CONDITION OF YOUTH
IN OUR COMMUNITY

United Way

United Way
of East Central Iowa

The youth of today are the **leaders of tomorrow.**

They will become adults in the workforce, community members, parents, and role models, and their success will directly impact the success of our community. The investment we make in our youth is critical to ensure a healthy and productive society. Because of this, many researchers have devoted countless hours to identifying leverage points in the lives of children—the things that if we could positively impact them, would result in an optimistic, productive trajectory for the youth in our communities.

So what makes our youth successful, and what can we do to ensure they thrive now and in the future?

BUILDING BLOCKS FOR SUCCESS

Oftentimes when we think of a child's success, we think of their academic success in school. However, academic success is only one part of the picture. It's not just book smarts which help prepare an individual for work and life, rather there are additional social-emotional skills that set the foundation for overall success. The reality is, children learn and develop through every social interaction they have—from school to the home, the grocery store to the post office, online and off.

Researchers have identified three key building blocks of a child's success. To be successful, children must have:
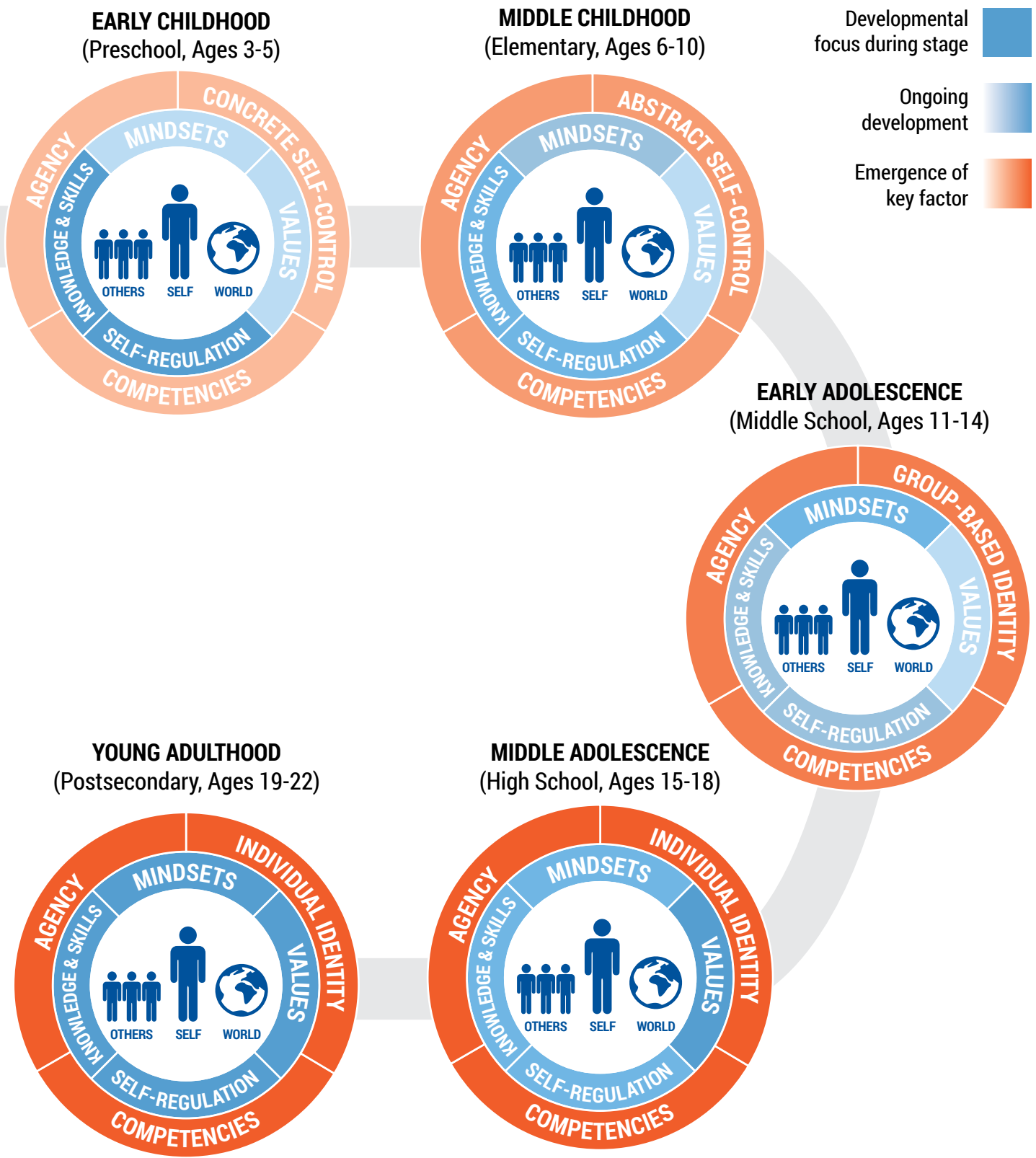
- **Agency:** power to actively make choices about their life

