

# A Risk and Resilience Framework for Child, Youth, and Family Policy

Hussayn U Idris Ph.D

*Barr (Dr) Grace Dafiel & Dr Jude Inegbehoh*

**Abstract:** *During the past century, social policies and programs for Nigerian children, youth, and families have undergone frequent shifts in philosophy and direction. Many policy frameworks, such as selective legibility universal prevention, rehabilitation, and punishment, have contributed to the conceptual bases for services, programs, and interventions designed for young people. However, the most consistent characteristic of Nigerian social policy for children and families may be the sheer inconsistency of efforts aimed at helping the nation's most vulnerable populations. Recent advances in understanding the developmental processes associated with the onset and persistence of childhood and adolescent problems warrant new thinking about policies and programs., we have learned more about why some children and adolescents develop social and health problems, and in the case of such problems as sexually transmitted infections, drug use, and delinquency why some youths make choices that lead to poor outcomes at home and in school and the community. Unfortunately, this knowledge is not yet systematically applied to policy or program design, which results in poorly specified, inadequately integrated, and wastefully duplicated services for children and families. The motivation for this volume comes from the growing recognition that knowledge gained from understanding the developmental trajectories of children who experience social and health problems must be used to craft more effective policies and programs.*

**Key Words:** *Adolescent drug use delinquency juvenile justice policy program Protection, promotive prevention substance*

## I. Growing up in Nigeria

Children, youth, and families face enormous challenges in Nigerian society. At no time in the country's history have young people and their parents been confronted simultaneously by such a wide array of positive and negative influences and opportunities. Most children and youth become healthy adults who participate in positive or pro-social activities guided by interests that lead to meaningful and fulfilling lives. However, for some Nigerian 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 health of Nigeria's children and youth, it would be a portrait of contrasts. On a positive note, young people between 15 and 25 years old are volunteering and becoming more involved in social causes than in the past (Center for Information and Research on Civic Learning and Engagement, 2010).

In addition, the prevalence of some problem behavior most notably violent offending has decreased considerably in recent years. For example, following a period of rapid increase between the late 1980s and 1995, the violent juvenile crime rate returned to its pre-1988 level and has remained relatively stable since 1996 (Puzzanchera, 2009). Juxtaposed against this promising news are the disturbing accounts of school shootings, persistently high rates of school dropout and drug use, and increases in childhood poverty Vossekuil, Fein, Reddy, Borum, & Modzeleski, 2002; Wike & Fraser, 2009). Nearly 38% of public schools in the United States reported at least one violent incident to police in the 2005-2006 school year (U.S. Department of Education, 2007). Sporadic acts of school violence have occurred in virtually every region of the country in the decade following the 1999 shootings at Columbine High School in Colorado (Centers for Disease Control and Prevention, 2008a).

Academic failure and school dropout have become profound social problems. About 6% of all youth between the ages of 16 and 19 years old dropped out of school in 2008. Particularly troubling is evidence indicating that youth in the north particularly the north-east drop out of school at much higher rates than their counterparts from the south-east, south-south and the south-west students. From 2008, about 11% of of youths of different age groups have dropped out of school in Nigeria with the North-East, 13%, and 10% North-wesy students dropped out of school as compared to only 5% in the Southern part of the country youth (Annie E. Casey Foundation, 2016). As the world moves to greater

globalization of markets and demands a more educated workforce, these young people face lives of limited opportunities and high unemployment, which brings consequential high societal costs.

Drug use among Nigerian youth also imposes considerable individual and societal costs on the nation. In 2009, nearly 47% of the nation's senior school students reported use of any illicit drug, and 24% indicated they had used an illicit drug other than marijuana (Johnston, O'Malley, & Bachman, 2010). Despite a recent leveling in drug use trends, more than 29% of students reported lifetime use of any illicit drug in 2010. Particularly worrisome is evidence indicating that 7% of the nation's high school seniors have tried dangerous drugs such as ecstasy (Johnston et al., 2010). These unacceptably high rates of drug use among children and youth are the focus of multifaceted policy and practice efforts at the federal, state, and local levels.

