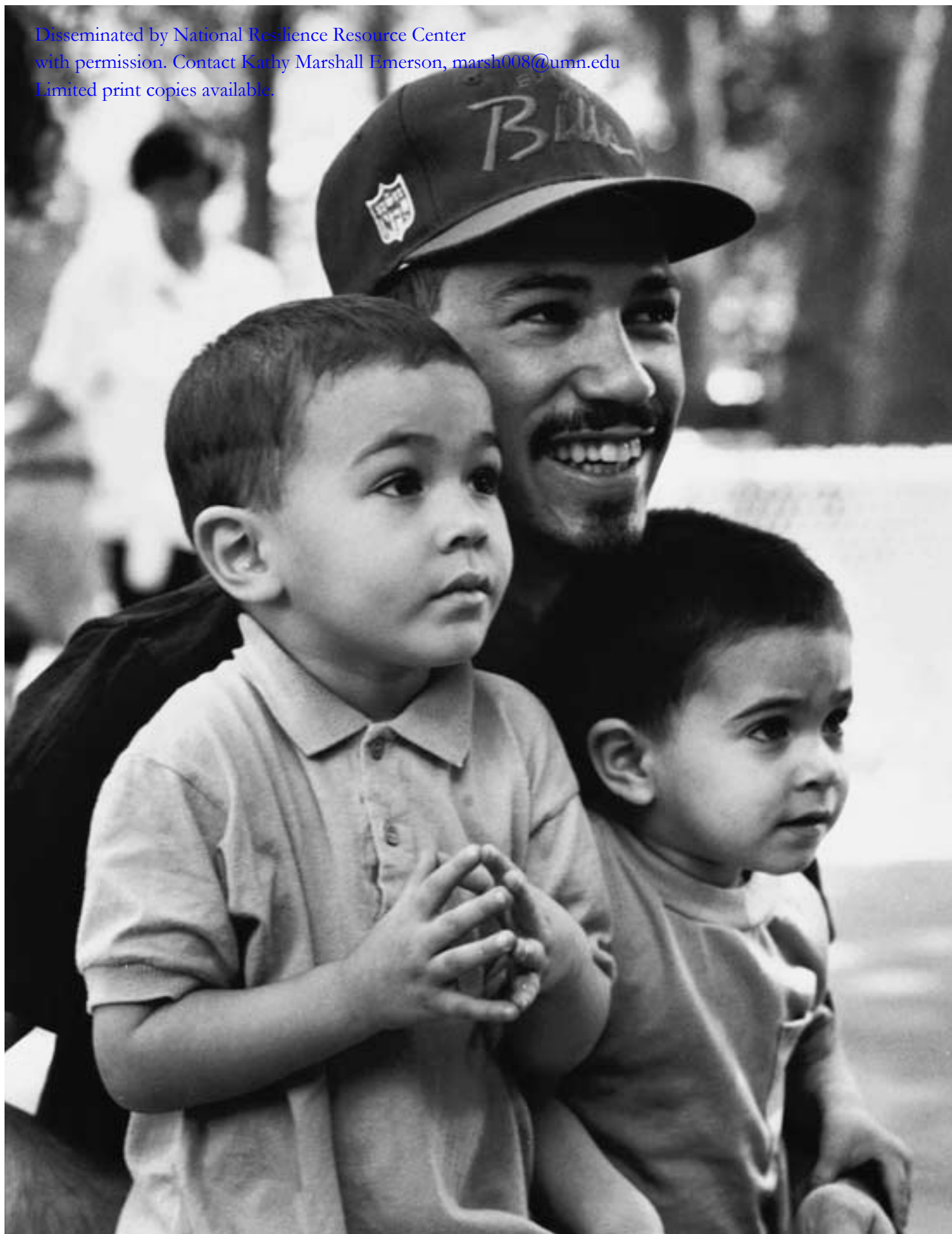


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A DEVELOPMENTAL STRATEGY FOR LIFELONG BENEFIT

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What are the essential requirements for healthy development, and what are the principal opportunities for meeting these requirements? In what ways can families be strengthened to meet the developmental needs of children and youth? What extra-familial influences can help to meet them?