- **Competencies:** abilities needed to successfully complete tasks and roles

- **Integrated Identity:** a sense of self across multiple social identities (e.g., race/ethnicity, profession, religion)[1]

There are four social-emotional foundational components that underlie these factors.[1]

- **Self-Regulation:** awareness of self and how to interact with others and surroundings; ability to manage one's feelings, attention, and actions

- **Knowledge & Skills:** information and abilities needed to carry out a task

- **Mindsets:** beliefs and attitudes about the world, oneself, and how they interact

- **Values:** beliefs about what is important, good, and right

Research shows that each of these key building blocks and components develop over different stages of a child's life as illustrated in **FIGURE 1**. It is important for us as a community to recognize what competencies are being built at what stages, so we can provide children opportunities and interactions that allow them to develop these essential skills through social and emotional learning (SEL). • • • • • •

FIGURE 1
DEVELOPMENT OF BUILDING BLOCKS FOR SUCCESS[1]

EARLY CHILDHOOD
(Preschool, Ages 3-5)

MIDDLE CHILDHOOD
(Elementary, Ages 6-10)

Developmental focus during stage

Ongoing development

Emergence of key factor

EARLY ADOLESCENCE
(Middle School, Ages 11-14)

YOUNG ADULTHOOD
(Postsecondary, Ages 19-22)

MIDDLE ADOLESCENCE
(High School, Ages 15-18)

Nagaoka, Jenny, et al. Foundations for Young Adult Success.
The University of Chicago Consortium on Chicago School Research

WHAT IS SOCIAL AND EMOTIONAL LEARNING?

A focus on social and emotional learning (SEL) is important from the beginning. As children grow, they begin by developing self-regulation, knowledge, and skills in early childhood, which eventually form mindsets and values in their adolescent years.[1] Social and emotional learning is known as "the process through which people acquire and apply the knowledge, attitudes, and skills to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions." [2]

A child who has a strong social and emotional foundation has the following competencies [As identified by The Collaborative for Academic, Social, and Emotional Learning (CASEL)]:[3]

- Self-awareness
- Social awareness
- Responsible decision-making
- Self-management
- Relationship skills

The core features of emotional development include the ability to identify and understand one's feelings, to accurately read and comprehend emotional states in others, to manage strong emotions and their expression in a constructive manner, to regulate one's behavior, to develop empathy for others, and to establish and maintain relationships.[3]

WHY IS SEL IMPORTANT?

It is essential that our society invests in SEL for our children, because a child who possesses a strong social-emotional skill set is more likely to succeed in life. Social and emotional competencies have been positively associated with desirable outcomes such as wage growth, job productivity, and long-term employment. It has also been shown to reduce violence, drug use, delinquent behavior, and mental health problems.[2]

Our children deserve to lead healthy and successful lives, but the reality is, there are risk factors and barriers that make it harder for some children to acquire these social-emotional skills. These barriers must be recognized and addressed to help children reach their full potential.

RISK FACTORS FOR YOUTH

There are multiple obstacles children may have to overcome to succeed in their school, community, and life. These barriers impact students of color and other marginalized youth at a disproportionate rate and can impact their ability to develop the social and emotional competencies—as well as academic skills—needed to succeed.

These barriers include:

- **Poverty:** limited access to much needed healthcare and social and economic resources
- **Exclusionary discipline practices and policies:** policies such as suspension or expulsion from school often cause students to lose out on SEL opportunities, therefore resulting in a higher likelihood of engaging in risky behaviors (e.g., drinking, substance abuse, and violence)
- **Lack of trauma-informed practices:** environments that don't recognize or address effects of trauma in children may retraumatize children and worsen the risks
- **Implicit bias regarding student expectations:** unconscious stereotyping that negatively impacts student interactions and expectations[4]

In addition to these barriers, many children are impacted by Adverse Childhood Experiences (ACEs) in their lifetime. Fifty-six percent of children in Iowa have experienced at least one ACE.[5] • • • • • • • • • • •

