Creating Positive Youth Environments
Dear Champion for Youth,

Someone recently asked me why we should invest in adolescent health. I thought about it a minute, then responded that young people are the “us” of tomorrow. They are our future neighbors, colleagues, supervisors and teachers of our children and our grandchildren. This means that youth development is community development!

The paradigm is shifting. Don’t you feel it? Are you on board? If not, it’s time to get with it!

You’ve taken the first step. Picking up this booklet will help you understand this different way of thinking and how to promote positive youth environments. Below are some terms that illustrate the paradigm shift.

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It’s time to focus on promoting positive youth environments as opposed to focusing on the problem behaviors of young people.

The purpose of this booklet is to support your work creating positive youth environments by
- increasing your knowledge of relevant issues;
- identifying opportunities for positive change; and
- urging you to take action!

Thank you for picking up this booklet and taking the first step toward creating positive youth environments that are safe, inclusive, affirming, supportive and accepting! If you would like to learn more, e-mail us at cdphe.pscash@state.co.us or go to http://www.cdphe.state.co.us/ps/edolschool/index.html.

Sincerely,

Anne-Marie Braga, Director
Adolescent Health Program
Positive Youth Environments are Safe
Positive Youth Environments are Safe. Families and communities are free from violence, physical, mental, and emotional harm, abuse, exploitation, and coercion. Environments have safe places for youths to play, to learn, and to live. Environments promote healthy lifestyles and provide meaningful alternatives to health-damaging behaviors. Policies and laws protect the health and safety of youth communities, families, and individuals.

- Every seven hours a child or teenager was killed in a firearm-related accident or suicide in 1999 (Centers for Disease Control & Prevention [CDC], 2001a). Homicide is the second leading cause of death for people 15 to 24 years of age and is the leading cause of death for African Americans (CDC, 2000a).
- Serious violent juvenile crime has declined (National Research Council and Institute of Medicine, 2002).
- Forty percent of American households with children under age 18 have guns (Peter Hart Research Associates, 1999). The risk of homicide in a home is tripled with the presence of a gun (American Bar Association, 2002).
- Fewer youths are carrying guns and weapons (CDC, 2001b).
- Intimate partner violence among teenagers is prevalent—one quarter of eighth- and ninth-grade students have experienced dating violence, and 8% have been victims of sexual violence on dates (CDC, 2006).
- Prevention programs for youths can be successful at changing attitudes, perceptions, and behaviors related to dating violence (Advocates for Youth, 2006).
- Youth exposure to chronic community violence is related to increased levels of acting out and aggression (Osofsky, 1999).
- Well-supervised after-school recreational programs and service facilities can substantially reduce juvenile crime, drug use, vandalism and community violence (Cornell, 1999; Thurman, Gazmiani, Reising, & Mullen, 1999).
- Most child abuse is committed in the home by people known and trusted by the child. An estimated 826,000 children were victims of abuse and neglect in 1999 (U.S. Department of Health and Human Services, 1999).
- National rates of child abuse and neglect have been declining (U.S. Department of Health and Human Services, 1999). Comprehensive prevention programs can be effective.
- Abandoned buildings and vacant lots in neighborhoods are unsafe because they are often harbors for waste and fire hazards, as well as sites of criminal activity and prostitution.
- Federal and local innovative community revitalization projects can create safer neighborhoods by converting abandoned buildings and lots into community centers, gardens, or playgrounds.
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- Substandard environmental quality is correlated with respiratory illness, cardiovascular disease, and cancer (U.S. Department of Health and Human Services, 2000). People living in poverty and members of ethnic minority groups are at greater than average risk of exposure to environmental hazards. Asthma is the number one cause of school absenteeism (Johns Hopkins School of Hygiene and Public Health, 2000).

  Environmental policies and regulations can help reduce pollution and protect public health (Natural Resources Defense Council, 2001).

- Tobacco industries specifically target youths, ethnic minority communities, and women. Billboards advertising tobacco products are placed in black communities four to five times more than in white communities (American Heart Association, 2001). Fifty percent of smokers begin using tobacco by age 14. (American Legacy Foundation, 2000).

  Smoking rates among teens and adults could be reduced by half within the decade if current knowledge about effective approaches were fully implemented (U.S. Public Health Service, 2000).

References


National Research Council and Institute of Medicine, Committee on Community-Level Programs for Youth. (2002). Community programs to promote youth development. Washington, DC: National Academy Press.


