions on what policies and programs are necessary for promoting the healthy growth and development of young adolescents in the 1990s? Have these groups paid adequate attention to the age group as requiring policy differentiation from children in general and from older adolescents?

Analysis of Selected Policy Reports

A number of extensive policy reports have been more closely examined to answer these questions: To what extent have young adolescents been identified in recent policy reports as an age group needing particular policy and program attention? To what degree do various policy reports concur on what policies and programs should be priorities for this age group? Although young adolescents have, with a few exceptions, not been especially identified, there does appear to be an emerging consensus reflected in these reports over what a developmentally appropriate agenda might entail.

Turning Points: Preparing American Youth for the 21st Century. Washington, D.C.: Carnegie Council on Adolescent Development, 1989.

This report of the Task Force on the Education of Young Adolescents affirmed the developmental framework constructed over the years by the Center for Early Adolescence. Of all the reports discussed here, *Turning Points* is the most thorough and explicit in its definition of early adolescence as the period from age 10 to 15, its description of the critical physical, cognitive, social, and emotional issues of the period, and the breadth of its recommendations. The recommendations aim to (1) improve the educational experiences of all middle-grades students and (2) produce 15-year-olds who are intellectually reflective, good citizens, caring and ethical individuals, healthy persons, and who are enroute to lifetimes of meaningful work. Among the key recommendations: create small houses or communities within large schools; teach a core academic program based on critical thinking and youth service; eliminate tracking and instead utilize cooperative learning; increase teacher governance and autonomy; specifically prepare teachers for teaching young adolescents; provide a health coordinator, a healthy environment, and access to health and counseling services in every

school; increase families' roles in governance and supporting the learning process at home and school; and connect schools with communities through various partnerships, collaboratives, and after-school programs.

Investing in Our Children: Business and the Public Schools. New York: Committee for Economic Development, 1985.

Referring explicitly to young adolescents as the 11- to 14-year-old age group, this leading business group's first of several widely-cited reports considered the junior high "or middle school to be at least as important" a focus of education reform as it did the preschool years (p. 43).

One report considered "middle school to be at least as important" a focus of education reform as...the preschool years.

Securing Our Future: The Report of the National Forum for Youth at Risk. Denver: Education Commission of the States, 1988.

More than 600 leaders in politics, education, health, and social services convened in December 1987 to examine how to "enable all youth to make the transition to adulthood successfully." Young adolescents are never explicitly mentioned, although junior highs/middle schools are briefly mentioned. While parent involvement, mentoring, and school restructuring are discussed, no specific application to the ages 10 to 15 or thereabouts is provided.

America's Shame, America's Hope: Twelve Million Youth at Risk. Chapel Hill, N.C.: MDC, Inc., 1988.

This is a report prepared for the Charles Stewart Mott Foundation, primarily to evaluate the extent of genuine education reform over the 1980s. While it does not explicitly mention young adolescents and the age group 10 to 15 in policy recommendations, it presents data pertaining to the age group throughout the report and includes state policy and program examples that benefit young adolescents. Among the recommendations are that each state legislature establish a comprehensive policy for reaching a graduation rate of 90%, that Congress charge the U.S. Department of Education with developing a common definition of "at-risk youth," and that both federal and state funding for at-risk youth be increased.

America in Transition. Washington, D.C.: National Governors' Association, Task Force on Children, 1989.

This report contains a section on "prevention for adolescents," and explicitly mentions "early adolescents," inferring the period to be ages 11 to 13. It describes difficulties of school transition for the age group, rapid development, and various psychosocial needs. Recommendations pertinent to young adolescents fall within the broad categories of: (1) middle-grades education (case-management strategies with parent outreach, interdisciplinary teaming, advisor-advisee programs, and small "houses"); (2) primary health care and health education (using Medicaid eligibility for the Early Periodic Screening, Detection, and Treatment program more to reach

adolescents, urging Congress to expand the states' Medicaid-option authority for children up to age 18 living below the poverty line, establishing school-based or near-school primary care clinics, emphasizing adolescent residency programs in medical education, and increasing the number of school nurses); and (3) constructive engagement in community activities (increasing voluntary youth services and service programs within the school curriculum).

Bringing Down the Barriers. Washington, D.C.: National Governors' Association, Center for Policy Research, 1987.

One of two reports in the "Making America Work" project, this volume describes the need to organize prevention strategies around developmental stages, including "the middle years," defined as ages 11 to 14. It is noted that "a lack of self-esteem often emerges" during this period and that various youth problems are interconnected. The 5% Challenge is posed, through which the governors encourage states to devote at least 5% of the state's "total resources" to prevention efforts as outlined in a state "Blueprint for Prevention." The report calls for targetting students in middle-grades schools because "these students still need individual attention," and recommends a variety of supportive relationships be created with mentors, counselors, tutors, and employers (p. 47).

Risking the Future: Adolescent Sexuality, Pregnancy, and Childbearing. Washington, D.C.: National Research Council, Panel on Adolescent Pregnancy and Childbearing, 1987.

While some data on young adolescents ages 10 to 14 are presented, most of the data are concerned with 15- to 19-year-olds. Most of the recommendations for prevention of adolescent pregnancy are presented without specific reference to their varying applicability or appropriateness based on age differences. The recommendations include life planning courses, programs to improve school performance, employment programs, positive role models in real life and in the media, sex education and family life education, assertiveness and decision-making training, availability of contraceptive services at low- or no-cost, expanded physician access, school-based clinics, condom distribution programs, and expanded contraceptive advertising.

