

To begin with, children need to be given opportunities to make a contribution to their schools, their communities, and their families. If these opportunities are beyond their abilities, they will likely experience failure and frustration. On the other hand, if the opportunities are too easy, they will likely become bored.

Second, children should develop the skills needed to take advantage of the opportunities provided to them. The most important skills are cognitive ones such as problem-solving and reading, along with communication, the ability to be assertive, and the ability to ask for support.

Finally, children need to be recognized and acknowledged for what they have done, even if they have not done everything perfectly. Such recognition gives them the incentive to contribute more and reinforces their successes. Supportive teachers and recognition from parents are especially important.

The social development strategy recognizes that certain individual characteristics make it easier for children to develop skills, make a contribution, and be recognized. Children with a resilient temperament, for example, are less likely to be frustrated by blocked opportunities and will keep on trying. Those children with high intelligence will tend to develop a variety of skills to help them. Children who are sociable will stand a greater chance to be recognized by adults. Although these traits are often innate, they can be taught and nurtured so that the shy child can become more sociable, the less resilient child can be taught to deal better with blocked opportunities, and the less intelligent child can be helped in improving his or her intelligence.

The social development strategy suggests that increasing opportunities, skills, and recognition leads to greater bonding, which in turn leads to healthier beliefs and clear standards, which in turn lead to healthy behaviors. Thus, prevention programs need to focus especially on providing opportunities, skills, and recognition. Prevention programs also need to develop clear and consistent standards for behavior and to teach skills that will help to develop such standards.

A key ingredient of the social development strategy is community mobilization (a strategy proven to be quite successful in solving the gang problem, as noted in the next section). The authors of this strategy borrowed from two very successful models: the Stanford Heart Disease Prevention Program and the Minnesota Heart Health Program. These programs used the mass media very extensively; they used volunteers and educational strategies; and they mobilized the community. The result was a reduction in risks associated with heart disease.

The community approach, as the name suggests, reaches out to include a broad spectrum of individuals, groups, and organizations. The community itself makes it clear that certain unhealthy behaviors are unacceptable and will not be tolerated (e.g., children carrying guns to school, boys harassing girls at school, and drinking and driving). This approach takes advantage of existing community resources in the broadest sense and pools them to develop a communitywide strategy. The mobilization process involves four specific steps: 1) involving key community leaders, 2) forming a community board or task force, 3) conducting a community risk and resource assessment, and 4) planning the program and deciding on evaluation methods. This model is based in part on the assumption

that problems such as drug abuse, teen pregnancy, and gangs are community problems rather than problems that affect just specific individuals.

## Evaluations

While there have been several evaluations of programs stemming from the social development strategy, unfortunately there have been mixed results when it comes to reducing serious delinquency and gang involvement. Several studies are particularly relevant for gang prevention. These evaluated the effects of the intervention on "school bonding" (related to control/social bond theory discussed in Chapter 7) (Battin et al., 1998; Hawkins et al., 2001). While Battin et al. did not find any significant differences between a control and experiment group, research by Hawkins et al. (1999) found that at the age of 18, program participants were significantly less likely to have committed violent delinquent acts than the control group (48% vs. 60%). On the other hand, there were no significant differences between lifetime rates of nonviolent delinquency, arrests, court charges, and use of drugs. A follow-up to age 21 (Hawkins et al., 2005) found that program participants were more likely to graduate from high school than the control group (91% vs. 81%). Yet there were no significant differences when it came to the use of illegal drugs and arrests. Overall, researchers suggested that focusing on "full intervention" (on children from first through sixth grade) may be more effective than the "late intervention" (fifth and sixth grade only) (Seattle Social Development Project, 2011).

One offspring of the Social Development Strategy is a program called the National Guard Youth Challenge Program. This program is "an intensive residential program that aims to 'reclaim the lives of at-risk youth' who have dropped out of high school and give them the skills and values to succeed as adults" (National Guard Youth Challenge Program, 2011).

## National Guard Youth Challenge Program

This program got underway in 1993 and was developed by the National Guard Bureau in the U.S. Department of Defense. So far, more than 100,000 children and youth have participated. The following description is provided by its Web site:

The program is 17 months long and divided into three phases: a two-week Pre-Challenge Phase, which is a demanding orientation and assessment period; a 20-week Residential Phase; and a one-year Post-Residential Phase. The participants live at the program site, often a military base, during the first two phases. The curriculum for the Residential Phase focuses on eight core components of positive youth development: leadership/fellowship, responsible citizenship, service to community, life-coping skills, physical fitness, health and hygiene, job skills, and academic excellence. At the end of the Residential Phase, participants work with staff to arrange post-residential placement, such as employment, education, or military service. During the