



BraveLife Intervention (BLI) Findings from the Formative Evaluation

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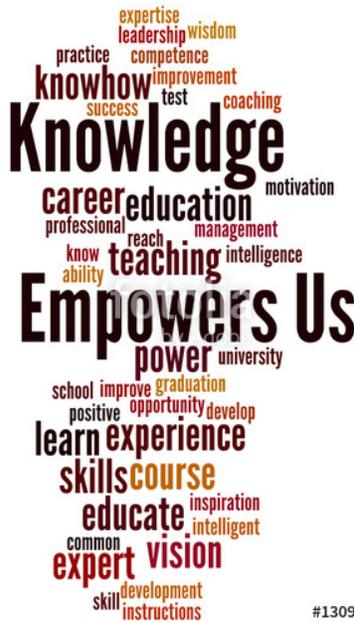


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INTRODUCTION - BLI COMPREHENSIVE SERVICE MODEL

The Westchester County Department of Social Services (WCDSS) partnered with young people, The Children’s Village, and the Fordham University Graduate School of Social Service’s Ravazzin Center to develop the BraveLife Intervention (BLI). The BLI is a youth-centered, strength-based initiative that uses Peer-2-Peer (P2P) Navigators to support youth in achieving their goals. P2P Navigators are employed and trained young adults with lived experience in the foster care system. This intervention is evidenced-informed based on data from its early development. The goal of the BLI is for P2P Navigators to help increase youth’s ability to articulate and work toward their goals, interact with professionals, and be able to initiate connections to resources on their own. The ultimate goal is reduction of the risk of homelessness for youth ages 14–21. The BLI target populations are the following two groups: (1) **System-Connected Youth** – youth with a formal connection to the WCDSS system in the form of a case worker, regardless of age or status of their child welfare case, and (2) **Non-System Connected Youth** - youth who are no longer formally connected to the system, and may or may not be homeless.



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The BLI Intervention uses a three-phased model to reach youth:

(A) **EngageMEnt** – The BLI begins with a P2P Navigator reaching out to and building positive healing relationships with youth. The P2P Navigator can build an empathetic and trusting relationship with a youth based on the understanding that they have walked in the same shoes as the youth who are in care or have been in care.

(B) **EmpowerMEnt** – In the next phase, the P2P Navigators help to model behaviors with the youth, through role-play and positive reinforcement, in preparation for meetings with professionals and family members to help the youth achieve their goals. The Empowerment process is strength-based and youth-driven because P2P Navigators listen to youth’s priorities and focus on building and strengthening the skills they need to work on.

(C) **Connections** – During the Connections phase, the youth will make a connection on their own to appropriate resources in the community that correspond with the youth’s goals. A youth may be active in BLI for a year or longer depending on when they are able to implement the connections to linkages on their own.

The purpose of this report is to capture the impact of the BLI as it relates to both programmatic implementation and program outcomes for youth. Furthermore, the information included in this report captures the breadth and scope of the BLI. This report contributed to evidence-informed practice and serves as a foundation for other programs to replicate this model.

BACKGROUND

BLI is a new intervention, so our formative evaluation included both program implementation and outcome research questions. We wanted to understand more about the youth's experience in BLI and whether the P2P Navigators could achieve the intended changes with youth. We focused on short-term outcomes that would indicate the BLI is making the changes in youth's behaviors and knowledge necessary to achieve the longer-term outcomes.

The formative evaluation assessed the following research questions. These questions are summarized in the following two areas: (1) program implementation; and (2) outcomes:

BLI Program Implementation Questions:

1. What is the average length of time and contacts in each phase of the BLI?
2. How do the P2P Navigator and youth rate the quality of their interaction?
3. Are the P2P Navigators able to model behaviors with youth to effectively communicate with professionals?

BLI Outcome Questions:

4. Between baseline and 3-month and 6-month follow-up, do the youth improve in their ability to identify two SMART Goals that meet SMART Goals criteria?
5. Do youth have an increase in the perceived support they receive from family/friends between baseline and 3-month and 6-month follow-up?
6. Do the youth improve in their understanding of system network/staff between baseline and 3-month and 6-month follow-up?
7. Do the youth have an increase in perceived empowerment between baseline and 3-month and 6-month follow-up?
8. Is there an increase in the youth's perceived self-advocacy for him/herself between baseline and 3-month and 6-month follow-up?
9. Is there an increase in the youth's perceived self-esteem between baseline and 3-month and 6-month follow-up?
10. Is there an increase in the youth's level of resiliency between baseline and 3-month and 6-month follow-up?
11. Is there an increase in the youth's level of attendance and participation in the Service Plan Review (SPR) ¹ meeting between baseline and 3-month and 6-month follow-up?

¹ WCDSS workers hold Service Plan Reviews (SPR) every six months to bring together youth, caseworker, and supportive individuals to develop permanency plans.

DATA ANALYSIS PLAN

Data for the formative evaluation were collected over a two-and-a-half-year period, from June 2017 through December 31, 2020. Both system-connected and non-system-connected youth, ages 14-21, are included in this formative evaluation.

The data for the formative evaluation derived from various sources to answer the specific research questions:

- An administrative database of BLI contacts, activities, and reporting (Questions #1-2)
- Fidelity checklists from observations by BLI Coordinator (Question #3); and
- Youth surveys collected at baseline, 3 months, 6 months, and 12 months (Question #4-11).

A sample of the questions in the instrument and permission sources is included in Appendix A.

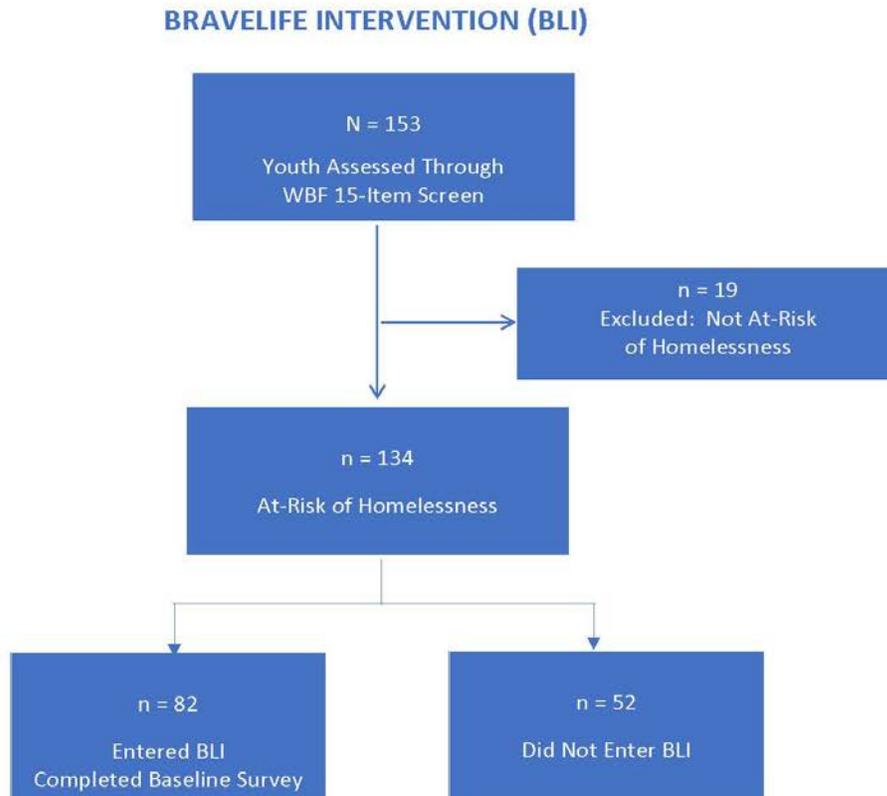
As noted above, the formative evaluations questions #4-11 were based on the youth surveys. We anticipated that data would be analyzed with 4 data points – baseline, 3 months, 6 months and 12 months. Unfortunately, data at 12 months (n=22) is limited due to individuals not remaining in the program or only finishing 6 month surveys. Therefore, the results will focus on the three time periods – baseline (n=82), 3 months (n=69), and 6 months (n=43) – to capture a larger number of youth and their experiences.

For the write up specific to questions #5, 7, 8, 9, and 10, we conducted paired sample t-tests to assess the mean difference between baseline and 3 months (n=69). In addition, a more detailed analysis of youth who remained in the program from baseline to 3 months and 6 months (n=43) were examined using repeated measure ANOVA.

Sample of Youth

Figure 1 below provides a summary of the youth served under the BLI during the period of the formative evaluation. There were 153 youth screened for participation in the BLI, using the Westchester Building Futures (WBF) 15-item screen. Youth scoring three or higher on the 15-item screen were considered at high risk for homelessness, and therefore eligible to participate in the BLI. Of the 153 youth screened, 134 youth were considered at risk for homelessness, and 82 youth entered the program and completed the baseline survey. The remaining 52 eligible youth did not participate for a variety of reasons, including (1) administrative issues; (2) residential requirements (e.g., residing outside Westchester County); (3) youth status (e.g., ran away from care); (4) age requirement (e.g. over 21); (5) consent requirement (e.g. consent not received from parent/guardian); or (6) assent requirement/non-interest (e.g. youth did not want to participate).