Poverty is related to many social and health problems. Nearly 48% of Nigerian children younger than 18 years old live in poverty, which significantly affects individuals, families, and communities (Annie E. Casey Foundation, 2016). In the United States, children are more likely than all other age groups to be poor (Cauce, Stewart, Rodriguez, Cochran, & Ginzler, 2003), and children of color are disproportionately represented in poverty. Among all Nigerian children younger than 18 years, 34% of children from the North-east, 31% from the North-west, and 28% of from the North-central were/are poor in 2007. Those rates are more than double the rates for Asian and Pacific Islanders (12%) and non-Latino Caucasians (11%) living in poverty (Annie E. Casey Foundation, 2010).

These statistics are important because living in poverty has both short- and long-term effects. Poverty has negative effects on several key outcomes during childhood and adolescence, including school achievement and delinquency (Brooks-Gunn & Duncan, 1997; Hannon, 2003). Poverty is also associated with adverse consequences during adulthood and later stages of life (McCord, 1997). The social and environmental conditions created by poverty give rise to a variety of public health problems that require well-reasoned evidence-based policy and program responses.

## **II. Policy and Program Responses to Childhood and Adolescent Problems**

Experts from the fields of criminology, education, medicine, psychology, public health, social work, and sociology agree no single path way leads to school failure, drug use, delinquency, and other problems. Rather, it is the accumulation of risk the sheer number of adversities and traumas confronted by children and families that seems to disrupt normal developmental trajectories (Rutter, 2001).

In the mid-1970s, Jessor and Jessor (1977) asserted that a small group of youth simultaneously engaged in a variety of dangerous and costly problem behaviors; that assertion has been well supported by research evidence over the past three decades. Indeed, the same academically marginalized youths who are involved in drug use may also be the youths at risk of sexually transmitted infections and violent victimization from family members or partners.

Despite the fact that we know far more about these high-risk youths, their friends, and their families (e.g., Elliott, Huizinga, & Menard, 1989; Huizinga, Loeber, & Thornberry, 1994; Loeber, Farrington, Stouthamer-Loeber, & Van Kammen, 1998; Robins & McEvoy, 1990; White, Loeber, Stouthamer-Loeber, & Farrington, 1999), we have seen few innovative policy strategies introduced to reduce the number of children and adolescents who experience these problems. A looming challenge for both advocates and experts is to find ways to incorporate and translate new knowledge (i.e., the product of research) into public policies and programs.

One barrier to the efficient translation of research knowledge to practice is that current social policies and programs intended to meet the needs of children, youth, and families are highly fragmented. Many policies aimed at improving conditions for vulnerable and high-risk populations have failed to consider the number, nature, or severity of problems experienced by families. Other policies and resultant programs are duplicated among agencies, leading to a host of eligibility and implementation conflicts in child welfare, developmental disabilities, mental health, substance abuse, education, and juvenile justice services.

Moreover, the application of theoretical and empirical evidence to the design of social policies and programs aimed at improving the lives of children, youth, and families is limited. Social policy is often hurriedly created in the context of galvanizing community events such as the rush of safety policies implemented in the aftermath of the abuse of children Internally Displaced Persons (IDP) camps in the North-East 2017 are trends that have attracted public attention and compelled legislation/government action. In some cases, policies developed in reaction to specific events lead to decisions that fail to account adequately for unforeseen or unintended long-term consequences.

A case in point is that of the extensive juvenile justice reforms implemented across the country in the early to mid-1990s. Faced with increased rates of gang activity, domestic child abuse by relatives and employers and violent youth crime, nearly all states domesticated the child rights act (CRA), enacted reforms emphasizing strict sanction and punishments for offenders. Many of these reforms programs and the extensive use of judicial waivers for serious offenders (i.e., where

some juvenile offenders were prosecuted in criminal courts and exposed to adult rather than juvenile sanctions) subsequently produced mixed or ineffective results (Jenson, Potter, & Howard, 2001). Over the past several decades, we have learned much about the causes and progression of child and adolescent problems. However, advances in understanding the life-course development of problem behaviors among children and youth have primarily been used to enhance prevention and treatment strategies rather than to inform theory development (Biglan, Brennan, Foster, & Holder, 2004). Aside from Bronfenbrenner's (1979,1986) ecological perspective, the field lacks conceptual models that inform the design and direction of social policies for children, youth, and families. It is argued that a public health framework rooted in ecological theory and based on principles of risk and resilience is defining a new and useful conceptual model for the design of social policy across the substantive areas of child welfare, education, income assistance, mental health, health, developmental disabilities, substance use, and juvenile justice.