Healthy Children: Investing in the Future. Washington, D.C.: U.S. Congress, Office of Technology Assessment, 1988.

Data cover the extent and prevention of accidental childhood injuries, the extent and prevention of child maltreatment, and improving health services for adolescents. Recommendations include expanded use of comprehensive school-based clinics, home visitor programs utilizing nurses and social workers, and improvements in Medicaid, but few are discussed specifically in terms of the special needs of young adolescents, nor is an age range defined.

Adolescent Health — Volume I: Summary and Policy Options. Washington, D.C.: U.S. Congress, Office of Technology Assessment, 1991.

This important and wide-ranging data and policy review uses the ages of 10 to 14 to define early adolescence and recognizes that a broad definition of health, not only

one encompassing physical concerns, is most appropriate when working with adolescents. It notes that relatively little reliable data is available on adolescent health viewed by specific age, racial, ethnic, regional, or socioeconomic groups. It clearly defines a constellation of traits that appears to characterize adolescents who do well, including "strong and developmentally appropriate social support," "small, comfortable, safe and intellectually engaging schools," and "emotionally intimate communities" (p. 23). The report recommends a broad range of policy options for improving adolescents' access to health services, reinvigorating federal efforts to promote adolescent health, and developing healthy environments for adolescents. However, with the exception of school-related recommendations, the report does not typically identify special policy options for young adolescents.

Promoting Health/Preventing Disease: Year 2000 Objectives for the Nation. Washington, D.C.: U.S. Public Health Services, 1989 (Draft for Public Review and Comment).

In this report that sets key health objectives for the nation, young adolescents are included in the age brackets of seven to 12 years, and 13 to 18 years. While, technically, young adolescents ages 10 to 15 are included in numerous objectives, many of these are phrased in terms of ages six or older, under 18, or ages 15 to 44. Of the roughly 200 total objectives listed, none refer solely to ages 10 to 15, a handful refer to ages 12 to 17, another small number to ages six to 17, and a few to "under 14," "under 13," or "under 12" years of age. One recommendation refers to grades 1 to 6 and another to grades 7 to 9. This volume is an important resource but falls short, not clearly differentiating health objectives for young adolescents.

The Prevention of Mental-Emotional Disabilities. Alexandria, Va.: National Mental Health Association, 1986.

This report from the NMHA's Commission on the Prevention of Mental-Emotional Disabilities recommends interpersonal problem-solving skills in childhood and prevention of teenage pregnancy in adolescence as two crucial steps to take, but it does not define those developmental periods by age, largely referring to adolescence as a time of "transition" that brings "stress."

No Time to Waste: An Action Agenda for School-Age Child Care. Wellesley, Mass.: Wellesley College Center for Research on Women, 1989.

This report contains some data and a number of program examples regarding out-of-school care as it affects young adolescents. The authors use the ages 10 to 15 to define the period and estimate that 30% to 50% of "preteens and young teens" are left to care for themselves during nonschool hours. Although their recommendations include young adolescents as a target group, the recommendations are very general (e.g., local parks and recreation officials are urged to "get involved" in addressing the changing needs of "youth").

In a review of 22 reports, including some of the above, Garduque and Both suggested that young adolescents are neither commonly defined nor treated as a separate category in policy recommendations, and that prevention of dropout,

adolescent pregnancy, and substance abuse are the most common issues that recommendations referring to young adolescents are likely to address.[4]

At the state level, the National Conference of State Legislatures annually summarizes legislation affecting children, youth, and families but does not provide an analysis of the degree to which young adolescents are included and affected by various pieces of legislation. A review of NCSL's summary of 1989 children, youth, and family legislation passed in the states[5] (most recent available at this writing) leads one to the conclusion that while many of the hundreds of bills enacted at the state level were broadly applicable to 10- to 15-year-olds, relatively few explicitly note those ages. Children, five and under, are the most commonly mentioned. In fact, the only reported law that used the exact age range of 10 to 15 was South Dakota's Session Laws, Chapter 195, which provides that "children ages 10 to 15 who engage in sexual contact are guilty of a misdemeanor."[6] Finally, an unpublished 1989 survey of state commissions on children and youth conducted by the Connecticut Commission on Children presented data on 14 states' current priorities, and while most listed problem-area and service-system issues pertinent to young adolescents, there was no indication of special attention paid to the early adolescent age group.[7]

Policy and Program Agenda

Research shows us that many of the youth problems that concern us are interconnected, that an adolescent who abuses substances is also likely to be involved in a pregnancy, that a youth failing at school has a greater chance of becoming delinquent, and so on. This clustering should cause us to look differently at prevention and to conclude that a more effective way to prevent these problems, including adolescent pregnancy, school dropout, and substance abuse, is not to focus on preventing each one of them, but to concentrate instead on the positive goals we have for the healthy growth and development of young people, as exemplified in the developmental needs approach presented in Section 2 and restated here:

1. Positive social interaction with adults and peers
2. Structure and clear limits
3. Physical activity
4. Creative expression
5. Competence and achievement
6. Meaningful participation in schools and communities
7. Opportunities for self-definition.[8]

We can synthesize into five action areas a policy and program agenda to meet those needs and achieve a broad goal of developing healthy, capable young adolescents who have a sense of purpose, high expectations, critical thinking skills, economic opportunities, and considerable social support. Moreover, if we carry out policy and program actions in several of these areas simultaneously, we will promote the integration of service delivery systems. Working systemically together, these services

Research shows us that many of the youth problems that concern us are interconnected, that an adolescent who abuses substances is also likely to be involved in a pregnancy, that a youth failing at school has a greater chance of becoming delinquent, and so on.

will then correspond more to the naturally occurring integration of young adolescents in their total ecology of family, school, and community. Arguably, service access and effectiveness should then improve.