Community Checklist for Safety:

- Structured after school educational and recreational programs accessible to all youths
- Designated “safety zones” or sanctuaries for youths that are supported by the community
- Community and school-based prevention programs focusing on family, youths, and gender-based violence
- Proactive programs that help parents and families develop positive conflict resolution strategies and positive communication styles
- Prevention and treatment services for correlates of violence including substance abuse treatment, mental health treatment, and supportive services for youths, adolescents, and their families
- Emergency and social services that are sensitive and responsive to youths, their families, and the community
- Adequate legal and service protections for adolescent victims of violence
- Adequate policies and awareness initiatives related to gun control
- Adequately monitored routes and pathways that youths travel to school and other places where youths frequent
- Existence and enforcement of policies that delimit the deliberate targeting of youths in unhealthy practices
- On-going effective campaigns and visible outreach activities and messages that model and promote good health habits
- Adequate policies and monitoring systems for pollution, toxic waste dumping, lead poisoning, and other environmental hazards
- Implementation of community revitalization and “clean up” projects

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Tips on Things You Can Do

- Organize community clean up crews to address safety hazards in vacant lots and other areas.
- Create/participate in coalitions that include youths, families, service providers, and law enforcement in creating safety zones/community centers that offer safe havens for young people.
- Work with schools and communities to expand structured programs for young people.
- Implement school/community-based mediation programs to provide youths with a venue for conflict mediation and resolution.
- Conduct workshops and training for youths, families, and school and service personnel on gender-based violence.
- Use school/community billboards, local newspapers, agency mailings, and electronic resources to increase awareness of available prevention, treatment, and emergency services and hotlines.
- Partner with advocacy groups working on policies related to gun control and antiviolence initiatives.
- Work with community organizers and policymakers in crafting and implementing environmental protection policies.
- Work with parents, community volunteers, police officials, and school officials to establish a monitoring system for pathways to school and other areas where youth travel or frequent.
Positive Youth Environments are Inclusive
Positive Youth Environments are Inclusive.

Caring communities are invested in the well-being of ALL youths, especially those who are most likely to face challenges. This includes out-of-home youths in foster care, youths who are runaways, and youths in juvenile detention facilities, as well as youths of color, poor youths, lesbian, gay and bisexual (LGB) youths, and youths with disabilities or disabling conditions.

- Youths with disabilities or special education needs often receive inadequate services. An estimated 10.7% of children age 18 or younger have disabilities (Disabilities Statistics Center, 1998). In 2001, more than 600,000 students with disabilities were taught by unqualified special educators (American Youth Policy Forum, 2002).

- Social workers in schools and other settings work with and advocate for the needs of youths with disabilities. Programs and policy initiatives aimed at increasing quantity and quality of services are essential in ensuring the equitable treatment of youths with disabilities.

- Non-English-speaking youths encounter significant challenges in health and well-being. The percentage of youths with difficulties in English has nearly doubled over the past 20 years, increasing from 2.8% in 1979 to 5% in 1999 (Federal Interagency Forum on Child and Family Statistics, 2001).

- Expanded community-based and culturally appropriate services can improve health outcomes for youths as well as their opportunities for academic and employment success.

- Although the data are variable, there are an estimated 1 million to 1.3 million homeless and runaway youths (Family and Youth Services Bureau, 2001). Comprehensive models of service that address the immediate and long-term needs of homeless youths can improve outcomes (Braun, 1992).

- Youths who are “aging out” of the foster care systems often experience difficulties in acquiring needed health and mental

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health services. A 1998 study indicated that nearly 44% of these young people had difficulty securing health services, and only 21% were able to continue with mental health services they were receiving before leaving foster care (Child Welfare League of America, 1998).

The extension of services and Medicaid benefits for youths from 18 to 21 who are in transition can increase health and well-being by providing care for critical needs while allowing youths to focus on successful transitions into their communities.

- Youths of color are overrepresented among those in poverty. They share a disproportionate burden of death and disease. Broad-based policies and programs such as the National Initiative to Eliminate Racial and Ethnic Disparities in Health by 2010 address barriers faced by people and youths of color and help to eradicate disparities in health status.

