Champions for Teens Pilot Intervention: Increasing the Social Capital of Homeless Youth

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SOWK 775.60C: Dissertation Seminar

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February 4, 2022

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Table of Contents

List of Figures

List of Tables

Abstract

Despite well documented traumatic impact of homelessness, there are few interventions that address its effects for the more than 1,508,265 students identified as homeless by the United States Department of Education (Atlena, et al., 2019; Cronley & Evans, 2017; National Center for Homeless Education [NCHE], 2019). In 2019 an informal needs assessment by the LancCo MyHome, identified the need for an advocate program for homeless youth. Champions for Teens (C4T) is a pilot program that was conceptualized and implemented by myself, school social worker, in the Donegal School District to meet this need. C4T does not resolve the complex issue of homelessness, but its goal is to address some of the effects of homelessness on youth by increasing the factors that promote their resilience. Ecological systems theory lends understanding to the distressed environment of homeless youth, while resilience theory and social capital theory provide insight to the mediation of developmental distress. The literature demonstrates that social support is crucial to the survival of homeless youth. However, there are few intervention studies in general, fewer that attempt to increase social capital, and fewer still that are based in schools. Mentoring programs and the Court Appointed Special Advocate (CASA) program are effective interventions for similarly at risk populations, giving legitimacy to the effectiveness of interventions that utilize caring adults from the community to increase resilience. Using a mixed-method, single-case, multiple baseline design this study established that C4T was effective at attaining the most immediate goal: to establish a connection between a youth who is homeless and a caring adult, and to increase the social support of the homeless youth. Qualitative research methods were used to identify core program components and improvement strategies. This study will also build on the literature for intervention development:

to move from risk identification to risk alleviation, and ultimately the resilience of homeless youth.

Acknowledgments

A dissertation is perhaps one of the greatest examples of our lack of self-sufficiency. Throughout this journey there have been so many who have come along side of me and my work.

First, I would like to thank the Donegal School District, specifically our superintendent Dr. Michael Lausch and my supervisor, Dana Blair. Thank you for taking a risk and allowing me to create a program (in the middle of a pandemic) and think outside of the box. Your value for the profession of social work shows. I could not be more grateful for your leadership that puts relationships with our students, first.

I would also like to thank my committee: Dr. Anne Guadino, Dr. Jennifer Frank, and Dr. Michael Lausch. With each consultation and review I felt as if I was given gems of wisdom and clarity. To my chair, Dr. Karen Rice, thank you for truly being a guide from the beginnings of an idea to a completion of a dissertation.

To my Champions: you could not have set the bar higher. To witness you truly seeing our students and adopting them into your lives and into our community, has truly been one of my greatest joys. I would also like to thank our student participants: you are incredible people, and you inspire me every single day.

To LancCo MyHome and my dear friend Jen Koppel. You set us on the path of creating school-based interventions in our community. Thank you, Jen, for taking me along with you in your work, for telling me about myself, and for being an agent of change in our community. To you, I also say: "you're next".

I would also like to thank Dr. Michael Hock and Dr. Tonya Eberhart from the Kansas University Center for Research on Learning, and the authors of Possible Selves. I do not know how I got so fortunate to have your willingness to collaborate and partner in moving this work forward.

I am surrounded by a small army of women that challenged me, cheered for me, and believed in me: Aura, Kate, Jen, Amy, Katie, Rachel, Becca, Heather, Jamie, Stephanie, Gina, and probably so many more. Thank you for lifting me, and I hope I can do the same for you.

I would also like to thank my parents. My father, Dr. Thom Gardner, has been my sounding board for all my spiritual and social meanderings for as long as I can remember. You instilled me with the empathy to do this work and passed the doctoral baton to me saying "you're next". To my mother, Carol Gardner, you instilled me with passion and energy. You must clearly qualify for several honorary degrees from all the papers of mine that you have edited.

Hannah and Thomas, you have had to sacrifice having a fully present mother for three years. Whereas I am proud to have completed this dissertation, you will ways be my greatest work.

Saving the best and brightest for last, I would like to thank my husband, Brent. You have been my rock through every crazy dream I have had since we were teenagers. You once said that your life mission was to be available for whatever the kids and I need (you probably didn't know I needed a doctorate when you said that). You have far and above accomplished your goal. This work is as much yours, as it is mine. Thank you.

CHAPTER 1: INTRODUCTION

In the United States school systems, more than 1,508,265 students are identified as homeless (National Center for Homeless Education [NCHE], 2019). Students who are homeless are at high risk of academic failure, trauma, victimization, and compromised physical and emotional health. Despite the literature that thoroughly details their developmental distress, few effective interventions attenuate these risks. Even fewer interventions seek to develop the resilience of homeless youth. The Champions for Teens pilot program is a school-appointed advocate program that pairs high school youth who are homeless with caring, adult advocates from the community: a Champion. The purpose of this study is to evaluate the effectiveness of the Champions for Teens pilot program, and to increase the social support of the homeless youth as well as develop program improvement strategies. Social support provides valuable social capital to at-risk youth and is well established in the literature as a protective factor able to bolster resilience.

Defining Homelessness

Three definitions of homelessness are utilized by the United States Federal Government (Tsukerman et al., 2019; Bassuck et al., 2014). Each of these definitions does little to describe the experience of individuals who are homeless; instead, they are used to impart resources and services.

The narrowest definition of homelessness is by the United States Housing and Urban Development Department (HUD). HUD (2019), and defines literal homelessness as "an individual or family who lacks a fixed, regular, and adequate nighttime residence." This definition includes "places not meant for human habitation" such as shelters, cars, or on the

street (HUD, 2019). In 2009 the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act expanded on the HUD definition of homelessness to include youth not living with a parent or guardian and individuals or families fleeing domestic violence (Bassuck et al., 2014; Curry et al, 2017; HEARTH, 2009).

The United States Department of Education describes the broadest definition of homelessness through the McKinney-Vento Homeless Assistance Act of 1987 (MVA). MVA encompasses the HUD definition, but goes further to define homelessness as "individuals who lack a fixed, regular, and adequate nighttime residence" (42 U.S.C. §11434A(2)(A)). This definition, then, includes those staying in motels or hotels, those doubled up (sharing housing), and migratory families. MVA also delineates "unaccompanied youth" as youth who meet the above criteria and are not living with a parent or guardian (42 U.S.C. §11434A(2)(A)). The MVA is only used to identify school-age and preschool aged students enrolled in school.

This setting for this study is in a school district, and therefore the MVA definition is most pertinent. However, as discussed below, even with the broader definition of MVA, the prevalence of homelessness is greatly underestimated. The prevalence of homelessness is far greater than our current methods of defining it.

Prevalence

The lack of adequate definition, the stigma of homelessness, and the transience of the individuals who are homeless make it difficult to provide an accurate picture of the prevalence of homelessness (Edidin et al., 2012). Each definition has its own method of data collection, which in turn gives a vastly different picture of the prevalence of homelessness in the United States. HUD utilizes an estimation method known as the Point in Time count (PIT). The PIT is

conducted by counting all of the individuals in shelters and all the individuals staff and volunteers who are living outside on a specific night in January (Perlman et al., 2014). In 2019, the PIT count identified 567,715 homeless persons in the United States (HUD, 2019). Of these persons, 102,968 were children under the age of 18 (HUD, 2019).

MVA requires school districts to report the number of students who are identified each year as homeless. In contrast to the 102,968 children identified as homeless by HUD in 2019, the United Stated Department of Education identified 1,508,265 students as homeless in 2017-2018 (NCHE, 2020). The discrepancy is in the definition. NCHE (2020) reports that 74% of homeless students share housing, or what some may call "doubled up." These are students who may be sleeping on the couches of friends or sharing housing with family due to loss of housing or economic hardship. Seven percent of students who are homeless live in motels (NCHE, 2020). Together, students living in hotels and in shared housing constitute 81% of students in schools who are homeless. Students living in hotels or sharing housing do not, however, meet the criteria of homeless by HUD definition, but are arguably not any more stable than those who are homeless by the HUD definition.

From perspective of a public school educator, it is likely that at least one student in each class has or is experiencing homelessness. In the United States it is estimated that 1 in every 30 children experience homelessness (Bassuck et al., 2014; Cronley & Rosalind, 2017). In the 2017-2018 school year, homelessness increased 15% from the 2015-2016 school year (National Center for Homeless Education [NCHE], 2020). Just as in the general population, some students are over-represented as being homeless in the school setting. English Language Learners (ELL) are the fastest growing subset of children who are homeless in school, with a 30% increase between the 2015-16 and the 2017-18 school years (NCHE, 2020). In the same years, the number of

unaccompanied youth grew by 16%, in parallel with the general homeless student population
(NCHE, 2020). Unaccompanied youth make up 9% of the homeless student population (NCHE,
2020). Students with disabilities also grew by 15% and make up 18% of the homeless population
(NCHE, 2020). In comparison, in the general student population, 14% of students have learning
disabilities (NCHE, 2020). It is important to note that students who are ELL and have learning
disabilities, often have services in the school that allow them to access their education. When
their housing is unstable, it is likely that these services will be disrupted putting them even more
academically at risk.

Most students that are defined as homeless by MVA would not have access to any of the
services that are funded through HUD such as Rapid Rehousing, because they do not meet the
criteria created by the definition. This leaves nearly 1,221,694 students and their families
uncounted and ineligible for housing services, so that they will languish longer in homelessness.

Even with the meticulous data collection of the United States Department of Education,
the complete picture is missing. The term "homeless" is associated with a social stigma as are the
often associated health and mental health problems (Aviles de Bradley, 2015). Kidd (2004)
interviewed homeless youth and many described extreme emotional pain from being stereotyped
and scorned by the public. This stigma is particularly damaging at an age when youth are
desperately trying to fit in (Cook et al., 2012).

 Due to this stigma and fear of criminalization, many individuals, families, and children
are afraid to come forward; consequently, they remain largely hidden from the public eye. For
example, Cutuli (2018) utilized data from the anonymous self-report Youth Behavior Risk
Survey (YBRS) for 9-12 grade students in order to estimate homelessness in Philadelphia. The

report indicated that 11.7% of students, approximately more than 4,000 students, were currently experiencing homelessness compared to the 1-1.8% who were identified as homeless through MVA in the school district (Cutuli, 2018). Notably, in the same year 1,450 children under the age of 18 were identified as homeless in the same city by the PIT count (Office of Homeless Services of Philadelphia, n.d).

Furthermore, individuals experiencing homelessness are not homogenous: their experiences and backgrounds are diverse (Hallet, 2012). Homelessness is also ubiquitous: it is found at similar rates in both urban and rural communities. (Morton et al., 2017). Any discussion on the cause and prevalence of homeless will be inherently reductive compared to the complexity of the homeless experience. Despite the fear of stigma, a student in school who is homeless, most likely looks like any other student. It stands to reason that the number of individuals experiencing homelessness is far above these estimations.

Causes of Homelessness

Factors that lead to homelessness can fall along a continuum of societal to individual. Bassuck et al., (2014) report that the major causes of homelessness for children in the United States include the high poverty rate, lack of affordable housing, impacts of the Great Recession of 2007, racial disparities, challenges related to being a single parent, and domestic violence. Other possible causes include unexpected health events, family separation, natural disaster, eviction, or death of a family member (Edidin et al., 2012). For women specifically, the leading cause of homelessness is domestic violence (National Law Center on Homelessness and Poverty, 2018).

Throughout the last several decades there has been an increase in homelessness. The sharp increase began with a dramatic cut to housing programs in the 1980s (First et al., 1994). Again a wave of homelessness hit after the Great Recession of 2007 (Bassuck et al., 2018), as many middle class families who had no history of homelessness experienced job loss and consequently foreclosure (National Law Center on Homelessness and Poverty, 2010). During the recession there was a 61% increase in homelessness (National Law Center on Homelessness and Poverty, 2010). Presently more than a decade later, the instability continues, as wages stayed the same while the price of housing, food, and fuel went up (Bowman et al., 2012). Seventy-five percent of families in the United States spend half of their income on rent and utilities, leaving little room for a misstep or emergency of any kind (The National Alliance to End Homelessness, 2009). The consequences of economic hardship grow even more harsh for families experiencing racial inequality and intergenerational poverty (Rahman et al., 2017).