The degree of challenge this kind of collaboration poses should not be underestimated, but there are increasing examples of success in interagency partnerships, as we cite throughout this report (see also the examples noted by the Education and Human Services Consortium, a coalition of national organizations[9]). An action agenda that makes the most sense for promoting the healthy growth and development of young adolescents is as follows: (1) reduce poverty, (2) make supports available to families with young adolescents, (3) improve middle-grades schooling, (4) increase promotion of young adolescents' physical and mental health, and (5) increase opportunities for young adolescents to become close to others and to have an impact on their communities. These action steps can each have a positive influence on the attainment of the seven developmental needs, as displayed below:

Policy/Program Action	Developmental Needs Met
1. Reduce poverty	1,2,5,6
2. Make supports available to families with young adolescents	1,2,5,6
3. Improve middle-grades schooling	ALL
4. Increase promotion of young adolescents' physical and mental health	ALL
5. Increase opportunities for young adolescents to become close to others and to have an impact on their communities	1,2,4,5,6,7

How does the attainment of each of these objectives meet the seven developmental needs? As an example, let us examine reducing poverty.

Although living in poverty does not prevent a parent or other adults from having positive social interactions with young adolescents, the stresses attendant with living in poverty do make positive interactions more difficult. This is particularly true, as has been noted, when prevailing mobility patterns have left a majority of poor African-American and Latino children living in areas with a limited range of models of economic success. Then, too, although a parent may communicate clear expectations and explicit boundaries, children living in poverty may get mixed or inconsistent messages from other sources in their environment; for example, hearing from a parent about how valuable school is, and from other community adults who may be

unemployed or in trouble about how little value school is. Young adolescents living in poverty are also likely to be living in high crime areas in which it is neither safe nor always possible to be a child. The need for structure and clear limits in this context, as well as for a forum in which other developmental needs are met, may propel some young adolescents toward the comparative security of gang membership.

Young adolescents strive for competence and achievement regardless of the environment in which they live. Living in poverty, however, brings with it the greater likelihood of a more restricted number of socially sanctioned ways competence and achievement can be realized, and a greater chance of inadequate health, safety, academic, and other resources, all of which work against socially approved types of achievement. Many young people living in poverty may well be participating meaningfully in their families through contributing money they earn to the family. They may also be participating in their communities through regular attendance at religious services. However, young adolescents living in poverty also may be less likely than those not living in poverty to be given opportunities to design youth programs, be asked for advice by their elders, or be asked to help children more vulnerable than themselves. Although poverty status by no means guarantees that it will be impossible for a young adolescent to meet these developmental needs in ways approved by the wider society, living in poverty does restrict the range of such options available and makes the developmental passage more difficult.

Recommendations and Policy/Program Examples

Overall Planning

Although this report concerns itself particularly with young adolescents, the research reviewed on protective factors and on successful prevention programs makes it clear that policies and programs that could benefit young adolescents do not exist in a vacuum. Rather, they must be part of a thoughtful continuum that begins with adequate prenatal care and that carries forward through the transition from high school to work or to postsecondary education and training.

Unless attention is paid to ***all*** the critical nodal points in the development of children and youth, special attention to one age group will be futile in the long run. It would be akin to trying to build a house's first floor without either a foundation or a roof. For example, we cannot promote adolescents' well-being by taking funds from programs for infants. We know that WIC, the Special Supplemental Food Program for Women, Infants, and Children, reduces infant mortality and increases birthweight, among other positive effects. This is a significant investment that contributes to healthy adolescence years later. Unfortunately, the inadequate federal budget for WIC of $2.1 billion in 1990, at a time of rising food costs, caused at least half the states either to cut allotments or to temporarily abandon the program altogether.[10]

One purpose of the Young Americans Act is to stimulate the necessary state-level planning across the age range from birth to 21. The aim of the Act is to "develop and

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implement efficient comprehensive state and community services for young Americans up to age 21."[11] Funding would involve a 60% federal-40% state split. The cost of the original bill was estimated at just $20 million in 1987, but the bill was mired in Congress until the fall of 1990. Passed as part of the Head Start re-authorization bill, the act is now authorized at $30 million and calls for a White House conference on children, youth, and families for 1993.[12]

Whether or not that law is the best vehicle for promoting comprehensive planning is debatable; that states are not noted for this planning is beyond debate. MDC, Inc.'s survey of the states concluded that no single state had a comprehensive policy addressing the needs of at-risk school-age youth.[13] According to the MDC research, two-thirds of the states are still only in the awareness stage, with some appreciation of the need for collaboration, some preliminary attempts to quantify the problems, and some scattered but categorically-based legislation and policy statements.

