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A MULTISYSTEMS RISK AND RESILIENCE APPROACH TO SOCIAL POLICY FOR CHILDREN, YOUTH, AND FAMILIES

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Social, political, and economic events of the past several years have had a significant and adverse impact on the lives of young people and their families. While such events have led to a reduction in the provision of family-based programs and policies, they have also afforded a unique opportunity to find new and innovative ways to promote positive outcomes for children, youth, and families. As a result of elections that alter political leadership, events that galvanize public opinion (e.g., pandemics, deadly shootings, and wildfires), and scientific advances that affect our knowledge of social and health problems, we often have opportunities to craft social policies to more proactively and systematically promote the safety, health, and social well-being of young people and their families. As this book describes, significant gains have been made in understanding the individual, family, community, and broader social factors—such as racism and other forms of oppression—that influence child and adolescent developmental outcomes, including high school graduation and, in the long run, labor market participation. Through evaluations, randomized trials, and qualitative studies, we have also learned a great deal about the effectiveness of social policies and programs intended to prevent problems and promote healthy outcomes in children and families. If this knowledge were to be more purposively incorporated in social policy, we would have increased potential to produce healthy development in young people. Yet, current United States (U.S.) social policy and, indeed, policies across the globe are too often characterized by reactive and piecemeal efforts that only shore up under-resourced and fragmented service systems. Today's children and youth face numerous threats—from gun violence to extreme poverty—that are highly preventable through more strategically designed policies, evidence-informed interventions, and efficient, coordinated, and well-resourced service systems. This book aims to inform the current debate about the best way to support children and parents and to provide evidence supporting effective policy approaches that lead to healthy development in young people.

GROWING UP IN AMERICA: THREATS AND OPPORTUNITIES

Children, youth, and families face enormous challenges in American society. At no time in the country's history have young people and their parents been confronted simultaneously by such a wide array of influences and opportunities. Most children and youth become healthy adults who participate in positive and prosocial activities guided by interests that lead to meaningful and fulfilling lives. However, for some children and youth, the path to adulthood is a journey filled with risk and uncertainty. Because of the adversities these young people face, the prospect of a successful future is often bleak.

If we were to draw a picture depicting the current status of America's children and youth, it would be a portrait of contrasts. Despite being the most economically prosperous country in the world (Organisation for Economic Co-operation and Development, 2020), 16% of children (ages 0–18) in the U.S. live in poverty (Semega et al., 2020). Poverty is related to many health and social problems. Even as society venerates them, children are more likely than all other age groups to be poor. Moreover, young people of color are disproportionately represented in poverty (Children's Defense Fund, 2020). Recent data indicate that 30% of African American, 29% of American Indian, and 24% of Hispanic/Latinx children live in conditions of poverty. Those rates are more than double the poverty rates for Asian (11%) and White (9%) children.

Two thirds of recent high school graduates enroll in colleges or universities (U.S. Bureau of Labor Statistics, 2020a), and the U.S. leads the world in higher education (Quacquarelli Symonds, 2019; Williams & Leahy, 2019). Unfortunately, education as a means to socioeconomic advancement is often blocked for those youth who experience early academic failure or drop out of school. Data show that 2.1 million youth age 16 or older dropped out of school in the 2017–2018 academic year, failing to earn a high school diploma or GED (general equivalency diploma) certificate (Hussar et al., 2020). The overall school dropout rate was 5.1% in 2017–2018; however, American Indian (9.5%), Pacific Islander (8.1%), Hispanic/Latinx (8.0%), and Black (6.4%) youth had higher dropout rates than White (4.2%) and Asian (1.9%) youth.

On a positive note, nearly 30% of high school–age youth volunteer in social causes, a number that has increased significantly in recent decades (Grimm & Dietz, 2018). Other data reveal promising behavioral trends, including a reduction in the prevalence of some problem behaviors. Notably, violent offending among youth rapidly increased between the late 1980s and mid-1990s, but rates of juvenile violent crime have declined significantly since, reaching a historically low level in 2018 (Jenson et al., 2001; Puzzanchera, 2020). Juxtaposed against this promising news are the disturbing accounts of school shootings. There were 66 school shootings with casualties at K–12 schools in 2017–2018 (Wang et al., 2020). School violence is widespread—over 70% of U.S. public schools recorded at least one violent incident in the 2017–2018 school year. The deaths of 20 first-grade children and six educators at Sandy Hook Elementary School in Newtown, Connecticut, in 2012 and the deaths of 14 high school students

and three educators at Marjory Stoneman Douglas High School in Parkland, Florida, in 2018 were jolting reminders that students and educators are not always safe in their own schools and communities. Indeed, homicide is the fourth leading cause of death among children and youth ages 1 to 19 in the U.S. (Centers for Disease Control and Prevention [CDC], 2019).

Threats and opportunities for children and youth are not merely social in nature. Approximately one quarter of U.S. land and marine areas are designated as protected or conservation areas (Protected Planet, 2020), and young people and their families have access to thousands of national, state, and local public parks. These spaces provide opportunities for physical activity, social connection, and psychological restoration as well as decrease noise and air pollution. Regrettably, green spaces also face human-caused threats. The U.S. is second only to China in global CO₂ emissions (International Energy Agency, 2020), and the U.S. is the biggest generator of waste per capita worldwide (Kaza et al., 2018). Many young people are living in areas with unhealthy ozone or particle pollution and high exposure to toxic chemicals, which threaten their health (American Lung Association, 2020; Landrigan & Goldman, 2011). Fortunately, awareness and concern about climate change has risen sharply in the past decade, particularly among young people (Reinhart, 2018; Saad, 2019; Scanlon, 2019). Regrettably, policies aimed at climate change have lagged behind levels of public awareness (Mason & Rigg, 2018).