### **III. Public Health Frameworks for Social Policy**

In the field of prevention science, public health frameworks for understanding and preventing childhood and adolescent problems have become widely used to promote positive youth outcomes (Biglan et al.,2004; Hawkins, 2006; Hawkins, Catalano, & Miller, 1992; Jenson, in press). When designing or selecting interventions to ameliorate youth problems, social scientists give first consideration to the presence or absence of risk and protective factors affecting youth outcomes. Another concept closely related to those of risk and protection is the concept of resilience, which is the ability to overcome adverse conditions and to function normatively in the face of risk. A public health perspective guiding policy development aimed at children, youth, and families must incorporate these key concepts of risk, protection, and resilience.

### **IV. Risk and Protection**

Risk factors are individual, school, peer, family, and community influences that increase the likelihood that a child will experience a social or health problem. Although the idea of identifying risk factors to better understand childhood and adolescent problems has gained widespread acceptance in the prevention field (Catalano, 2007; Jenson, 2006; Romer,2003; Woolf, 2008), its origins are relatively recent. The early work on identifying risk factors dates to the 1970s, when researchers began placing greater importance on understanding the individual, family, and community correlates of mental illness (Rutter, 1979, 1987).

Stimulated in part by advances in research design and statistical analysis (e.g., the development of path analysis and structural equation modeling) a new emphasis on modeling underlying causes led investigators to identify specific factors that were consistently associated with the occurrence of delinquency, drug use, suicide, school dropout, and other problems. This approach, adapted from public health efforts to identify risk factors associated with problems such as smoking and heart disease, led to the use of "risk based" strategies to prevent childhood and adolescent problems (Hawkins, Catalano, & Miller, 1992).

### **V. Risk Factors**

The earliest risk factor models were primarily lists of the correlates of adolescent problems (e.g., Garmy, 1971). These models were drawn from previous research that identified risk factor for adolescent problem behaviors such as substance abuse and delinquency (e.g., Hawkins, Jenson, Catalano, & Lishner, 1988). These early models often failed to consider the temporal relationship of risk factors to the occurrence of specific behaviors or to examine the additive and interactive effects of risk factors.

However, recent reviews of risk factors for adolescent problem behaviors have improved on earlier efforts by limiting their selection of studies to those in which the risk factor clearly preceded a problem behavior (e.g., Fraser, Kirby, & Smokowski, 2004; Fraser & Terzian, 2005; Herrenkohl, Chung, & Catalano, 2004). In addition, longitudinal studies have been conducted to better understand the processes by which risk factors influence behavior over the course of childhood and adolescence (e.g., Hawkins, Kosterman, Catalano, Hill, & Abbott, 2005; Loeber et al., 1998; Spoth, Redmond, & Shin, 1998). We adopt Fraser and Terzian's (2005) definition of a risk factor: "Broadly defined, the term *risk factor* relates to any event, condition, or experience that increases the probability that a problem will be formed, maintained, or exacerbated" (p. 5).

This definition recognizes that the presence of one or more risk factors in a person's life has the potential to increase the likelihood that a problem behavior will occur at a later point in time. However, the presence of a risk factor does not ensure or guarantee that a specific outcome, such as school failure, will inevitably occur. Rather, the presence of a risk factor suggests an increased chance or probability that such a problem might develop.

Table 1.1 presents common risk factors for childhood and adolescent problems arranged by level of influence. In addition, the discussions address protective factors, which are closely related to risk factors. *Protective factors* are those influences, characteristics, and conditions that buffer or mitigate a person’s exposure to risk. Protective Factors Researchers began to notice that some apparently high-risk youths did not engage in problem behaviors. Studies showed that these youths were protected from risk.

That is, they seemed to have personal resources that helped them prevail over adversities. These resources came to be called *protective factors*. Still today, there is ongoing debate about the exact definition of *protection* as well as how to put knowledge about protective factors into practice (Fraser et al., 2004; Rossa, 2002). Most investigators agree that protective factors are attributes or characteristics that lower the probability of an undesirable outcome (Benard, 2004; Rutter, 1987; Werner & Smith (1992).whether protective factors are independent of risk factors remains in contention.