Vermont is an example of a state requiring preventive action coordinated across state departments.[14] Vermont's Act 79, the state's primary prevention plan, mandates the coordination (through the Delinquency Prevention Coordinating Council) of the Department of Education, Agency of Human Services, Department of Motor Vehicles, the Office of the Attorney General, Agency of Development and Community Affairs, Department of Employment and Training, Department of Public Safety, and Department of Forests, Parks, and Recreation. The desired result is "to reduce the incidence of socially destructive or problem behaviors before intervention by authorities" and also "to increase the prevalence of life skills and healthy self-perceptions."[15]

Virginia has a similar Comprehensive Prevention Plan.[16] Developed by the legislatively established Virginia Council on Coordinating Prevention and intended to coordinate the work of 12 state agencies, the plan includes goals such as "increase the percentage of children earning a Literacy Passport in the sixth grade," and "decrease the number of head injuries in youth." Virginia's plan, like Vermont's, is rooted in the belief that planning "that reacts to single problems causes a narrow and restrictive point of view." In both Vermont and Virginia, however, funds for implementing these plans are scarce and enforcement authority is murky or limited.

There are illustrative current policies and programs in each of the five areas in which we recommend action to promote the healthy growth and development of young adolescents. In very few cases has there been either extensive policy analysis or substantial program outcome evaluation performed to document the effectiveness of these efforts. These listed policies and programs are not representative of a larger, more exhaustive listing; they are merely examples of what is occurring at the beginning of the 1990s. Those mentioned here either have some preliminary indication of their impact, are being adopted or becoming known irrespective of their impact, or seem sufficiently provocative to serve as a stimulus for further actions.

Reducing Poverty

Macroeconomic issues beyond the scope of this report, involving matters ranging from how to reduce the federal deficit to how to affect the kinds of jobs the United States economy is creating, are clearly important influences on poverty. While most antipoverty efforts that directly focus on young adolescents would involve educational improvement and improvement in health care access, as described further below, it is clear that other measures, some of which would lift the current generation of parents out of poverty, from job training to income transfer schemes, will also have an impact on the economic climate in which young adolescents grow.

One proposal that has been discussed is the creation at birth of federally subsidized Individual Development Accounts for those living in poverty.[17] The aim would be to create tax-benefited assets that could be used only for long-term purposes, such as education, training, or national service. Young people would be encouraged to participate in decisions about how to invest their accounts.

Such a scheme would require significant redirecting of existing money transfer programs, but other more readily achievable steps can reduce poverty as well. These include various strategies for reducing adolescent pregnancy, setting and enforcing (through automatic income withholding) adequate child support standards, providing more affordable and high-quality child care options, and restoring affordability to higher education. Increasing the supply of more affordable and safe housing is also critical: a study for the Institute for Educational Leadership reported that those living in poverty pay proportionately between two to four times as much for their housing as do those not living in poverty.[18]

In 1990, the White House strongly considered a package of such antipoverty measures but rejected it.[19] The package would have included large-scale intervention at the community level; expanded family planning services based on in-school clinics; more tax credits for the working poor; establishing national minimum child support benefit standards and federal funds as a backup for delinquent or indigent fathers; consolidation of government field offices to provide single point of service for aid recipients; more uniform welfare, energy assistance, and food stamp regulations; and a new block grant for investment in economically disadvantaged children. White House sources said one reason for rejecting the investment in economically disadvantaged children was that although the payoff could be large, the rewards were not likely to be immediate.

In Memphis/Shelby County, Tennessee, the Free the Children program is an example of the kind of intensive community intervention that is possible.[20] Free the Children started with a door-to-door census of local residents in target poverty areas to ask for residents' ideas about what to do. The project deployed nurses to the area for health assessments and follow-up, constructed new homes and taught residents how to remodel homes, and aggressively placed adults in education and training programs. Initially, 125 families were helped at a cost of $1.85 million.

While perhaps not an approach for all locations, new child support policies in North Carolina and Florida are using different enforcement techniques too.[21] Persons falling too far behind in child support payments may find their faces on Old West style "wanted" posters in public places. The approach is credited with increasing collections in Florida by 22% since being inaugurated in the fall of 1989.

Making Family Supports Available

In a review of 41 support programs for families with adolescents conducted for the Carnegie Council on Adolescent Development,[22] Small found that few programs addressed the needs and diverse learning styles of nonwhite, nonmiddle class, or nontraditional families. Most support programs were really parent education more than family support, designed to be short-term, fairly didactic and curriculum-based, and assuming a fairly high level of reading ability on the part of family members. While the age differentiations were not mentioned, reference was made to issues such as drug use, sexuality, and developmental changes best being addressed in the "preadolescent period (approximately ages nine to 12)."