In 2020, children, youth, and families were confronted with a pandemic due to the global outbreak of the novel coronavirus. Although children and youth currently make up a very small proportion of deaths from the coronavirus (CDC, 2020), their lives have been greatly affected by the illness. They have lost family members, friends, and neighbors; and they have experienced the closure of their schools, playgrounds, and other gathering spaces for social, educational, recreational, and cultural activities. Public health experts have raised serious concerns about the cascading effects of the coronavirus on family functioning and on socioemotional development (Family Health in Europe—Research in Nursing Group, 2020; Fegert et al., 2020; Fraenkel & Cho, 2020). The novel coronavirus and the conditions associated with it present new and heightened challenges for shaping social policies aimed at promoting healthy youth development.

AMERICA'S DIVERSE FAMILIES

While complicating from an intervention standpoint, the diversity of American families offers significant strengths in building healthy and resilient youth. The U.S. is perhaps the most diverse nation on Earth—a rich and colorful tapestry of cultures, identities, social groups, and family backgrounds. In its beginning, what is now the U.S. had been a home to hundreds of indigenous cultural groups; it is estimated that as many as 500 languages were spoken by Native Americans prior to 1492 (National Museum of the American Indian, 2007). After centuries of colonization, immigration,

and forced displacement, the U.S. population reflects many hundreds of ethnic groups from origins across the globe (U.S. Census Bureau, 2007). The racial diversity of America continues to expand; currently, 60% of the population is classified as White, 18% as Hispanic/Latinx, 13% as Black/African American, 6% as Asian, 3% as multi-racial, and 1% as Native American (U.S. Census Bureau, 2019). It is estimated that by 2045, people of color will make up a numerical majority of the population (Vespa et al., 2020). Due to a function of worldwide migration, the U.S. has more immigrants than any other nation; immigrants make up 14% of the U.S. population (Budiman, 2020). The legal status of immigrants varies, with 23% being undocumented, 27% being lawful permanent residents, 5% being temporary residents, and 45% being naturalized citizens.

Despite being the most economically prosperous country, there is significant stratification in socioeconomic status in the U.S., often falling along racial/ethnic lines and immigrant and citizenship status. In 2018, the median household income was approximately \$63,000, with the average American household consisting of 2.5 people (Semega et al., 2020). Income-based analyses classify 20% of Americans as lower income, 9% as lower-middle income, 50% as middle income, 12% as upper-middle income, and 9% as high income, with associated median household income ranges for a family of three as follows: \leq \$31,000 (lower income); \$31,000–\$42,000 (lower-middle income); \$42,000–\$126,000 (middle income); \$126,000–\$188,000 (upper-middle income); and \geq \$188,000 (high income; Pew Research Center, 2015b).

The structure and composition of families has shifted in recent decades, expanding from traditional social norms and ideals. Today, less than half of children are raised by two parents in a first marriage (Pew Research Center, 2015a). Increasingly, children are growing up in family arrangements that include single-parent families, unmarried cohabitating parents, and blended families comprised of stepparents, stepsiblings, and/or half-siblings. In addition, traditional gendered arrangements where the father is the breadwinner and the mother is a stay-at-home parent have diminished. Today, the vast majority of children are raised in families in which both parents are employed (U.S. Bureau of Labor Statistics, 2020b). The number of households with multigenerational families living under one roof has also increased (Cohn & Passel, 2018). These families may consist of children, parents, and grandparents living together as well as adult children, their children, and grandparents and great-grandparents living under one roof. The removal of legal barriers to marriage, adoption, and foster care for adults who are lesbian, gay, bisexual, transgender, or queer (LGBTQ) has led to an increase in queer-headed families (i.e., nonheterosexual and/or non-cisgender parents raising children; Goldberg & Allen, 2013; Haden & Applewhite, 2020). In addition, more young people are identifying as LGBTQ and at younger ages today than in past decades (Hall et al., 2020; Newport, 2018). There has also been growing social awareness of people with disabilities and mental impairments, perhaps due to the disability justice and neurodiversity movements. The disability community is a diverse one, with impairments spanning physical, sensory, developmental, learning, medical, and mental issues as well as strengths such as adaptability, perseverance, self-regulation, mutual support, and social collectivism. About 30% of families have at least one family member who has a disability (Wang, 2005). The present-day diverse contexts of families must be considered in

the development and implementation of social policies intended to promote child and adolescent well-being.

CONCEPTUAL FRAMEWORKS TO INFORM SOCIAL POLICY

Multiple conceptual lenses are necessary to think about the many complex issues involved in creating, implementing, and evaluating social policies for children, youth, and families. We present two conceptual frameworks to guide these efforts: (1) a person-in-environment and risk and resilience framework and (2) an intersectional anti-oppression framework. Throughout the book, these frameworks are reflected in the approaches to policies and programs intended to address various social and health problems.

A Person-in-Environment and Risk and Resilience Framework

An integrated person-in-environment and risk and resilience framework draws on concepts and tenants from a variety of disciplines, including public health, psychology, social work, and sociology. In social work, early pioneer Jane Addams wrote extensively on the impact of social, cultural, and policy environments on the well-being of individuals and families. She called for action and changes in these systems to improve the conditions of children, adults, and families living in poverty and facing distress (Austin, 2001; Germain & Hartman, 1980; Kondrat, 2013). Following the establishment of the National Association of Social Workers in 1955, Harriet Bartlett developed the first conceptualization of the person-in-environment perspective to inform social policy (Bartlett, 1958, 2003). Decades later, Urie Bronfenbrenner (1979) further explicated these concepts in his bioecological systems theory of development, and the ecological perspective has dominated the child development literature for the past several decades.