FIGURE 1. PARTICIPATION IN BRAVELIFE INTERVENTION (BLI)



Drop Out Analysis

Thirteen youth dropped out of the program shortly after completing the baseline survey. Baseline experiences of the 13 youth who dropped out of the program were compared to that of the 69 youth who completed the 3-month survey to see if there were significant differences in demographic characteristics and key outcome measures of social support, empowerment, self-advocacy, self-esteem, and resiliency.

The findings from this comparison are presented in Table 1. There was a statistically significant difference in the age of the youth, with the dropouts younger (age=15.8 years) than those staying in the program for three months (age=16.9 years), [$t(27.4)=-3.13, p=.004$].

There was not a significant difference in youths' years in foster care, number of placements or whether they had children. Furthermore, there were no significant differences in the scores at baseline for any of the key outcome measures of social support, empowerment, self-advocacy, self-esteem, and resiliency between youth who dropped out and youth who remained in the program for three months.

It was not possible to ascertain if there were statistical differences in race/ethnicity or gender of the youth based on dropout status, due to a large percentage of cells with counts of less than five.

TABLE 1. DROPOUT COMPARISON

Demographics	Baseline for Youth who Stayed in the BLI for 3 months (n=69)	Baseline for Youth who dropped out of the BLI prior to 3 months (n=13)	
Age	16.9 (SD=1.78)	15.8 (SD=.94)	$t=-3.13, p = .004$
Race/Ethnicity:			
Black/African American	37.7%	53.8%	Cannot ascertain
White	0.0%	7.7%	
Hispanic	39.1%	7.7%	
Mixed race	23.2%	30.8%	
Gender:			
Male	52.2%	76.9%	Cannot ascertain
Female	44.9%	23.1%	
Other	2.9%	0.0%	
Years in foster care	3.8 (SD=3.50)	3.2 (SD=2.37)	$t=-.56, p = .575$
Number of foster care placements	3.2 (SD=3.10)	3.7 (SD=2.81)	$t=.46, p = .651$
Have children:			
Yes	14.5%	7.7%	$\chi^2=.44, p = 1.00$
No	85.5%	92.3%	
Outcome Variables			

Social support	15.7 (SD=4.53)	16.9 (SD=3.59)	t=.91, p = .368
Empowerment	23.7 (SD=4.37)	23.7 (SD=3.45)	t=-.01, p = .992
Self-advocacy	24.7 (SD=6.19)	25.0 (SD=3.61)	t=.09, p = .931
Self-esteem	32.6 (SD=5.37)	34.3 (SD=4.19)	t=1.10, p = .277
Resiliency	47.5 (SD=9.55)	52.2 (SD=6.04)	t=1.70, p = .093

DEMOGRAPHICS OF YOUTH IN FOSTER CARE PARTICIPATING IN THE BLI (N=82)

Demographic characteristics of the youth are presented in Table 2 below and represent characteristics of 82 youth at baseline. The average age of the youth was 16.8 (SD=1.72), and, at baseline, they had spent an average of 3.7 years in foster care (SD=3.34) and had an average of 3.3 placements (SD=3.04). The youth were racially diverse, with 40.2% Black/African American, 34.1% Latino, 24.4% of mixed race, and 1.2% white. There were more males (56.1%) than females (41.5%), as well as a small percentage (2.4%) who identified as having other gender. Most (86.6%) of the youth did not have children.

TABLE 2. DEMOGRAPHIC INFORMATION AT BASELINE (N=82)

Demographics	n / %	Mean / SD
Age		16.75 (SD=1.72)
Race/Ethnicity:		
Black/African American	33 / 40.2%	
White	1 / 1.2%	
Hispanic	28 / 34.1%	
Mixed race	20 / 24.4%	
Gender:		
Male	46 / 56.1%	
Female	34 / 41.5%	
Other	2 / 2.4%	
Years in foster care		3.73 (SD=3.34)
Number of foster care placements		3.30 (SD=3.04)
Have children:		
Yes	11 / 13.4%	
No	71 / 86.6%	

Youth were also asked about their education, employment and housing status, which is presented in Table 3 below. In a more detailed examination of education, we examined overall grade level and the expected age of the appropriate grade level. For youth who completed eight grade, 70% were at the expected age level. For youth who had completed 9th grade, 67% were expected at

the age for the 9th grade level. For youth who completed 10th grade, 75% were expected at age for that level. For youth who completed 11th grade, 82% were at the expected age. At baseline, there were five students in the program who graduated from 12th grade.

At baseline, the majority of youth were in school and nearly three-fourths (73.2%) reported that they were not employed. As for their living situation, most of the youth were either living with their parents (39.0%) or in a group home (37.8%). The remainder were spread among living with a foster family (8.5%), renting a home or staying with friends (both 2.4%), or in some other living arrangement (9.8%).

TABLE 3. EDUCATION, EMPLOYMENT AND HOUSING (N=82)

Education, Employment, Housing	n	%
Highest grade completed:		
8 th grade or below	10	12.3%
9 th grade	16	19.8%
10 th grade	28	34.6%
11 th grade	22	27.2%
High school graduate	5	6.2%
Employed:		
Yes	22	26.8%
No	60	73.2%
Where currently living:		
Foster family	7	8.5%
Renting home	2	2.4%
Staying with friends	2	2.4%
Group home	31	37.8%
Parent	32	39.0%
Other	8	9.8%

RESULTS ON PROGRAM IMPLEMENTATION

RESEARCH QUESTION #1 – TIME AND CONTACTS

As mentioned earlier, there are three phases of the BLI: Engagement, Empowerment and Connections. Engagement begins with a P2P Navigator reaching out to youth and building positive healing relationships. This relationship is centered on the P2P Navigator building and developing an empathetic and trusting relationship with the youth.

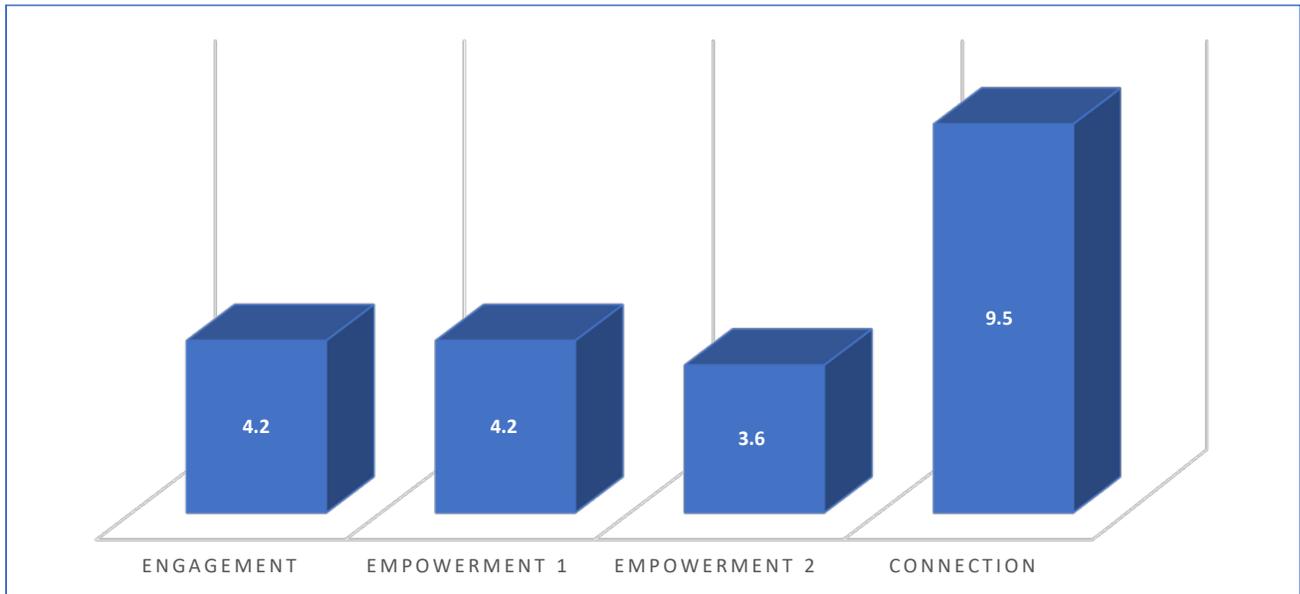
Empowerment comprises two stages. In Empowerment Stage 1, for both populations, it includes: (1) working with the youth on what a goal is; (2) and modeling and mirroring behaviors. Empowerment Stage 2 includes a meeting with the P2P Navigator, youth, and at least one community professional, family member or friend. This process enables the youth to focus on their strengths and goals, and to gain the support of professionals and family and friends in achieving these goals.

The connections phase is when the youth makes a connection on their own to appropriate resources in the community that correspond with the youth's goals.

A total of 82 youth participated in the BLI. The average time youth spent in each phase of the BLI (Engagement, Empowerment Stage 1, Empowerment Stage 2, and Connections) was calculated based only on data from youth who had completed all phases of the program by December 31, 2020 and had successfully graduated. Youth who have successfully graduated “have progressed through all phases of the BLI... and the P2P Navigators have discussed additional steps the youth can take to maintain their connections” after they leave the program. Fourteen youth met these criteria.