A comprehensive family support program for families with young adolescents might be a drop-in center providing parent education, developmental assessments, help with parents' education and job training, access to health care, and other services. An apt example is Connecticut's Parent Education and Support Centers, one of the few state programs that expressly targets parents of children 0 to 17. Since the budget for this program in 1987 was just $300,000, a very low budget for such a broad scope, it is not surprising there is no evidence that the special needs of young adolescents are a particular focus. By comparison, the two largest state-based efforts serving families with preschool children, Minnesota and Missouri, were funded that year at roughly $18 million and $11 million, respectively.[23]

In 15 sites in Atlanta, Indianapolis, and Oakland, the National Congress of Black Churches provides another program example that includes parents of young adolescents. Project SPIRIT's goals are to enhance children's academic performance and their self-esteem. The components include 36-week after-school tutorials in reading, writing, and mathematics for children ages six to 12, and a six-hour per week parenting and family counseling program.[24] Another example is provided by San Francisco's Parent Services Project, a private foundation-funded effort housed at state-supported child care centers.[25] Components include parent education, a place for relaxation and social events, and the availability of a variety of social services. Another interesting approach in Connecticut, created by Connecticut's Acts, P.A. 360, Secs. 1-8, 1989, is the New Haven Family Alliance.[26] This is to be an "independent political subdivision of the state," requiring the development of family support centers and a case-managed, family-focused approach to child welfare.

At the federal level, the Early Childhood Education and Development Act passed in 1990 included $429 million for latchkey programs before and after school.[27] Some of these funds could be used to stimulate family support programs of the kinds just

described, but the total amount is clearly inadequate compared to the emerging scope of the need. Also promising, although at a limited funding level, was a new $30 million program in grants to states for "family resource and support programs."[28] Included as part of the Human Services Reauthorization Act of 1990, parent education, outreach, referral, and follow-up, as well as parent involvement in program design and governance, are among the required services.

Among employers, Hawaii and Colorado are taking the public sector lead in making it possible for state employees to take paid time off to attend school plays, parent-teacher conferences, and in other ways increase their involvement in their children's schools.[29]

As is the case with other types of family support programs, only a minority of workplace efforts provides services specifically relevant to the needs of families with young adolescents. The Family Resource Coalition identified two such programs, the Family and Community project of BRK Electronics in Aurora, Illinois, and the Bank Street College of Education's Work and Family Life Seminar Program.[30] The BRK Electronics program provides counseling, referral, bilingual parent education pamphlets, and a summer day camp in cooperation with the local YMCA, among other services. The Work and Family Seminars Program concentrates on the New York Metropolitan area and includes "living with teenagers" as one of the lunchtime topics companies can request speakers to address.

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Other corporations with promising efforts that can meet the needs of families with young adolescents include Fel-Pro, the auto parts supply company, IBM, and Wegman's, a leading supermarket chain in upstate New York.[31] Among their various family support policies, Fel-Pro offers a summer camp and in-home tutoring for children, IBM has a midday flextime program so parents can visit with children, and Wegman's provides a drop-in center for 100 children from eight weeks to 12 years of age, complete with a petting zoo and computers. Following the state government examples in Hawaii and Colorado, ArkLa Gas in Little Rock, Arkansas, is allowing employees paid time off during school hours to attend school functions involving their children.[32]

Improving Middle-Grades Schooling

At the beginning of the 1990s, some of the most important efforts affecting young adolescents' experiences with schooling are being stimulated by the Carnegie Corporation of New York's Middle Grade School State Policy Initiative, by Lilly Endowment Inc.'s Middle Grades Improvement Project in Indiana, and by the Edna McConnell Clark Foundation's Program for Disadvantaged Youth. The Carnegie program aims to affect state planning and policy climates, the Lilly effort hopes to produce a model of statewide resource networking, and the Clark initiative, through a technical assistance

effort, hopes to produce local lessons on successful schooling for young adolescents in five urban districts across the country.

In addition, by 1993, the National Board for Professional Teaching Standards (NBPTS) plans to have available a voluntary certification in Early Adolescence/ Generalist that would be awarded to teachers with three years experience who have demonstrated their abilities through a variety of rigorous and innovative assessments. Middle-grades teacher preparation efforts also are receiving increased attention because of the NBPTS initiative, the grantmaking of the DeWitt Wallace-Reader's Digest Fund, and spin-offs from the above-mentioned middle-grades reform efforts. All these efforts hold great promise for genuine change in how schooling is conceived and provided to young adolescents.

There are a number of other important developments that, while less focused on the middle grades, have the potential for significantly affecting middle-grades schooling. For example, the North Carolina Teaching Fellows Program, the first of its kind,[33] offers full scholarships in return for recipients teaching for four years in the state; 20% of 1989 recipients were persons of color, but the number of applicants and the minority percentage dropped significantly in 1990,[34] prompting some to suggest that the state university system and the legislature should be more aggressive in pushing the program. Even in this program, however, there is as yet no special recruitment effort for middle-grades teachers.