The person-in-environment and bioecological systems frameworks highly overlap (Bronfenbrenner, 2005; Bronfenbrenner & Morris, 2006; Kondrat, 2013). These frameworks rest on the idea that a young person's life is nested within levels of influence that are characterized by physical and social environments (e.g., home, neighborhood, school, community, parents' workplace, economic system, service systems, governments, built environment, and natural environment); these environments are purported to have both proximal and distal effects on children's lives. For example, a child's home and family context is a proximal system with direct and frequent contact with the child. Systems are also linked with each other, and distal systems can have direct and indirect influences on a child. To illustrate, income support, childcare, and employment policies may influence the ways in which parents interact with their children as well as children's caregiving contexts. This framework also posits that the relationships between children, youth, and families and

environmental systems are interactive and bidirectional. Just as the characteristics and resources available to a school influence the quality of the education a child may receive, so too can students and parents influence the school environment through student-led initiatives, cocurricular student groups, and parent–teacher associations or organizations.

Person-in-environment and bioecological systems perspectives evolved to emphasize the importance of history, time, and sociohistorical contexts in understanding child development. For example, historical events like the Great Recession of 2008 or the historical trauma inflicted upon Native Americans have profound effects on the current life experiences of children and families. The timing of life events and interactions also have implications for children. To illustrate, the loss of a job for a single parent may have a more deleterious effect on a child who is age 5 than age 17 because older adolescents are less dependent on their parents; they can seek part-time employment to supplement the family income and they may even have the skills necessary to help their parent find a job. Indeed, there are sensitive and critical periods in childhood and adolescence where events have greater or lesser impacts on overall development. For example, research shows that the first few years of life are critical for language acquisition (Friedmann & Rusou, 2015). And, as our prior discussion of American family diversity illustrates, the importance of the sociohistorical context must be taken into consideration. How can we help immigrant children and families without considering the current social, political, and policy climate they are facing? How can we improve the health care system for children and adolescents without understanding how the system currently functions and is funded? These are among the many vexing questions facing policymakers today.

Fraser and colleagues (Fraser, 2004; Fraser et al., 1999; Fraser et al., 2004; Fraser & Terzian, 2005; Jenson, 2004) integrated ideas and principles from *epidemiology*—the study of the distribution and determinants of diseases and health problems—with key elements of the person-in-environment framework (Kondrat, 2013). They focused on the interplay of factors at the individual and environmental levels that increase the likelihood of health and social problems among young people. Discussed in subsequent chapters, these problems include low birth weight, maltreatment, violence, victimization, school failure, poverty, housing instability, food insecurity, substance abuse, delinquency, sexually transmitted infections (STIs), depression, and anxiety. Fraser and colleagues also emphasized the importance of understanding the factors that protect children and youth and contribute to positive outcomes such as healthy birth weight, positive parent–child relationships, community safety, school success, housing stability, food security, prosocial behavior, and mental health. Key concepts of this integrated model include risk, protective, and promotive factors and the underlying principle of resilience.

Risk Factors

Risk factors are “any event, condition, or experience that increases the probability that a problem will be formed, maintained, or exacerbated” (Fraser & Terzian, 2005, p. 5).

This definition recognizes that the presence of one or more risk factors in a person's life can increase the likelihood that a health or social problem will occur at a later point in time. However, risk factors are not deterministic; the presence of a risk factor does not ensure or guarantee that a specific outcome (e.g., anxiety disorder and school dropout) will inevitably occur. Rather, the presence of a risk factor suggests an increased chance or probability that such a problem might develop.

Risk is temporal, contextual, and often modifiable. Temporally, risk factors precede the development of a deleterious outcome. Contextually, some risk factors depend on or are triggered by the environment. For example, research shows that there are genetic predispositions for many mental health disorders (Cross-Disorder Group of the Psychiatric Genomics Consortium, 2013; Sullivan et al., 2012). Therefore, children with certain genetic traits could be classified as being at higher risk for developing a mental health problem at some point in life. However, the expression of a genetic liability is often epigenetic in the sense that it may require or be based on enabling environmental conditions. In this sense, many risk factors—even genetic ones—are thought to be dependent on the context and, to the extent that the context can be purposively changed, they may be modifiable. The idea that risk factors are malleable through interventions is a key aspect of the risk and resilience perspective. Environmentally, for example, a child may attend a low-resource school where there are overcrowded classrooms, high levels of teacher burnout, few student service professionals (e.g., school counselors and social workers), and limited books and instructional technology—these conditions may increase students' risk for school dropout or not pursuing higher education. But these school risk factors can be modified . . . if we have the collective will to do so.

Because of the context dependence of risk, caution should be taken when ascribing risk to demographic groups. For example, youth who are LGBTQ are at increased risk for experiencing depression (Connolly et al., 2016; Marshal et al., 2011). However, research indicates that it is not these youth's sexual orientation or gender identity itself that causes the risk but rather the negative ways social contexts interact with these youth that increases their risk for depression (Hall, 2018; Hoffman, 2014). From an intervention standpoint, we are interested in both markers of risk and malleable risk factors because children and youth who are more vulnerable to certain problems may need particular interventions to minimize their likelihood for developing a problem. Identifying and targeting modifiable risk conditions is a basis for designing social interventions and public policies.

Although the presence of a single risk factor has the capacity to disrupt healthy development if it is severe or enduring, the presence of cumulative risk is also highly concerning. Risk factors can manifest as bundles, piles, or clusters (e.g., Lanier et al., 2018). For example, a pregnant person may be at increased risk for having a low birth weight baby due to multiple factors present during pregnancy. An expecting parent may live in an impoverished area that is a food desert with limited access to affordable, healthful food. In addition to the expecting parent's risk for poor nutrition, transportation barriers may prevent them from attending recommended prenatal care visits. Risk factors can also function as chains or cascades of risk in which one risk factor leads

to others, building over time. For example, a child's parent unexpectedly dies. The remaining parent is stricken with grief and adjusting to the additional stress of being a single parent; consequently, the parent has difficulty helping the child with their grief. The family may move to another part of the country to be closer to extended family; however, the child loses connections with friends, family friends, and caring adults in professional roles. The child develops separation anxiety with depressed mood, which interferes with school and other activities. In this sense, one risk factor chains to another risk factor. Risk accumulates.