The knowledge base associated with the concept of protection emerged in the 1980s, when investigators such as Rutter (1979) and Werner and Smith (1982) observed that certain positive attributes appeared to operate in the presence of risk or adversity. However, the exact definition of a protective factor quickly became a topic of debate. Most of this debate has centered on the confusion created when risk and protective factors are thought of as opposite ends of a single continuum(Pollard, Hawkins, & Arthur, 1999). For example, researchers have often identified consistent family management practices as important in producing positive outcomes in children, whereas a style of inconsistent family management is construed as a factor leading to poor outcomes.

In some studies consistent family management is identified as a protective factor, and inconsistent family management is seen as a risk factor. Using risk and protection in this manner establishes the two concepts as polar opposites, with one pole representing positive Outcomes and the other pole representing negative outcomes.

Table 1 Common Risk Factors Associated with childhood and Adolescent problems by level of Influence

<p><b>Environmental Factors</b></p> <ul style="list-style-type: none"> <li>• Laws and norms favorable to antisocial behavior</li> <li>• Poverty and economic deprivation</li> <li>• Low economic opportunity</li> <li>• Neighborhood disorganization</li> <li>• Low neighborhood attachment</li> </ul> <p><b>Interpersonal and Social Factors</b></p> <ul style="list-style-type: none"> <li>• Family communication and conflict</li> <li>• Poor parent child bonding</li> <li>• Poor family management practices</li> <li>• Family alcohol and drug use</li> <li>• School failure</li> <li>• Low commitment to school</li> <li>• Rejection by conforming peer groups</li> <li>• Association with antisocial peers</li> </ul> <p><b>Individual Factors</b></p> <ul style="list-style-type: none"> <li>• Family history of alcoholism</li> <li>• Sensation-seeking orientation</li> <li>• Poor impulse control</li> <li>• Attention deficits</li> <li>• Hyperactivity</li> </ul>
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Adapted from Fraser et al. (2004); Jenson and Howard (1999); and Hawkins et al. (1998).

Therein lies the ongoing debate among social scientists, which can be briefly summarized as two questions:

- Do risk and protective factors represent measurable levels of an attribute or characteristic that has two poles along a single continuum?
- Are risk and protective factors separate and independent constructs?

Our concept of protection holds that protective factors operate as a buffering agent to moderate exposure to risk. We offer the following definition from Fraser and Terzian (2005): “protective factors [are] resources individual or environmental that minimize the impact of risk” (p. 12). This definition is important because it views protective factors as individual characteristics and environmental conditions, and it emphasizes that those conditions or characteristics interact with specific risk factors present in either the child or the child’s environment. We argue that protective factors operate in three ways, by serving to:

- reduce or buffer the impact of risk in a child’s life,
- interrupt a chain of risk factors that may be present in a young person’s life (e.g., disrupt a potential chain of risk that begins with peer rejection and leads to involvement with antisocial peers and then to delinquency), and
- Prevent or block the onset of a risk factor. (Fraser & Terzian, 2005)

Table 1.2 shows common protective factors discussed by authors in subsequent chapters.

### **VI. Resilience: When a Child Prevails Over Adversity**

*Resilience* is characterized by successful adaptation in the presence of risk or adversity (Garmezy, 1986; Luthar, 2003; Olsson, Bond, Burns, Vella-Brodrick, & Sawyer, 2003). Fortunately, we have numerous examples of young people and adults who have “overcome the odds” of the negative effects of risks identified in areas of child welfare (Festinger, 1984), juvenile justice (Vigil, 1990), and substance abuse (Werner & Smith, 2001).

Rather than a single influence or factor, we conceptualize resilience as the outcome of a process that takes into account both the level of risk exposure and the presence of protective factors. When exposure to risk is high, evidence suggests that most children and adolescents experience some type of problem or developmental difficulty (Cicchetti & Rogosch, 1997).

In circumstances when the risk level is high, protective factors exert their influence on developmental outcomes; however, in circumstances in which the risk level is low, protective factors are more likely to have a neutral or relatively benign effect (Fraser, Richman, & Galinsky, 1999). Sameroff and his colleagues (Sameroff, 1999; Sameroff & Fiese, 2000; Sameroff & Gutman, 2004) have used the phrase *promotive factor* to refer to attributes or characteristics that have positive effects on people’s lives, irrespective of the level of risk exposure.