Kentucky's education reform, stimulated by a state supreme court ruling that the state's school financing system based on property taxes was unconstitutional, calls for the state to set standards but not spell out the means by which individual schools will reach them.[35] It places teacher hiring at the building level; teachers at schools where test scores rise significantly can receive bonuses of up to 45% of their pay. Although New Jersey had already proposed a similar strategy, the New Jersey supreme court ordered the state to provide extra financial aid to poor districts sufficient for them to provide a "thorough and efficient" education to their students, and explicitly ruled out extra aid to wealthier districts that would only tend to maintain disparity.[36]

Florida's Progress in Middle Childhood Education Program (PRIME) specifically acknowledges that young adolescents (defined as nine- to 14-years-old) must "accomplish a number of complex and significant developmental tasks."[37] The legislation provides for additional funding and regulatory waivers so that the middle school concept can be promoted and enhanced. The PRIME legislation explicitly notes that programs are to be established that "recognize the developmental diversity" of young adolescents and their needs.[38]

Wisconsin's children-at-risk statute has provided a model for a number of other states.[39] It guarantees more funds to schools with a certain percentage of disadvantaged youth and requires a plan to provide appropriate services. If the school district has had 50 dropouts or the dropout rate has exceeded 5% in a given year, a plan for remediation must be submitted to the state superintendent. If evaluation shows the alternative program meets certain achievement standards, then the district receives for each enrolled student an amount equal to 10% of the district's basic per pupil funding. One unfortunate note, however, involves the collision of Wisconsin's "Learnfare" law with

this children-at-risk statute. The "Learnfare" legislation stipulates that families lose teenagers' part of welfare for lack of school attendance, but even though the teenagers are often eligible for the alternative programs in the at-risk youth statute, they do not have to be assessed before the welfare sanctions are applied.[40]

Rhode Island's Children's Crusade for Higher Education has already been mentioned and is one of the more provocative ideas emerging in the early 1990s.[41] The program's goals are to reduce the dropout rate in urban areas from 50% to 25% and to increase the number of "job-ready" graduates by 1,600 each year. Volunteer adult mentors will be assigned to every 3rd grader in the state, serving as a mentor to that child for 10 years. From the 7th through the 12th grades, 200 of these young "Crusaders" each year will be employed in summer recreation programs. If the young persons stay off drugs, stay in school, and are not involved in a pregnancy, the program will pay for their college tuition. Among the many concerns is where all the volunteer mentors will be found. The outstanding characteristic of the program is its grounding in a long-term perspective: each child will receive 10 years of mentoring, and the entire program will run for 23 years, affecting a generation of Rhode Island's children. A multimillion dollar initial endowment is being built from the state, businesses, and foundations.

States must aggressively provide such leadership, because early evaluation suggests the pace of local change is very slow. In Arkansas, Maine, Massachusetts, North Carolina, and Washington, only a few districts as of spring 1990 had taken advantage of state offers of waivers from various education regulations, according to the National Governors' Association report, *State Actions to Restructure Schools: First Steps.*[42]

Increasing Mental and Physical Health Promotion

As observed earlier, the proposed year 2000 health objectives for the nation rarely differentiate the young adolescent from other ages. If these objectives provide a similar frame of reference for health initiatives as the 1990 objectives gave to the decade of the 1980s, then this failure to distinguish the physical and mental health needs of young adolescents will be a critical barrier to promoting their healthy growth and development. The special attention that young adolescents need could well be facilitated, however, by the efforts of the National Coalition on Adolescent Health (comprised of national membership organizations) and the National Adolescent Health Promotion Network (made up of individuals and other organizations) sponsored by the American Medical Association and its Department of Adolescent Health.

How national issues are resolved, such as basic provision of health insurance, extension of states' Medicaid authority to older children, the rural health care crisis related to the defunding of the National Health Service Corps, and similar issues, will clearly have an important impact on the health of young adolescents. Approximately $5 billion in tax credits over five years was made available in 1990 in the final days of the 101st Congress for working poor families to purchase health insurance for their children through Medicaid expansion, allowing states to cover children up to their

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19th birthday.[43] However, given that most states projected a need for spending cuts or tax increases already for fiscal 1991, the extent to which states will be able to finance their portion of this expansion remains uncertain.

Many of the most promising initiatives are occurring at the state and local levels, including the Robert Wood Johnson Foundation School-Based Adolescent Health Care Program and the New Jersey School-Based Youth Services Program already mentioned. Battle Creek, Michigan, for example, has developed, with support from the W.K. Kellogg Foundation, a comprehensive Healthy Lifestyles Program, coordinated in both the public and private K-12 schools.[44] The key principle of the program is that teachers and other school staff are health role models for their students. A third of the community's public and private school staff attended a four-day summer health promotion workshop designed to highlight the importance of the teacher as an example of healthy behavior. Student curricula and parent outreach were also included. The program targetted nutrition, fitness, substance abuse, and stress management, and 3rd and 6th grade evaluations are expected soon.

The Healthy Children Project of Harvard University's Division of Health Policy Research and Education helps with the community assessment and program planning that could lead to a Battle Creek style effort.[45] Healthy Children's priorities include school-based primary care and attention to adolescent pregnancy prevention. The program looks at issues that cover the entire birth to 18 period, but the approach could be modified to provide greater focus on the early adolescent years.

Illinois' Parents Too Soon program, a public-private collaboration involving the nonprofit Ounce of Prevention Fund, and the state's Departments of Public Health, Public Aid, and Children and Family Services, has been credited with contributing to an 18% decline in adolescent parenthood over five years. The program was a winner of the Ford Foundation/Kennedy School of Government Innovations in State and Local Government Awards Program.[46] In all, 10 state departments are coordinating. For example, if the Department of Public Health issues a request for proposals, an interagency team reviews applications and decides on funding, not just the public health staff.[47]

New York State's Neighborhood-Based Initiative is another promising example, although it was inadequately funded in 1990.[48] Funds are awarded to communities that design the best plans for coordinating a variety of health and social services at the neighborhood level to provide single points of service access for those living in poverty.