From a person-in-environment perspective, risk factors typically occur at individual, family, school, peer, and community levels of influence. It is important to note that common problems in childhood and adolescence, such as aggression, school failure, and substance use, share many of the same risk factors (Jenson & Bender, 2014). This "shared" sense of risk means that effective social policies and programs have the potential to simultaneously affect a number of behaviors and outcomes. Table 1.1 presents common risk factors for childhood and adolescent problems by level of influence. These and other risk factors are discussed in relation to specific problem areas and corresponding policies in ensuing chapters.

Protective and Promotive Factors

Protective factors are characteristics, conditions, and resources that buffer or mitigate the impact of risk, interrupt risk processes, or prevent adverse outcomes altogether (Fraser et al., 1999; Fraser et al., 2004; Fraser & Terzian, 2005). Protective factors can be individual attributes (e.g., emotional self-regulation skills) or environmental characteristics (e.g., positive school climate) that function in three main ways. First, protective factors can cushion against the negative effects of risk factors (e.g., social support from family can buffer the effect of being in a hostile school climate for a student). Second, protective factors can interrupt a risk chain (e.g., coaching for parents whose children exhibit disruptive behavior can promote responsive parenting and prevent child behavior problems from escalating into oppositional defiant disorder, school problems, and child maltreatment). Third, protective factors can prevent the onset of problems (e.g., a baby with a temperament that adapts easily to new situations, accepts regular sleeping and feeding patterns, and usually exhibits a pleasant mood could protect the child from maltreatment ever occurring even if the parent is facing many challenges constraining their capacity for parenting). Table 1.2 shows common protective factors.

Promotive factors for child and adolescent behaviors can be distinguished from protective factors in several ways. As noted above, protective factors serve to reduce or buffer exposure to risk; these are factors in young people's lives that serve to increase positive behavior by offsetting the effects of high levels of risk. In contrast, *promotive factors* represent individual and environmental characteristics that are associated with positive outcomes regardless of underlying levels of risk (Sameroff, 2000). Promotive factors, therefore, promote positive outcomes for all children regardless of risk level whereas protective factors reduce or buffer children who are already at higher risk for adverse outcomes. *Self-efficacy*, the belief that you can successfully perform a set

Table 1.1 Risk Factors for Childhood and Adolescent Problems by Level of Influence

Individual Factors

Genetic predisposition
Prenatal or postnatal complications
Chronic illness
Difficult temperament
Poor attachment with parents
Limited capacity for self-regulation
Sedentary behavior and excessive screen time
Low self-worth
Lack of social skills and problem-solving skills
Favorable attitudes toward problematic behaviors

Family and Household Factors

Family economic hardship
Housing instability
Food insecurity
Parental struggles with mental illness, substance abuse, or criminal activity
Conflict or violence between parents
Harsh or inconsistent parenting practices
Lack of parental warmth and involvement
Child abuse and neglect
Favorable attitudes of parents toward problematic behaviors

School and Peer Factors

Unsupportive school climate
Low commitment to or engagement in school
Low academic performance
Bullying or rejection by peers
Affiliation with peers who engage in delinquent behavior
Loss of social support

(Continued)

Table 1.1 (Continued)

Community and Societal Factors

High community poverty levels
Presence of toxins, hazards, and health threats
Disadvantaged and disorganized neighborhood
Blocked opportunities for socioeconomic advancement
Discrimination and systemic injustice
Media portrayals of violence and problematic behaviors
Policies and norms favorable to problematic behaviors

Sources: Adapted from Fraser et al. (2004); Jenson and Bender (2014); O'Connell et al. (2009); and Rickwood and Thomas (2019).

Table 1.2 Protective Factors for Childhood and Adolescent Problems by Level of Influence

Individual Factors

Easy temperament
High intelligence
Self-regulation skills, social skills, and problem-solving skills
Positive attitude
Engagement in physical activity
Positive self-concept
Low childhood stress

Family and Household Factors

Adequate socioeconomic resources
Authoritative parenting
Supportive and caring relationships among family members
Attachment to parents or caregivers and positive parent-child relationship
Clear expectations for prosocial behavior and values
Support from extended family
Low parental conflict

School and Peer Factors

- Support for early learning
- Connectedness and engagement with school
- Positive teacher expectations
- Positive student–teacher relationships
- Effective classroom management
- School practices and policies against bullying
- Positive school–family partnership
- Ability to make friends and get along with others
- Positive relationships with peers

Community and Societal Factors

- Opportunities for education, employment, and other prosocial activities (e.g., athletics, religion/spirituality, culture)
- Cohesive and supportive neighborhood
- Supportive relationships with mentors, helping professionals, and other caring adults
- Positive social norms about behavior
- Access to green space and recreational space
- Physical and psychological safety

Sources: Adapted from Fraser et al. (2004); Jenson and Bender (2014); O’Connell et al. (2009); and Rickwood and Thomas (2019).

of tasks and attain a goal (or control outcomes in a certain context), is an example of a promotive factor because it is thought to be beneficial for all children and youth in achieving overall healthy development.

Resilience

Resilience is characterized by successful adaptation in the presence of risk or adversity (Garmezy, 1986; Luthar, 2003; Rutter, 2012; Ungar, 2011; Werner, 1989). This common definition implies that resilience is the outcome of a process involving both risk and protective factors. Unfortunately, when exposure to adversity is very high and protection is low, children and adolescents experience some type of problem or developmental difficulty (e.g., Cicchetti & Rogosch, 1997; Pollard et al., 1999). Yet, most children recover from risk exposure (Boyce, 2017). In vivo, individuals facing a threat often find support and resources in protective factors found in their environments

to achieve a more positive outcome than would be expected. Children who experience adverse events such as maltreatment, poverty, and parent mental illness may not develop behavioral health problems because they have supportive friends, family members, and teachers. In addition, some children and youth who experience adversity may not merely cope well, showing adequate adaptation, but may develop new skills, insights, and resources through their resilience or recovery process that enable them to flourish as they move forward in life (Vloet et al., 2017); these outcomes point to the power of resilience in young people's lives. Indeed, there are many expressions and terms to characterize processes leading to resilience (e.g., *overcoming the odds*, *rebounding*, *bouncing back*, *grit*, *steeling*, *sustained competence under stress*, *recovery*, and *post-traumatic growth*).