Finally, what information, skills, and professional services can be brought to bear in ensuring healthy development under contemporary American conditions?

THE CHANGING AMERICAN FAMILY

From time immemorial, the family has been the fundamental unit responsible for the health, education, and general well-being of children; indeed, the family has been the central organizing principle of societies everywhere. But in the United States, the structure and function of families have undergone profound changes in just the past 30 years. Some of the changes represent new opportunities and tangible benefits. Others place the well-being of children in such jeopardy as to pose a major problem for the entire society.

Stable, close-knit communities where people know each other well and maintain a strong ethic of mutual aid are not as common as they once were. Young people having children are less experienced caring for their offspring than were those of predecessor generations. Many start new families without the knowledge, skills, or confidence to carry out the enduring responsibilities of competent parenthood.

For growing children, the intellectual and social tasks they must master are far more complex than they

were in the small, simple societies of their ancestors.

In this time of accelerated change, family life has been subjected to severe strains. With such dramatic shifts in the nature of family life, it is not surprising that surveys indicate that American parents across all social classes are troubled about raising their children. Two-thirds of them report they are less willing than their own parents were to make sacrifices for the next generation.

A major consequence of this metamorphosis has been that children are becoming a responsibility shared by members of the family with other individuals and institutions.

Just as the economic functions of the family moved out of the home early in the Industrial Revolution, so is child care to a large extent moving outside the home. A child's development is less and less under parents' and grandparents' direct supervision and increasingly in the hands of near strangers. The people who can meet the fundamental developmental needs of children and adolescents are usually available within the young person's immediate family, often augmented by relatives. But other adults — health care providers, teachers, community and church workers, even business leaders — now must help provide the necessary conditions for healthy development.

CONDITIONS FOR FOSTERING HEALTHY DEVELOPMENT

A good start is the beginning of hope. A poor start can leave an enduring legacy of impairment, and the high costs may show up in the various systems of health care, education, and juvenile justice. We call these impairments by many names: disease, disability, ignorance, incompetence, hatred, violence. By whatever name, such outcomes entail



severe economic and social penalties for the entire society.

During their earliest years of growth and development, children need dependable attachment to parents or other adult caregivers; they need protection, guidance, stimulation, nurturance, and skills to cope with adversity. Infants, in particular, need caregivers who can promote attachment and thereby instill the fundamentals of decent human relationships throughout the child's life. Young adolescents, too, need to connect with people who can guide their momentous transition to adulthood with sensitivity and understanding.

In an ideal world, all children grow up in an intact, cohesive, nuclear family that is dependable in every crunch. They flourish in a multifaceted parent-child relationship with at least one parent who is consistently nurturing, loving, and able to enjoy child rearing, teaching, and coping. They inhabit a reasonably predictable adult environment that fosters gradual preparation for adult life. They have supportive, extended family members who are available to lend a hand. They are part of a supportive community, whether it be a neighborhood, religious, ethnic or political group, but some larger group beyond the family that is helpful.

Conditions such as these greatly enhance the odds that a young person will pursue lifelong learning, acquire constructive skills, have good health, and develop valued human attributes, including pro-social behavior. They provide a tangible basis for envisioning an attractive future and for taking advantage of opportunities.

Approximating these optimal conditions is an immense task for the parents or other caregiver in any family. For single parents struggling alone, the challenge is exceedingly difficult. Child raising takes time and care, protection and guidance, experimentation, and learning from experience. Above all, it is an enduring commitment — one that

is fundamentally rewarding if often frustrating.

The institutions beyond the family that have the greatest influence on child and adolescent development are the schools, community organizations (including religious ones), health care institutions, and the media.

Are there a few essential requirements for healthy development that most families can meet with the support of these pivotal institutions?

Within the scientific and professional communities, an important consensus has emerged on ways that parents and others can cooperate in coping with the developmental needs of children and young adolescents. Evidence is accumulating that a range of preventive interventions can set a young person on the path toward healthy, constructive adulthood. Beginning with early and comprehensive prenatal care, these measures include:

■ well-baby medical care, with an emphasis on disease prevention and health promotion;

■ home visits by human service professionals, especially in homes with very young children;

■ parental education to strengthen competence and build close parent-child relationships;

■ parent support networks that foster health and education for

their children and themselves;

■ child care of high quality outside the home, especially in day care centers;

■ preschool education, modeled on Head Start, that combines parental involvement with disease prevention and the stimulation of cognitive as well as social skills; and

■ enhanced elementary education and middle-grade education that is developmentally appropriate, fosters fundamental skills, and encourages good health practices.

