OPM’s Neighborhood Youth Centers:
Community-Based Prevention Programs for Urban Youth in Connecticut & their Relevance to the FWSN Process

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Examples of FWSN-Relevant Prevention Initiatives Funded by OPM

- School Attendance Grants
- Youth Development
  - Urban Youth Violence Prevention
  - Neighborhood Youth Centers

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School Attendance Grants

- The school attendance funding category supports school initiatives aimed at improving school attendance and helping Families With Service Needs (FWSN).

- The focus – since 2001 – is to provide children with positive reinforcement that promotes school attendance rather than emphasizing the need to reduce truancy, suspension and expulsion.
Funds must be used for program strategies in one or more of the following categories:

- **Making Attendance a Priority** - building awareness and commitment to regular school attendance in school buildings, in homes, and in the broader community.

- **Establishing Effective Attendance Policies** - ensuring that effective attendance policies are in place and enforced consistently across the district and within school buildings.

- **Implementing Programs** - providing best practice prevention and intervention approaches.

*Note:* Program and Evaluation projects must contain an evaluation component that includes a control or comparison group.
Youth Development

...is a process by which all young people seek ways to meet their basic physical and social needs and to build competencies (knowledge and skills) necessary to succeed in adolescence and adulthood.

OPM has funded several types of community-based programs that are relevant to the FWSN population.
Urban Youth Violence Prevention

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The Governor’s Urban Youth Violence Prevention Program is a competitive program for municipalities and nonprofit agencies that propose to serve youth ages 12 to 18 in urban neighborhoods. The purpose is to reduce urban youth violence.

The $1,500,000 program was created in 2007 by Section 9 of PA 07-4.

The 17 grant recipients were named in early October. The funded programs represent a variety of youth development approaches, and they emphasize skills, leadership development, and parental involvement.

Funding for Neighborhood Youth Centers in 2007-2008 falls under this program.
Neighborhood Youth Centers

- Neighborhood Youth Center (NYC) model
- Support from the Research Literature
- Overview of Program Evaluation Results, 2001-2007
- Conclusions: NYCs and FWSNs
The Neighborhood Youth Center (NYC) Program in Connecticut

- Designed and funded by OPM (most years, since 1994/1995)
- “To increase the range and extent of positive experiences for at-risk youth”
- Supposed to serve 12- to 17-yr-olds
- Most years, 12-29 centers in most of the state’s largest cities (Bridgeport, Hartford, New Britain, New Haven, Norwalk, Stamford, & Waterbury)
NYCs offer:

- Convenient location, within target neighborhoods
- Key hours, after school and weekends
- A range of opportunities
  - Athletics/Recreation
  - Enrichment/Tutoring
  - Skills Training
  - Parent and Youth Involvement
  - Other Prevention/Intervention Services
Considering the risk factors for FWSN, delinquency, substance use...

- **Poverty**, unsafe neighborhoods \( (Kowaleski-Jones, 2000) \).
- Irregular school attendance, antisocial behavior, alienation from goals and values, and deviant peer associations \( (Coie, 1996) \).
- **Unsupervised** peer contact in the after-school hours, especially for adolescents in low-monitoring homes and unsafe neighborhoods \( (Pettit et al., 1999) \).
- Internalizing disorders (e.g., anxiety, depression), aggressiveness, low bonding to school/community, truancy/drop-out, delinquent peers, gang membership, and community disorganization \( (Hawkins et al., 2000) \).
And the protective factors...

- The involvement of supportive adults and peers; beliefs that promote school success and the rejection of crime and substance use (OJJDP, 1999).
- "Adolescents who are able to balance positive expressions of relatedness to others with an understanding of how social interactions can be supportive of both autonomy and relatedness" (Kuperminc, Allen, & Arthur, 1996, p. 417).
- Problem-solving skills, self-esteem, social and interpersonal skills, religious commitment, a close relationship with at least one person, a close friend, belonging to a supportive community, and bonding to a social institution (Bogenschneider, 1996).
Results of Studies of Involvement in Youth Programs

- Participation in community youth organizations has been linked to higher self-esteem, self-control, and educational goals and achievement, and to lower rates of delinquency, although longitudinal research is limited (Larson, 2000).