Figure 1.1 displays the person-in-environment and risk and resilience framework. As seen in this figure, stressors, traumas, and adverse experiences across levels can press down on children, increasing the likelihood of deleterious outcomes. Equally important, protective and promotive factors buffer exposure to risk and support children and families by promoting resilience and general well-being.

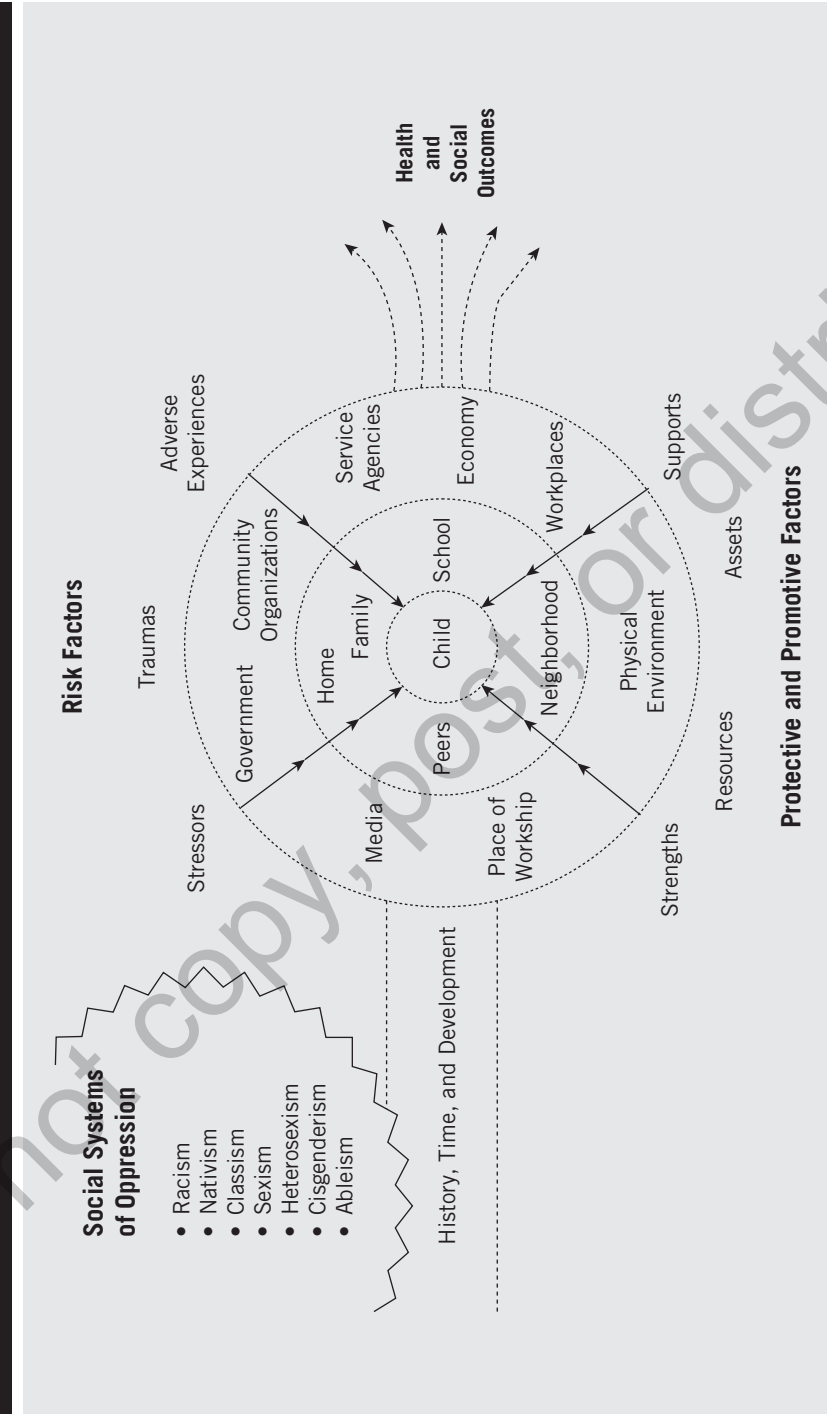
We turn next to a discussion of the intersectional anti-oppression framework, our second conceptual model for guiding the development and implementation of social policies for children and families.

Intersectional Anti-Oppression Framework

Systems of oppression are embedded in society in many forms, including racism, nativism, classism, sexism, heterosexism, cisgenderism, and ableism (Garcia & Van Soest, 2019; National Museum of African American History & Culture, 2020; Young, 2018). These systems confer advantages to dominant groups such as White people, native-born citizens, high-income families, men, heterosexuals, cisgender people, and people without disabilities or impairments. At the same time, systems of oppression often disadvantage people of color, immigrants, low-income families, women, queer people, transgender people, and people with disabilities through processes of discrimination, violence, marginalization, exploitation, and disempowerment. Many of the risk factors and processes affecting young people are driven by systems of oppression that pervade U.S. social contexts (e.g., McCrea et al., 2019).

