

Building Social Health:  
Creating a Youth-Friendly Community in Thurston County

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In 2015, the Office of Homeless Youth Prevention and Protection Programs was established in Washington State with the goal of working towards reducing and eliminating youth and young adult homelessness (Washington State Department of Commerce, n.d.). In Thurston County alone, there were 180 young people under the age of 25 who were considered homeless during the annual Point in Time Count (Thurston County, 2015). There is a clear connection between foster care and homelessness. In fact, a recent study found that within the first year of aging out of the foster care system 28% of youth will experience homelessness (Ford Shah et al., 2015). The two most common reasons for homelessness reported by respondents were job loss and family crisis or break-up (Thurston County, 2015).

One aspect that has been shown to correlate with positive outcomes in educational and occupational attainment is the development of social health (Eccles & Gootman, 2002b). The National Research Council and Institute of Medicine of the National Academy of Sciences Committee on Community-Level Programs for Youth proposed five separate components of social development including connectedness, sense of social place/integration, attachment to pro-social/conventional institutions, ability to navigate multiple cultural contexts, and commitment to civic engagement (as cited by Hamilton, Hamilton, & Pittman, 2004). Another way of considering social health is to examine a young person's social capital which can be utilized in connecting them to employment, education and other service opportunities (Larson & Walker, 2005).

The scope of this paper will be to assess the existing opportunities to develop social health in Thurston County for young people under the age of 25. This age group has been identified because it has been shown that the brain continues to develop into the 20's (Henig, 2010). Also, several of the programs in Thurston County that focus on youth and young adult

homelessness use this age in their eligibility criteria. The goal of this paper will be to propose an agenda for building a youth friendly Thurston County.

### **Interview**

Being new to the area, I wanted to interview someone who had extensive knowledge of the community and its resources. Liz Snyder is the Program Coordinator for the Supplemental Education Transition Planning Program (SETuP) and Independent Living Skills (ILS) programs at Community Youth Services (CYS), serving Thurston, Mason and Lewis Counties. Ms. Snyder has a long history of working with youth and young adults who have experienced foster care and/or homelessness in Thurston County. She began work as floor staff at a girl's group home and worked her way up to program manager of the home before moving to work at CYS as the Team Coordinator of the local AmeriCorps Reading Corps. Six years ago, Ms. Snyder moved to her current position. CYS is a large, youth-focused agency in Western Washington and it has a multitude of programs serving youth and young adults. Since Ms. Snyder has lived in Thurston County for most of her life and has been with CYS for over a decade, I knew she would be a great source of knowledge of what opportunities existed for young people in the area.

The interview with Ms. Snyder covered many aspects of social health development in youth. The following commentary introduces the reasoning behind several of the interview questions. A full list of questions and Ms. Snyder's responses can be found in the Appendix.

- How would you define social health? What does having good social health mean for a young person?
  - There are several different working definitions of what it means to have positive social health (Hamilton et al., 2004; Larson & Walker, 2005). I wanted to know

what this term meant to Ms. Snyder, so that I could understand her point of view on social health in order to frame the rest of our conversation.

- Do you believe there is a disparity between opportunities to develop positive social health between different populations in the area?
  - One principle of Positive Youth Development is the idea that all youth should be given the opportunity to thrive (Hamilton et al., 2004). Yet, research on and program participation of marginalized populations is lacking (Lerner et al., 2014; Russell & Van Campen, 2011). I was curious of Ms. Snyder's assessment of the community opportunities available to different populations. Any community agenda would need to address the disparity if one did exist.
- One aspect of positive social health is the ability to interact with multiple cultures. Do you believe this is easier or harder for youth today compared to 20 or 30 years ago? Why? How do you think community partners can assist in this area of development?
  - Both the Committee on Community-Level Programs for Youth and the Search Institute include cultural competence or the ability to interact in multiple cultural contexts as aspects of social health (Hamilton et al., 2004). We are living in an ever growing diverse population. In fact, "the U.S. is projected to become a majority-minority nation for the first time in 2043. While the non-Hispanic white population will remain the largest single group, no group will make up a majority" (United States Census Bureau, 2012). If young people today are exposed to more cultures are they more able to navigate different cultural contexts? I wanted Ms. Snyder's opinion on this issue. I also wanted to

understand where she saw the community's role was in this specific aspect of development.

- Do you think technology is affecting youth's ability to develop positive social health?

How so?

- Irvine (2006) as well as Henig (2010) discuss how technology is changing youth development. For example, technology has increased access to adult content for younger youth, which some argue contributes to them growing up faster (Irvine, 2006). I was interested in learning Ms. Snyder's opinion on technology and social health. Since technology is a growing aspect of youth's lives, any connection between it and social health (positive or negative) should be addressed in a community agenda.