Certain populations are overrepresented in youth who are experiencing homelessness: youth who are parents, youth who have not graduated from high school, and youth who are Black, Latinx. or gender or sexual orientation minorities (Chisolm-Straker et al., 2018; Morton et al., 2017). Individuals and families of color are overrepresented in incarcerations, child welfare systems, and in poverty, but underrepresented in quality healthcare and housing markets, and consequently families that are black constitute 14% of the United States population, but 48% of homeless families with children (Curry et al., 2017; Rahman et al., 2017).

Wynne, et al. (2013) estimate that 20-40% of unaccompanied, homeless youth are LGBTQ. In a study of 354 homeless serving agencies completed by Durso and Gates (2012), 40% of the clients of the identified as LGBTQ. Clients reported that they were homeless due to being forced out of their homes by family rejection of the sexual orientation and gender (Durso

and Gates, 2012). LGBTQ youth are more likely to "couch surf" or moving from home to home, relying less on ties to family and more on strangers and friends (Curry et al., 2017; Johnson et al., 2005). This moving about increases the risk of exploitation or abuse.

Youth who are homeless have been termed "runaways" or even "throwaways" in the literature and colloquially (Aviles and Helfrich, 2004). These terms create further stigma and for most youth who are homeless, leaving home is a last resort when circumstances become unbearable (Thompson et al., 2010). Edidin, et al., (2012) report that 17-30% of youth who are homeless experience sexual abuse and 60% report physical abuse before leaving home. These percentages indicate many homeless youths would rather be without stable housing than continue to live in dangerous circumstances.

The Impact of Homelessness

Children and youth are a vulnerable population, and deep poverty and housing instability further exacerbates developmental distress. Moore (2013) reported that the outcomes for youth who are homeless are worse than their peers of similar socioeconomic status: this is to say that poverty is detrimental, but homelessness and poverty is even more distressing to child development. The well-being of homeless children and youth is compromised across all life domains (Edidin et al., 2012). The effects of homelessness are cumulative and interrelated: untreated mental health can lead to substance abuse, truancy exposes students to negative peer influences and sexual exploitation, traumatic experiences can lead to feelings of hopelessness and suicide (Edidin et al., 2012). The discussion below categorically describes the effects of homelessness. However, this should not be interpreted in such a way that these areas of distress are guaranteed or isolated.

The Traumatic Effect of Homelessness

Being homeless is a traumatic experience, which is often accompanied by a present and past environment of toxic stress (Frank, 2017). A study by the Center for Disease Control and Kaiser Permanente in 1995 measured Adverse Child Experiences (ACEs) and their impact on health outcomes (Center for the Developing Child, 2021). Researchers found that there was a significant correlation between homes with ACEs such as physical and emotional abuse or neglect, household dysfunction, and long term health implications such as heart disease, diabetes, depression, substance abuse, academic failure, and an increased mortality rate (Center for the Developing Child, 2021). Trauma and stress can become toxic to the physical and emotional development long after the stressful incident, even to the point of altering brain development (Barman-Adhikari et al., 2016). This is particularly pertinent to children and youth experiencing homelessness; literature describes them as poly-victims experiencing not just multiple incidents of victimization but multiple types of victimization (Bender et al., 2014).

In comparison to youth who had never been homeless, youth who are recently homeless feel the highest level of threat or victimization (Cutili, 2018). Traumatic experiences occur both before and after leaving the home, or are sometimes initially the reason for leaving, making them both a cause and effect of homelessness (Bender et al., 2014). It is as if trauma itself produces more trauma. If living on the street, the likelihood of victimization such as physical and sexual abuse, and assault increases to 83% of street youths. Homeless youth also witness violence at an alarming rate: 72% report having witnessed a physical attack and 20% reported witnessing someone being killed (Bender et al., 2014). The mortality rate of homeless youth has been reported as 12 to 40 times that of the general population (Edidin, et al., 2012; Kidd, 2004). Sixty-three percent of caregivers of homeless children report being in violent relationships, and 92%

experienced sexual or physical abuse themselves in their lifetime creating a legacy of victimization (Kilmer et al., 2012). Some homeless youth engage in survival sex: sex to secure needed resources (Chisolm et al., 2018; Cronley et al., 2017; Edidin et al., 2012; Edwards et al., 2009; de la Haye et al., 2012). This in turn makes youth who are homeless particularly vulnerable to sexually transmitted infections, pregnancy, and sex trafficking (Edidin et al., 2012; Edwards et al., 2009; Kidd, 2004; Rice, et al., 2008).

The development of children and youth who are homeless is marked by unrelenting stress, which can be compounded by an absence of supportive and healthy caretakers to buffer the stress (Bassuck et al., 2014). Bender et al, (2014) reports that 22% of children who are homeless experience poly-victimization, causing vast academic, mental, and behavioral health implications. The ACEs study demonstrated that trauma not only impacts mental health, but also physical health. This holds true for homeless children who experience increased risk of asthma, anemia, obesity, lead poisoning, lice, and scabies (Frank, 2016; Wynne et al., 2013). Although there is a greater need for healthcare, there are barriers to accessing treatment due to transience, stigma, and an absence of supportive adults to make and take them to health appointments (Frank, 2017). Health outcomes are seriously compromised when life is characterized by lack of the following: transportation, safe living conditions, health insurance, nutritious food, access to health providers (Edidin et al., 2012). Even if resources such as insurance are available, not having a permanent address or identifying documents makes the application process difficult. Aviles de Bradley (2015) also notes an overuse of emergency rooms for obtaining healthcare. Emergency rooms are easily accessible and may not expose the homeless status like a regular health provider. Trauma compromises health, but for the homeless population the severity of outcomes is increased due to lack of access to care.

The Effect of Homelessness on Mental Health

The impact of trauma on the emotional and mental well-being is well documented in the literature. Cutili (2018) found that there was a risk gradient associated with homelessness: students who had never been homeless were least at risk for negative behavioral health outcomes, students who have experienced homelessness at some point being more at risk, and those who were currently experiencing homelessness were the most at risk. Similarly, Bassuck, et al (2014) found that homeless youth they classified as "low victimization" were likely to meet criteria for depression and post-traumatic stress disorder (PTSD). Furthermore, youth who were "high victimization" were more than twice as likely to have a major depressive episode, and more than three times as likely to have PTSD as those in the low victimization category. It is apparent that the more distress a child or youth experiences, the more at risk they are for compromised emotional health.

Even at a young age, homeless children show an increased mental health need. Bassuck, et al (2014) report that 10 to 26% of homeless preschool children had clinically significant mental health symptoms, and the rate among homeless school-aged children was nearly doubled at 24-40%. In comparison to housed peers, youth who are homeless are twice as likely to have a psychiatric disorder while more than a quarter met criteria for PTSD, and many other experiencing symptoms of mood disorders, depression, and anxiety (Cutuli, 2018; Edidin et al., 2012; Perlman et al., 2014). Substance use is prevalent. Tragically, youth who are homeless also have high rates of self-injury, suicidal ideation, and suicide attempts (Perlman et al., 2014). Edidin et al. (2012) reports that 40-80% of youth who are homeless experience suicidal ideation, with 23 to 67% having made at least one attempt. Unaccompanied homeless youth were five times more likely to have self-injury, and 45% more likely to have considered suicide.

Entangled in the risk of mental health is also an increased risk of substance use and conduct disorders. Rahman et al. (2017) reports that homeless youth may be more inclined to be uncooperative or possess defiant traits that impact their social functioning. Edidin et al. (2012) estimates that most homeless youth meet criteria for at least one disruptive behavior disorder, a prevalence that is four times that of their housed peers. Three-fourths of homeless students will meet the criteria for conduct disorder in their lifetime. At times homeless youth engage in delinquency both to have needs met and as a means of gaining social acceptance from other youth (Thomas et al., 2010). Before labeling homeless youth as defiant or delinquent, one should consider irritability a natural reaction to stress. Homeless youth have many layers of stress to contend with and very few adaptive resources to cope.

Similarly, substance use is often a product of coping with stress, but it is also an avenue to social connection (Thompson et al., 2010). Substance use itself is also a cause of stress, and closely linked to suicidal ideation and increases the likelihood of suffering from depression (Kidd, 2004; Thompson et al., 2010; Tyler et al., 2017). Reports indicate 80-90% of youth who are homeless utilize at least one kind of substance, most commonly alcohol, tobacco, marijuana, and/or methamphetamines (Edidin, et. al, 2012; Thompson. et. al, 2010). Substance use exposes the youth to more opportunities for victimization. Edwards (2009) cites that there is a correlation between homelessness, methamphetamines, and sexual abuse. Methamphetamines lowers sexual inhibition which makes teens likely targets for trafficking (Edwards, 2009).

Kidd (2004) interviewed 80 homeless youth living on the street about suicide. In the narratives of the youth, themes emerged: feeling trapped, worthless, lonely, and hopeless (Kidd, 2004). Most salient amongst the youths interviewed was the feeling of being trapped or helpless (Kidd, 2004). Trauma, loss of loved ones, drug use, victimization, and prostitution had brought

the youths to the point of feeling that there was no way out. The statistics associated with the mental health of homeless youth can be stunning; however, stepping away from the statistics, youth who are homeless are clearly intensely suffering emotionally.

The Effect of Homelessness on Education

Although the mission of an educational institution is academic attainment, there is a preponderance of literature that supports that social issues impact academic success. The Institute for Children, Poverty, and Homelessness (2016) reports children who are homeless had proficiency rates in English and math 20 points below students who were housed. Also, only 17% and 13% of students who were homeless performed on grade level in math and English respectively. More concerning, is that this achievement gap follows students even when they are housed: formerly homeless performed at grade level 20% of the time in math, and 16% of the time in English (Institute for Children, Poverty, and Homelessness, 2016). Even students who had been homeless but whose families climbed out of the economic qualifications for reduced lunch, still performed lower than students who had never been homeless (Uretsky & Stone, 2016).

Youth who are homeless have greater rates of dropping out of school (Jones, et al., 2018). As few as 20-30% of students who are homeless graduate from high school (Edidin et al., 2012; Rahman et al., 2017). Homeless students have twice the rate of learning disabilities, three times the rate of emotional and behavioral issues in school, high discipline referrals, and high number of days absent (Rahman et al., 2017; Uretsky and Stone, 2016).

The precarious academic outcomes for homeless youth is multifaceted. First, one should consider that childhood stress has long term impacts on brain development resulting in deficits in

attention, verbal skills, and processing (Edidin et al., 2012; Gershun & Terrabone, 2018). Fantuzzo, et al (2012) found that infants who had lived in a shelter, later had deficits in math achievement and attendance. These deficits are compounded by lack of access to academic assessments for students who are homeless due to their high mobility (Edidin et al., 2012). High mobility and low attendance also inhibits the student's ability to connect with the school and the prosocial activities, peers, and supportive adults (Gasper et al., 2012). Each school move can cost the student six months of learning (United States Department of Education, 2003). Researchers have found that school attendance can mediate the relationship between homelessness and achievement altogether (Tobin, 2016). Thomas, et al (2010) also cite lack of awareness and sensitivity by staff, poor health, inadequate medical and mental health care, and lack of food and clothing as barriers to academic success. Frankly, coming to school, doing homework, and even being involved in extracurricular activities rarely rise to the level of priority when faced with not knowing where one would sleep at night, what one would eat, or how to acquire other basic physical and emotional needs (Edwards et al., 2009).

These academic struggles help explain the low graduation rate for homeless youth. Not graduating from high school can perpetuate a cycle of poverty. Without a high school diploma, future workers will struggle to be economically stable (Hyman et al., 2011). Students who drop out of high school earn nine dollars less an hour than those that graduate from high school and more than half do not have jobs (Gasper et al., 2012). Almost two thirds of those in prison, and nearly half of individuals who utilize welfare do not have high school diplomas (Gasper et al., 2012). Therefore, academic outcomes not only impact the individual, but society as a whole.