Figure 2 displays the average months youth spent in each of the phases of the BLI.

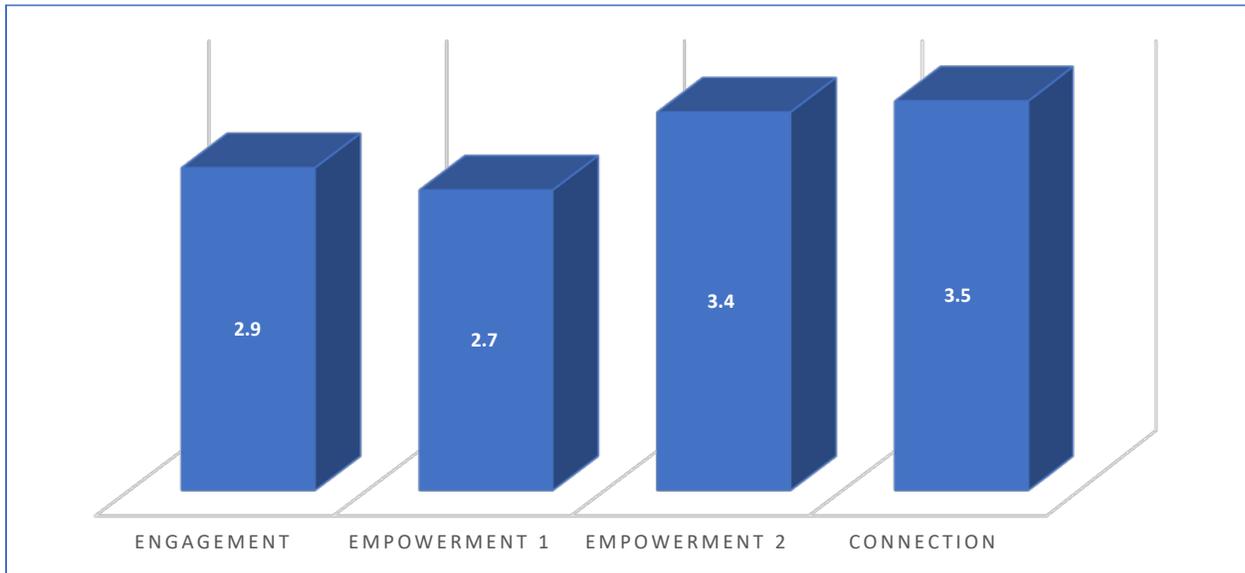
FIGURE 2. NUMBER OF MONTHS IN EACH PHASE (n=14)



The findings suggest that youth who graduate from the program are progressing through the initial phases of the BLI at a reasonably steady pace. The P2P Navigators are taking time to build a trusting relationship with the youth in the Engagement phase, where they spend about four months on average. The time spent in Empowerment Stage 1 is also about four months, as the P2P Navigators work with the youth on establishing their goals. Time spent in the Connections phase is by far the longest, as it is more than double the amount of time spent in the other phases. This suggests that youth need a considerable amount of time to build their skills and confidence to make connections to professionals, resources, and services on their own, without the assistance of the P2P Navigators.

The average number of successful contacts per month in each phase is shown in Figure 3. We expected successful contacts to average between 3-4 times a months and the results were in line with our expectations.

FIGURE 3. CONTACTS PER MONTH IN EACH STAGE (n=14)



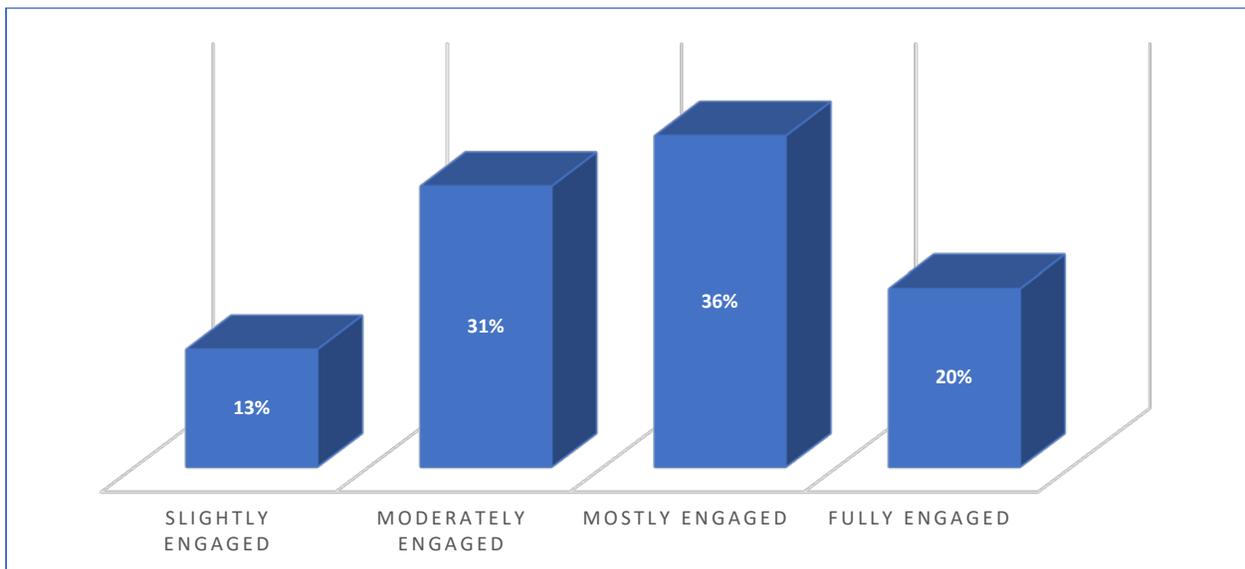
Findings show that the number of contacts between the youth and the P2P Navigators tends to average around three per month and remain fairly consistent as the youth progresses through the intervention. The number of contacts per month are somewhat higher in Empowerment Stage 2, where the P2P Navigators often accompany the youth in meetings with professionals, and in Connections, where the youth are learning to make connections to resources on their own and advocate for themselves, than in the earlier phases. The increase in contacts as the youth progress through the intervention could also be an indication that the relationship between the P2P Navigator and the youth grows and evolves over time, and naturally translates into having more frequent contacts. The relatively high number of contacts throughout the intervention speaks to the importance the P2P Navigators place on maintaining a close relationship with the youth to help them build a sense of empowerment and independence over time.

RESEARCH QUESTION #2 – QUALITY OF THE ENGAGEMENT INTERACTION WITH YOUTH

Data captured from the BLI Database examined the quality of each engagement interaction with the youth. All P2P navigators were trained in using the instrument. The instrument is included in Appendix A (#2). When the P2P Navigator met with the youth they assigned a rating of their engagement using a range from 0 to 4. A score of 0 means that there was an attempted contact, but the youth did not respond to the P2P Navigator (either by cancelling a face-to-face meeting, or not answering a phone call or text). A score of 1 signifies that the youth is slightly engaged and 4 signifies that the youth is fully engaged (see “WBF Engagement Interaction Instrument” in the appendix for additional details). The average quality of engagement score for all successful contacts (meaning the contact actually took place) across all youth who participated in the program (N=82) was 2.63, (see Figure 4). This is in line with our expectations given the characteristics/experiences of the target population.

An average perceived quality of engagement rating of 2.63 across all youth means that the youth are fairly well engaged with the P2P Navigators. Findings suggest that the P2P Navigators are having success in building a trusting relationship with the youth, where the youth are able to connect and engage with the P2P Navigators in a meaningful way.

**FIGURE 4. YOUTH ENGAGEMENT RATING (N=82)
(1=YOUTH ARE SLIGHTLY ENGAGED; 4=YOUTH ARE FULLY ENGAGED)**



RESEARCH QUESTION #3 - MODELING BEHAVIORS

The Children's Village BLI Coordinator used a fidelity checklist to observe randomly selected sessions between the youth and the two P2P Navigators employed at the time to assess if the P2P Navigators modeled behaviors correctly. The BLI Coordinator observed three sessions over a three month period for each P2P Navigator. The WBF BLI Fidelity Instrument can be found in Appendix B. According to the findings from these observations, the P2P Navigator successfully modeled behaviors 93% of the time.

These findings demonstrate that the P2P Navigators have been properly trained in modeling techniques, and that their supervisors are ensuring that they continue to conduct this behavior effectively in their interactions with the youth.



RESEARCH QUESTION #4 - SMART GOALS

Youth indicated two goals at baseline, 3 months, and 6 months. These goals were normally straightforward and direct, such as “finish high school” or “get a job.” The goals of the youth were simple statements and did not meet SMART goals criteria. Consequently, we decided not to use the SMART goals criteria for the assessment.