- Recreation-based programs help youth develop social skills and self-esteem & reduce delinquency & substance use (Tolan & Guerra, 1994).

- Programs that involve youth in their communities have an empowering effect (increasing connection and reducing alienation), esp. when youth are given choices in their types of involvement (Allen et al., 1990).
Research Literature: Roth, Brooks-Gunn, Murray, & Foster (1998)

- Review of 15 neighborhood, prevention-oriented, youth development programs
- The most effective programs (i.e., those yielding positive outcomes for youth) included:
  - more elements of the youth development framework
  - opportunities for the development of caring adult-adolescent relationships (but not necessarily 1-on-1 mentoring)
  - a long-term approach to engaging youth throughout adolescence
The Program Evaluation

- The program began in 1994 and continues today; grants to centers are competitive.

- OPM:
  - Are the centers “effective”?
  - Which centers should be funded?
  - How do we improve the centers?

- Evaluations by UConn’s Center for Applied Research in Human Development (Steve Anderson, Ron Sabatelli, & Preston Britner [2001 only])
  - Process Data (e.g., attendance & participation)
  - Outcome Data (youth; staff; directors)
Youth Survey Data (2001)

- Demographics; Involvement (duration/intensity/type); Satisfaction
- Social support (Canty-Mitchell & Zimet, 2000)
- Parental monitoring (Voydanoff & Donnelly, 1999)
- Alcohol, tobacco, and drug use (Johnston, Bachman, & O’Malley, 1997)
- Youth Self-Report (Achenbach, 1991) syndrome scales:
  - anxious/depressed
  - aggressive behavior
  - delinquent behavior
Youth (N=1360) who participated in the activities of 24 Centers completed anonymous, self-report surveys.

The youth who completed the survey were representative of the total population of registered youth on all demographics.
Demographics

- 54.4% male, 45.6% female

- Poor (74% on a reduced lunch program; median household incomes below $20,000)

- Single parent homes (39% lived in mother-headed households; only 28% lived with both parents).
Ethnicity & Age of Youth

- African American
- Hispanic
- White
- Other

- 18+
- 17-16
- 15-14
- 13-12
- 11 -
Educational Attainment and Extracurricular Participation

In spite of the presence of risk factors for educational failure, participants:

- attended school (96%) or college (2%); a mere 2% were not enrolled in school or college.

- reported academic success, as indicated by their grade point averages (16.3% "A"; 52.5% "B"; 27.8% "C"; 2.8% "D"; 0.6% "F").

- 58.1% were involved in an extracurricular school sport or activity.
Most participants felt supported by family, friends, and a special staff person.

12-item mean = 2.85 on a 7-point scale ("1" represented "very strong" agreement with the statement of support and "7" represented "very strong" disagreement).
Most youth also reported frequent parental monitoring (i.e., that parents knew where they were "most of the time" or "almost all the time" (71.4%) and with whom they were spending time (69.1%).
Youth Involvement

- A majority of the youth were involved in athletics (87%), enrichment (66%), skills training (66%), and other activities (78%) at the centers.

- They spent 1-24 hours/week (mean = 4.9) at the centers.

- They varied in their length of involvement with the centers (41% had attended for 2+ years; 16% had attended 6 months to 2 years; 43% had attended for less than 6 months).
Satisfaction with the Centers

Youth were equally happy with the centers, programs, facilities, and staff (mean = 3.2 on a 4-point scale, where "3" was "somewhat happy" and "4" was "very happy", for each of the 4 questions; alpha = .89).
Risk Behaviors

- A majority of NYC youth reported no tobacco, alcohol, or other illegal drugs over the past 30 day period.