Schools and Homelessness

The McKinney-Vento Homeless Assistance Act

A disproportionate number of students who are homeless have complex learning needs, making stable access to education even more important. Additionally, connection to the school community also offers more than an education; it is also providing important prosocial activities and people. To address access to education, the Stewart B. McKinney Homeless Assistance Act was established in 1987. Between 1980 and 1983 homelessness had increased between 10% and 38% (Bowman et al., 2012). As homelessness increased the pressure was on the federal government to respond, and they first did so with the Homeless Person's Survival Act, the name was then changed to Stewart B. McKinney Homeless Assistance Act, after the death of its namesake and chief champion (Bowman et al., 2012).

At its outset, the act made provisions for food, shelter, transitional housing, and healthcare (Bowman et al., 2012). In its revisions in 1990 and 1994, the Education for Homeless Children and Youth (EHCY) was created and tasked to appoint state coordinators, and to ensure that students who were homeless had equal access to education by reviewing all policies that may be a barrier to student success (Bowman, et al., 2012). In 2000 the name was updated to the McKinney-Vento Act and reauthorized along with No Child Left Behind (Bowman, et al., 2012). In 2000 the name was updated to the McKinney-Vento Act and reauthorized along with No Child Left Behind (Bowman, et al., 2012). No Child Left Behind and subsequently the Every Child Succeeds Act (ESSA) in 2015, affirmed schools as a place of security and stability for homeless youth (Rahman et al., 2017).

In the current iteration of MVA following protections are offered to students and families that are homeless (Schoolhouse Connections, 2020; 42 U.S.C. §11434A(2)(A-G)):

- Students are able to stay in their school of origin if it is in their best interest, regardless of where they move or where they obtain permanent housing, until the end of the school year.

- Transportation is provided to the school of origin, regardless of where the student is staying, until the end of the school year.

- Immediate enrollment in school, without required paperwork or immunizations.

- Referrals to community services such as health, dental, mental health, housing, etc.

- A dispute process that allows the student to enroll immediately in school, while the dispute is resolved.

- Removal of barriers to activities in extracurricular activities- whether in fees or transportation.

- Expedited evaluations and educational services in schools.

- Use of Title 1 funds to provide students with items needed to access school and school activities.

- Preschool students are also entitled to all of the above protections, and are provided information about local Head Start Programs.

- For unaccompanied youth, the provision of verification of independent status so that they can apply for Free Application for Federal Student Aid.

In the 2001 reauthorization of MVA, school districts were required to appoint an individual to the position of "homeless liaison" (Bowman et al., 2012). The homeless liaison serves as a gatekeeper and advocate for students that are homeless in a school district and

ensures that the district is compliant with the requirements of MVA (Edwards et al., 2009). The liaison receives professional development and provides professional development on homelessness, collaborates with the state coordinators for homelessness, proactively identifies students who are homeless, secures enrollment, informs students and parents of their rights, coordinates transportation, manages data collection, and helps connect to necessary educational and community services (Mulkin et al., 2017; NCHE, n.d.).

The Individuals with Disabilities Education Act also requires that when a student receives special education services, and is homeless, and the parent is unable to be contacted, a "surrogate parent" must be appointed (Yell, 2019). The surrogate parent is to make all the best interest decisions regarding the special education services for the child. Despite the importance of these decisions, there is currently no mechanism to identify and train surrogate parents in Pennsylvania. Students may have access to education through MVA, but possibly not equitable access to instructional support.

The provisions of MVA go a long way to ensure access to education and academic stability, particularly for these highly mobile students. The United States Department of Education (2003) reports that each move can cost a student six months of academic recovery. However, the needs of students that are homeless go beyond just academic access, and schools are far from social services agencies (Canfield, 2015). Since education became mandatory in the early 20th century, school social workers have been a bridge for the school to go beyond the scope of academic success to meeting the needs of the whole child (Stone, 2015).

Social Workers in Schools

In 2019, the Bureau of Labor and Statistics reported that there were 45,480 school social workers employed in elementary and secondary schools in the United States (U.S. Bureau of Labor and Statistics, 2020). For over a century school social workers have been the conduit between the student and family, the school, and the community (National Association of Social Workers [NASW], 2012). After the Great Depression, school social work positions increased rapidly to address poverty and the needs of families concerned about their students' academic progress or behaviors (Stone, 2015). The No Child Left Behind Act of 2002 and the Individuals with Disabilities Education Act of 2004, both address and legitimize school social workers as an important part of developing and delivering evidence-based interventions for all students to have access to education (NASW, 2012). The NASW Standards for School Social Workers states that "School Social Workers seek to ensure equitable education opportunities; ensure students are mentally, physically, and emotionally present in classrooms, and promote respect and dignity for all students" (NASW, 2012, p. 1).

As ecosystem thinkers are uniquely focused on the person in the environment, school social workers collaborate and facilitate collaboration for the benefit of all students (NASW, 2012). School social workers enhance the educational mission of the school district by meeting the needs of students that may interfere with their learning (SSWAA, n.d.). The services provided by a school social worker are direct, such as providing crisis intervention, managing cases, counseling, mobilizing resources, completing assessments, or developing behavioral intervention strategies (SSWAA, n.d.). Services can also be indirect, such as advocating for community resources, developing in service training for staff, developing programs, consulting,

and making certain that school systems are operating in a way that benefits the child (SSWAA, n.d.).

At face value, the roles of the school social worker and homeless liaison seem like one in the same. Particularly since the duties of the homeless liaison are similar to that of the school social worker: removing barriers to enrollment, creating professional development, and referring to outside agencies (Canfield, 2015). Many school social workers are indeed assigned the role of homeless liaison; however, the role of homeless liaison specifically speaks to access to education, whereas the unique practice lens of the school social worker goes beyond the educational environment and considers many of the systems that influence outcomes for homeless students (Canfield, 2015). Social workers are uniquely qualified to resolve the disconnect between the community and the school system in responding to the needs of homeless students (Canfield, 2015). Furthermore, the NASW (2012, p.13) Standards for School Social Work Practice names "Interdisciplinary Leadership and Collaboration" as a standard of practice stating the following: "School social workers shall also provide leadership and collaboration in the implementation of comprehensive school-based and school-linked programs that promote student well-being and positive academic outcomes". Mulkern et al., (2017) state that whether or not social workers are homeless liaisons for the school district, school social workers have a part in educating staff in identifying students who are homeless, while making certain that MVA is implemented as intended and coordinating resources and support for students and their families.

Inadequacy of Schools to Respond to Homelessness

School systems exist in every community in the United States, and even though every community is different, the structure of education and the beliefs regarding education are similar.

School systems are the quintessential bureaucracy, particularly with the ongoing drive to standardize education (Stone, 2015). Weber's Theory of Bureaucracy described bureaucracies as hierarchical, with set rules for governing, a fixed division of labor, a division of private and official property, personnel selected on technical qualification, and employment seen as a long term career (Scott and Davis, 2007).

Bureaucracies are meant to work like a machine with perfect efficiency, resulting in an institution that far transcends the individuals within the organization (Adair-Toteff, 2005; Visitchaichai, 2003). The rules of a bureaucracy are meant to alleviate disparities. Yet, it is safe to assume that every student is not the same. Students may require a response that an institution is unable to meet. Some students do not "fit" the mold of educational bureaucracy (Stone, 2015). This lack of fit between student and the school environment is often where the school social worker intervenes, providing resources and interventions that can accommodate the student. Homeless students are a classic example of students who will require services because their needs may not fit the institutional mold. However, these services are often secondary to the school's academic mission (Stone, 2015).

MVA provides students who are homeless with a way to access their education; however, there is still much that it lacks: funding, communication between school districts and the community, and mechanisms for accountability (Aviles de Bradley, 2015; Canfield, 2015). The limitations of the MVA specifically and educational institutions generally to respond to the needs of at-risk students requires that school districts collaborate with the community and outside agencies (Canfield, 2015). The school system is not a social service agency, and so it is incumbent on school social workers to bridge the gap between school, student, family, and community to alleviate the developmental risk factors associated with homelessness.

Grand Challenges of Social Work

In 2012 an informal committee of social worker leaders wrestled with the idea of social work's role in the coming century. They were intent on setting "ambitious yet achievable goals for society that mobilize the profession, capture the public's imagination, and require innovation and breakthrough in science and practice to achieve (Uehara et. al, 2013 and Kalil, 2012 as cited by Brekke and Anastas, 2019, pg. 70). The following year the American Academy of Social Work & Social Welfare (AASWSW) formally took up the challenge and created a committee to solicit input from the social work professional membership. The challenges had to meet the following criteria: they had to be big and important, there had to be scientific evidence that the problem could be solved, there had to be meaningful and measurable progress within the decade, it must generate interdisciplinary collaboration, and require significant innovation (Brekke & Anastas, 2019). For two years the designated committee elicited feedback from scholars and practitioners and identified 12 Grand Challenges of Social Work, two of which are directly related to this study: to ensure the health development of all youth and to end homelessness (Brekke & Anastas, 2019.

The Grand Challenges of Social Work (GCSW) acknowledges that homelessness has been on the rise for decades, and social workers are a crucial part of the development of evidence-based interventions geared towards housing stability (GCSW, 2018). The GCSW also acknowledges the growing need for effective behavioral health interventions for children and adolescents, particularly because behavioral health can have a lifelong impact on a child's health and well-being (GCSW, 2018). The literature above barely scratches the surface of the implications of homelessness on the behavioral health outcomes of children and youth who are homeless. The GCSW seeks to specifically build interventions that are preventative and

effective, and accurately assess risk and protective factors to ameliorate distressed development (GCSW, 2018). There are very few effective intervention studies aimed at remediating any of the risk factors of homeless youth. Although the challenges are immense, the GCSW have identified evidence these challenges are solvable. This study seeks solutions to the risk factors associated with homelessness that impact the development of homeless youth.

Champions for Teens

In 2019 the LancCo MyHome, formerly the Lancaster County Homeless Coalition, completed an informal needs assessment of students and families identified as homeless across the school districts in Lancaster County, Pennsylvania. Consultants from LancCo MyHome interviewed students, families, and community stakeholders in order to innovate programs as a part of the coalition's School's First Initiative. Donegal School District was one of five districts that took part in the needs assessment. One of the programs conceptualized in this process was a student advocate program, as students identified that they lacked guidance, resources, and support to get through high school and transition to life after school (LanCo MyHome, personal communication, June, 2019). The Champions for Teens (C4T) program was developed and implemented by the Donegal School District school social worker, to meet the need for a student advocate program, and will be piloted with high school students identified as homelessness in the Donegal School District.

The Donegal School District is a rural community that is comprised of three towns: Mount Joy, Marietta, and Maytown. The school district serves about 3,000 students a year, 42.7% of which are considered low income (Commonwealth of Pennsylvania, 2019b; Commonwealth of Pennsylvania, 2019c). The number of students experiencing homelessness has grown exponentially in recent years. In the 2013-2014 school year 19 students were

identified as homeless in the school district (Pennsylvania Department of Education, 2015). By the 2018-2019 school year, 97 students were identified as homeless (Pennsylvania Department of Education, 2020). Donegal School District also has a high number of unaccompanied youth in comparison to other school districts in Lancaster County (J. Koppel/Lancaster County Homeless Coalition Director, personal communication, April, 11, 2019). The increased prevalence of homelessness has made community collaboration and intervention necessary as the school is unable to adequately address all of their needs.