While initially it was determined that youth should be able to identify 2 SMART goals, it quickly became apparent that this approach was not workable. The SMART goal format proved to be too specific and constraining for the youth to work with, so the SMART goals criteria were dropped. We removed the expectation that youth could identify SMART Goals and the P2P Navigators worked with the youth to come up with 2 goals that were meaningful for them, and that they had a reasonable ability to achieve in the near future. In most instances, the goals identified at baseline remained consistent at 3 months and 6 months. Advancing their education, finding a good paying job, and obtaining their own apartment were the most common goals for youth.



RESEARCH QUESTION #5 - PERCEIVED SUPPORT

To assess the youths' level of social support, we used the brief version of the Multidimensional Scale of Perceived Social Support in urban adolescents (Canty-Mitchell & Zimet, 2000). Theoretical scores for this subscale ranged from 4 to 20, with higher scores showing higher levels of support. The Cronbach's alpha was .90.

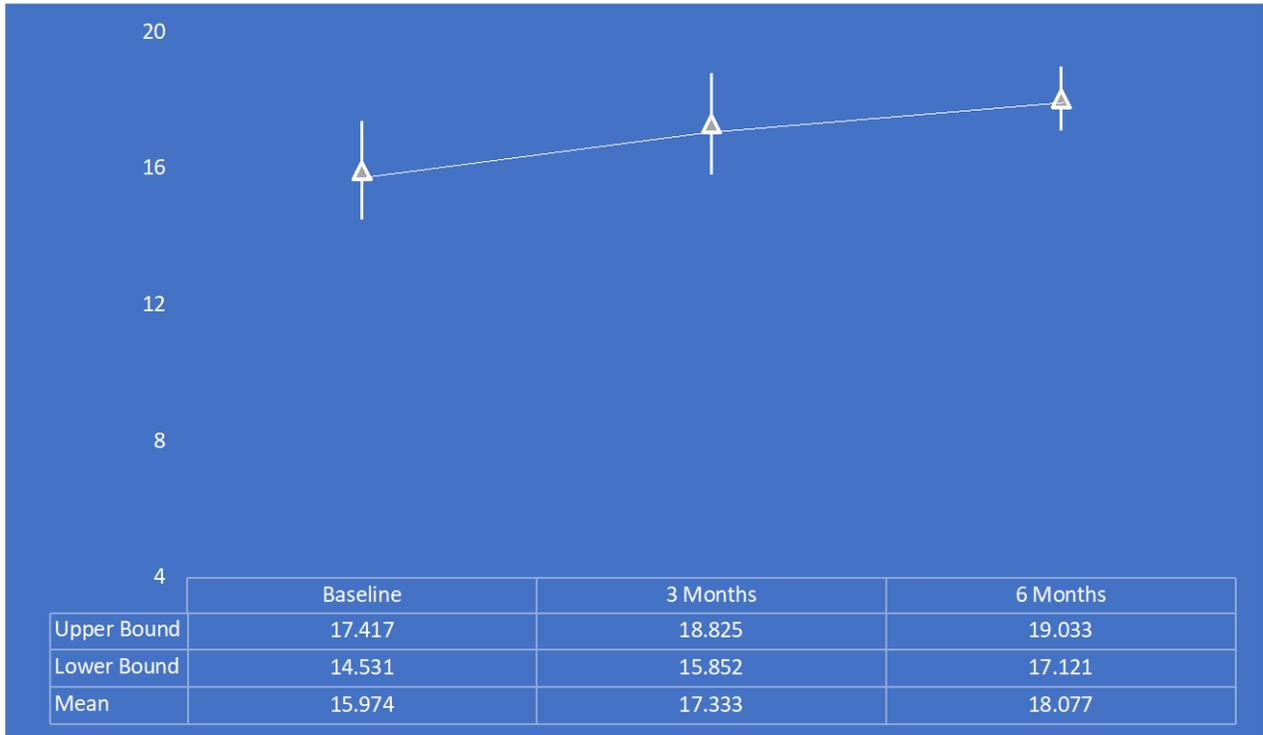
We examined baseline data to ascertain if there were any demographic differences in perceived support. There were no statistically significant differences at baseline for perceived support with respect to age, gender, and race. Although not statistically significant, as the baseline WBF risk score increased, the perceived self-support was lower ($r = -.20$, $p=.083$).

From baseline to three months ($n=63$) we conducted a paired sample t-test. Between baseline and 3 months, scores on perceived support increased from 15.7 to 17.0, which approached significance [$t(62)=-1.97$, $p=.054$].

Data from participants who stayed in the BLI from baseline to 6 months ($n=39$) were analyzed. We used a repeated measures ANOVA to examine the data of 39 cases from baseline to 3 months and then from 3 months to 6 months (Figure 5). Average scores for youth increased from 16.0 at baseline, to 17.3 at 3 months, and then to 18.1 at 6 months, indicating a statistically significant increase [$F(2,76) = 4.52$, $p=.014$].

The scores at 6 months represented high social support, indicating that youth felt they had relatively high levels of perceived support after working with the P2P Navigators.

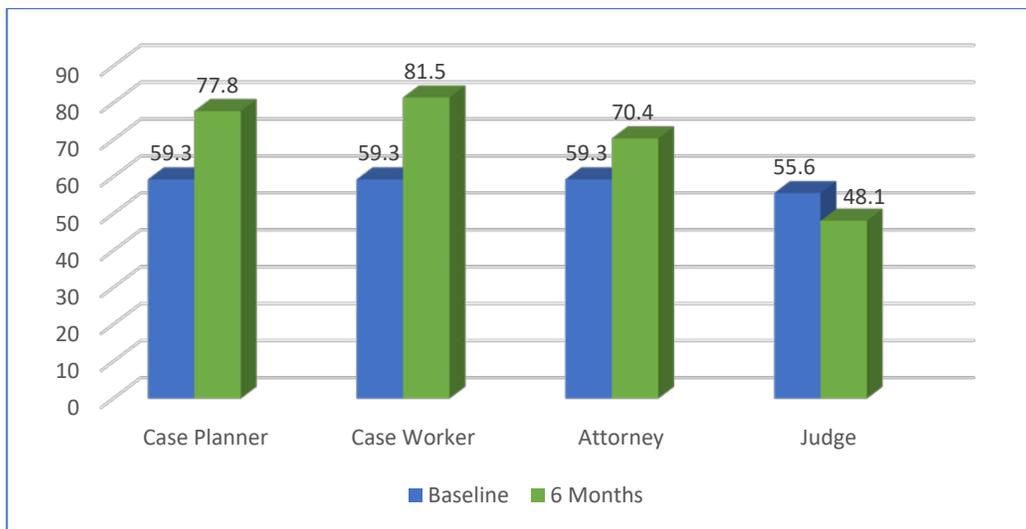
**FIGURE 5. PERCEIVED SOCIAL SUPPORT FOR BASELINE TO 6 MONTHS, n=39
(RANGE: 4 TO 20, WITH HIGHER SCORES REPRESENTING HIGHER LEVELS OF SUPPORT)**



RESEARCH QUESTION #6 - KNOWLEDGE OF SYSTEM NETWORK/STAFF

Youth currently in care were asked whether they knew the names of four system network/staff: their case planner, case worker, attorney, and judge.² As shown in Figure 6, youth who were in the program between baseline and 6 months (n=27) showed an increase in their knowledge of who was their case planner (from 59.3% to 77.8%), case worker (from 59.3% to 81.5%), and attorney (from 59.3% to 70.4%). There was no increase, however, in knowledge of who was their judge during this time period (from 55.6 to 48.1).³

**FIGURE 6. KNOWLEDGE OF SYSTEM NETWORK AND STAFF n=27
(PERCENT OF YOUTH WITH KNOWLEDGE)**



The findings about improvements in knowledge of system network/staff showed that the youth displayed an increase in knowledge about their case planners, case workers, attorneys and judges at 3 months, and in their case planners, case workers, and attorneys at the 6 month mark. There was not as much success in the youth being better able to identify their judges. This suggests that the P2P Navigators could place greater emphasis on helping the youth become familiar with the judges that are involved in their cases.

² In Westchester County a case planner is the staff person that works with they youth while they are in foster care. This is typically is a social worker or staff person from a voluntary not-for-profit agency. The case manager is a county employee who coordinates the care with the case planner, youth, and attorney. The attorney for the child represents the child on legal issues and the judge oversee the case.

³ Youth who were in the program between baseline and 3 months (n=39) displayed an increase in knowledge at the 3 month mark about who were their case planners (from 66.7% to 76.9%), case workers (from 69.2% to 79.5%), attorneys (from 59.0% to 61.5%), as well as their judges (from 51.3% to 53.8%).

RESEARCH QUESTION #7 - PERCEIVED EMPOWERMENT

To assess perceived empowerment, we used the self subscale of the Youth Self-Efficacy Scale/Mental Health and the Youth Participation in Planning Scale was used (Walker & Powers, 2007). Possible scores ranged from 6 to 30, with higher scores representing higher levels of empowerment. The Cronbach's alpha was .62.

We examined baseline data to ascertain if there were any demographic differences in perceived empowerment. There were no statistically significant differences at baseline for perceived empowerment with respect to age or race. However, males had higher perceived empowerment scores at baseline compared to females (Mean difference = 2.12, $t = 2.41$, $p = 0.018$).