- Rates of drug usage among NYC youth were lower than national rates for substance use (past 30 days) for the year 2000, according to the Federal Interagency Forum on Child and Family Statistics (2001).
## Substance Use (Past 30 Days)

<table>
<thead>
<tr>
<th>Substance</th>
<th>NYC</th>
<th>Norms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>8.1%</td>
<td>14%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>10.9%</td>
<td>--</td>
</tr>
<tr>
<td>Alcohol to Intoxication</td>
<td>5.2%</td>
<td>26%</td>
</tr>
<tr>
<td>Illicit drug use</td>
<td>6.5%</td>
<td>23%</td>
</tr>
</tbody>
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Scores on the YSR scales correlated ($p < .001$) with rates of reported use of tobacco, alcohol, and other illegal drugs (i.e., those using substances were more likely to experience problem behaviors).
### Youth Self-Report (YSR) Syndromes

<table>
<thead>
<tr>
<th>Syndrome</th>
<th>NYC</th>
<th>Norms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxious/Depressed</td>
<td>5.9</td>
<td>5.1</td>
</tr>
<tr>
<td>(16 items; alpha = .88)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aggressive Behavior</td>
<td>8.7</td>
<td>8.5</td>
</tr>
<tr>
<td>(19 items; alpha = .89)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delinquent Behavior</td>
<td>3.8</td>
<td>3.2</td>
</tr>
<tr>
<td>(11 items; alpha = .80)</td>
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<td></td>
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</tbody>
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- **Total Score (46 items; coefficient alpha = .95):** Inter-correlations of the scales ranged .61 to .77
Effects of Intensity/Duration of Center Involvement

- There were no effects of intensity or duration of youth involvement on decreased risk/problem behaviors and/or increased prosocial/protective behaviors (e.g., "connection" with an adult mentor, strong school grades and attendance).

- The one exception was that those youths who had been involved with the NYC's for 2+ years were more likely to view staff members as supportive than those who had been involved with the center for less than 2 years, $F (2, 1228) = 4.55, p < .05.$
Effects of Reported Social Support

- Social support (overall) and social support derived from center staff (specifically) were correlated significantly with drug use ($p < .01$) and YSR problem behavior scores ($p < .01$).

- Adolescents who reported a strong connection with staff were less likely to report drug use or internalizing or externalizing behavior problems.
Youth Survey (2001) Conclusions

Despite the risks associated with the poor, urban neighborhoods in which the centers exist, youth participants showed high levels of scholastic achievement, extracurricular involvement, social support, parental monitoring, and satisfaction with the centers. They also exhibited low rates of problem behaviors and substance use.

The youths' level of involvement (i.e., types and amount of current activities) and duration of involvement with the centers had few direct effects. However, youth who reported staff members to be a source of social support were less likely to report drug use or behavior problems.
Limitations

- Non-experimental design, cross-sectional self-report data

- Does not allow us to conclude that NYC youth demonstrate few problem behaviors because of their center participation. Youth with personal, familial, or other protective factors may self-select into consistent involvement in centers.

- At the same time, the data suggest that the centers are well received by the youth, and that involvement with the centers may function as an additional buffer against negative outcomes.
2004 Report
- Attendance data revealed that the Centers were starting to serve even more children UNDER the age of 12 years – especially in Centers that have direct school connections.
- Longitudinal (pre- to post-) data showed that attitudes toward school changes (in a POSITIVE direction) over time.

2007 Report
- Program improvement efforts (working with personnel from The Consultation Center, Yale) were successful.
- All 12 Centers increased their scores in most areas they had targeted for change.
- Overall, 65% of the implementation team’s goals were met/exceeded.
NYCs and FWSNs

- In conclusion, NYCs are serving young minority youth in high risk urban neighborhoods.
- Data suggest that positive results for youth come from both selection AND Center effects.
- Localities should consider NYCs (and other community-based, positive youth development programs in Connecticut’s cities) as part of a network of prevention/positive youth development options for youth.
NYCs and FWSNs

- NYCs are probably best as a pre-FWSN program. However, some “low end” FWSNs could also benefit from such programs.

- An expansion of the network of community-based, positive youth development opportunities in the state would likely help reduce the # of FWSNs. Studies of the effects (and cost-effectiveness) of such efforts will need to be coordinated at the state level.