Systems of oppression differentially affect children and youth, depending on an individual's set of identities and social statuses (e.g., racial/ethnic identity and socioeconomic status). The term *intersectionality* was coined by Kimberlé Crenshaw in 1989 to draw attention to the ways in which systems of oppression tend to intersect and influence particular individuals and groups. Forms of intersectionality are often derived from, or lead to, unique experiences of privilege or marginalization that cannot be understood by examining systems of oppression individually or in parallel. For example, a young Black man may face police discrimination that is not entirely due to his race (because force used by police during a stop is often greater for Black men than Black women) and not entirely due to his gender (because force used by police during a stop is often greater for Black men than White men). The discrimination displayed

Figure 1.1 A Person-in-Environment and Risk and Resilience Framework



by the officer is due to the combination of the Black man's race and gender, an intersection involving oppression.

Many academic disciplines and helping professions, including education, family studies, human development, psychology, public health, public policy, social work, and sociology, acknowledge the importance of understanding diversity and challenging social systems of oppression in their research or practice (American Association for Public Policy Analysis & Management, n. d.; American Association of Family & Consumer Sciences, 2013; American Psychological Association, 2017; American Public Health Association, n. d.; American Society for Public Administration, 2014; American Sociological Association, 2018; National Association of Social Workers, 2017; National Council on Family Relations, 1998, 2018; National Education Association, 2020; Society for Prevention Research, 2020; Society for Social Work and Research, 2020). Through an intersectional anti-oppression lens, helping professionals can understand the unique and multilayered challenges individuals, families, and communities face, which can inform interventions used; in addition, these professionals can advocate for structural and institutional changes to create a more just and equitable society.

An intersectional anti-oppression perspective provides an important context for social policy. This framework acknowledges the unique forms of diversity of individuals and groups in their identities and social statuses. Systems of oppression operate invidiously throughout social contexts and environments, impacting children, youth, and families in different ways. The interconnections of oppressive systems must be accounted for to fully understand the unique experiences of marginalization of individuals and groups. An intersectional anti-oppressive framework can also inform interventions to address the needs of specific groups and inform policies to address problems affecting multiple marginalized populations through linked systems of oppression. An example of the former would be a community-based psychological intervention with Latinx sexual minority men who are HIV positive to improve coping and adherence to antiretroviral treatment (Bogart et al., 2020). An example of the latter would be environmental and waste management policy to address the location of landfills and environmental toxins disproportionately near neighborhoods with high proportions of Black Americans, Mexican immigrants, and low-income families (Bakhtsiyarava & Nawrotzki, 2017; Hunter, 2000; Martuzzi et al., 2010; Mohai et al., 2009; Mohai & Saha, 2007).

The upper left corner of Figure 1.1 of the person-in-environment and risk and resilience framework displays prominent systems of oppression relevant to health and social issues facing children, youth, and families. Although these systems are historically rooted, they continue to be prevalent in U.S. society and in other societies as well. Further, oppression can operate in many ways: intrapersonally (e.g., prejudice and internalized oppression), interpersonally (e.g., harassment and microaggressions), institutionally (e.g., discriminatory laws and organizational practices), and culturally (e.g., ideals and norms benefiting dominant groups). These systems affect children and families differently depending on specific intersections of race/ethnicity, immigrant or citizenship status, socioeconomic standing, sex, sexual orientation, gender identity, and ability or disability status.

A PUBLIC HEALTH SOCIAL WORK INTERVENTION APPROACH

Elements of the person-in-environment and risk and resilience framework and of the intersectional anti-oppression framework provide important principles for developing, implementing, and evaluating interventions aimed at promoting healthy development in young people. These principles—especially reducing risk and promoting resilience—can be maximized in the context of a public health social work intervention approach. In broad terms, *public health* is focused on protecting and improving the health of the entire population. Public health interventions are typically broad in nature and seek to thwart adverse health outcomes among entire communities and population groups. They tend to focus on prevention and health promotion. They include, for example, providing vaccinations for infectious diseases, offering health education to prevent STIs, increasing opportunities for physical activity, conducting communication campaigns about handwashing, and improving access to health care systems. Although *health* is defined holistically as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (World Health Organization [WHO], 1948), public health interventions have historically emphasized physical health over mental and social well-being.

A sister profession to public health is social work. *Social work* is focused on helping people meet their basic needs, providing mental health and social services, community organizing, and advocating for social change. Although many social workers work in administration and organizational leadership, policy analysis and advocacy, and community- and systems-level change, the majority of social workers provide direct services to individuals, families, and groups to resolve or prevent psychosocial problems, increase access to social and economic resources, and sustain or enhance strengths and empowerment. By drawing upon both public health and social work approaches, we can comprehensively address the array of often-interconnected health and social problems affecting children, youth, and families.

Understanding social policy is essential not only for policymakers but also for helping professionals whose work is shaped by policy and the systems in which they operate. *Social policies* are sets of standards and rules created by governing bodies or public officials to achieve specific outcomes regarding human welfare by guiding action and decision making. Policies exist in many domains, including housing, labor, child welfare, income assistance, education, health, immigration, law enforcement, and criminal justice. Policies often aim to address particular social problems such as child maltreatment, drug abuse, poverty, and violence. Typically, policies are not intended to remain high-level statements forged by authority figures; rather, they are intended to influence the choices and actions of members of society and professionals at the ground level. McKinlay (1998) described policies as upstream interventions that influence downstream interventions. As shown in Figure 1.2, this stream represents a continuum of interventions with population-level policies on one end and individual-level interventions at another end.

Social policies are crafted to guide and regulate intervention programs, practices, and services. For young people and their families, for example, an anti-bullying policy may be adopted at the state level and implemented at the school level (Hall, 2017). Such a policy may require training all school employees to implement a bullying prevention program, integrating bullying awareness and education into classroom lessons, and providing counseling for students involved in bullying. In this case, by outlining goals and directives, policy lays the groundwork for an array of more specific interventions to be deployed at the local level.