Those who care for and about young adolescents need to define "mental and physical health promotion" quite broadly in order to meet young adolescents' development needs. A classic study of how young adolescents in Oakland, California, used their time showed that neighborhood libraries were one of the most important out-of-school resources, used even more often by children from low-income neighborhoods than by children from upper-income neighborhoods.[49] Data from Chicago show that there are twice as many children per library in neighborhoods with

a median average income under $25,000 as there are in neighborhoods with a median income over $25,000; yet more than twice as much money per child is spent on libraries in those upper-income neighborhoods.[50] It is the same story with parks, another favored place for young adolescents from all socioeconomic strata: there are 10 times as many youths per park acre in poorer neighborhoods as there are in the upper-income neighborhoods; yet the park facilities themselves are in significantly worse repair.[51] Although targetting more money to these resource-poor neighborhoods is not the only answer, no answer will be complete without more resources either.

Increasing Opportunities for Service and Impact

While no state and only a small percentage of districts as of 1990 required community service for high school graduation, the climate is largely working to promote that eventual development. Service and opportunities for community connection, as noted earlier, are among the key recommendations in practically all the blue-ribbon commission reports on "at-risk" youth, and the National and Community Service Act was signed into law in late 1990.[52] The $125 million program, the only one of dozens of service bills that included young adolescents as eligible participants, would stimulate a host of service efforts around the country. The more we can encourage this service, apparently, the better: a Gallup survey reported that teenagers 14-17 are not only volunteering slightly more than adults (58% to 54%), but that 69% of those whose schools encouraged service actually volunteered, versus just 44% in schools where service was not especially encouraged.[53]

There are endless examples of how we can provide as well as promote caring and a sense of community among young people. The following is just a sampling of the many efforts being conducted across the country.

- The Magic Me program in Baltimore pairs at-risk middle-grades youth for the school year with nursing home residents.[54]
- In the Valued Youth Partnership in San Antonio, the Coca-Cola Company and the Intercultural Development Research Association are serving a primarily Mexican-American population through a mentoring initiative.[55] Seventh and 9th graders, as well as high school students, are given extra help to sharpen their math and reading skills and then work, at minimum wage, at a nearby elementary school with younger Latino students. Instead of an expected dropout rate of 45% among these youth, only 4% of the tutors have dropped out of school.
- The principal of the Challenger Middle School in Colorado Springs created HUGSS — Help Us Grow Through Service and Smiles. The school of 900 is divided into nine academic teams, with each team adopting a community agency for school year service projects. The academic curriculum is realistically woven around these community service experiences.[56]

- In Alaska, many of the Governor's Commission on Children and Youth recommendations that resulted in new funding were developed from the testimony of young people from around the state, including 10- to 15-year-olds, and the Commission awarded $30,000 in funds to youth-designed and led prevention programs in junior and senior highs.[57]
- In Washington, high school seniors who have been through the Governor's Summer Citizenship School work with at-risk middle school students and their teachers/advisors to design and conduct community leadership projects that run throughout the school year.[58]
- The Lutheran Brotherhood has developed a social studies program, Speak for Yourself, that encourages 7th and 8th graders across the nation to reflect on current issues and then share their opinions with government leaders.[59]
- Now in a number of communities, the Early Adolescent Helper Program works with schools to place 10- to 15-year-olds in service settings such as Head Start or senior citizen centers. The program has documented the positive effects on Head Start children,[60] and its success has led to its expansion as the National Center for Service Learning in Early Adolescence.
- In Detroit, young adolescents are caring for each other in Twelve Together, a program of the Metropolitan Detroit Youth Foundation.[61] Hundreds of at-risk 9th graders are organized into peer helping groups of a dozen each who, with adult volunteers, hold 30 meetings during the school year, including one parent reception and six monthly academic forums. Peer counseling occurs in the offices of businesses that have adopted each group. Four years later, the graduation rate of these Twelve Together youth is 12% to 16% higher than that of control groups.
- The Teen Outreach Program of the Association of Junior Leagues combines curriculum-based life-skills instruction for 7th to 12th graders with volunteer community service. A study of its impact across 35 sites showed that although program participants entered the program with more problems than comparison youths, they exited with fewer problems, such as involvement in a pregnancy, school course failure, or suspension from school.[62]
- The Indiana Black Expo, Inc., designs programs that empower adolescents to help themselves, including holding Youth Empowerment Summits on economics, politics, African-American culture, education, and the entertainment industry, and Youth Financial Literacy Workshops aimed ultimately at helping Indiana's youths create their own Youth Credit Union.[63]
- The Children's Museum in Boston has an Early Adolescent Program for nine- to 15-year-olds, including adolescent-designed exhibits, a Youth Advisory Board, and after-school and Friday evening free workshops on rap music and recording, video improvisation, fitness, job opportunities for young artists, and much more.[64]
- The numerous KidsPlaces around the country have already been mentioned. These boards of 11- to 15-year-olds examine the conditions of growing up in

those communities and make recommendations to the community leaders about how to improve the communities. For example, Minneapolis is setting its children's agenda through a communitywide City's Children: 2007 initiative. In May 1990, the Seattle KidsPlace hosted a national gathering of scores of these city- and state-based children's efforts.