The youth who are homeless in the Donegal School District experience numerous risk factors. Resilience can be fostered through the support of a caring adult: Champions. Caring adults also represent social capital and can establish the youth in a positive and supportive network that can provide resources. The bridge into a positive social network allows students to share in the resources of the community. The Champion functions to mediate risk in an otherwise stressful childhood ecological system. Therefore, it is the immediate goal of the C4T Program to establish a connection between a youth that is homeless and a caring adult in the community, and increase the social network of the youth. As the youth is able to connect with supportive individuals in the community, the short-term goals of C4T are for the following: students to access needed services in the community, establish a connection between the Champion and the academic team, student's grades and attendance to be stabilized, and the student will identify future goals. The long-term goal of the C4T program will then be for the youth to transition from high school with a plan for their future, and experience self-esteem, confidence, and well-being.

A model of advocacy was created after interviewing individuals in the community who had informally taken on such roles. For the Champion, being an advocate means that they must be empathetic, persistent, flexible, conscientious, and an active listener. These characteristics

drive the Champion to complete activities and activate others in the community on behalf of the homeless student for the empowerment and well-being of the homeless youth. (Helfrick, 2020)

Figure 1.

Champion Model
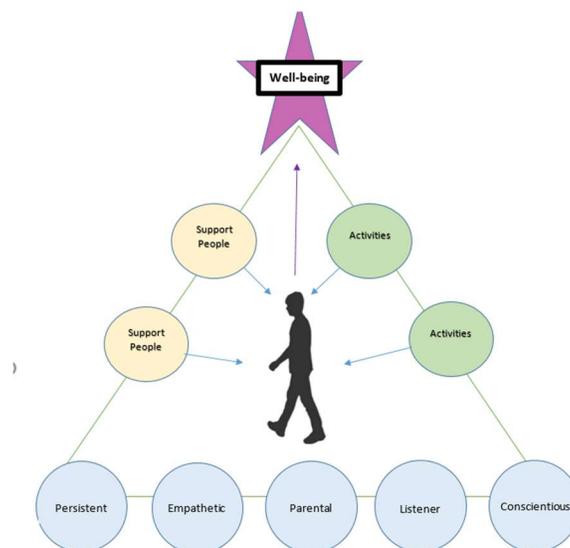
Note: A champion is an individual who possesses the qualities of persistence, empathy, flexibility, listening, and conscientiousness and who will activate others and complete activities that are centered on the youth, therefore empowering the youth and increasing their well-being (Helfrick, 2020).

The Champions for the C4T program were solicited from the community and received training on poverty, trauma, and advocacy. Champions were also approved volunteers through the Donegal School District. It is expected that the Champion meet with their student weekly for a minimum of 45 minutes a week. The Champion and the student completed the *Possible Selves* curriculum which increases student motivation by establishing goals for their future (Hock et al., 2003). Just as the student will be encouraged to make connections within the social network of the Champion, the Champion is encouraged to connect with existing support networks of the student such as parents or teachers. The Champion is also encouraged to seek ways to connect with the student outside of the school setting and in the community.

Study Purpose

The healthy development of youth who are homeless is compromised by the numerous and pervasive effects of homelessness. Homelessness are exposed to numerous incidents of trauma, which compromises their educational experience and mental and behavioral health. High mobility and distressed family systems also cause a breakdown in supportive networks and resources to thrive. Furthermore, LanCo MyHome has established a need for an advocate program for students who are identified as homeless. It is for these reasons that the C4T, a school-appointed, homeless youth advocate program, was created. Champions are caring adults from the community that champion the goals of the youth and resource them through the social capital in their own community.

Despite the effects of homelessness, developmental distress can be attenuated by protective factors. The most immediate goal of the Champions for Teens program is to increase the social support of the homeless youth, and the purpose of this study is to establish whether the Champions for Teens program is effective in doing so. This study will also provide program improvement strategies. This program intends to support a highly vulnerable population, and therefore, piloting the program and making improvements reduces risk of harm to participants. This study will also build on the sparse literature of effective interventions of homeless youth. The hope is that homeless youth will have the opportunity to flourish when embedded into the social network of a caring adult who champions their aspirations.

Theoretical Framework

The C4T program was developed to address the effects of homelessness on youth in the school system. As such, the theoretical framework does not address the complex and systematic

issues of homelessness that would be informed by macro level theories. Consequently, data will not be collected on these systems level variables, but instead will focus on those variables that are more proximal to the ecosystem of the child.

Ecological Systems Theory

An ecological perspective examines the interrelationships between the individual and their environment (Chan & Chung Ho, 2008). Rather than viewing risk factors or problems as inherent to the child or youth, an ecological perspective studies the dynamic development of the individual within the environment (Brendtro, 2006). Bronfenbrenner (2005) was a founding theorist of the ecological systems perspective and proposed a formula: $D=f(PE)$ [Development is a joint function of person and environment]. He described "the characteristics of a person at a given time in his or her life are a joint function of the person and of the environment over the course of the person's life up to that time" (Bronfenbrenner, 2005, p. 108).

Four interrelated systems are proposed to have impact on development: the microsystem, mesosystem, exosystem, and macrosystem (Ashiabi & O'Neal, 2015; Chan & Ho, 2008; Frels et al., 2013; Hamilton et al., 2006). The microsystem describes the interpersonal relationships and activities which are closest to the child, such as their parents, peers, or neighborhood (Bronfenbrenner, 2005). The mesosystem are the interactions between microsystems that surround the child, such as the parent's relationships within the neighborhood (Bronfenbrenner, 2005). The exosystem are interactions that do not directly impact the child, but are, so to speak, once removed, such as the parent's relationship with their employer (Bronfenbrenner, 2005). Finally, the macrosystem includes the societal and cultural context where the child is developing such as the culture and laws of the country they are living. Of all of these, Bronfenbrenner

(2005) thought that the interactions that were most important were those that occurred in the microsystem, which he termed proximal processes (Ashiabi & O'Neal, 2015; Bronfenbrenner, 2005).

Bronfenbrenner termed proximal processes the "engines of development" (Bronfenbrenner & Evans, 2000, p. 118). Typically, proximal processes are conceived of as parent-child interactions, but also include interactions with peers, teachers, or mentors (Ashiabi & O'Neal; Brendtro, 2006). The proposition by Bronfrenbrenner was attachment and trust facilitate development through activities that are reciprocal and increasingly complex over time (Brendtro, 2006). If proximal processes are minimal or stressful, the ecology of the child is distressed and their development is maladaptive. Conversely if processes are plentiful and positive, the ecology of the child and therefore their development, is harmonious (Brendtro, 2006).

Through the ecological lens, the seemingly varied and diverse effects of homelessness on youth are explained by the impacts of chronic stress and trauma in the ecological system. Poverty and lower socioeconomic status are associated with tumultuous family characteristics such as conflict, anger, and lack of nurturing (Repetti et al., 2002). Researchers have long documented the correlation between family discord such as this with impaired social-emotional and cognitive development (Evans, 2004). Chronic stress in the environment of the child causes long term changes in the brain and deficiency in the neuroendocrine system (National Scientific Council on the Developing Child, 2015; Repetti et al., 2002). Youth substance abuse and risky sexual behaviors become coping behaviors for the deficits in regulation and well-being (Repetti et al., 2002). Simply put, these highly important proximal relationships for positive child development are disrupted by the strain of poverty and homelessness.

Criticism for Bronfenbrenner's Ecosystem's model includes that it is reductive and deterministic, that those with a positive ecology are destined to have interrupted development (Guy-Evans, 2020). It is insufficient to describe an individual just based on their environment, and the model also stops short of identifying resilient ecologies (Christensen, 2016). The value of this lens, however, is that positive development is not just intrinsic characteristics of a child. Positive development can be fostered through resilience-building interventions that focus on the social environment of the child (van Breda, 2018).

Resilience Theory

Resiliency theory has multiple definitions in the literature, but in most definitions the connection is made between adaptation to adversity (Hallet, 2012; Hyman et al., 2011; van Breda, 2018). Masten (2018, p. 12) defines resilience as "the capacity of a system to adapt successfully to significant challenges that threaten its function, viability, or development." In a longitudinal study in the 1970s, Bleuer was able to identify mediating factors that influenced children's positive development despite living in families with schizophrenia (Cronley & Evans, 2017). In another longitudinal study, Werner examined the lives of children in Kauai, Hawaii over a period of 32 years (Werner & Smith, 1992; Lee, 2012). These studies identified that despite high risk environments, some children adapted well (Lee, 2012). One enduring finding of resilience research has been that children who adapted well, who were resilient, had a secure relationship with an adult in their community (Lee, 2012). These studies mark a shift in focus from risk factors to those factors which are protective or mediating in the face of adversity (Hallet, 2012; van Breda, 2018).

Halley (2012) describes that in the literature on resilience, one perspective emphasizes protective factors. The protective model seeks to understand those factors that buffer the child from distressed development (Hallet, 2012). Harvard's Center for the Developing Child (2021a) conceptualizes the development of resilience as a balance scale or seesaw. The concept views adversity on one side and on the other side factors of resilience that tip the child's development towards positive outcomes. A protective tipping point is the presence of a committed, supportive adult (Center for Developing Child, 2021a; 2021b; Brendtro, 2006; Brooks, 2006; Elster, 2008; Lee, 2012; Masten, 2018; Philips, 2018). Supportive adults, whether it be a parent, teacher, social worker, coach or mentor, help shape childhood stress into positive growth (Center for the Developing Child, 2021b).

If the social network of the homeless youth is stable, they are more likely to be resilient (Hallet, 2012). Relationships are the foundation for resilience (Moore, 2016). Positive parent-child connections are desirable and resilience promoting, but substitute caregivers can compensate for low family support (Hallet, 2012). Unfortunately, high mobility creates a risk of disconnection from potential caring adults, particularly from the supportive relationships found within the educational environment (Hallet, 2012; National Council on the Developing Child, 2015). Strong relational connections in the home, school, and community increase educational aspirations (Hallet, 2012; Moore, 2016). For this reason, mentoring programs have been established for similarly at risk populations (Hallet, 2012). National Scientific Council on the Developing Child (2015) points out that responsive interactions with caring adults have a healing component to the brain- resulting in the stress response moving to a normal baseline. Mentors not only provide healing interactions and tether the at-risk youth to the community, they also promote and model skill building (Zimmerman, 2013).

Resilience literature does account for both intrinsic individual factors and environmental factors of resilience. There is caution and criticism in exploring the individual factors related to resilience. When resilience is understood as a personality characteristic, it quickly turns to placing blame on the victim for maladaptive development (Phillips, 2018). From this perspective, resilience is viewed as an inborn grit and self-reliance, denying all the evidence that demonstrates that relationships are central to positive development (National Scientific Council on the Developing Child, 2015). Brooks (2006) reports that resilience is an ecological phenomenon that is developed through interactions with the environment, not something that can be developed through the sheer will of the individual.

Despite the abundance of literature that points to hope for resilience promoting intervention, this framework is not utilized frequently with homeless youth. In a systematic review of the literature regarding homeless youth and resilience, Cronley and Evans (2017) found very few interventions in general, and even fewer that utilized a resilience theory framework. Most studies focus on their deficits, as is demonstrated in the extensive literature above that documents their risk factors. However, Cronley and Evans (2017) indicate that for homeless youth, survival is dependent on their support network, whether it is positive or negative. The development of their social network or social capital, stands to be a promising intervention to develop the resilience of homeless youth.

Social Capital Theory

Pierre Bourdieu, James Coleman, and Robert Putnam, the foundational authors of social capital theory, agree that relationships mobilize resources (Dika & Sing, 2002; Duke et al., 2017; Skobba et al., & 2018; Robbins et al., 2006; Vermaak, 2009). Bourdieu's work emphasized that

relationships reinforce power dynamics, and particularly power over others (Claridge, 2015). Coleman defined social capital by its function: a positive and necessary social control (Dika & Sing, 2002). Putnam also viewed social capital as resources embedded in horizontal relationships that are necessary for a civil society (Vermaak, 2009). Therefore, social capital goes beyond the benefit of the individual and potentially benefits the entire community (Putnam, 2000).