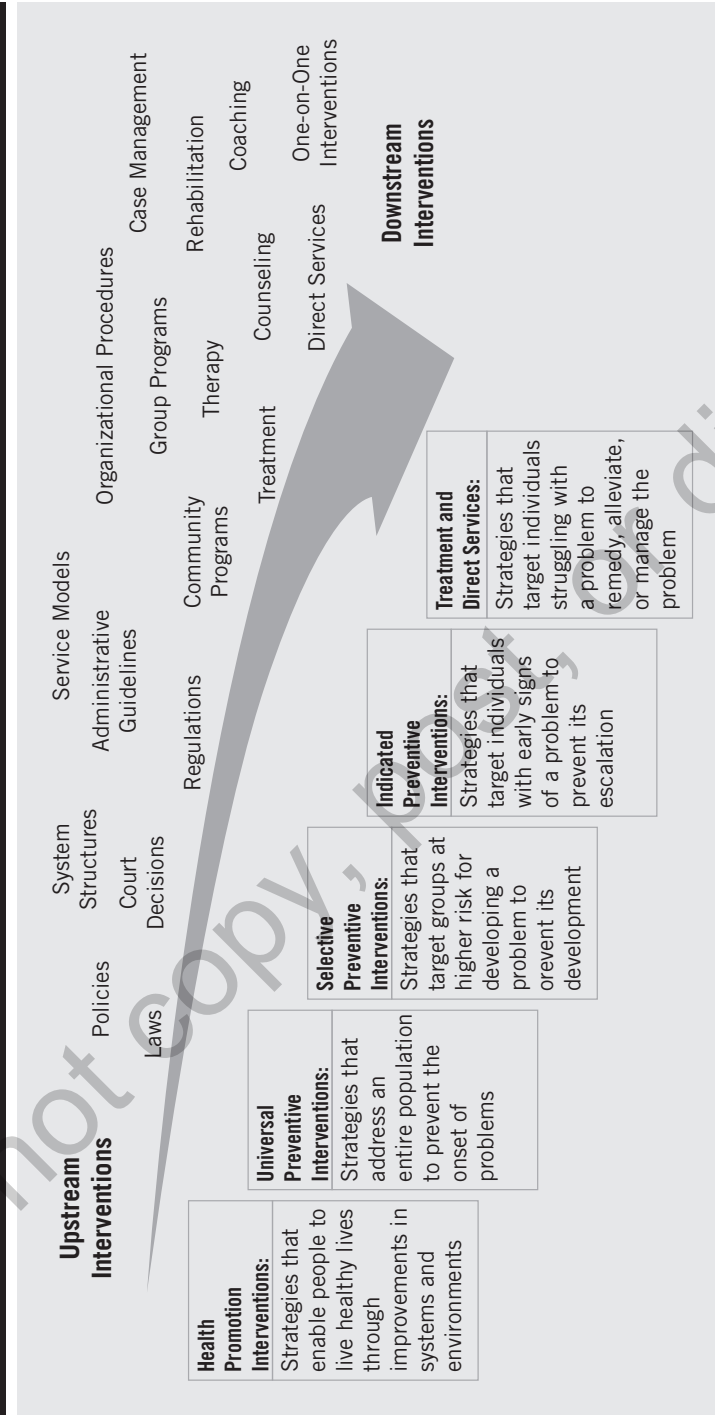
A continuum of interventions, as illustrated in Figure 1.2, can be conceptualized as promoting positive child development, preventing behavior problems that are likely to arise, mitigating the impact of adversity, and remediating problems that have already become manifest (Hawkins et al., 2015; Jenson, 2018, 2020; Jenson & Bender, 2014; Jenson & Hawkins, 2018; Mrazek & Haggerty, 1994; Munoz et al., 1996; National Academies of Sciences, Engineering, and Medicine, 2019a, 2019b; O'Connell et al., 2009). That is, a public health social work approach can provide for health promotion, universal prevention, selective prevention, indicated prevention, and treatment and direct services. The application of principles outlined in the person-in-environment and risk and resilience framework and in the intersectional anti-oppression framework are key to these efforts.

Applying a Public Health Social Work Intervention Approach

Communities That Care (CTC) is an illustrative example of a public health social work intervention approach. CTC aims to prevent youth problem behaviors such as violence, delinquency, school dropout, and substance abuse (The Center for CTC, 2020). CTC is based on the social development model that centers on a protective mechanism involving several key elements: (1) opportunities for prosocial socialization and behavior for children and youth; (2) child and youth involvement in family, school, community, and peer environments that share values, beliefs, and norms for prosocial behavior; (3) bonding to individuals in these environments in terms of attachment and commitment; (4) rewards for interaction with prosocial groups and communities; and (5) social, cognitive, and emotional skills that enable children and youth to solve problems, to socially interact with others and successfully navigate social situations, and to resist influences and impulses that would violate their norms for behavior (Cambron et al., 2019; Catalano & Hawkins, 1996; Hawkins & Weis, 1985).

CTC is currently being implemented in a variety of cities, towns, neighborhoods, and school catchment areas (The Center for CTC, 2020). Leaders in the CTC communities form a coalition and conduct surveys with youth, parents, and community members to identify risk factors, protective factors, and problem behaviors that are most salient in their local area. Survey results, combined with local administrative data (e.g., school dropout rates), are used to determine which factors and behaviors to target in prevention and intervention efforts; these data also serve as baseline data to evaluate the effectiveness of CTC on targeted outcomes over time. Coalition members then

Figure 1.2 A Public Health Social Work Intervention Approach



select evidence-based intervention programs and policies that target the identified risk and protective factors and implement them in their community. Interventions may include a school-based anti-bullying program involving training staff to intervene in bullying, developing schoolwide anti-bullying policies, teaching empathy and respect to students through classroom lessons, and maintaining adult supervision throughout school settings; a driving license restriction policy to prevent further alcohol-related driving offenses; and a parent training program on family management skills to prevent problem behaviors among children. CTC has been rigorously tested and has been found to be effective in preventing and reducing a number of behavioral health problems in young people (Chilenski et al., 2019; Hawkins et al., 2009; Hawkins et al., 2014; Oesterle et al., 2018). Results from longitudinal research and randomized trials shows significantly lower rates of delinquency; violent behavior; alcohol, cigarette, and marijuana use; severe substance use; suspension from school; and depressive symptoms among youth in CTC intervention communities as compared with control communities. These groundbreaking findings suggest that well-organized and well-implemented community interventions that focus on risk and protection can lead to positive outcomes for young people.