References


Community Checklist

☐ Adequate and safe shelter and emergency services for runaway or homeless youths

☐ Integrated educational, employment, health care, and social service systems for out-of-home youths

☐ Community-based, youth-oriented service centers (drop-in centers)

☐ Availability of safe and appropriate foster care placements for youths not connected to stable family systems

☐ Adequate transitional care programs for youths who may be aging out of foster care systems or moving from juvenile detention centers

☐ Educational, employment, and other social support programs for teenage mothers and fathers

☐ Training for all professionals working with youths and policies related to the fair treatment of lesbian, gay, or bisexual (LGB) youths

☐ Available counseling services that are confidential and youth friendly

☐ Implementation of cultural competence standards across all professions working with youths

☐ Accessible translation services for non-English-speaking youths and their families

☐ Qualified and adequate staffing for youths requiring special education, physical therapy, or other specialized services

☐ Integrated and equitable opportunities for physically challenged youths, out-of-home youths, and the like, to participate in extracurricular activities such as sports, arts, or tutoring

☐ Effective policies relating to disparities, discrimination, and mechanisms of accountability in service provision

☐ Structured training, educational and employment options for youths not in school
Tips on Things You Can Do

- Become involved in coalitions or special interest groups that represent the unique needs of youths.
- Advocate for macro-level change on issues such as antipoverty campaigns, discrimination, and other social justice issues.
- Partner with other disciplines such as the media, community, the legal profession, and school personnel to establish systems and continuity of care for displaced youths.
- Implement outreach programs at churches and in various community settings aimed at increasing the number of families available to serve as foster home placements.
- Work with youths in identifying ways to provide effective and confidential services.
- Introduce training curricula to colleagues on creating healthy environments for lesbian, gay, and bisexual youths.
- Conduct workshops on NASW's Standards for Cultural Competency in Social Work Practice.
- Organize a task force to address decision makers about the service needs and concerns of disenfranchised populations of youths and policy provisions for extended services.
- Include diverse perspectives of youths in information developed and disseminated.
Positive Youth Environments are Affirming. Individuals and communities hold high expectations and inherent beliefs in the value and talents of young people and provide opportunities to enhance their skills and to succeed. The value of young people is reinforced by actively engaging them in civic activities that affect their communities and by praising and recognizing their achievements. Valuable opportunities for youth exist to interact with adults who are positive role models and have meaningful connections to young people.

- A majority of adults do not believe that young people have "as strong a sense of right and wrong as they did" as youths (Bowen, 2001).
- A majority of adolescents are involved in positive activities such as volunteering, church involvement, and cultural events (Bowen, 2001).
- Public opinion suggests a belief that parents are less involved today with their children than in previous generations (Bowen, 2001).
- Most parents have open, trusting relationships and a solid bond with their teenage children (Bowen, 2001). Youths who feel secure in their relationships with parents also tend to have positive school attitudes and good relationships with teachers (Advocates for Youth, 1999).

- For a variety of reasons, some youths receive unstable and inadequate parental involvement and family support. Adolescents constitute nearly 50% of youths in foster care (Child Welfare League of America, 1998).
- Monitoring is a viable means of creating positive adult connections and can affect adolescent health and well-being (Gerst, Becaila, Spivack, Zuwalski, & Bautista, 2001).
- Youths who feel more connected with their school and their family are less likely to participate in high-risk behaviors (Lazati, Freeman, & Paulo, 1998).

Footnotes continue on next page.
Stereotypes about adolescents perpetuated in media images suggest that adolescence is inherently problematic and that young people are materialistic and self-absorbed.

Youth volunteering has increased 12% over the past decade (Youth Service America, 2003) with nearly 70% of young people ages 13 to 21 having participated in activities important to their community (Bastian, 2001).

Often, youth policy and programs reflect an emphasis on pathology and deficit models.

Programs and interventions based on assets and strengths can foster resilience, leading to improved outcomes for youths.

References:


Community Checklist

☐ Active and tailored outreach programs that involve parents/caretakers in school-related activities

☐ School and community recognition programs that highlight a variety of talents and skills

☐ Designated forums for youth expression and communication

☐ Volunteer opportunities for youths in the community

☐ Options for participation in programs that encourage and enhance a variety of talents such as music, arts, mechanics, and drama

☐ Viable mentoring programs

☐ Preparatory programs that include college as well as vocational training

☐ Organized mechanisms for youth input on relevant policies and programs

☐ Media that depict youths as assets and highlight positive attributes

☐ Resources and financial supports for youths to pursue interests and talents

☐ Youth policies and programs that focus on positive youth development

☐ "Rites of Passage," faith-based, or other programs that focus on recognition of positive youth development
Tips on Things You Can Do

☐ Organize a fund for assistance to youths who would otherwise not be able to pay for specialized training or classes (for example, dance class, or sponsorship for competitions).