Reminiscent of the Prince and the Pauper story, Putnam (1995) describes that two identical youth can have different developmental outcomes based on having a resource rich or a resource poor social network. "Bridging capital" is described as social links between a diverse group of people that provides more opportunity for resource accumulation and, therefore, advancement (Barman-Adhikari et al., 2016; Duke et al., 2017; Putnam, 1995; Putnam, 2001). Conversely, "bonding capital" are groups of individuals who are similar and who support one another, but consequently are characteristic of emotional support rather than resource allocation (Barman-Adhikari et al., 2016; Duke et al., 2017; Putnam, 1995; Putnam, 2001). Resources provided by social networks can be both material and non-material; furthermore, the more the resources are used, the more that they can be accrued (Putnam, 1995; Putnam 2001). The accumulation of social capital is based on trust, favors, and reciprocity (Putnam, 2001).

Critics of social capital theory recognize that the theory lacks singular definition and measurement. Social capital theory can also draw attention to the deficits in the community and away from the value of an individual's own resources and network. Furthermore, social capital is often used as a catch all term in mentoring frameworks (Phillips, 2008). More concerning, social capital theory when used as a catch all term can obscure issues that are better explained by racism, classism, and sexism, and can go further to augment ethnocentrism and corruption (Dika & Sing, 2002). Pierre Bourdieu's conceptualization of social capital as power over individuals

should cause a certain wariness for social workers who are called to uphold social justice (Claridge, 2015).

Resilience=f(SE)

The C4T program was developed to build the resilience of youth who are homeless through the social capital of caring, adult advocates. Resilience is a function of social capital in the environment, and therefore interventions that can increase and strengthen their social support and social network are likely to build the resilience of the youth. Children and youth who are homeless experience distressed development due to increased risk of victimization and trauma, academic failure, and more mental and physical health needs. Despite the greater need, they have more barriers and fewer material or non-material resources available to them so that they can thrive. Ecological systems theory examines the environment that surrounds the child, with particular emphasis on the child's closest relationships that impact his development. The literature on resilience theory looks for those factors that mediate childhood distress. One such reoccurring factor is the presence and support of a caring adult. Social capital theorists would propose that, not only is the interaction of a caring adult healing to child development, but these relationships function to bridge the child or youth into a supportive network of resources.

Studies have shown that developmental stress can be attenuated by impacting the ecological system of the child. One such study by Ashiabi and O'Neal (2015) studied the impact of proximal processes on children of lower socioeconomic status. Their findings are important to the Champions for Teens framework, as they found that the behavioral risk factors associated with socioeconomic status were mediated by parent and child interactions and neighborhood social capital. This suggests that the parent relationship is of great importance to the developing

child, but so are the relationships in the community, even to the extent of attenuating developmental distress.

Despite finding few studies that utilized a resilience framework in the aforementioned review by Cronley and Evans (2017), the researchers found a positive correlation between mental health, spirituality, self-esteem, creativity, and supportive social network. By comparison, resilience was negatively correlated with suicidal ideation and distressed mental health (Cronley & Evans, 2017). The authors also emphasize that survival for a youth who is homeless can be reduced to the desirable or undesirable influence of the support network (Cronley & Evans, 2017).

Barman-Adhikara, et. al (2016) found this to be literally the case for youth who were homeless in Los Angeles, CA. The researchers found that youth who had less social capital experienced homelessness longer, and the longer youth were homeless, the less social capital they had (Barhman-Adhikar et al., 2016). The youth who had bridging capital, had more positive outcomes and, therefore, the authors concluded that building and strengthening the social connections of youth who are homeless will improve their well-being. In an earlier study, Barhman-Adhkari and Rice (2014) found that youth with higher levels of social capital were more likely to utilize employment services. Other studies have also shown that greater levels of social support have also been negatively correlated with substance use and risky sexual behaviors (de la Hay, et al., 2012; Ferguson & Xie, 2012).

The high mobility of youth who are homeless can create a chasm between youth who are homeless and dense social capital resources such as school, faith communities, and neighbors (Kilmer et al., 2012). C4T seeks to create bridges into social networks for homeless students so t

they can acquire relationships and resources and, therefore, greater stability and resilience (Hamilton et al., 2006). Social workers "understand that relationships between and among people are an important vehicle for change." (National Association of Social Work, 2017, ethical principles, paragraph 5). Because the social work profession is uniquely focused on the strengths of the individual, as well as the person in the environment, social workers should seek to augment the resilience of their clients. The social work profession believes in the secret ingredient of resilience: relationships. The C4T program utilizes caring adults, a known factor of resilience, to increase the social capital of homeless youth by expanding their social support ultimately resulting in improved resilience.

Figure 2.

Champion Advocate Model
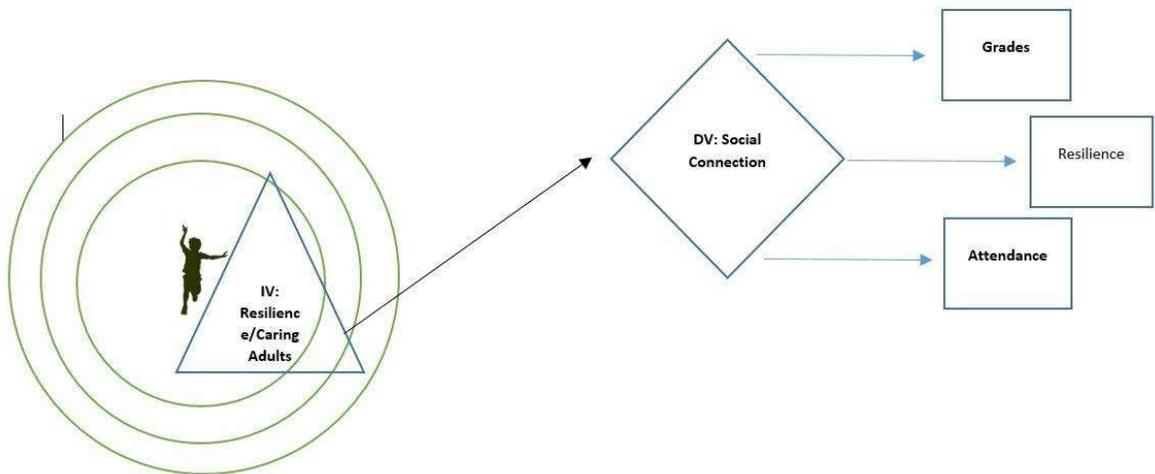
CHAPTER 2: LITERATURE REVIEW

The purpose of this study is to evaluate the effectiveness of the C4T program to increase the social support of the homeless youth. This is an important endeavor as the literature demonstrates youth who are homeless lack social capital, but also social capital is a highly important protective factor. Few interventions exist for homeless youth, and fewer still intentionally develop the social support of homeless youth, and even fewer still do so in the school setting despite the 1,508,265 homeless students enrolled in schools (National Center for Homeless Education [NCHE], 2019). However, programs connecting caring adults to at-risk youth provide an important bridge to positive and resourced social networks.

Social Capital of Homeless Youth

The impact of homelessness on youth is well covered in the literature. One's social network can be either positive and protective, or negative and risk enhancing. Generally, the social networks of homeless youth offer few instrumental or emotional resources (De La Haye et al. (2012). Emotional support is similar to bonding social capital, and instrumental support is similar to bridging social capital (Barman-Adhikari et al., 2016).

Similar to the risk gradient mentioned above, is a social capital gradient with homeless youth: the longer the youth has been homeless, the less social capital is in their social network, with those who are literally homeless having the least amount of instrumental and emotional support (Barman-Adhikari et al., 2016). Youth who had experienced abuse and victimization were especially more likely to have emotional support rather than instrumental support. The instrumental, or bridging capital, of homeless youth typically comes from services agencies (Barman-Adhahikari et al., 2016). However, a study of 130 youth living on the street by

Kennedy et al. (2017) reported that only 6% of the youth they surveyed were connected to agencies. The researchers also report that most of the relationships identified by the youth were with other youth who were homeless (Barman-Adhikari et al., 2016; Kennedy et al., 2017). De la Haye et al. (2012) surveyed 419 youth in a drop-in center, and similarly reported that 32% of the identified relationships with homeless youth were with other homeless youth. The support offered by homeless youth to other homeless youth is emotional support, and consequently the means with which they bond can be risk inducing (Barman-Adhakari et al., 2016; De la Haye et al., 2012). Of the youth who were surveyed by De la Haye et al. (2012) only 21% attended school, 44% drank to intoxication, and 21% engaged in risky sexual behavior. Despite these risks, Kennedy et al. (2017) reports that homeless youth prefer their relationships with homeless youth over other relationships, and the other youth who were homeless were like family. Perhaps because the emotional support from other homeless youth provided empathy and companionship not found with those that had not experienced homelessness, or a seemingly safer connection than the abuse or victimization that occurred in their homes. Interestingly, whereas other homeless peers may provide emotional support, they were also associated with an increase in depressive symptoms. This implies that as youth are integrated into street networks, they are more disconnected from networks that provide not only resources but possible protective relationships (Barman-Adhikari & Rice, 2014). Youth who are homeless are differently connected, rather than disconnected (Kennedy et al, 2017).

Kennedy et al., (2017) warns, however, that perception is not reality: the homeless youth may perceive that they have more support than is actually available to them. Furthermore, a network composed of only emotional support and not tangible resources may prolong homelessness and increase risk. The literature supports that relationships can be translated into

instrumental resources such as employment services, college enrollment, and academic success. For example, Skobba et al. (2018) examined the pathways to college for 33 students with a history of homelessness and/or foster care. More youth who were connected to caring adults were able to enroll in college. The participants noted that in high school, family, teachers, and adult role models provided encouragement and connections to opportunities for entrance tests, applications, and ultimately college acceptance. Barman-Adhikari and Rice (2014), found very few individual variables that predicted employment service utilization; instead, the social environment was of greater import. Youth who received instrumental support from other homeless youth, were less likely to utilize employment services suggesting that the youth were dependent on the street economy. However, connections through home based peers and caseworkers did increase services. Malecki and Demaray (2008) describe social support as a buffer to stress, particularly for students of lower socioeconomic status (SES) who are known to have lower academic performance. The researchers found that social support was significantly associated with GPA scores for students of lower SES, but had little impact on students of higher SES. That is to say, that social support was an important contributing factor to academic success particularly for students of lower SES. The authors conclude that social support plays a protective role in the relationship between academic performance and lower SES.

Connection to instrumental support is protective, literally reducing instances of substance use and human trafficking. Chisolm-Straker et al. (2018) interviewed 344 homeless youth (ages 18-22), 9.6% which were victims of human trafficking. They found that the presence of a supportive adult was associated with the youth being protected from trafficking. Even though the other variables are similar between homeless youth who had been trafficked versus those that are not, the supportive adult significantly lowered the odds of being trafficked. The researchers

propose that an absence of trauma may not be the protective factor; instead, the presence of a supportive adult mitigates the associated risks of trauma. Similarly, Ferguson and Xie (2012) examined the connection between adult support and substance use amongst homeless youth in high school. In a rather large sample of 2,146 homeless youth, researchers found higher prevalence of substance use in youth who were homeless. However, the researchers also found that there was a protective effect of social capital, and that youth who had greater contact with caring adults in the community were less likely to use substances. Furthermore, youth who had lower levels of adult support had greater connection between truancy and substance use. Ferguson and Xie (2012) point out that these results are consistent with the research on social capital, that adult support in the community provides connections to both tangible and potential support and access to protective resources.

The exploratory research on the social capital of homeless youth indicates that social capital is an important protective factor contributing to the resilience of homeless youth. Further research is recommended that develops interventions to encourage healthy relationships particularly with family, kin, and peers who are stable and can provide emotional and tangible support (Barman-Adhikari et al., 2016; de la Haye, et al, 2012; Kennedy et al., 2017; Skobba et al., 2018). However, despite the copious amounts of literature on the risk factors of homeless youth and low levels of social capital, there are few studies that offer effective interventions, and even fewer that harness social capital to build their resilience.