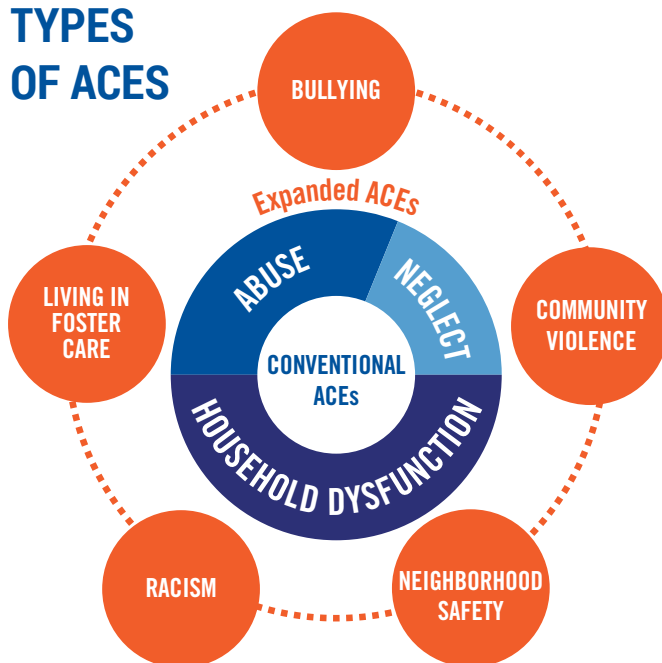**1** in **3** **children has** experienced **3+ ACEs**

RISK FACTORS FOR YOUTH, CONTINUED

Research on Adverse Childhood Experiences (ACEs) states that when a child experiences consistent trauma—including situations of abuse, neglect, witnessing violence, or general maltreatment—the brain adapts to these situations by elevating stress hormones (known as cortisol). Long term stress hormones can alter parts of the brain tied to emotional regulation, visual and spatial memory, language and math proficiency, and other important abilities.[6] This has great long-term implications on the ability of a child to develop their social-emotional skills.

In fact, research shows that youth ages 6-17 with at least one ACE are less likely to be able to stay calm when faced with a challenge, less interested in learning new content, and less likely to be able to complete tasks they have started than peers with no ACEs.[6]

Additionally, there is a relationship between childhood exposure to abuse and household problems and chronic disease in adulthood, including cancer, liver disease, skeletal fractures, chronic lung disease, and heart disease. Investigators also found relationships between early adverse life events and other health problems such as smoking, suicide, depression, obesity, drug use, alcoholism, teen pregnancy, sexual risk behaviors, and sexually transmitted diseases.[7]

FIGURE 2
TYPES OF ACES

Expanded ACEs

BULLYING

LIVING IN FOSTER CARE

ABUSE NEGLECT

CONVENTIONAL ACEs

HOUSEHOLD DYSFUNCTION

COMMUNITY VIOLENCE

RACISM

NEIGHBORHOOD SAFETY

SOCIAL AND EMOTIONAL LEARNING AND MENTAL HEALTH

Up to 1 in 5 children in the United States are affected by mental health disorders, and current research shows that an average delay between the onset of symptoms and intervention is 8–10 years. Twenty-one percent of children in Iowa from 2015-2016 had one or more emotional, behavioral, or developmental conditions.[8] Children often manifest their inner distress in the form of challenging behaviors. As a result, a disproportionate number of children with mental health conditions end up in child welfare and juvenile justice systems.

Nearly 70% of children within these systems have a mental illness.[9] Often, these children have experienced multiple adverse experiences causing trauma. One in four teens experience at least mild symptoms of depression, raising the risk of engaging in dangerous behaviors, death from suicide, misuse of drugs or alcohol, decreased performance in school, or running away.[10] Early intervention for our children is critical as it can prevent long-term problems. Unaddressed social, emotional, and mental health needs can affect children well into adulthood.

Prevent Child Abuse Iowa defines resilience as adaptive responses in the face of challenging situations such as trauma, adversity, tragedy, threats, and chronic sources of stress. Resilience may look different at various developmental stages from childhood into adulthood, and strategies for building resilience may be different for everyone based on their development, resources, and situation. For children, one suggested way to build resiliency is to follow Ginsburg's Seven Cs—or Essential Building Blocks of Resilience (**FIGURE 3**). SEL is shown to help build resilience in children with mental health disorders which results in greater social and emotional well-being.

The process of building resiliency takes work—it's challenging and personal, yet helps people become more flexible and patient. Resiliency in an individual is promoted through relationships with oneself and others while communities build resilience through social connectedness, engagement,

FIGURE 3

BUILDING BLOCKS OF RESILIENCE

and social-emotional education. SEL is critical for children, as it instills life-long coping strategies for trauma. Both individuals and communities can benefit from resiliency; while individuals maintain optimism, communities remain connected and supportive.

SUICIDE IS THE THIRD LEADING CAUSE OF DEATH IN CHILDREN AGES 10–14 AND SECOND FOR YOUNG ADULTS AGES 15–24.