In East Los Angeles, red and blue trash cans have been banned from schools because they are colors with gang associations.[65] We are not going to get rid of gangs or the reasons for gangs by banning trash cans. This is an example of a too-frequent policy response — treating the superficial symptom rather than the underlying cause.

We cannot keep young people's hopes and expectations high, if we ourselves are willing to settle for less.

Ultimately, it is at the community and the neighborhood level that we must determine how well we are meeting the needs of our youth and young adults, and it is at this level that the most powerful steps can be taken. Is it naive to suggest that gangs could be challenged to play the analysis and reconstructing role that KidsPlace groups have played elsewhere in improving their cities? Perhaps not. There is evidence that communities and neighborhoods with a variety of youth involvement programs have lower delinquency levels.[66]

We must continue to be filled with hope for such programs, or else we will inevitably fall victim to the overwhelming scope of the task before us. We cannot keep young people's hopes and expectations high, if we ourselves are willing to settle for less.

SECTION 5

Making a Difference

The trends that are going to shape young adolescents' lives in the 1990s are powerful and already in evidence. The statistical data that point to an increasing proportion of young people being at risk of failing at school, abusing drugs, becoming pregnant, and other woes are more than just sobering. As Lipsitz warns, "Early adolescence as a societally sanctioned time in the life span is under threat of annihilation among racially and economically identifiable groups of children."[1]

In young adolescents themselves, there is the hope of positive possibilities. In communities across the country, young people, with adult help and support, are contributing mightily to their own improved well-being through leadership and community involvement. Many states, businesses, and private foundations, and several committees of Congress are providing vehicles for helping prevent these problems.

But these efforts, although positive and even inspiring, are simply not enough. There is no national policy for promoting the healthy growth and development of young adolescents, older adolescents, or any other age group of children. There are no states and few communities with such comprehensive policies and the resources needed to implement them, although some states and some communities are doing more than others. This report has described pockets of initiative, examples of policy and program efforts that respond to young adolescents' developmental needs. It has presented an overall policy framework that recognizes the fundamental role of poverty, family supports, and similar social issues on the well-being of individual young adolescents.

Our knowledge of what to do is not at issue. We do not need more needs assessments. At issue is what we — as parents, as concerned citizens, as communities and states, as a nation — are willing to sacrifice in order to provide for children and youth the resources that are needed.

The evidence is mixed. For example, Pinellas and Dade counties in Florida have for many years been special children's services tax districts, in which voters regularly assess themselves extra taxes that are dedicated solely for children's services.[2] However, similar though not entirely comparable efforts, Washington's

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Children's Initiative and one in Michigan, were defeated in the 1989 elections, with the pro-tax forces in Washington getting only 34% of the vote.[3] Efforts to expand this approach in Florida, where it began, also have been mixed.[4]

Apart from these initiatives, we are left with the basic notion of who cares for the young adolescent, and in the rapidly changing United States of the 1990s, what is the role of the community as a whole in providing this caring? Perhaps in our nation of increasing diversity, the notion is best expressed in the Inupiat Eskimo tradition of everyone in the village helping to prepare our children for success. Edwin Joyiens, of Argus Community, Inc., in New York City's South Bronx, talked about the necessity of expressing "angry concern" to young people who are slipping.[5] Similarly, a "mother-sister," she was called, barked neighborhood advice out the urban window in Spike Lee's 1989 movie, *Do The Right Thing*.

Like Spike Lee's "mother-sister," in order to prepare our children for success, the rest of us need to show this watchful angry concern, in addition to figuring out the complex strategies for reducing the federal deficit or reforming American schools. Those things are necessary, but policies and programs that best meet the developmental needs of young adolescents must be characterized more by their intimacy than by their complexity. Leo Buscaglia wrote that "it takes two to see one . . . everybody else in the world is going to let you go around all day with dirt on your nose. The person who loves you is going to say, 'hey honey, you have dirt on your nose.'"[6]

As we construct the complex strategies and make the difficult public policy choices, let us also remember the role of our private choices, and lovingly tell young people when they have dirt on their noses. Let us show angry concern. Let us create what Arkansas Department of Health Director M. Joycelyn Elders called a "bridge of hope to our children, then give them the ability to cross that bridge."[7] Let us find a way for ***everyone*** in the village to help prepare ***all*** our children for success. If we can do these things, then we will have done more than just make progress. We will have made a difference.

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About the Center for Early Adolescence

Founded in 1978, the Center is a part of the School of Medicine of the University of North Carolina at Chapel Hill. The Center is the only multidisciplinary resource in the nation with the mission of promoting the healthy growth and development of young adolescents in their homes, schools, and communities. The Center fulfills this mission by advocating for young adolescents and providing information services, research, training, and leadership development for those who can have an impact on our nation's 10- to 15-year-olds.

The Center's programs include major initiatives in adolescent literacy, urban middle-grades reform, middle-grades teacher preparation, and comprehensive programming. The Center's training institutes for community leaders across the country focus on parent education and program planning for young adolescents, as well as numerous custom-designed trainings and consultations. The Center makes available more than 30 program resources through its publications catalog. Center staff members deliver dozens of conference keynote speeches each year, respond to thousands of requests for information about early adolescence, and consult with leading youth-serving organizations, governmental agencies, funding institutions, and the media in order to better the lives of young adolescents.

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