Intervention Research with Homeless Youth

Several studies have reviewed the status of intervention research regarding homeless youth, or the lack thereof. Atlena et al. (2019) completed a review of the literature in 2009, with

a follow up review in 2018. In the first review 11 studies were identified that examined effectiveness of interventions with homeless youth. In the follow-up review, utilizing the same criteria, only 13 unique studies of interventions with homeless youth were found. The authors conclude that after reviewing the literature they were unable to identify any interventions that were effective, and the quality of most of the studies were rated as poor (Atlena et al., 2019). This reinforces that much of the research regarding homeless youth has been explorative. Furthermore, few interventions taking place are being formally evaluated (Toro et al., 2007).

The interventions reviewed by Atlena et al. (2019) were described as intensive case-management, independent living programs, motivational interviewing, cognitive behavioral counseling, living skills, supportive housing, and peer-based support programs, strengths-based, family-based, social support, mentoring, and advocacy interventions were included in the findings. Some slight improvements were found in substance abuse outcomes with mentoring and advocacy interventions. Also, slight improvements were found in social well-being in the social support interventions. In a similar review of the literature, Toro et al. (2007) reports one case-management study demonstrated improved psychological well-being and reduced problem behaviors after three months. Another case-management intervention took place in a shelter, and demonstrated positive housing outcomes for several years post study. Slesnick et al. (2009) confirms case-management has a widely used intervention, but research identifies its effectiveness as low. On the other hand, family-focused interventions and social skills training also showed weak results, and in some cases were harmful due to unhealthy family relationships Notably, the authors report that at that time they were not aware of any school-based interventions targeting unaccompanied, homeless youth (Toro et al., 2007).

Slesnick et al. (2009) conducted a review of the literature that included interventions for homeless youth that focused on improving their life situation by reducing risk factors such as substance use, and medical or mental health distress. Two studies attempted a motivational interviewing intervention, but were not effective possibly due to the brevity of the intervention and inability to develop trust. Lastly, interventions which were aimed at HIV and risky sexual behaviors were not effective in reducing risk. Slesnick et al. (2009) conclude interventions that target one area of risk, are simply insufficient unless the needs of the whole person are recognized.

Several intervention studies deserve expansion because of their relevance to the purpose of this study. First, McCay et al., (2011) implemented a relationship-based intervention that was composed of six group sessions. These sessions were facilitated by experienced clinicians and were focused on relationships that would support the youth. The participants scored significantly higher on social connection after the intervention, and demonstrated decreased hopelessness. Although there was not a significant change in self-esteem and resilience, the researchers concluded that with more time there may be improvements due to the theoretical link between social connection, self-esteem, and resilience. This intervention demonstrates a possible intricate link between social connection and resilience. Therefore, for the purposes of this study, it may also be assumed that an improvement in social connection may impact the resilience of homeless youth.

In a recent qualitative study by Raffaele and Randler (2021) the Starting Right, Now (SRN) program was constructed to support unaccompanied, homeless youth. The intervention included services that connected the youth to housing, mentoring, tutoring, personal development, and assistance with further professional and academic training. The participants in

the program reported developing new relationships, learning adaptive strategies for living, and increasing their hope, direction, and purpose. Youth described that they felt "lifted" out of poverty and trauma.

Ferguson and Xie (2007) also piloted a Social Enterprise Intervention (SEI). SEI sought to engage youth who were homeless in a nine-month vocational program that included mentoring, job training, counseling, and harm reduction to improve their social support and mental health while reducing risky behaviors. The mentors for this program were trained in clinical mental health assessment and rapport building, and created goals with the youth. Results indicated the youth had a four-fold increase in measures of life satisfaction and a five-time decrease in depressive symptoms. In regards to measures of social support, the youth had twice the amount of family contact and three times the increase of peer support. These results are in comparison to a control group that did not receive the intervention.

The above studies indicate that there is limited literature regarding interventions for homeless youth, and even fewer interventions that have significant effects. The relationship-based intervention, SRN, and SEI provide promising support for interventions that utilize social capital in the ecosystem of the child. In turn the added social capital produces resilience in multiple life domains. However, none of these interventions occur in schools.

School-Based Interventions for Homeless Youth

Ideally, youth spend a significant amount of time in school (McPhereson et al., 2013). Schools are also important sources of social capital and support, and academic success paves the way for future stability (McPhereson et al., 2013). With 1,508,265 students identified as

homeless in the school systems, schools are an important setting for intervention (National Center for Homeless Education [NCHE], 2019).

Through the Individuals with Disabilities Education Act, schools are held accountable to make data-driven, evidenced-based decisions on interventions for students (NASW, 2012). Schools use a multi-tiered framework for problem solving student academic, behavioral, and emotional needs. Modeled after work in public health, Multi-Tiered Systems of Support (MTSS) provides services and interventions to students with increasing intensity as determined by student need (NASW, 2012; Positive Behavior Intervention & Supports, 2021; Sulkowski & Joyce-Beaulieu, 2014). Due to the bureaucratic nature of school systems, nesting interventions for homeless youth within the tiered framework increases the likelihood of intervention uptake. It also implies a call for intervention research to establish evidence-based interventions for homeless students in schools. MTSS can also be an avenue to move beyond securing access to education with MVA and towards the development services that meet the needs of students experiencing homelessness so they can experience academic success.

Some interventions widely used in schools have been adapted for homeless students. Camacho (2016) utilized Check In/Check Out, an evidence-based intervention used in schools, with elementary aged students in an elementary age, after school program for homeless children. Teachers and staff for the program conducted a Functional Assessment Checklist to target program behaviors. All four participants showed decreases in identified problem behaviors and increases in task engagement. Similarly, a study by Viafora et al., (2018) utilized an eight-week mindfulness course for middle school students, but students who were homeless reported much higher evaluation of course, increased well-being, and likelihood of using mindfulness techniques than their peers who were not homeless. Tudor (2018) compared the impact of an

evidenced-based dropout prevention program, Communities in Schools (CIS), on students who were homeless versus those who were not. Students were assigned a coach who supported attendance, academic, and behavior goals. Academic interventions improved academic outcomes for both homeless and non-homeless students, but behavior and attendance interventions did not improve outcomes for either group. One study by Nabors et al. (2004) developed a summer school program for at-risk youth; however, no information was gathered on effectiveness. Services of the program included lessons from the Empowerment Zone curriculum, academic support, and counseling. Both students who were homeless and those who were not were highly satisfied with the program. Notably, the authors state that other than what is provided by school social workers, there is nearly no record of school-based programs for homeless students.

Interventions regarding homeless students are needed in schools. Students who are English language learners, have been retained, are truant, or receive special education services perform lower academically (Uretsky & Stone, 2016). Homeless students are disproportionately represented in all of these academically at risk categories, and high mobility impedes getting the necessary supports and services (NCHE, 2020). MVA allows access to education, but does not enhance the instructional opportunities of students who are homeless (Uretsky & Stone, 2016). Schools are an important point of connection for homeless youth that go beyond academic performance (Gasper et al., 2012). A qualitative study by Jones et al. (2018) explored the perspectives of youth who were homeless and involved in child welfare systems and had experienced challenges when in school. The youth articulated several factors that made a positive difference: professionals understanding trauma, having opportunities for normalizing childhood experiences, and having an advocate. Most of the youth in this study identified at least one adult who supported them. One participant specifically noted that the relationships in the school

community were the "closest thing I had to family" (Jones et al., 2018, p. 71). The authors cite

that a clear message was the importance of a caring adult "who knows and cares about them –

someone who will fight for them like they were their own child" Jones et al., 2018, p.71). These

findings are important because they are spoken by the voice of the youth themselves. This

research goes even further to highlight the need for an adult advocate in the school community of

the homeless youth.

Caring Adult Interventions

Mentoring and the Court Appointed Special Advocate (CASA) program are interventions

which have been used for decades that intentionally pair a caring adult with an at-risk youth.

Hamilton et al. (2006) discuss mentoring as a way to foster the reciprocal activities that

Bronfenbrenner claims are critical to development. They further explain that mentoring programs

add bridging social capital by linking vulnerable populations of youth with people outside of

their families and neighborhood. In a meta-analytic review of the literature comparing mentoring

individuals to non-mentored individuals, Eby et al. (2009) found that across disciplines,

mentoring had positive health, behavioral, personal, and professional outcomes, while at the

same time, citing a negative correlation with deviant behaviors, psychologically stress, and

withdrawal. Furthermore, academic mentoring was highly correlated with performance, more so

than general youth mentoring. The authors do caution in overestimating the effects of mentoring

programs, because generally, the effect sizes were small.

Grossman, et al. (2002) and Herrera et al. (2007) studied a well-known mentoring

program: Big Brothers, Big Sisters (BBBS). Their studies included 1,138 participants and found

that mentoring relationships that lasted more than a year reported improvements in social,

behavioral, and academic outcomes. Compared to non-mentored peers, children with a mentor showed improvements in academic performance, quality of classwork, number of assignments, and fewer infractions (Herrera et al., 2007). In a follow up a year later, children were still less likely to skip school (Herrera et al., 2007). This is an example of social support improving academic performance, as was found in the research noted above by Malecki and Demaray (2008). Conversely, youth who had relationships that ended in less than three months had decreases in self-esteem (Grossman et al., 2002). The authors noted that mentees who were referred for psychological or educational remediation services, were more likely to have relationships that terminated prematurely. This could imply that mentees with greater challenges can overwhelm the mentor's ability to help. The endurance and intimacy of the mentoring relationship seems to have an impact on the significance of the intervention's effects. A study of a youth mentoring program in Japan by Chan and Ho (2008) suggests that relationships with higher levels of intimacy show the greatest improvements academically, socially, and behaviorally.

Although intervention research is minimal with homeless youth, two studies noted mentoring as a component of an intervention. Bartle-Harting et al. (2012) utilized mentoring as a component for substance abuse treatment for homeless youth. Ninety homeless youth between the ages of 14 and 22 participated in the program and were assigned to either treatment as usual or substance abuse treatment with a mentoring component. The researchers concluded that mentoring did not have a significant impact on outcomes, but did observe that youth with histories of abuse attended more mentoring sessions and had fewer consequences associated with their substance use. Also, specific to homeless youth, Stewart et al. (2009) piloted a social support intervention that included support groups, recreational activities, meals, and one-on-one

mentoring by peer mentors who had previously experienced homelessness and professional mentors. Fifty-six homeless youth between the ages of 16 and 24 participated and reported enhanced coping skills, self-efficacy, social network, mental well-being, and health behaviors and decreased loneliness and substance use. As noted above by Slesnick et al. (2009), targeting one area of risk, such as the substance abuse program combined with mentoring, may be ineffective. A holistic approach of social support as demonstrated by Stewart et al. (2009) may be more effective.

A longitudinal study by Ahrens et al. (2008) demonstrates the long term impact of mentoring. Researchers used data from the Longitudinal Study of Health and compared 160 individuals who were involved in foster care and reported that they had a non-parental adult mentor in their life with those who did not. Youth who had a mentor reported less suicidal ideation and better health overall, and slight indication that they obtained higher levels of education. The authors conclude that mentoring is associated with positive adjustment, and strategies to support mentoring should be developed for the foster care population. The CASA program is a model that seemingly does just that.

The National CASA Association (2020) utilizes 93,300 volunteers to serve 271,800 children that are in the child welfare system. The CASA program was created in 1977 out of a need for representation of children in the child welfare system. (Litzelfelner, 2002). CASAs are community volunteers who are appointed to provide recommendations to the court on the best interests of a child who has been abused or neglected and removed from his home (National CASA Association, 2020). The CASA's task is to learn about the child by engaging him in relationships, collaborating with other agencies, making recommendations, and presenting their findings to the court (National CASA Association, 2020). Children who are assigned a CASA

are more likely to succeed in school and find a permanent home, and less likely to go back into the foster care system (National CASA Association, 2020). Litzelfilner (2002) reviewed the literature on the CASA program and found the results on its effectiveness were mixed. Enduring findings were that children were more likely to be connected to supports and had better permanency plans and outcomes (Litzelfilner, 2002). Lawson and Berrick (2013), reviewed the literature to evaluate the CASA program as evidence based practice (EBP). The researchers echoed that children with a CASA were connected with more services and experienced more permanency. However due to the mixed results in the literature they were unable to recommend the CASA program as EBP.