90% of those who died by suicide had an underlying diagnosed or undiagnosed mental health issue or concern.

Iowa Department of Public Health (IDPH) collaborates with Iowa schools to conduct the Iowa Youth Survey (IYS). IDPH conducted a survey with students in sixth, eighth, and eleventh grade attending Iowa public and private schools. Of the 6,786 students in Linn County in 2016 who responded to the survey:

12% take prescribed medication to help them not feel angry, anxious, nervous, or sad

17% felt hopelessness in the past, which stopped them from doing some usual activities

13% had thoughts of suicide; 8% had made a plan and 4% reported having tried to kill themselves

15% have someone in the home that has a serious alcohol or drug problem

13% live in a neighborhood where there is fighting, crime, or illegal drugs

COPING

COMPETENCE

CONFIDENCE

CONNECTION

CONTROL

CONTRIBUTION

CHARACTER

SNAPSHOT OF YOUTH IN LINN COUNTY

FREE OR REDUCED-PRICE LUNCH ELIGIBILITY
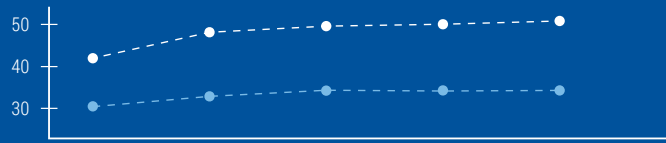
CEDAR RAPIDS SCHOOL DISTRICT	2012	2013	2014	2015	2016
	42.7%	**46.5%**	**49%**	**50%**	**51.1%**

UWECI 5 COUNTY SERVICE AREA	2012	2013	2014	2015	2016
	31.1%	**32.4%**	**34.2%**	**34.2%**	**34.6%**

"Student Demographic Information: Free and Reduced-Price Lunch (FRL)." Retrieved from https://www.educateiowa.gov/education-statistics.

ABUSED OR NEGLECTED KIDS
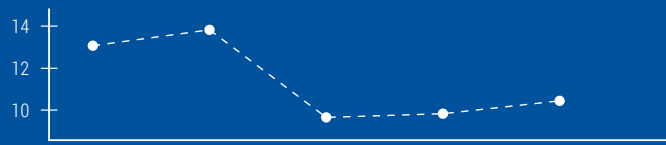
2012	2013	2014	2015	2016
13.0%	**13.6%**	**9.7%**	**9.8%**	**10.5%**

KidsCount Data Center; Child abuse and neglect (per 1,000 children, age 0-17); data provided by: Child and Family Policy Center; retried from <http://datacenter.kidscount.org/> (2015)

HAVE AN ADULT WHO LISTENS AT HOME
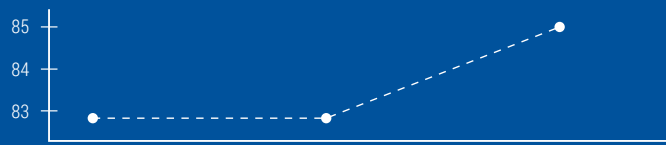
2012	2014	2016
83%	**83%**	**85%**

Iowa Department of Public Health; Iowa Youth Survey, Linn County Results; <www.iowayouthsurvey.iowa.gov>; (2016)

POSITIVE ATTITUDE TOWARD SCHOOL
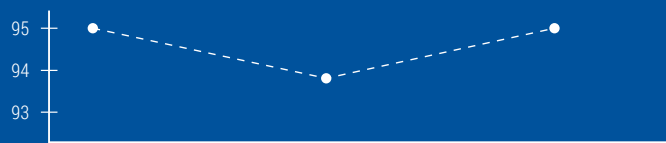
2012	2014	2016
95%	**94%**	**95%**

Iowa Department of Public Health; Iowa Youth Survey, Linn County Results; <www.iowayouthsurvey.iowa.gov>; (2016)

UNSUPERVISED AFTER-SCHOOL
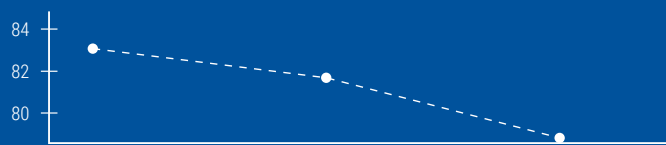
2012	2014	2016
83%	**82%**	**79%**

Iowa Department of Public Health; Iowa Youth Survey, Linn County Results; <www.iowayouthsurvey.iowa.gov>; (2016)

We have TOO MUCH TO LOSE if we do not help our youth achieve well-being.