Ms. Snyder made several interesting points as we discussed youth opportunities to develop positive social health in Thurston County. I started the conversation by having Ms. Snyder explain what positive social health meant to her. Ms. Snyder believes an individual has positive social health if they have stable housing, a job with a living wage, and access to affordable health care. Furthermore, a sign of good social health would be if a young person can feel that they are part of the community and that their voice is being heard. This information set the stage for the rest of our discussion.

Throughout the interview Ms. Snyder made it clear that in her opinion poverty and access to basic needs and resources is a critical barrier to youth developing positive social health. This idea was consistent from her definition of social health to her recommendations to the community which includes increasing access to housing and work training programs. Ms. Snyder sees that there is still a lot of prejudice against marginalized groups, especially towards

those in lower socio-economic statuses. She also notes these attitudes appear to be more prevalent in the rural areas of Thurston County. In respects to technology, Ms. Snyder feels that it has served to further isolate young people and has impaired their ability to verbally communicate. With all of this in mind, she believes that the community needs to provide young people with more life skills training and more opportunities for real life experiences including cross-cultural interactions. Ms. Snyder advocates for these opportunities to be available for young people at an earlier age.

Ms. Snyder also stressed the importance of community collaboration in helping youth succeed. She listed several organizations and programs that serve young people in the area. She believes youth serving organizations in Thurston County do a pretty good job of collaborating for the benefit of the youth; however, she sees the need for such collaboration to be more youth led. Even with all these programs, Ms. Snyder noted, with frustration, that there are still significant gaps in the system. She emphasized that as a whole, the community is failing in providing an environment where youth can thrive socially.

### **Evaluation**

In reviewing our conversation, many of Ms. Snyder's responses align well with the principles of positive youth development. For instance, her focus on youth voice both in her definition of positive social health, and also in her recommendation for changing community collaboration is in line with several PYD theories and frameworks. One such framework is the Rings of Youth Engagement which includes youth voice and input as one of the four essential components (rings) of youth engagement, the others being participation, passion and collective action (Saito & Sullivan, 2011). In addition, Ms. Snyder's emphasis on the need for more life skills and real life/challenging experiences along with community collaboration reflects PYD

practices. Eccles and Gootman (2002a) include opportunities for skill building and integration of family, school and community efforts as part of the essential features of positive youth development settings. Finally, Ms. Snyder also recognized that youth do not develop alone, but rather in the context of community. This is consistent with Bronfenbrenner's Bioecological Model as discussed by Hamilton et al. (2004).

However, there was one aspect of our conversation that stood out as being at odds with positive youth development principles. Ms. Snyder typically had a deficit view of the community and the resources it had to offer. Lerner and colleagues (2014) proposed as a PYD theory of change, that all youth have strengths and all contexts have strengths and it is when these strengths are aligned that positive development occurs. While Ms. Snyder was aware of many of the resources the community had to offer, she focused the conversation on what was lacking and generally viewed the community as negative. To align better with PYD principles I would propose looking for the strengths in the community. This not only includes the organizations and programs available, but also the actual community members. In the short time that I have worked in area, one strength that I have seen is the amount of passion and commitment from youth workers. I also think, that with Thurston County being the home of the state capital there is an untapped resource in our state policy makers and government officials.

### **Youth-Friendly Community Agenda**

Originally, I was narrowly thinking of social health as an independent silo, however Ms. Snyder really brought forward that the first step to working towards providing opportunities for development in this area would be to begin by assuring that young people have a solid foundation. This would include basic needs like shelter, food and health care are met. With this

and the rest of our discussion in mind, I would make the following recommendations to Thurston County:

- Provide basic needs including housing, food and health care to all youth.
  - “Young people need stable places, which are theirs and where they can feel safe. One place can –and should –be home. ... Young people need access to basic care and services that are appropriate, affordable and, if necessary confidential” (Pittman, Irby, Tolman, Yohalem & Ferber, 2003, p. 12). Young people cannot focus on positive development if they are constantly in ‘survival mode.’ By ensuring their basic needs are met, they will have greater opportunity to focus on their development.
- Expand access to life skills training programs which would include opportunities for real life/challenging experiences
  - Currently, there is a program available for foster youth that focuses on teaching life skills. Independent Living Skills (ILS) programs provide individual and group training opportunities in numerous areas including nutrition, study skills, money management and job readiness. ILS trainers work with participants to define goals and work alongside the youth to reach those goals. ILS is offered to youth ages 15-21, with the requirement that the young person be in an open dependency (i.e. in some form of foster care) for at least 30 days after their 15<sup>th</sup> birthday (Washington State Department of Social and Health Services, n.d.). This program is a good beginning model and could be expanded to include younger youth and youth experiencing homelessness.



- Continue and increase collaborations between youth serving organizations, other community organizations and businesses
  - Youth do not develop in a single context, but in a multitude of environments. It is important to build on the current collaborations that exists between youth serving organizations and expand to include other agencies and individuals who can play a role in assisting youth in developing social health.