These researchers have argued that promotive factors (e.g., high intelligence) have direct effects on child and adolescent outcomes. Tests of the direct impact of promotive effects have been relatively limited to date (Sameroff, Bartko, Baldwin, Baldwin, & Siefer, 1999).

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

<p><b>Environmental Factors</b></p> <ul style="list-style-type: none"> <li>• Opportunities for education, employment, and other pro-social activities</li> <li>• Caring relationships with adults or extended family members</li> <li>• Social support from non-family members</li> </ul> <p><b>Interpersonal and Social Factors</b></p> <ul style="list-style-type: none"> <li>• Attachment to parents</li> <li>• Caring relationships with siblings</li> <li>• Low parental conflict</li> <li>• High levels of commitment to school</li> <li>• Involvement in conventional activities</li> <li>• Belief in pro-social norms and values</li> </ul> <p><b>Individual Factors</b></p> <ul style="list-style-type: none"> <li>• Social and problem-solving skills</li> <li>• Positive attitude</li> <li>• Temperament</li> <li>• High intelligence</li> <li>• Low childhood stress</li> </ul>
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Adapted from Fraser et al. (2004); Jenson and Howard (1999); and Hawkins et al. (1998).

Increasingly, experts are viewing resilience as the outcome of an interactive process involving risk, protection, and promotion. Thus, *adaptation*, which is expressed through individual behavior, is interpreted as an interactive product involving the presence or absence of specific risk; level of exposure to risk; and the strength of the specific risk, protective, and promotive factors present in a child's life.

### VII. Applying Principles of Risk and Resilience to Social Policy

Applications of public health principles have primarily been used to develop prevention interventions in school and community settings (Cicchetti, Rappaport, Sandler, & Weissberg, 2000; Luthar & Cicchetti, 2000; Marsten, 2001). The results have been impressive. Recent research has identified a number of efficacious risk-oriented programs aimed at preventing child and adolescent problems such as substance abuse (Foxcroft, Ireland, Lister-Sharp, Lowe, & Breen, 2003; Gottfredson & Wilson, 2003) and delinquency (Catalano, Loeber, & McKinney, 1999; Limbos et al., 2007; Wilson & Lipsey, 2007).

Research and governmental entities, which are concerned with improving the dissemination of effective programs, have made lists of effective interventions available to practitioners, educators, and the general public (Campbell Collaboration Library, 2010; Center for the Study and Prevention of Violence, 2010; Substance Abuse and Mental Health Administration, 2010). Prevention and treatment strategies using a risk and protective perspective are now widely recognized by public and private entities (at both the state and federal level) as the dominant approach to preventing and treating childhood and adolescent problems (Center for the Study and Prevention of Violence, 2010; Centers for Disease Control and Prevention, 2008b; National Institute on Drug Abuse, 1997; Schinke, Brounstein, & Gardner, 2002).

A logical next step in the application of the risk and resilience model requires extending the framework to the development of a broader cross section of programs and public policies (Fraser & Galinsky, 2004). To date, only a few examples of this process exist. Investigators in the public health field have applied principles of risk, protection, and resilience to their design of prevention strategies targeting risk factors for AIDS. Evidence suggests that the implementation of this approach has led to reductions in the spread of AIDS in many parts of the world (Sorenson, Masson, & Perlman, 2002).

A second example of using a public health framework to affect program and policy change comes from innovations in substance abuse prevention. Hawkins, Catalano, and Associates (1992) created the *Communities That Care* (CTC) program, which is a theoretically based prevention process designed to help community leaders develop and implement effective substance abuse prevention programs. The CTC program is based on the social development model (SDM), which is a general theory of human behavior that integrates perspectives from social control theory (Hirschi, 1969), social learning theory (Bandura, 1989), and differential association theory (Matsueda, 1982; Sutherland, 1973).