Literature Summary

The literature presented here establishes that youth who are homeless lack social capital (Barman-Adhikari et al., 2016; de la Haye et al. 2012). Moreover, the social networks they do have may provide emotional support but not many resources (Barman-Ahikari et al., 2016; de la Haye et al., 2012; Kennedy et al., 2017). At times the social network of youth can expose them to increased risk. However, literature supports that survival is in the social network of the youth (Barman-Adhikari and Rice, 2014; Barman-Adhikari et al., 2014; de la Haye et al., 2012). A caring adult can encourage the use employment services, access to higher education, improved academic performance, protection from trafficking, and decreased substance abuse (Barman-Adhikari and Rice, 2014; Ferguson and Xie, 2012; Chisholm-Straker et al., 2018; Skobba et al., 2018). Interventions that expand the social capital of homeless youth are called upon by researchers (Barman-Adhikari and Rice, 2014; Barman-Adhikari et al., 2016; Chisolm-Straker et al., 2018; Cronley & Evans, 2017; Duke et al., 2017; Herrera et al., 2007; Kennedy et al., 2017; Tudor, 2018). Yet, few interventions targeting homeless youth are found, though several

promising studies show that the increase of social capital of homeless youth seems to lead to resilience (Atlena, et al., 2019; Ferguson and Xie, 2007; McCay, et al., 2011; Rafaelle and Randler, 2021; Toro, et al., 2007; Slesnick et al., 2009; Atlena et al., 2019;). There are even fewer studies that support homeless youth in schools, despite both the prevalence of homeless youth enrolled in schools and the requirement for data-driven evidenced-based interventions within the school system (Nabors et al., 2004; NASW, 2012; Sulkowski & Joyce-Beaulieu, 2014; Toro et al.; 2007). Homeless youth in the school system are disproportionately represented in academically at risk categories, and six of the studies reviewed above had a meaningful impact on academic performance (Grossman et al., 2002; Chan & Ho, 2008; Eby et al., 2009; Herrera et al., 2007; Nabors, et al., 2004; Tudor, 2018; Uretsky and Stone, 2016). Homeless youth in the school may feel alone and lost in the system and in need of adult care and guidance (Jones et al., 2018). Mentoring and the CASA program are widely used to pair students facing adversity with caring adults in the community. Therefore, embedding an advocate program that supports homeless youth not only fills a gap in the literature regarding intervention research for homeless youth, but also provides preliminary evidence through mentoring and the CASA program, that interventions which increase social support will increase resilience.

Implications

The purpose of this study is to establish the Champions for Teens (C4T) program as effective at connecting youth who are homeless to caring adults and increasing their social support, while providing program improvement strategies. C4T fits squarely in a gap in the literature that demonstrates the value of social capital, the need for interventions, and even more so, the need and utility of school-based interventions which connect caring adults to youth who are homeless.

Youth who are homeless experience innumerable risk factors such as trauma and victimization. Some reports indicate nearly half of homeless youth experience physical abuse, and 29% experience sexual abuse (Bender et al, 2014). The high mobility of these young people increases the likelihood that they will be exploited or victimized, as they become more and more disconnected from schools, neighborhoods, and faith communities (Kilmer, et al., 2012). At times the source of social connection for homeless youth is risk inducing, as researchers report that youth use substances, delinquency, and sex to socially connect and provide for their physical needs (Barman-Adhakari & Rice, 2014; Edwards, 2009; Thompson et al., 2010).The associated risk factors are reciprocally connected: trauma and victimization are highly correlated with PTSD and depression, a lack of social connection leads to substance use, substance use correlates to mental health and suicidal ideation, lack of social connection and substance use exposes the youth to exploitation and victimization (Bassuck, et al, 2014; Kidd, 2004; Thompson et al., 2010, Tyler et al., 2017). Where a risk begins or ends is nearly impossible to determine.

The research is also clear on the deleterious effects of homelessness on academic outcomes for youth. Not only is there an overrepresentation of students receiving special education and English language learning, homeless youth have lower scores on English and math proficiency, more discipline referrals, increased truancy, and as few as 20-30% graduate from high school (Children, Poverty, and Homelessness, 2016; Edidin et al., 2012; NCHE, 2020; Rahman et al., 2017; Uretsky & Stone, 2016). As with the risk factors such as trauma, mental health disorders, and substance use, these academic outcomes perpetuate a detrimental cycle because securing gainful employment is difficult without a high school diploma and leads to the next generation of economic instability (Hyman et al., 2011).

Ann overabundance of research exists confirming distressed development of homeless youth, yet little research is being done to strengthen their resilience in order to tip their scale towards positive development (Cronley & Evans, 2017). The literature on effective interventions for homeless youth is sparse: one recent review of the literature concluded that while some intervention studies showed improvements in social well-being, no actual compelling evidence of effective interventions for homeless youth exists (Atlena et al., 2012; Ferguson and Xie, 2007; McCay et al., 2011; Rafaelle & Randler, 2021; Slesnick et al., 2009; Toro et al., 2007). The need for effective interventions is of even greater importance due to the prevalence of homelessness in society and specifically in schools; it is estimated that one in every 30 children, nearly a child per classroom, experiences homelessness (Bassuck, et al., 2014; Cronley & Rosalind, 2017). Public education is held to the standards of MTSS and evidence based intervention practice, and yet a gap persists in the literature of interventions for the million and a half homeless students identified in schools (NASW, 2012). Is this not one of the greatest examples of problem-admiring: the documentation of the risks for homeless youth, but an extreme lack of interventions to mediate those risks? Can a society and our school systems continue to not invest in intervention research for such a prevalent and vulnerable population?

Answering the Call: Champions for Teens

The C4T pilot program intentionally connects a caring adult, a champion, to a youth who is homeless and in high school. The presence of a committed, supportive adult is a well-documented factor of resilience (Brendtro, 2006; Brooks, 2006; Center for the Developing Child, 2021a; 2021b; Elsters, 2008; Lee, 2012; Masten, 2018; Phillips, 2018; Werner & Smith, 1992; Lee, 2012). The champion is able to utilize his social capital and bridge the homeless student into

a positive social network by utilizing relationships to mobilize resources (Dika & Sing, 2002; Duke et al., 2017; Skobba et al., & 2018; Robbins et al., 2006; Vermaak, 2009).

Above the literature demonstrates that the social network of homeless youth is critically important to their survival, and yet most youth experience a great void in social support in general and particularly social support that could provide resources (Barman-Adhikari et al., 2016; Barman-Adhikari et al., 2014; de la Haye et al., 2012; Kennedy et al., 2017). A positive relationship with a caring adult can provide healing interactions that lessen the distress of the youth and provide tangible resources and opportunities (Barman-Adhikari and Rice, 2014; Ferguson and Xie, 2012; Chisholm-Straker et al., 2018; Skobba et al., 2018; Zimmerman, 2013). A relationship with a caring adult also provides protection from victimization, risky substance use, and suicidal ideation, while increasing connections to employment, education, and better overall health (Ahrens, 2008; Barman-Adhikari and Rice, 2014; Ferguson and Xie, 2012; Chisholm-Straker et al., 2018; Skobba et al., 2018).

Mentoring and CASA programs are interventions that have historically been used to pair a caring adult with a child or youth who is at risk. Mentoring has been found to increase factors related to positive well-being, and decrease deviance and psychological stress (Eby, 2009). The CASA program has demonstrated positive impacts on the permanency of children in the foster care system, as well as increased positive academic performance and connections to other support services (Lawson & Berrick, 2013; Litzfelner, 2002; National CASA Association, 2020). Similar to mentoring programs, C4T pairs a caring adult with a youth at risk. Likewise, C4T is similar to the CASA program in that a caring adult advocates for the youth. C4T describes champions as an advocate that is empathetic, persistent, flexible, conscientious, and an active listener who activates others in their community on behalf of the student and completes activities

with the students (Helfrick, 2020). The literature points to a connection between social support and resilience, and it is expected that the C4T program will create a connection between a caring adult and a homeless youth which will increase the social support of the youth and ultimately their resilience. (Cronley & Evans, 2017; McCary et al., 2011).

Schools are the optimal setting for intervention development and specifically for C4T. In Pennsylvania, as in most of the United States, education is compulsory until age of 18 (PDE, 2021). C4T meets homeless youth where they are: in school. MVA ensures access to education. Whereas it is not guaranteed that all homeless youth will be enrolled in school, MVA does make strides in reducing barriers to enrollment. However, once in school, students who are homeless may find that they do not fit within the hierarchical, bureaucratic structure of the school. So they are not lost in the institution of education, C4T provides the homeless student with an advocate moving beyond MVA, towards opportunities for connection, community, and academic success.

School social workers are uniquely qualified for intervention development within the school system. Due to the bureaucratic structure and academic focus, school systems fall short of meeting the needs of students at risk. However, school social workers have been operating in schools for over a century, mediating barriers that interfere with the learning environment (SWAA, n.d.). The NASW Standards for School Social Worker (2012 p. 13) charges social workers to interdisciplinary leaders and in the "implementation of comprehensive school-based programs and school-based programs that promote student well-being and positive academic outcomes." C4T is one such program.

The Social Work Code of Ethics and the GCSW go even further to solidify that social workers should be leading the way in intervention development, particularly interventions such

as C4T. The GCSW charges the social work profession with evidence-based intervention development regarding homelessness and children's behavioral health (GCSW, 2018). This study adds to the research in these two important challenges to the social work profession. Furthermore, social workers believe that "relationships between and among people are an important vehicle for change." (National Association of Social Work, 2017, ethical principles, paragraph 5). Harnessing the healing powers of relationships as C4T does is imperative and unique to social work practice.

CHAPTER 3: METHODOLOGY

Positionality Statement

As both a school social worker for Donegal School District and member of the Donegal community, the vantage point of this researcher contains bias. As a researcher and employee, I have a vested interest in the success of the C4T program. Having not experienced hunger, thirst, or being unsheltered, the proposed need for relationships may itself come from a perspective of privilege. Furthermore, the researcher is white, female, and middleclass. These identifiers also identify positions of privilege in society. The program participants were also acquired based on the researcher as a Donegal school social worker's position. As a social worker, as connection to resources, there are power dynamics that could impact the agreement of participants. Through reflection, consultation, ethical decision making, checking for bias and emphasizing the voluntary nature of participation, the researcher will continually examine her lens and role in this study.

Design

The design, setting, participants, and data collection of this study were completed as a part of the implementation of the C4T program, with the researcher in her role as school social worker. As such, the majority of the data is secondary data, collected as part of the program implementation.

A mixed method, single-case design will be employed for study of the initial phase of intervention development for the *Champions for Teens* (C4T) program outlined above. Gitlin and Czaja (2016) state the first phase of intervention involves pilot studies used to evaluate program components, which in this study would be length of intervention, training of

Champions, goal setting curriculum, relationship quality, social work program support, and other supports and activities during the intervention. Pilot interventions also help identify a theoretical base for the intervention (Gitlin and Czaja, 2016). Fraser et al. (2009) states that the early development and pilot testing phase of intervention research is more about refining the process of the program than establishing outcomes, such as the impact of C4T on the social support of youth. As such, single-case design is often used at this preliminary phase of development to refine program implementation (Fraser et al., 2009).

A mixed method-design utilizes both qualitative and quantitative methods to incorporate multiple viewpoints (Thyer, 2010). Fraser et al. (2009) also states that pilot testing for interventions requires both qualitative and quantitative measures in order to refine the processes for training, support, program length, relationship building, and goal setting.

Quantitative research allows for findings that are objective and generalizable, relying on interpreting observable, countable variables (Rubin & Babbie, 2017). Quantitative measurement allows for the determination of effect, in this case the expected immediate outcome of increased social support. Quantitative research allows for testing of a hypothesis regarding the impact of the intervention on social support, but it lacks a desirable level of subjectivity to evaluate the C4T program.