WHY IT MATTERS

- Youth in poverty are less likely to reach their potential than their higher income peers, and less likely to develop their social-emotional competencies [4]

- Youth who are abused or neglected often experience psychological disorders, substance use or disorders, relationship challenges, and chronic health issues as a result [6]

- Youth who lack positive relationships are less hopeful, with hope being the most accurate predictor of post-secondary success [11]

- Youth who are unsupervised are more likely to engage in risky behaviors (e.g., alcohol and drug use, unsafe sexual activity, become victims or perpetrators of violence) [12]

Our children need our help in reducing these risks and addressing trauma, so they can reach their full potential. The good news is that social-emotional skills are malleable and teachable just like cognitive skills, and with effective interventions and opportunities, can be readily learned. [2]

WHAT CAN WE DO ABOUT IT?

When it comes to SEL, Developmental Psychologist Stephanie Jones of The Harvard Graduate School of Education promotes a "whole-school," "whole-family," "whole-day" approach when working with children. This means consistency across settings (school, home, out-of-school time programming) is necessary when helping youth build their SEL and focusing on age-appropriate activities and developmental opportunities in each area is essential to success. [13]

In the spring of 2018, United Way conducted a survey of organizations that serve youth. The results indicated there are a variety of approaches to SEL—some more formal than others. Some organizations are using an evidence-based curriculum. Half of organizations have experience with SEL and are using a curriculum that addresses it (nine different curricula were mentioned). And school districts are also using distinctly different approaches to address this need. Models include PBIS, Second Step, and the CDCs Whole School, Whole Community, Whole Child Model.

To create a healthy eco-system that supports the social and emotional well-being of all children, it will be essential to work together to build effective collaborations across complex systems— also known as Collective Impact. The key to achieving this impact will be mutually reinforcing activities, shared language and measures, and structures that support action and learning.

At College Community Schools, educators take a multi-tiered approach to meeting the social and emotional needs of students. All students receive instruction in social and emotional skills from teachers and counselors using researched-based materials. Some students receive additional instruction based on their needs.

The district has also partnered with local agencies to intregrate services and support during the school day.

In the coming year, the district plans to enhance this approach by administering universal screenings to ensure students with additional needs are identified in a timely manner.

Laura Medberry
PK-12 Director of Learning Supports
College Community School District

WHAT'S NEXT

United Way has made it a priority to focus on SEL and well-being since the spring of 2018. Our goal is to encourage and support the integration of SEL across all environments (home, school, and community) and create a positive, seamless eco-system for our youth that reduces disparities in successful outcomes. Efforts include:

Community Collaborations

Reading into Success (RiS): a community collaboration led by United Way of East Central Iowa to get students reading proficiently by the end of third grade. A member of the national Campaign for Grade-Level Reading, RIS is a local collaboration of more than 25 organizations. One of the RIS workgroups focuses specifically on hope and engagement—two important indicators of social-emotional well-being.

Spark*5: a prevention-based, community collaboration between first-time parents living in the 52404 zip code and more than 10 community nonprofits, spark*5 focuses on transforming the first 2,000 days of children who live in poverty.

United Way's Education Advisory Team: a group that includes area education leaders and stakeholders with a history of pursuing collaborative strategies such as the Campaign for Grade Level Reading and the Gallup Student Poll. This year the team will explore collaborations that focus on SEL.

Community Resilience Coalition of East Central Iowa (CRC-ECI): This collaborative group has representatives from multiple sectors including mental and behavior health and early childhood and school district representatives. CRC-ECI focuses on three areas of impact:

- Build resilience in children and parents through family engagement.
- Build resilience and compassion in communities by increasing community awareness and utilizing resources.
- Adjust practices to develop more responsive and healing environments.

Initiatives and Programs

United Way funds initiatives and programs in local nonprofits that support positive youth development:

- Big Brothers Big Sisters of Cedar Rapids & East Central Iowa
- Boys and Girls Clubs of Cedar Rapids
- Jane Boyd Community House
- Kids First Law Center
- Kids on Course
- Waypoint
- YouthPort
- YPN

The social emotional well-being of families is very fragile in today's society. When a family does reach out for help, the navigation of services often becomes a tiresome and confusing task.

YouthPort was formed to help families navigate those rough waters more effectively and efficiently. We found the biggest barriers for families struggling with social emotional well-being was the ability to identify and access supports including those beyond the scope of what each of our organizations provided.

Once our team created a central referral process, we were able to provide families with services and outside referrals for mental health needs, early childhood literacy, family support services, and after-school and summer programs. Our families now have a quicker and easier access to the services they need. This streamlined approach results in a more stable families and happier, healthier children.

YouthPort Team

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