SDM specifies the mechanisms and causal pathways by which risk and protective factors interact in the etiology of various behaviors, including adolescent drug use (Catalano & Hawkins, 1996). The SDM proposes that four protective factors inhibit the development of antisocial behaviors in children:

- *bonding*, defined as attachment and commitment to family, school, and positive peers (Garmezy, 1986);
- *belief in the shared values or norms* of these social units;
- *external constraints* such as clear, consistent standards against drug use (Hansen, Malotte, & Fiedling, 1988; Scheier & Botvin, 1998); and
- *social, cognitive, and emotional skills* that provide protective tools for children to solve problems (Rutter, 1987), to perform in social situations

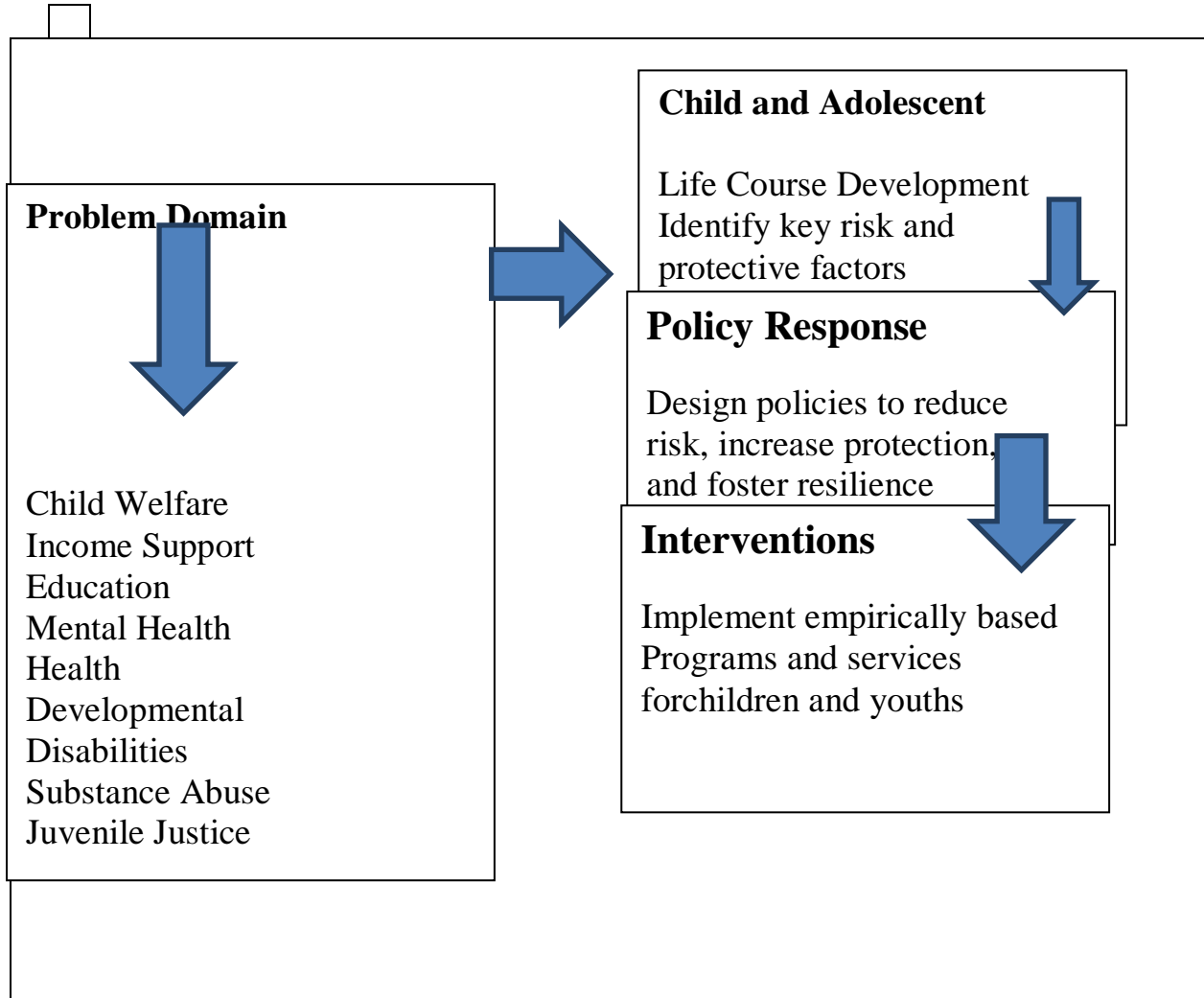
(Werner & Smith, 1982), and to resist influences and impulses to violate their norms for behavior (Hansen et al., 1987).