CRITICAL SOCIAL POLICY ISSUES TO CONSIDER

There are several critical social policy issues to consider as you read the subsequent chapters of this book and move forward in your career as a helping professional, public servant, or social researcher. These issues include

- the extent that policies designed to address the well-being of children, youth, and families are informed by evidence about risk, protection, and resilience;
- the extent that policies recommend, require, or encourage evidence-based interventions;
- the extent that issues of diversity and inequity are addressed in the policies, programs, practices, and services designed to assist America's diverse families and marginalized young people;
- the extent that policies, programs, practices, and services focus sufficiently on prevention and health promotion; and
- opportunities to better integrate services for children, youth, and families across social institutions or system domains.

Using a person-in-environment and risk and resilience framework as well as an intersectional anti-oppression framework in the design of social policy is an emerging challenge. These frameworks provide a means for infusing policy with research knowledge.

Unfortunately, failures litter the policy landscape. For example, school-based sex education policies have historically emphasized abstinence-only sex education (Hall et al., 2019; Sexuality Information and Education Council of the United States, 2019), despite substantial evidence that this approach is ineffective at preventing unwanted adolescent pregnancy and the spread of STIs (Chin et al., 2012; Fox et al., 2019; Kohler et al., 2008; Petrova & Garcia-Retamero, 2015; Underhill et al., 2007). Furthermore, despite the availability of numerous evidence-based comprehensive sex education programs (Goesling et al., 2014; Manlove et al., 2015), federal and state policies continue to recommend and fund abstinence-only programs in schools (Hall et al., 2019; Kaiser Family Foundation, 2018).

Policy often falls short in addressing the inequities and marginalization produced by systems of oppression. For example, bullying in schools continues to be a pervasive and persistent threat to the well-being of youth (Basile et al., 2020), disproportionately affecting youth who are members of minority groups (e.g., LGBTQ youth, immigrant youth, and youth with disabilities; Hall & Chapman, 2018). However, most state anti-bullying policies do not provide specific protections for these vulnerable youth. They fail, on balance, to prohibit bullying based on race, national origin, socioeconomic status, sex, sexual orientation, gender identity, and ability/disability status, despite evidence indicating that such protections may reduce bias-based bullying (Cosgrove & Nickerson, 2017; Hall, 2017; Hall & Dawes, 2019).

As indicated in Figure 1.2 and as suggested by the findings from the CTC studies, greater emphasis must be placed on health promotion and preventive interventions in social policies for children and families. Health promotion resources and activities can be integrated into everyday social settings, especially schools (WHO, 2020). Prevention is particularly relevant to social policies for children and families, as childhood and adolescence represent developmental stages in which young people form patterns of behavior (Jenson, 2020). These patterns, learned in family, school, and other contexts, have important implications far into adulthood (Hall & Rounds, 2013). Rather than health promotion and prevention (e.g., prevention of violence, delinquency, substance abuse, and school dropout), public policies have historically focused on punishment, control, treatment, and rehabilitation (Hawkins et al., 2015; Jenson & Bender, 2014; Jenson et al., 2001). This focus costs the U.S. society hundreds of billions of dollars annually (Miller, 2004; O'Connell et al., 2009). For example, youth perpetration of violence and criminal activity is associated with health care costs for injured victims; property loss or damage; police, legal/court, correctional facility, and probation costs; employment losses; and decreased quality of life for victims and families. The costs of preventing such problems are often a fraction of the cost to address the aftereffects once behavior problems have occurred (Aos et al., 2004; Kuklinski, 2015; WHO, 2014). Prevention research has boomed in recent decades, resulting in dozens of efficacious preventive interventions that are widely available to address mental health problems, school failure, delinquency, substance abuse, risky health behaviors, and violence (Hawkins et al., 2015; Jenson & Bender, 2014; Jenson & Hawkins, 2018).

Finally, public service systems are often fragmented, attempting to address the many needs of children and adolescents in uncoordinated and inefficient ways. Such arrangements are especially deleterious to young people with multiple, high-level needs,

such as children and youth with special health care needs. These young people face chronic physical and/or psychological conditions requiring health and other services above what is required for most children and youth (McPherson et al., 1998). These children and their families often depend on an array of services and resources spanning basic needs to specialized medical care that are scattered amongst social service agencies, schools, community-based organizations, and health care systems (Mattson et al., 2019). Indeed, many gaps remain to providing integrated care and services to our most vulnerable children and youth (e.g., An, 2016; Rosen-Reynoso et al., 2016).

SUMMARY

Knowledge gained from the study of risk, protection, and resilience has improved our understanding of the onset and persistence of many social and health problems. At the same time, the person-in-environment and risk and resilience perspective helps us understand the contextual boundedness of social and health problems. Through the application of an intersectional anti-oppression framework, we may better understand how ideologies and institutionalized practices (often deeply embedded in society) condition opportunity, confer privilege, and promote marginalization. To date, these perspectives and the new knowledge they represent have not been systematically incorporated in the design and

implementation of social policies for children and families.

In this chapter, we have outlined a public health social work approach to social policy and intervention. This approach is grounded in frameworks that have emerged from recent research and models that offer enduring perspectives in child development. The incorporation of these frameworks in social policies for children and families is the challenge that we confront as professionals who seek a more just, humane, and enriching society. In subsequent chapters, authors more fully examine this emerging point of view by applying it to a host of policy and practice domains.

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