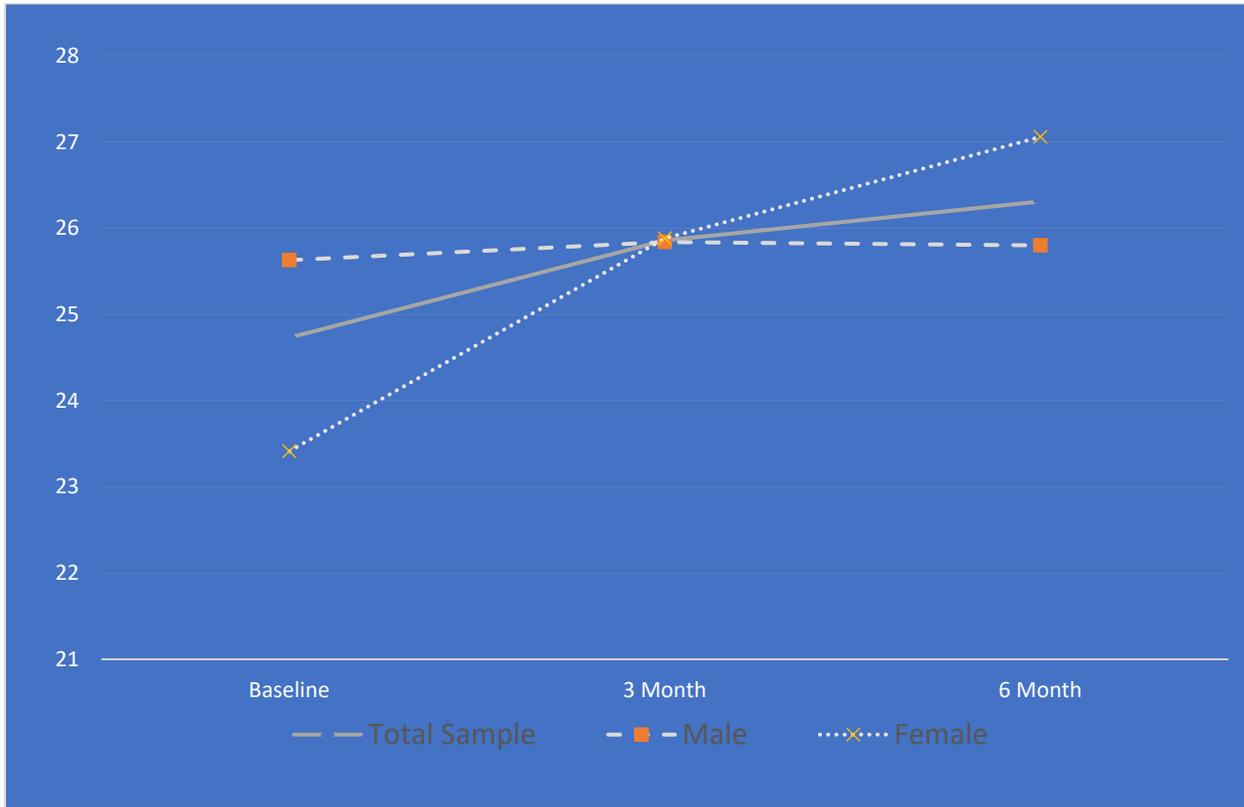
At baseline, there was a correlation between WBF risk scores and perceived empowerment, with higher risk scores negatively correlated with empowerment ($r = -.26$, $p = .021$).

For individuals who were in the program from baseline to three months ($n=69$), we conducted a paired sample t-test to compare scores at baseline and 3 months. Scores on perceived efficacy/empowerment increased from 23.7 to 25.0 between baseline and 3 months, a statistically significant change [Mean difference = 1.28, $t(68) = -2.32$, $p = .023$]. To understand the difference further by gender, we used a paired sample t-test and found that for males the mean difference was 1.092 [$t(30) = 1.459$, $p = .153$]. For females, the mean difference was 1.774 [$t(35) = -2.163$, $p = .039$].

For participants who stayed in the BLI from baseline to 6 months ($n=42$), we implemented a repeated measures ANOVA to examine the experiences of the 42 cases from baseline to 3 months and then from 3 months to 6 months (Figure 7). Average scores for these youth increased from 24.7 at baseline, to 25.9 at 3 months, and then to 26.3 at 6 months, a statistically significant increase [$F(2,82) = 3.16$, $p = .048$]. As discussed above, we also performed a one-way repeated measure ANOVA controlling for gender differences. It showed that there is a significant interaction effect between time and gender ($F(2,80) = 3.83$, $p = 0.026$). The results show that the effects of time are different for males compared to females. The simple main effect of time for males showed no significant difference ($F(2,48) = 0.037$, $p = .963$). The simple main effect of time for females showed a significant difference ($F(2,32) = 7.514$, $p = 0.002$).

For the full sample, youth sense of perceived empowerment increased after working with the P2P Navigators, despite relatively high perceived empowerment scores at baseline. Scores of the youths' perceived empowerment continued to increase from baseline to 3 months and 6 months. However, these increases were statistically significant only for female participants.

FIGURE 7. PERCEIVED EMPOWERMENT, n=42 (male n = 25; female n = 17)
 (RANGE: 6 TO 30, WITH HIGHER SCORES REPRESENTING HIGHER LEVELS OF EMPOWERMENT)



Total Sample (n=42)	Baseline	3 Month	6 Month
Upper Bound	25.997	26.972	27.587
Lower Bound	23.465	24.742	25.032
Mean	24.731	25.857	26.31

Male (n=25)	Baseline	3 Month	6 Month
Upper Bound	27.103	27.258	27.725
Lower Bound	24.153	24.422	23.875
Mean	25.628	25.84	25.8

Female (n=17)	Baseline	3 Month	6 Month
Upper Bound	25.712	27.881	28.638
Lower Bound	21.112	23.884	25.48
Mean	23.412	25.882	27.059

RESEARCH QUESTION #8 - SELF-ADVOCACY

Use used a personal self-advocacy measure developed by Hawley, Gerber, Pretz, Morey, & Whiteneck (2016) to measure the youths' self-advocacy. Possible scores on the scale ranged from 8 to 32, with higher scores representing higher levels of self-advocacy. The Cronbach's alpha was .92.

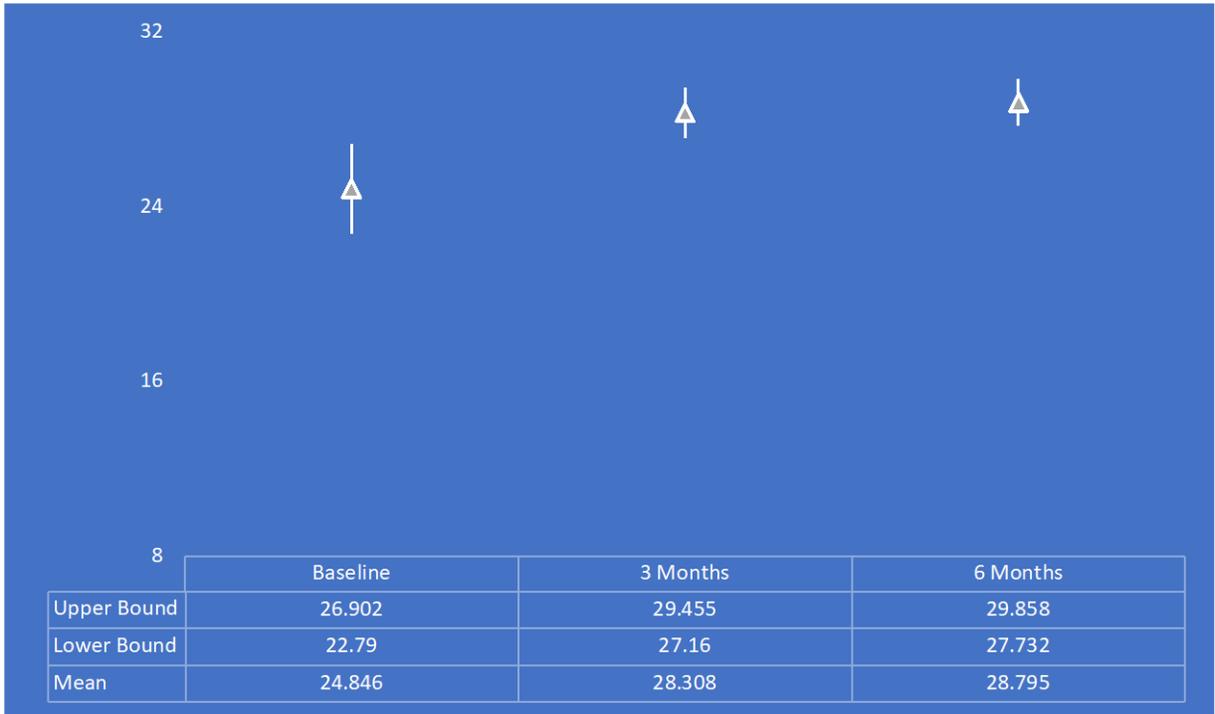
We examined baseline data to ascertain if there were any demographic differences in self-advocacy. There were no statistically significant differences at baseline for self-advocacy with respect to age, gender, and race. At baseline, there was not a correlation between WBF risk score and self-advocacy ($r = -.09$, $p = .449$).