☐ Generate media stories about youth achievements in your community.

☐ Host community “chat sessions” or town hall meetings where youths have opportunities to talk about relevant issues.

☐ Develop, in conjunction with youths, school/service setting-sponsored and monitored Web sites, newsletters, or magazines.

☐ Become involved in campaigns focused on encouraging parent-child communication.

☐ Work to increase awareness.

☐ Conduct workshops with colleagues on positive youth development and an assets-based approach.

☐ Help to establish youth task forces to provide a voice for young people on community policy and programming decisions.

☐ Infuse local policy dialogues with perspectives on positive youth development.
Positive Youth Environments are Supportive
Positive Youth Environments are Supportive. Environments are resource rich and provide equitable access to quality education, health care, employment opportunities, and social service supports for youths and their families. Environments have services and programs focused on prevention, but also provide safety nets when youths and their families are in trouble.

- Lack of resources seriously affects health and well-being, with poverty being the single most important factor correlated with health status. Youth poverty rates have increased 13% (Office of Juvenile Justice and Delinquency Prevention, 1999).

  Programs such as the State Children’s Health Insurance Program (SCHIP) gives states an opportunity to provide health coverage to roughly 5.8 million low-income children previously uninsured (Urban Institute, 1998).

- One in 10 adolescents has mental health issues, although fewer than 1 in 5 receive services (U.S. Public Health Service, 2001).

  Community-based, preventive mental health services show greater potential in sustaining good mental health for youths than traditional institutional methods (U.S. Public Health Service, 2001).

- Lack of preventive health services and substance abuse treatment negatively affects health outcomes. Estimates indicate that adolescents have direct annual medical costs of approximately $33.5 billion—or $859 per adolescent—to treat selected preventable health problems (Adolescent Health and Managed Care Project, 2000). Prevention programs are cost-effective. Communities with more opportunities for participation in prevention positively affect health related behaviors such as substance use (Substance Abuse and Mental Health Service Administration, 2002).

- Adolescents have low rates of health care use, a fact largely attributable to the lack of health insurance coverage. Approximately 17% of adolescents have no health care coverage (Mackey, Fingernut, & Duran, 2000).

  School-based health services can provide health care to teenagers with no other source.

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of care. In addition, school-based services can increase students' health knowledge and health service utilization (Advocates for Youth, 1999).

- Youths not connected to school are more likely to experience negative health outcomes such as sexual risk taking and adolescent pregnancy. Increased education is related to higher incomes and improved health status. High school completion and college enrollments are increasing. Sixty-three percent of high school students graduating in 2000 were enrolled in colleges or universities for the fall of that year (Bureau of Labor Statistics, 2001). African American first-time full-time college enrollment has increased by 15% over the past 20 years (Gray, 1999).

References:
Community Checklist

☐ Adequate and accessible community-based preventive health care services
☐ Youth-oriented and culturally specific health and mental health counseling
☐ Opportunities for confidential counseling and health services
☐ Equitable educational, vocational, and summer enrichment programs
☐ Transitional and support services for youths
☐ Community-based confidential health services that are available to adolescents
☐ Shelter services and drop-in centers for youths experiencing displacement and crisis
☐ Comprehensive “wrap-around” services
☐ Availability and awareness of health coverage services
☐ Preventive health and mental health screening services for youths and their families
☐ Youth employment programs
☐ Existence of and equitable access to placement programs that are alternatives to juvenile detention.
Tips on Things You Can Do

- Advocate for greater provision of mental health services.
- Develop organizational position statements regarding social supports for young people.
- Become involved with National Mental Health Awareness Day and screening activities.
- Identify state adolescent health coordinators with whom you can work.
- Actively support Healthy People 2010 Objectives for Adolescents.
- Connect with youth advocacy organizations through mailing lists and listservs to keep abreast of current information.
- Network with coalitions focused on expanding juvenile justice alternatives.
- Educate policymakers to address disparities in care for ethnic minority and low income youths.
- Work with families and communities to increase participation in mentoring and foster care services.
- Compile and disseminate information about best practices and support for preventive services.
- Initiate public awareness initiatives related to options for care such as SCHIP.
- Establish a network of service providers.

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Positive Youth Environments are Accepting
**Positive Youth Environments are Accepting.** Environments promote acceptance, not just tolerance, of diversity, which includes race, religion, ethnicity, sexual orientation, body type, and gender. Policies and practices are geared toward eradicating discrimination and achieving social justice and equity. Communities have positive images of youths and do not promote negative stereotypes.