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Altogether, such opportunities have strong potential to prevent damage of many kinds as reflected in indices of health and education.

FOSTERING HEALTHY DEVELOPMENT IN THE EARLIEST YEARS

PRENATAL CARE. Now weak or absent from at least a quarter of pregnant American women, prenatal care has a powerful capacity to prevent damage, including brain damage, that can lead to so many tragic outcomes. At its best, prenatal care is a two-generation intervention that serves both children and parents, provides social supports, and incorporates vigorous outreach efforts to bring young women into prenatal care early.

In addition to medical care of the mother and the developing fetus, an essential component of good-quality prenatal care is education of the parents. Prenatal education makes use of the distinctive motivation of the pregnant mother as well as the young father to strengthen their knowledge and skill in caring for themselves and their prospective baby. In combination with social support services, which can link clients to job training and formal schooling, among other benefits, prenatal education can substantially improve prospects for the future of the young family.

Especially in poor communities, young parents need a dependable person to provide social support for health and education through the months of pregnancy and beyond. This can be organized in a systematic intervention, drawing upon women who are from the community and have relevant experiences in child rearing. When provided with a modicum of training and supervision, they can give support and practical guidance to poor young mothers.

CHILD CARE. As child rearing moves beyond the home, the quality of outside care becomes crucial. The vast

majority of responsible parents are eager to ensure that such care facilitates their child's healthy development. The crucial factor in quality of care is the nature and behavior of the caregiver. Just as parents want a competent doctor, so do they desire a capable caregiver who can understand and meet their child's developmental needs. But such a person is difficult to find, even for affluent parents.

With the surge in demand for child care, those trying to provide it have eagerly sought to develop competent caregivers. Even with the best of intentions, this field has been characterized by low pay, low respect, minimal training, minimal supervision, and extremely variable

quality. Although most child care workers try very hard to do a decent job, the plain fact is that many of them do not stay in their positions very long, and this in itself puts a child's development in jeopardy. Especially for young children, for whom dependable long-term caretaking relationships are crucial, such staff turnover is all too common.

In 1994, the Carnegie Corporation task force report, *Starting Points*, spelled out the importance of four basic approaches in meeting the needs of the youngest children:

- preparation for responsible parenthood;
- preventive health care;
- the strengthened quality and availability of child care, for example, through cooperative networks and professional training; and
- stronger community supports for families.

The report suggests ways of mobilizing communities for children. The achievement of intersectoral cooperation toward the well-being of children is difficult but not impossible. Agents of change include family-child resource centers: federal, state, and local councils for children that include educational institutions, relevant professions, business, and media.





Together, they can assess specific needs and formulate ways of meeting them, as well as seeking ways to integrate services, for example, by linking educational, health, and social services in community schools.

EARLY ADOLESCENCE: A TIME OF OPPORTUNITY AND RISK

Early adolescence is one of the most striking developmental experiences in the entire life span. What does this transition mean? It means going beyond childhood toward the distant goal of becoming an adult. There is a chasm between these two great phases of life, and it takes a mighty leap to get across. How do our children learn to make the leap? What help do they need in making it? Who helps — or fails to help — in this risky process? Why do so many fall into the chasm, never making it to healthy, constructive, productive adult life?

The Carnegie Council on Adolescent Development, formed in 1986, illuminated this sadly neglected but fateful phase of life, sounding a powerful alarm for the nation in its concluding report, *Great Transitions*. Most of the report describes and illustrates practical measures that can usefully and feasibly be taken to prevent the damage now crippling so many lives.

The problems adolescents face are occurring across all of the youth population; no part of the society is exempt from the casualties. Among the more disquieting signs is the emergence in younger adolescents of very high-risk behaviors that were once associated with older groups: early smoking, early alcohol use, early sex, early alienation from school, even early involvement with deadly weapons.