In the CTC model, communities form coalitions to engage in systematic prevention planning, which requires them to identify risk and protective factors for adolescent problems that are prevalent in their localities. Following the assessment of such factors, communities are encouraged to select prevention strategies based on available empirical evidence (Hawkins et al., 2008). Recent findings from the Community Youth Development Study, which is a longitudinal, randomized trial that uses principles of CTC, have revealed significantly lower rates of delinquency and drug use among students in experimental communities compared to control communities (Hawkins et al., 2008).

These groundbreaking findings suggest that well-organized and well-implemented community planning efforts that focus on risk and protection can lead to positive outcomes for young people (Hawkins, Catalano, Kosterman, Abbott, & Hill, 1999). Although the CTC model falls short of satisfying the criteria for a formal policy, it successfully initiates a process whereby knowledge of risk and protective factors becomes an integral part of program design. As implied in the preceding examples, applying principles of risk and resilience to policy design requires an understanding of the developmental trajectories associated with the onset or persistence of child and adolescent problems.

Figure 1.1 illustrates the process involved in applying a public health perspective to policy and program design for children, youth, and families. Two additional elements in the risk and resilience model, ecological theory and life course development, are outlined briefly in the next section.

**A Risk and Resilience Framework for Child, Youth, and Family Policy**



**Ecological Theory and Life Course Development**

As we mentioned earlier, we use an ecological perspective to provide a context for thinking about principles of risk, protection, and resilience over the course of child development. The ecological perspective is well known and widely applied in education, practice, and research across many disciplines and professions (Bronfenbrenner, 1979, 1986; Germain, 1991; Fraser, 2004). Ecological theory posits that development is deeply affected by interactions between the biological and psychological characteristics of the individual child and conditions in his or her environment.

**Child and Adolescent Life Course Development**

Identify key risk and protective factors

**Problem Domain**

- Child Welfare
- Income Support
- Education
- Mental Health
- Health
- Developmental
- Disabilities
- Substance Abuse
- Juvenile Justice

Implement empirically based programs and services for children and youth

### **Interventions**

Design policies to reduce risk, increase protection, and foster resilience

### **Policy Responses**

**Figure 1.1** A Risk and Resilience Framework for Child, Youth, and Family Policy

Environmental conditions are usually described as family, peer, school, and community influences (Bronfenbrenner, 1979, 1986). An ecological perspective holds that child development is a product of transactions between an organism and the context. In the vernacular of practice, child development is influenced by events that occur in the lives of young people within their family, peer, school, and community settings.

We believe social policies for children, youth, and families must be framed in an ecological perspective that considers the influence of the context. For example, a child referred to the juvenile justice system is also a child who lives within some type of family unit, attends a local school, and has a network of peers. Evidence indicates that both unique and interrelated risk and protective factors increase or decrease the likely hood of problem behavior within each of these domains (Fraser, 2004; Herrenkohl, Aisenberg, Williams, & Jenson, 2011; Jenson & Howard, 1999). Therefore, social policies are most likely to be effective when they address the myriad influences that lead to and may sustain problem behavior for young people. In earlier work, we discussed risk and protective factors in the context of the ecological perspective as a way to explain the onset and prevention of childhood and adolescent problems (Fraser, 2004; Jenson, 2004). However, the knowledge of such factors has seldom been used as a lens through which to examine social policy for children, youth, and families. Our intention is to show how principles contained in the ecological perspective can be used to create integrated policies that may cut across traditional policy boundaries found within care systems for Nigerian children, youth, and families.

## **VIII. Summary**

Knowledge gained from studies of risk, protection, and resilience has significantly affected our understanding of the onset and persistence of childhood and adolescent problems. Principles of risk, protection, and resilience have also been helpful in improving the conceptual and methodological rigor of prevention and treatment programs for children and youth (Kaftarian, Robinson, Compton, Davis, & Volkow, 2004; Limbos et al., 2007; Wilson & Lipsey, 2007). However, to date these principles have not been systematically applied to social policies for children and families. This chapter has outlined a public health framework for child and family policy based on risk, protection, and resilience.

Principles of ecological theory and life course development were introduced as essential parts of the framework. In subsequent chapters, we more fully examine the utility of a public health framework for child and family policy.

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