- Every hour someone commits a hate crime. Every day at least eight black people, three white people, three gay men or lesbians, three Jews, and one Latino become hate crime victims (Southern Poverty Law Center, 1999).
- There are approximately 676 active hate groups in the United States (Southern Poverty Law Center, 2001).
- Most hate crimes nationwide are committed by youths under the age of 22. (Southern Poverty Law Center, 2001).

**The United States is becoming more racially/ethnically diverse. Adolescents represent the most diverse segment of the population** (Office of Juvenile Justice and Delinquency Prevention, 1999). **Racial and ethnic diversity enriches society in immeasurable ways.**

- Bullying and harassment are significant problems affecting youths, creating fear and anxiety, and are deterrents to learning. Girls are more likely to experience sexual harassment in school. **Comprehensive school-based anti-bullying programs and policies can be effective in reducing bullying incidents** (Eira & Smith, 1998).

- Students today report having a greater awareness of school policies and materials related to sexual harassment than students surveyed in previous years (American Association of University Women, 2001).

- Experiencing racism is related to poorer physical and mental health. A study of African Americans found perceived discrimination to be associated with hypertension, psychological distress, self-reported illness, and lower well-being (U.S. Public Health Service, 2001).

**Strong family and community relationships serve as protective factors for youths of color** (Johnson, Robins, & Worrell, 1998).

- Failure to understand the cultural background of adolescents and their families can lead to misdiagnosis, lack of cooperation, poor use of health services, and general alienation of adolescents from the health care system (Davis & Vogtke, 1994).

**Cultural competence serves to increase the quality of services, and increase communication between service providers.**

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providers and clients, thereby producing better outcomes (NASW, 2001).

- Parents and families who place high emphasis on personal attractiveness can affect body dissatisfaction and result in eating disorders (National Women's Health Information Center, 2001). External images, biases and stereotypes perpetuated through the media and other social mediums can affect adolescents' self-image.

Greater diversity and realistic portrayals and media images of various body types and images challenge accepted norms and can affect self-concept and social acceptance of diversity.

- Lesbian, gay and bisexual (LGB) youths may fear negative responses and compromised confidentiality from medical providers regarding their sexual orientation which, in turn, influences the fact that they are less likely to seek needed medical services (Clayton, Brindis, Hamer, Reiden-Wright, & Fong, 2000).

References:


NASW
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Positive Youth Environments and Accepting: The Facts
Community Checklist

☐ Integrated, demographically diverse communities
☐ Service providers who represent the diversity of the community served
☐ Resources and services that are equitably distributed and tailored to meet the unique needs of youths and their families
☐ Cultural competence training and continuing education provided for service providers working with youths and their families
☐ Organized opportunities for youths and their families to participate in cultural exchanges such as community celebrations and activities in schools, agencies, and community centers
☐ Active school and community campaigns aimed at acceptance of diversity and promotion of anti-hate attitudes
☐ Media ads and social messages that promote good health, not specific images of beauty
☐ Visible images in school and community settings that show the diversity of youths, highlighting positive behaviors
☐ Existence and equitable funding of extracurricular and sports programs for girls
☐ Comprehensive school and community programming and policies that address bullying, sexual harassment, and discrimination
☐ Monitoring systems for targeted solicitation of youths by hate groups
☐ Youth programs that provide venues for young people to share their experiences, address concerns, and solve problems
Tips on Things You Can Do

☐ Integrate the NASW Standards for Cultural Competence in Social Work Practice into your practice.

☐ Ensure that your office/service setting is reflective of your clients with diverse youth-oriented and culturally specific service information, magazines, posters, and so forth.

☐ Actively engage in activities that will increase your awareness of youth culture, including popular music, television and radio programming, and magazines and other print media.

☐ Tailor health and service information to be culturally specific.

☐ Disseminate information and resources to professional colleagues.

☐ Introduce to your school or service setting curricula or training information related to diversity.

☐ Establish a policy task force to work with decision makers in developing policies and standards for schools/service settings that address disparities and discrimination.

☐ Support advocacy campaigns and organizations that focus on body image acceptance and self-esteem building with youths.

☐ Work with youth groups such as drama clubs to develop innovative ways to address issues of diversity and acceptance.
A special thanks to the National Association of Social Workers (NASW) and Partners In Program Planning for Adolescent Health (PIPPAH) for developing the tools in this booklet.