Early adolescence is a time of profound biological transformation and social transition characterized by exploratory behavior, much of it adaptive and expected. But carried to extremes — especially if they become habitual — such behaviors can have lifelong consequences. Danger-

ous patterns, in fact, often emerge during these years.

Initially, adolescents explore these new possibilities tentatively, with the experimental attitude that is typical of adolescence. Before damaging behavior is firmly established, therefore, there is a unique opportunity to prevent lifelong casualties.

What does it take to become a healthy, problem-solving, constructive adult? Young adolescents on an effective developmental path must:

- Find a valued place in a constructive group;
- Learn how to form close, durable human relationships;
- Earn a sense of worth as a person;
- Achieve a reliable basis for making informed choices;
- Express constructive curiosity and exploratory behavior;
- Find ways of being useful to others;
- Believe in a promising future with real opportunities;
- Cultivate the inquiring and problem-solving habits of the mind necessary for lifelong learning and adaptability.
- Learn to respect democratic values and responsible citizenship; and
- Build a healthy lifestyle.

The work of the Carnegie Council consistently addressed ways in which these requirements can be met by a conjunction of front-line institutions that powerfully shape adolescent development, for better and worse. They begin with the family but include schools, the health sector, community organizations, and the media. How can we move the balance of these influences from worse to better? The Council's recommendations for each of these institutions are not utopian or hypothetical. Working models can be observed in some communities, a few of which have been scrutinized by evaluative research. The challenge is to expand them to meet the nation's needs.

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STRENGTHENING FAMILIES FOR ADOLESCENT DEVELOPMENT

Parental involvement in school activities declines steadily as children progress to middle school and later to high school. School personnel often discourage such involvement, and, after a child reaches middle-school age, parents think it is inappropriate or do not make the time.

Schools should regard the families of students as allies and cultivate their support. Together with other community institutions, they can create parent support groups, parent education programs, and education for prospective parents. Parents, for their part, must recognize the need to remain actively engaged in their adolescents' education.

Additionally, employers, both public and private, can pursue more family-friendly policies for parents with young adolescents. Health professionals, moreover, should be more active in helping parents understand ways of renegotiating their relationship with their developing adolescent, so that they remain deeply interested and supportive while moving toward more adult-to-adult modes.

CREATING DEVELOPMENTALLY APPROPRIATE SCHOOLS

Research has shown the value of developmentally appropriate education for children and young adolescents, which means that the content and process of learning should mesh with the interests and capacities of the child. Specifically, this means the creation of schools of small units, or schools within schools, which can offer sustained individual attention to the developing adolescent in the context of a supportive group.

In such schools, students learn decent human relations through the techniques of cooperative learning and super-

vised community service. Curiosity and thinking skills are stimulated through study of the life sciences. Education and health are linked, each nourishing the other.

The life sciences, emphasizing a distinctively human biology, can provide a salient organizing principle for middle-grade education. These sciences can tap into the natural curiosity of young adolescents, who have good reason to be interested in development since they are experiencing the early adolescent growth spurt. A curriculum focused on human biology should naturally include the scientific study of behavior, particularly behavior that bears strongly on health throughout the life span.

Connected to life-skills training and social supports, courses in the life sciences can diminish the likelihood that a young person will engage in health-damaging behaviors.

SCHOOLS AS HEALTH-PROMOTING ENVIRONMENTS

Middle-grade schools should provide clear examples of health-promoting behavior, means of social reinforcement

for such behavior, and encouragement of healthful habits. They should clarify the nature of good nutrition in the classroom and serve nutritious food in the cafeteria. They should be smoke free and offer programs to help students and adults quit smoking. Demonstrating the effects of alcohol and illicit drugs on the brain and other organs should be an integral part of education and school practices.

Physical fitness should be a matter of pride for all in the school community. Opportunities for exercise and athletics should not be limited to varsity competition. Schools should join with parks and recreation departments to provide a variety of physical activities, so that every student can participate.

Schools must be safe places. Stopping violence, drug dealing, and the carrying of weapons in and around schools





is an urgent challenge. Nonviolent conflict resolution should become a vital part of curriculum and school practices. Indeed, the curriculum and school practices should be closely allied over the whole range of health-relevant behavior.