For individuals who were in the program from baseline to three months ($n = 69$), we used a paired sample t-test to understand the change in self-advocacy scores. We observed a statistically significant increase in youth self-advocacy scores between baseline and three months, from 24.5 to 26.9 [$t(63) = 3.26$, $p = .002$].

Next, we used a repeated measures ANOVA to examine the experiences of youth from baseline to 3 months and then from 3 months to 6 months (Figure 8). Average scores for youth increased from 24.8 at baseline, to 28.3 at 3 months, and then to 28.8 at 6 months, a statistically significant increase [$F(2,76) = 13.62$, $p = .000$].

Findings with respect to perceived self-advocacy were very positive, with scores increasing from baseline to 3 months and 6 months. Youth showed very high levels of perceived self-advocacy after working with the P2P Navigators, especially after 6 months. These findings suggest that the P2P Navigators have done a very good job of helping the youth advocate for themselves in the child welfare system.

FIGURE 8. PERSONAL SELF-ADVOCACY, n=39
 (RANGE: 8 TO 32, WITH HIGHER SCORES REPRESENTING HIGHER LEVELS OF SELF-ADVOCACY)



RESEARCH QUESTION #9 - SELF-ESTEEM

Rosenberg's self-esteem scale (Rosenberg, 1965) assessed the youths' level of self-esteem. Possible scores ranged from 10 to 40, with higher scores indicating higher self-esteem. The Cronbach's alpha was .84.

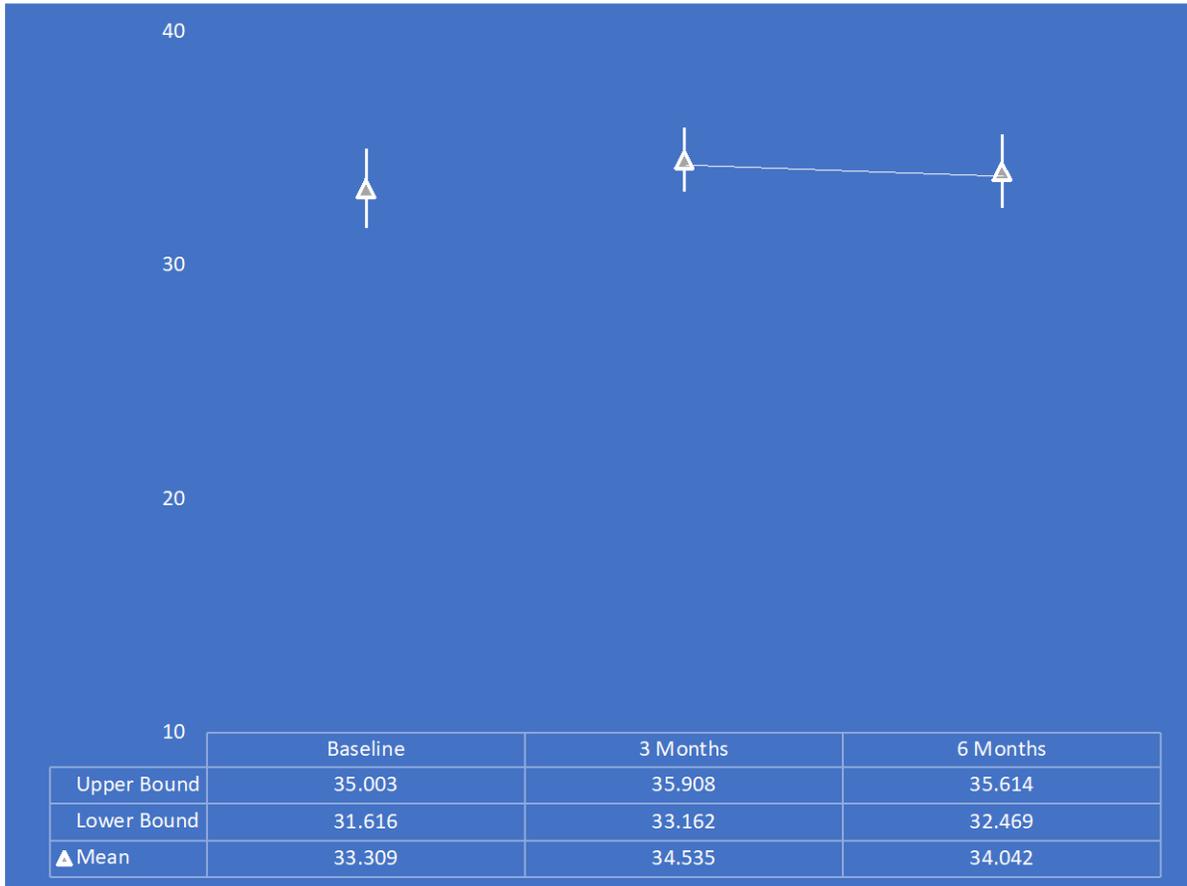
We examined baseline data to ascertain if there were any demographic differences in self-esteem. There were no statistically significant differences at baseline for self-esteem with respect to age, gender, and race. At baseline, there was a negative correlation between WBF score and self-esteem ($r = -.29$, $p = .010$).

For individuals who were in the program from baseline to three months ($n = 69$), we conducted a paired sample t-test to understand the change in scores on the self-esteem scale. Scores on self-esteem showed little change, increasing slightly from 32.6 to 33.6, although the difference was not statistically significant [$t(68) = -1.62$, $p = .110$].

We also examined data from individuals that stayed in the BLI from baseline to 6 months ($n = 43$) to understand what we learned about this group with respect to perceived self-esteem. A repeated measures ANOVA examined the experiences of youth from baseline to 3 months and then from 3 months to 6 months (Figure 9). Average scores for these youth showed little change, going from 33.3 at baseline, to 34.5 at 3 months, and then to 34.0 at 6 months [$F(2,84) = 1.03$, $p = .362$].

At baseline, the scores tended to be around 33 out of a possible 40, indicating that the youth showed moderately high levels of perceived self-esteem even before entering the program. Over the course of the study period, very little change occurred in the self-esteem scores of the youth, remaining around 33 at follow-up. It is possible that improvements in self-esteem may take longer than 3 to 6 months to manifest. This is in line with the notion that self-esteem is an enduring trait of the individual, and any change in self-esteem would require a longer period of time to become apparent. Tracking responses for a longer period of time could be helpful to detect more significant changes in self-esteem scores.

FIGURE 9. SELF-ESTEEM, n=43
 (RANGE: 10 TO 40, WITH HIGHER SCORES REPRESENTING HIGHER LEVELS OF SELF-ESTEEM)



RESEARCH QUESTION #10 - RESILIENCY

In order to assess the youths' resiliency, the brief 12-item version of the Child and Youth Resiliency Measure was used (Liebenberg, Ungar, & LeBlanc, 2013). Possible scores ranged from 12 to 60, with higher scores indicating higher levels of resiliency. The Cronbach's alpha was .85.

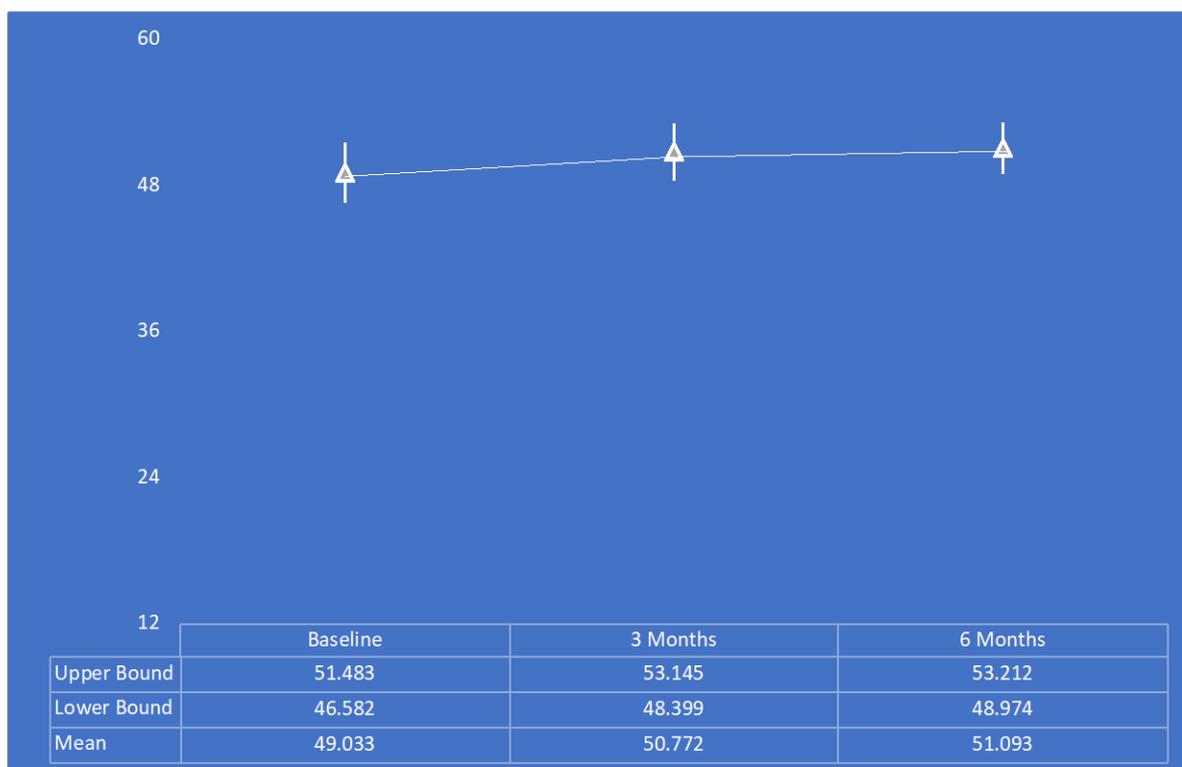
We examined baseline data to ascertain if there were any demographic differences in resiliency. There were no statistically significant differences at baseline for resiliency with respect to age or race. However, males had higher resiliency scores at baseline compared to females. At baseline, there was a negative correlation between WBF risk score and resiliency ($r = -.27$, $p = .015$).