### **Next Steps and Conclusion**

To work towards these recommendations, a resource guide for Thurston County should be created, which would include information about the available services and eligibility requirements. In the process of creating the resource guide it will be important to identify gaps in services. Once these gaps are discovered, a town hall meeting with youth, community organizations, business professionals, and policy makers could be held to identify potential partnerships within the community to address these concerns. One possible outcome from this meeting could be support for a workshop series led by community businesses. It will be important to follow up on the ideas and partnerships proposed and to continue the conversation.

In order to make progress in reducing and ending youth and young adult homelessness in Thurston County community members need to recognize the importance in providing basic needs to all. Beyond that it is important to acknowledge not only the strengths of the individual, but also those that exist within the community. The entire community needs to work together in supporting young people in building their social assets as a way to escape homelessness and achieve independence.

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## Appendix

The following is the complete list of interview questions and responses:

1. Can you tell me a little about yourself and describe your experience/history working with young people?
  - a. 30's college student after divorce
  - b. Raised in extreme poverty
  - c. Work History
    - i. 8 years at Brentwood Group Home → girl's home for 13-18-year old's
      1. Started as floor staff worker her way up to program manager
      - ii. Moved to CYS as Teem Coordinator for the AmeriCorps Reading Corps
      - iii. 6 Years ago moved to ILS/SETuP Program Manager
    - d. Personal focus on poverty and changing the way people think about poverty
2. How would you define positive social health? What does having good social health mean for a young person?
  - a. Look at a community as a whole
    - i. No poverty/street living
    - ii. Access to safe housing
    - iii. Living wage for all
  - b. For the Individual
    - i. Good housing, job, health care
    - ii. Feel a part of the community and have voice heard
3. What are the systems/activities in our community that help youth achieve social health? Are there examples of ones you are familiar with?
  - a. CYS Transitional Housing (available for those under 24yrs)
  - b. HUD → provides limited housing
  - c. Family Support Services
  - d. Iggy Hop → Provides hygiene supplies to those on the streets
  - e. Capital Recovery Center → Chemical Dependency Services
  - f. Rosie's Place (part of CYS) → Drop in Center/ Shelter for homeless youth (up to 24 yrs)
    - i. Has Free Health Clinic
  - g. Thurston County Food Bank → More Rural Services
  - h. \*\*Most resources in Olympia are connected, if a client comes to one place there are easy referral systems for other services
4. Do you believe there is a disparity between opportunities to develop positive social health between different populations in the area?
  - a. Yes
    - i. Middle class and Upper class have more opportunities

- ii. Differences by race also
  - iii. Thurston County is not very racially diverse →but can still see the differences
- 5. One aspect of positive social health is the ability to interact with multiple cultures. Do you believe this is easier or harder for youth of today compared to 20 or 30 years ago? Why? How do you think community partners can assist in this area of development?
  - a. Depends
    - i. Sometimes easier and yet sometimes is older because there are some communities that are still restrictive and hold 'old belief systems'
  - b. "The 1% has pitted people against each other"
  - c. Community can provide a space for honest conversations
    - i. Figure out the root of why and where the belief came from
      - 1. Did it come from hearing it from someone or personal experience?
  - d. Community can provide chances for safely guided exposure between cultures
- 6. Thinking of the young people we work with who are often surrounded by paid staff. How do we as a community help youth gain social capital outside of these staff?
  - a. Paid staff need to be in the field for the right reasons (not just for the pay-check)
  - b. Communication between members and collaboration efforts
    - i. Need to help youth feel fully supported
  - c. Youth as center and as the leader of the group
  - d. Bring up conversations about services ended and aging-out earlier and often to prepare young person and focus on getting the outside supports set up
  - e. Need for good rapport to help guide the discussions
- 7. Do you think technology is affecting youth's ability to develop positive social health? If so in what ways?
  - a. Yes
    - i. Can cause youth to isolate, to escape (provides an easy way to isolate)
    - ii. Easier to bully → no immediate impact (like seeing someone's face be sad or crying)
    - iii. Youth are so used to texting now, that they can't make phone calls
      - 1. They are uncomfortable or don't know how to have a conversation over the phone
      - 2. Impacts ability to interact with service providers or government agencies which often have complicated phone systems
    - iv. Facial Interactions are not there
- 8. What are the challenges to youth achieving social health? Why?
  - a. Own Selves
    - i. Change is Scary
    - ii. Ties to negative influences
      - 1. Enmeshed and can't seem to 'get out'
      - 2. Guilt for 'getting out' and 'making it'
  - b. Not preparing for program exit

9. What resources are necessary for youth to achieve social health? Why? Which resources are lacking in our community?
  - a. Preparing young people earlier
    - i. Working on Life Skills
    - ii. Building an external support system
  - b. Lack Housing
    - i. Several programs that provide housing, but every program has so many restrictions for eligibility
      1. Hard to navigate which program may work
  - c. Work Programs
    - i. Supportive training with compensation
    - ii. Job coaching
    - iii. Model program -- DVR