ENSURING ACCESS TO HEALTH SERVICES

There is a serious unmet need for accessible health care among young adolescents. Health clinics — established at or near schools — should be clearly recognizable to middle-grade students and be “user friendly.” Local option is important in order to recognize and respect the diversity that exists among American communities. Although sexual behavior is controversial, reproductive health is a modest but significant part of adolescent health. This cannot be avoided in the era of AIDS and adolescent pregnancy.

It is essential to give health and education professionals a thorough understanding of the developmental needs and behavior-related problems of adolescents. Historically, the relevant professions have been skimpy in preparing for the specific needs and opportunities of this crucially formative phase.

LIFE-SKILLS TRAINING

Middle-grade schools can provide their students with knowledge and skills to help them make informed, deliberate decisions. Such information, combined with training in interpersonal skills and decision making, can help students:

- Resist pressure from peers or from the media;
- Relieve distress without dangerous activity;
- Learn how to make friends if they are isolated; and
- Develop and use conflict resolution skills to avoid violence, yet assert themselves effectively.

Such life skills are pertinent to a wide range of health-

relevant behavior and especially to the prevention of smoking and other substance abuse in early adolescence.

SOCIAL SUPPORTS IN EARLY ADOLESCENCE

A variety of organizations and institutions can provide supplements or surrogates for parents, older siblings, and an extended family. Across the country, there are many examples of such interventions. Some are based in churches, such as the initiatives of the Congress of National Black Churches; some are based in community organizations, like the Girls Clubs. Others involve youth service, like the

Campus Compact based in colleges and universities; still others are based in minority organizations.

The central point is that churches, schools, community organizations, and businesses can build constructive social support networks that attract disadvantaged youngsters. These networks can foster health, education, and the capacity to be accepted rather than rejected by the mainstream society, and they can offer young people healthy alternatives to substance abuse and gang membership.

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OPPORTUNITIES IN THE NONSCHOOL HOURS

Communities must provide attractive, safe, growth-promoting settings for young adolescents during the out-of-school hours — times of high risk when parents often are not available to supervise their children.

More than 17,000 national and local youth organizations, including those sponsored by religious groups, now operate in the United States, but they do not adequately provide opportunities for this age group. These organizations must work to expand their reach, providing attractive and enjoyable opportunities for youth, offering more activities that convey information about life chances, careers, and places beyond the neighborhood, and engaging them in



community service and other constructive activities that foster education and health.

CONSTRUCTIVE POTENTIAL OF THE MEDIA

The undeniable power of the media could be used far more constructively than it is in the lives of young adolescents. Families, schools, and community organizations can help young people become “media literate” so they can examine media messages thoughtfully and critically. Public and professional organizations can work with media organizations in developing health-promoting programming and media campaigns for youth. Such organizations can support social actions that discourage the media from glamorizing violence and sex, as well as drinking, smoking, and other drug use. Independent experts in child and adolescent development, health, and education can link up with news and entertainment leaders, striving for the accurate, informative, and constructive portrayal of youth in the media.

CONCLUDING COMMENTS

Those institutions that have a major shaping influence on the young — family, school, the health sector, community organizations, and the media

— must join forces in adapting to the transforming requirements of the late 20th century. Much could be achieved in this vast, heterogeneous nation of ours if we thought of our entire population as a large extended family, tied by history to a shared destiny and therefore requiring a strong ethic of mutual aid. The central question is: Can we do better than we are doing now?

In the long run, the vitality of any society and its prospects for the future depend on the quality of its people — on their knowledge and skill, health and vigor, and the decency of their human relations. Preventing much of the damage now occurring would therefore have powerfully

beneficial social and economic impacts, including a more effective work force, higher productivity, lowered health costs, lowered prison costs, and much relief of human suffering.

In an era when there is well-founded concern about losing a vital sense of community, the initiatives sketched here can have the profound collateral benefits of building national solidarity, a mutual-aid ethic, and a reasonable basis for hope among people of all ages.

What can bring us together better than our children?

If there were any mission more important, what would it be?

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