We reviewed data from individuals who were in the program from baseline to three months ($n = 69$). Between baseline and 3 months, scores for resiliency increased slightly from 47.5 to 48.8, although the difference is not statistically significant, based on a paired-sample t-test [$t(68) = -1.03$, $p = .308$].

Next, we used a repeated measures ANOVA to examine the experiences from baseline to 3 months and then from 3 months to 6 months (Figure 10). Average scores for these youth increased from 49.0 at baseline, to 50.8 at 3 months, and then to 51.1 at 6 months, although the increase was not statistically significant [$F(2,84) = 1.46$, $p = .237$].

FIGURE 10. RESILIENCY, n=43

(RANGE: 12 TO 60, WITH HIGHER SCORES REPRESENTING HIGHER LEVELS OF RESILIENCY)



RESEARCH QUESTION #11 - ATTENDANCE AT SERVICE PLAN REVIEW MEETING

As mentioned earlier, youth who are still in care have a Service Plan Review (SPR) meeting scheduled about every six months to review progress in their child welfare case and to discuss plans for the future. Youth are not obligated to attend these meetings, although it is seen as being in their best interest to do so. It is also considered beneficial for the youth to speak up at these meetings on their own behalf, so they can provide input into how their case is handled. We collected data on the SPR involvement through youths’ response to the survey.

Between baseline and 3 months and 6 months, there was not an increase in overall attendance at the SPR meeting. Nearly two-thirds of youth attended the most recent SPR prior to baseline, and for those individuals who remained at 6 months, the percentage was relatively similar.

Of those who did attend the SPR, their level of active participation increased from baseline to 3 months, with the share of youth who said they actively spoke up at the SPR increasing from 33.3% to 44.0%. From baseline to 6 months, however, there was not an improvement in those

who reported that they actively spoke up at the SPR. However, these data need to be reviewed with caution since youth cycle in and out of care. Some youth who were in care during the baseline transitioned to aftercare at the 3-month and 6-month mark, at which point they would not have an SPR meeting. Therefore, it is difficult to determine whether participation in the BLI would have changed the youths' propensity to attend the SPR. The findings with respect to active participation at the SPR meeting warrant further exploration. This suggests that the P2P Navigators need to continually emphasize to the youth the importance of attending their SPR meetings and speaking up to have their needs and concerns heard.

SUMMARY OF FINDINGS

The findings from the formative evaluation show noticeable achievements in program implementation, as well as significant improvements in a number of outcome areas for youth participating in the BLI. In terms of program implementation, youth progressed through the phases of the BLI at a consistent pace, spending the longest time in Connections, where they were learning to make linkages to resources on their own. The P2P Navigators tended to contact the youth at least three times a month throughout the program, and P2P Navigators perceived youth to be moderately to mostly engaged during these interactions. P2P Navigators also demonstrated an ability to model behaviors with a high degree of accuracy.

In terms of the outcome measures, there were improvements at 3 and 6 months. After participating in the BLI for half a year, the youth demonstrated steadily increasing scores related to social support, efficacy/empowerment, self-advocacy, and resiliency. The exception was self-esteem, which did not show improvement. It is possible that a change in self-esteem may take longer than six months. The youth also showed an increase in knowledge of all their system network/staff at 3 months. There was no noticeable improvement in attendance and participation at the SPR. There may be a number of reasons that this failed to show improvement, including youth cycling in and out of care, and therefore not being eligible for an SPR meeting. Nonetheless, this is an area where the P2P Navigators could place more emphasis in their work with the youth. Overall, however, outcomes were quite positive in the areas under study.

Appendix A

WBF Survey and Description

The WBF Survey has ten sections. This survey is completed at baseline, 3-months, 6-month and at one year. The survey and scoring are summarized in each of the following:

- 1) WBF 15-Item Screen – This instrument assesses for overall risk and preventive factors. It can be used to screen for risk.
- 2) WBF Engagement Interaction Instrument – This instrument assesses the quality of engagement between the youth and the P2P Navigator. It examines overall quality of the contact.
- 3) Multidimensional Scale of Perceived Social Support (MSPSS). This scale measures the degree to which youth have social support. It captures the relationship with family and friends.
- 4) Identify Two Goals – This information is used to capture the goals that the youth identifies.
- 5) Youth Efficacy/Empowerment Scale – Self Subscale – This subscale is used to measure perceived efficacy/empowerment. It examines how the youth perceives they are empowered to effect change.
- 6) Understanding of System Network/Staff – This measure is used to understand if the youth can identify their system network/staff
- 7) Self-Advocacy Scale – This scale measures the youth’s self-advocacy.
- 8) Rosenberg’s Self Esteem Scale – This instrument is used to measure the youth’s self-esteem. It is a classic instrument used to measure self-esteem.
- 9) Child and Youth Resilience Measure – This instrument is used to measure the youth’s resiliency. The items assess the resources youth uses (e.g. relational, culture) for strength and resiliency.
- 10) WBF Service Plan Review Meeting Rating – These items are used to measure if the youth participates in meetings.
- 11) Demographics

NOTE: Many of these scales and subscales are copyright protected and the sources are noted after each instrument. Please contact the source for further information.

1) WBF 15-Item Screen

Please respond yes or no to the following questions.

1.	Have you ever been “couch surfing” for a place to stay?	Yes	No
2.	Have you ever been homeless?	Yes	No
3.	Have you ever run away or been kicked out of home?	Yes	No
4.	Have you experienced violence in your home, residential placement, etc., between those living/residing with you?	Yes	No
5.	Do you have any conflict around values with your primary caregiver (or adults in your life), for example over religious beliefs, food, or practices?	Yes	No
6.	Do you have adequate housing?	Yes	No
7.	Do you have adequate food and clothing?	Yes	No
8.	Have you ever been pregnant, gotten anyone pregnant or fathered a child?	Yes	No
9.	Have you ever abused alcohol or other substances?	Yes	No
10.	Have you ever been involved in gang activity?	Yes	No
11.	Have you ever been involved in the juvenile justice system?	Yes	No
12.	Do you have an adult in your life that you can trust?	Yes	No
13.	Are there peers who you can trust?	Yes	No
14.	Have you had more than two moves in the foster care system?	Yes	No
15.	Please specify how many moves in the foster care system you have had.	<input type="text"/>	moves

Scoring: Items 6, 7, 12, and 13 need to be reverse coded before summing. Higher numbers indicate greater risk. After recoding, 1 point for every “Yes” response, 0 for every “No” response. For item 15, a response of 3 or higher receives 1 point, 2 or lower receives 0 points. Scores can range from 0 to 15, with higher scores indicating higher risk.

Source: Heyman, J.C., Farmer, G.L., White-Ryan, L., Kelly, P., & Gregory, R. (2016). WCDSS Screening for risk and protective factors. Fordham University Ravazzin Center/Children and Families Institute for Research Support and Training. West Harrison, NY.

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2) WBF Engagement Interaction Instrument

Fordham University Graduate School of Social Service

Engagement Interaction Instrument

0 - Not engaged

- The youth / young adult has been unwilling to meet or talk with me.

1 - Slightly engaged

- Youth / young adult is reluctant to engage in in-depth conversation and typically responds with very brief or only yes / no answers, even to open-ended questions.

2 - Moderately engaged

- We engage in casual conversation, but he/she is reluctant to discuss significant problems and possible problem solving.

3 - Mostly engaged

- When I meet with the youth / young adult he/she engages in a balanced amount of casual conversation and discussion of problems.

4 - Fully engaged

- When I meet with the youth / young adult, he or she engages in a good balance of casual conversation and talking about his or her problems. The youth / young adult is almost always ready to talk about his or her problems and how we can address them.

Source: Copyright ©Fordham University Ravazzin Center/Children and Families Institute for Research Support and Training

3) Multidimensional Scale of Perceived Social Support (MSPSS)

Indicate how you feel about each statement.

Circle the 1 if you **Very Strongly Disagree (VSD)**

Circle the 2 if you **Strongly Disagree (SD)**

Circle the 3 if you **Mildly Disagree (MD)**

Circle the 4 if you are **Neutral (N)**

Circle the 5 if you **Mildly Agree (MA)**

Circle the 6 if you **Strongly Agree (SA)**

Circle the 7 if you **Very Strongly Agree (VSA)**

		VSD	SD	MD	N	MA	SA	VSA
1.	There is a special person who is around when I am in need.	1	2	3	4	5	6	7
2.	There is a special person with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
3.	My family really tries to help me.	1	2	3	4	5	6	7
4.	I get the emotional help and support I need from my family.	1	2	3	4	5	6	7
5.	I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7
6.	My friends really try to help me.	1	2	3	4	5	6	7
7.	I can count on my friends when things go wrong.	1	2	3	4	5	6	7
8.	I can talk about my problems with my family.	1	2	3	4	5	6	7
9.	I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
10.	There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7
11.	My family is willing to help me make decisions.	1	2	3	4	5	6	7
12.	I can talk about my problems with my friends.	1	2	3	4	5	6	7

Scoring: Add all 12 items together and divide by 12. Any mean total scale score ranging from 1 to 2.9 could be considered low support; a score of 3 to 5 could be considered moderate support; a score from 5.1 to 7 could be considered high support.

Source: Canty-Mitchell, J. & Zimet, G. (2000). Psychometric properties of the Multidimensional Scale of Perceived Social Support in urban adolescents. *American Journal of Community Psychology*, 28(3), 391-400.

Public domain.

4) Identify Two Goals

What two goals have you identified as a priority?

a. First goal _____

b. Second goal _____

Source: Fordham University Ravazzin Center/Children and Families Institute for Research Support and Training. (2019). Engagement instrument. West Harrison, NY.

5) Youth Efficacy/Empowerment Scale – Self Subscale

	Never or almost never	Rarely	Sometimes	Mostly	Always or almost always
1. I focus on the good things in life, not just the problems.	1	2	3	4	5
2. I make changes in my life so I can live successfully with my emotional or mental health challenges.	1	2	3	4	5
3. I feel I can take steps towards the future I want.	1	2	3	4	5
4. I worry that difficulties related to my mental health or emotions will keep me from having a good life.	1	2	3	4	5
5. I know how to take care of my mental or emotional health.	1	2	3	4	5
6. When problems arise with my mental health or emotions, I handle them pretty well.	1	2	3	4	5
7. I feel my life is under control.	1	2	3	4	5

Scoring: Items 1,2,3,5,6, and 7 are summed to attain the total score. Item 4 is not included in the score. It was used as a means of checking to see whether or not respondents are basing their answers on item content. Possible scores range from 7 to 35. Higher scores represent higher levels of empowerment.

Note: This is only the Self subscale. The full YES-MH contains 23 items.

Source: Walker, J.S. & Powers, L.E. (2007). Introduction to the Youth Self-Efficacy Scale/Mental Health and the Youth Participation in Planning Scale. Portland, OR: Research and Training Center on Family Support and Children’s Mental Health, Portland State University.

Fordham University Ravazzin/Children and Families received permission to use.

6) Understanding of System Network/Staff

Do you know the names of the following system network/staff members assigned to work with you? Consider both BEFORE and AFTER you began working with the P2P Navigator.

	Know Name BEFORE you began working with P2P		Know Name AFTER you began working with P2P	
	Yes	No	Yes	No
1. Residential case planner	Yes	No	Yes	No
2. WCDSS case worker	Yes	No	Yes	No
3. Attorney	Yes	No	Yes	No
4. Judge	Yes	No	Yes	No

Scoring: For each item, a “Yes” response receives 1 point, a “No” response receives 0 points. Sum the scores for the four items to come up with total score, with a separate score for BEFORE you began working with P2P and for AFTER you began working with P2P. Possible scores for each set can range from 0 to 4, with higher scores indicating better knowledge of the system network/staff.

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7) Self-Advocacy Scale

		Not Confident	Somewhat Confident	Mostly Confident	Very Confident
1.	I can deal with stress so that it does not interfere with my life.	1	2	3	4
2.	I can negotiate with other people to get my needs met.	1	2	3	4
3.	I can control my emotions when I am talking to people about my needs.	1	2	3	4
4.	I can keep track of important information that I need.	1	2	3	4
5.	I can get my questions answered during a meeting/phone call.	1	2	3	4
6.	I can work with other people to solve problems.	1	2	3	4
7.	I can communicate my needs in a way that is respectful of others.	1	2	3	4
8.	I can listen to other people and consider their point of view.	1	2	3	4

Scoring: Items are summed for a total score. Possible scores can range from 8 to 32, with higher scores representing higher levels of self-advocacy.

Source: Hawley, L., Gerber, D., Pretz, C., Morey, C., & Whiteneck, G. (2016). Initial validation of personal self-advocacy measures for individuals with acquired brain injury. *Rehabilitation Psychology, 61*(3), 308-316.

8) Rosenberg's Self Esteem Scale

Below is a list of statement dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. On the whole, I am satisfied with myself.	1	2	3	4
2. At times I think I am no good at all.	1	2	3	4
3. I feel that I have a number of good qualities.	1	2	3	4
4. I am able to do things as well as most other people.	1	2	3	4
5. I feel I do not have much to be proud of.	1	2	3	4
6. I certainly feel useless at times.	1	2	3	4
7. I feel that I'm a person of worth, at least on an equal place with others.	1	2	3	4
8. I wish I could have more respect for myself.	1	2	3	4
9. All in all, I am inclined to feel that I am a failure.	1	2	3	4
10. I take a positive attitude toward myself.	1	2	3	4

Scoring: Items 2,5,6,8, and 9 are reverse coded. For these items, give "Strongly Disagree" 1 point, "Disagree" 2 points, "Agree" 3 points, and "Strongly Agree" 4 points. Sum scores for all ten items. Possible scores can range from 10 to 40. Lower scores indicate higher self-esteem.

Source: Rosenberg, M. (1965). Society and the adolescent self-image. Princeton, NJ: Princeton University Press.

Public domain.

9) Child and Youth Resilience Measure (CYRM-12)

To what extent do the statements below DESCRIBE YOU? Circle one answer for each statement.

	Not at All	A Little	Some-what	Quite a Bit	A Lot
1. I have people I look up to	1	2	3	4	5
2. Getting an education is important to me	1	2	3	4	5
3. My parents(s)/caregivers(s) know a lot about me	1	2	3	4	5
4. I try to finish what I start	1	2	3	4	5
5. I am able to solve problems without harming myself or others (for example by using drugs and/or being violent)	1	2	3	4	5
6. I know where to go in my community to get help	1	2	3	4	5
7. I feel I belong at my school	1	2	3	4	5
8. My family stands by me during difficult times	1	2	3	4	5
9. My friends stand by me during difficult times	1	2	3	4	5
10. I am treated fairly in my community	1	2	3	4	5
11. I have opportunities to develop skills that will be useful later in life (like job skills and skills to care for others)	1	2	3	4	5
12. I enjoy my family's/caregiver's cultural and family Traditions	1	2	3	4	5

Scoring: All items are summed for a total score. Possible scores can range from 12 to 60, with higher scores indicating higher levels of resiliency.

Source: Liebenberg, L., Ungar, M., & LeBlanc, J. (2013). The CYRM-12: A brief measure of resilience. *Canadian Journal of Public Health*, 104(2), 131-135.

10) WBF Service Plan Review Meeting Rating

1. Did you go to your last Service Plan Review (SPR) meeting?
 - a. Yes
 - b. No

2. If you attended your last SPR meeting, how would you rate your level of participation in the SPR meeting?
 - 0 Did not speak at all
 - 1 Said a few words
 - 2 Spoke occasionally
 - 3 Spoke frequently
 - 4 Actively participated in the meeting

Scoring: For item 1, a “Yes” response receives 1 point, a “No” response receives 0 points. For item 2, scores range from 0 to 4. Sum the scores for the two items to come up with total score. Possible scores can range from 0 to 5, with higher scores indicating better participation in the SPR.

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Appendix B
Fidelity Checklist

Name: _____

BLI#: _____

ACTIVITY	COMPLETED
1. Pre-Engagement documentation (Informed consents for youth and guardian, baseline questionnaire).	
2. Meetings with youth to engage.	
3. Document types of meetings for engagement and number of contacts.	
4. Discuss what a “youth-driven goal” is. Youth voice and informed choice.	
5. Discuss and refine goals.	
6. P2P Navigator works with youth in Empowerment, mirroring and modeling behaviors. Youth practices mirroring and modeling.	
7. P2P contacts partner agencies to prepare for Empowerment session(s).	
8. Hold Empowerment session(s). Youth is actively involved by meeting with the P2P Navigator and professional and talking about their goals and speaking up about their opinions.	
9. Partner agencies are contacted by the youth so they can connect to resources.	
10. P2P Navigator continues to practice, model and guide youth in working with partner agencies and resources.	
11. Meet with youth for follow-up.	

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