On the other hand, qualitative research is hypothesis generating and inductive (Rubin & Babbie, 2017). Padgett (2017) reports that qualitative methods are suitable for process evaluation, particularly as a program is going through its formative stages. Qualitative methods provide understanding for how and why the program may work (Padgett, 2017). Qualitative research is characteristically not generalizable, and so this method will not speak to the impact of

the program for all homeless youth but will provide a starting point to figure out how and why the program is or is not effective (Rubin & Babbie, 2017; Padgett, 2017).

Mixed-methods research allows for the integration of both qualitative and quantitative inquiry. Triangulation of data by utilizing measures of social support, grade point average (GPA) and attendance, satisfaction surveys, and the focus group interview, increases validity and the contextual understanding of the C4T program and its effects (Padgett, 2017; Rubin & Babbie, 2017; Thyer, 2010).

Quantitative Design

For the quantitative portion of this research a single-case design will be used. Single-case design is also referred to as single-subject design or single-system design, but the term single-case design will be used for this study (Rubin & Babbie, 2017). Single-case design a has a decades-long track record of use for behavior modification and intervention research (Rubin & Babbie, 2017). Single-case designs are particularly relevant for social workers who are developing research from practice, and are optimal for program evaluation when sample size is small (Bloom et al., 2014; Rubin & Babbie, 2017).

Single-case design measures the dependent variable repeatedly across time creating a trend (Nugent, 2010; Rubin & Babbie, 2017; Thyer, 2009). By measuring repeatedly across time, the treatment group becomes its own control group, which is useful when individuals cannot be assigned to control groups. (Rubin & Babbie, 2017).

Two phases exist in a single-case design: a baseline phase and a treatment phase (Nugent, 2010). The baseline phase is represented by the letter A, and includes measures taken prior to the C4T intervention (Nugent, 2010; Thyer, 2009). The treatment phase is represented by the letter

B, and includes measures taken after the introduction of an C4T intervention (Nugent, 2010).

Multiple points of measurement do not imply multiple types of data as in triangulation; instead, it

allows a trend to be determined both before and after the C4T intervention (Rubin & Babbie,

2017).

In quantitative research designs, history is a threat to internal validity (Rubin & Babbie,

2017). Single-case design does not completely rule out the historical impact of other variables,

but instead, creates a trend through multiple data points allowing for a more valid explanation

than simply a pre-test and post-test (Rubin & Babbie, 2017). Another concern particularly with

single-case design research are threats to external validity and generalizability (Bloom et al.,

2014). In intervention research external validity is gained through replication and extension of

studies, which adds to the importance of this study in particular as pilot interventions refine

programs for implementation and replication (Bloom et al., 2014)

In order to improve the ability of this study to determine the effect of the intervention, a

cross-subject, multiple baseline, single-case design was used (Nugent, 2010). The student with

the lowest score on the measure of social support was introduced to their Champion first. The

researcher then allowed a week or two to pass before providing the measure of social support to

the same student again. If the student showed growth in social support, the next student and

Champion were introduced to each other and began the program. This cycle continued until each

youth had met with their Champion and began the program. This isolates the point of

intervention for each single-case, therefore removing extraneous variables (Nugent, 2010).

Variables. The independent variable for this study will be the C4T Pilot Program, and

the dependent variables will be social support, GPA, and number of days absent per week. The

main variable of interest being the perception of social support. GPA and absences are collected to determine secondary effects of the C4T program.

Quantitative Research Questions

1. Does the C4T Program increase the perception of social support of homeless youth?
2. Does the C4T program increase the GPA of homeless youth?
3. Does the C4T program decrease the number of absences of homeless youth?

Hypotheses: 1.) If a homeless youth participates in the C4T Program, the perception of social support will increase. 2.) If a homeless youth participates in the C4T program, their GPA will increase. 3.) If a homeless youth participates in the C4T program their days of absence will decrease.

Qualitative Design

The qualitative portion of this study is important to determine improvement strategies for the C4T program and to further explore the connection between the youth and their Champion. Included in this portion of the study is a focus group interview with the advocates as well as satisfaction surveys for both youths and advocates. Due to the vulnerability of homeless youth, their voices are particularly important in the development of the C4T intervention.

The depth of information available through qualitative research is desirable for the intervention development process, but qualitative research can be subjective and prone to researcher bias. To increase trustworthiness, several tactics will be used (Padgett, 2017). First, as stated above, triangulation of data increases the credibility of the results (Padgett, 2017). Triangulation also includes comparing the analysis with the literature and the theoretical model.

Lastly, *member checking* is a tactic where participants are invited to provide feedback on analysis (Padgett, 2017). Participants for this study will have the opportunity to review a draft of the findings before reporting to ensure the analysis aligns with their intentions.

Qualitative Research Questions:

1. Does the C4T program create a connection between a caring adult and a youth who is homeless?
2. What strategies are needed to improve the C4T Program?

Setting

C4T was piloted in the Donegal School District, in Lancaster County, Pennsylvania. A need for a student-advocate program had been identified through a needs assessment with LancCo MyHome, the Lancaster County Homeless Coalition. The researcher, who is employed as a school social worker for the Donegal School District, proposed the C4T program to the Donegal School District superintendent to meet this need. Upon approval the researcher recruited youth participants for the C4T from youth at the Donegal High School who were identified as homeless. Champions for the program were solicited from the community as described below. Meetings between the Champions and students took place over *Zoom*, at the Donegal High School, and at times in the Donegal community as needed.

Participants

As the researcher is employed as the school social worker for the Donegal School District, participants for this study were a convenience sample of youth and volunteers who participated in the C4T pilot program. Convenience samples are prone to bias and not

representative of the general population, but they are regularly used in evaluating social work programs because of the reliance on participants who need the service (Rubin & Babbie, 2017).

Champions

Upon approval by the superintendent to pilot the C4T program, the researcher distributed a flyer to recruit volunteers from various stakeholder groups including churches and local civic groups (See Figure 1A). The researcher also contacted the local newspaper, and the opportunity to volunteer in the program was reported on the front page (See Figure 2A). Interested individuals were provided with the phone number and email address for the researcher, and upon contact the researcher provided a link to virtually attend a community information session on the program. The community information session was held on November 5, 2020 via the video conferencing platform *Zoom*. During the information session potential volunteers were provided with information on the program, including a training schedule and volunteer requirements. Individuals who decided to move forward as volunteers underwent eight hours of training that included information on poverty, trauma, advocacy, technology, and the *Possible Selves* curriculum. Volunteers were school-board approved after submission of a volunteer application with child abuse, criminal, and FBI clearances. Seven volunteers completed the process to become Champions, four Champions completed the program with their youth. Champions will be emailed an informed consent and will be asked to respond with their agreement to participate in this study (See Table 1A).

Youth

High school aged students identified as homeless by the school district were offered participation in the C4T pilot. This age demographic was selected due to the intense needs of

transitioning from high school to adulthood. The researcher met with each high school student

identified as homeless in order to provide information about the program including what a pilot

program was and the assessment process involved. Students were offered the opportunity to

participate. The guardians/parents of students were also informed about the program. Students

voluntarily elected to participate in the program, and both they and their parents provided

consent (Figure 3A). Five students elected to participate in the program; however, one student

moved out of state, and another terminated their participation. Three students completed the pilot

program. Students will sign an informed assent and parent will sign informed consent for their

data to be included in this study (See Tables 2A and 3A).

Data Collection

The data collected was as a part of the implementation of the pilot program for C4T by

the researcher in her role as school social worker. Therefore, with the exception of the focus

group, the data to be analyzed is secondary data that includes a measure of social support,

student GPA and days of absence, and satisfaction surveys as specified below.

Quantitative Data Collection

The quantitative data was collected in a pre and post assessment format to measure the

anticipated immediate outcome of social support. Upon the agreement of students to participate

and consent from their parents, students took a measure of social support. This was given three to

five times per student, to establish a pre-assessment baseline, as is used in single-case design as

noted above. The student with the lowest score of social support began the intervention first

utilizing the aforementioned multiple baseline design across subjects. GPA and days of absence

were also recorded to assess the academic impact of the intervention.

SSQ6. The Social Support Questionnaire 6, is a brief measure of social support derived from the original Social Support Questionnaire (SSQ). Sarason et al. (1983) sought to develop a scale that would assess individual level of social support based on the observation that social support protects against the effects of stress and contributes to positive adjustment. Conceptually, this is similar to the caring adult (a form of social support) building the resilience of a child.

Sarason et al. (1983) proposed that social support has two basic elements: first, the perception of individuals available to support in times of need, and secondly, the degree of satisfaction with this support. The SSQ6 utilizes six of the items derived from a 27 item Social Support Questionnaire (SSQ) (Sarason et al., 1987). The SSQ and the SSQ6 are structured so that the participant identities the perceived number of individuals available for support in times of need (number), and a rating of satisfaction level with the support (satisfaction) on a six point Likert scale (Sarason et al., 1987). Twenty-seven items could generally be cumbersome and would most certainly be cumbersome with a population of homeless youth. The SSQ6 takes only 5 to 7 minutes to complete. Relevant to this study, the researchers found that the SSQ is suitable for baseline measurement and to assess changes that impact the individual's social support. The SSQ was found to have high reliability and demonstrated construct, criterion, and content validity (Sarason et al., 1983). Coefficient α for the SSQ was between .97 and .98 for the number score and .96 and .97 for satisfaction score, and for the SSQ6 it was between .90 and .93 for both number and satisfaction (Sarason et al., 1987). The SSQ6 was highly correlated with the full-scale SSQ and other related social and personality measures. Although the SSQ is the most sound, the SSQ6 was found to be an acceptable substitute (Sarason et al., 1987). Of note, most of the testing was completed on the college student population rather than a clinical practice setting (Sarason et al., 1987). The researchers believed that the measures would perform the same in

settings other than college. For the purposes of this study this is particularly acceptable, due to the non-clinical nature of the C4T intervention. The items were also easy to read and understand for the high school age youth, and this scale has been used in previous studies to measure the social support of homeless youth (Hyman et al., 2011). Sarason et al. (1983) describes a challenge in measurement of social support, is discerning whether the individual just has more social skills or if they actually have more social support. Since individuals with greater levels of social skills may acquire social support more easily. Furthermore, since this is a measure of self-perception, there may be a difference in support perceived versus support actually provided.

Scoring the SSQ6 is done by combining the scores of its two elements and then averaging the score (Sarason et al., 1983; 1987). The number of available support persons named in each item is summed, and the degree of satisfaction is summed. To provide a measure of social support, these two items are added together and then divided by the total number of items on the scale (6). The authors of the scale do not provide an index of low, medium, or high thresholds of support.

For the implementation of the intervention, the SSQ6 was recreated using the password protected survey development website proprofs.com. Proprofs.com was utilized because it provided a format that allowed multiple survey questions, with multiple short answers available per question. Any names that were previously collected as a part of the program implementation will be omitted and replaced with pseudonyms when reporting.

GPA and Attendance. The GPA and days of absence for youth participants are recorded as a part of school records. GPA will be assessed by academic quarter. Likewise, absences will be assessed as number of absences per week. The researcher has access to these records as a part

of her role as a school social worker, and they will be accessed on the school social worker's password protected computer. When reporting data, any names associated with records will be omitted and pseudonyms will be assigned to maintain confidentiality.

Qualitative Data Collection

Satisfaction Surveys. The satisfaction surveys were designed by the researcher to offer an anonymous, feedback option for the youth and the Champions. As such, the satisfaction surveys have not been tested for their psychometric properties. However, the researcher will perform content analysis and report frequency counts for responses. Providing a survey that was completed anonymously was a way to obtain youth and champion voice and input, while also protecting their confidentiality and potentially alleviating some social desirability bias. Satisfaction surveys also provide another point of triangulation for qualitative analysis. These surveys were designed to assess program components such as length of intervention, the Possible Selves curriculum, and the relationship between the student and advocate. Items and their responses were created to be understandable and included descriptions of responses. Items included Likert scale, short answer, and multiple choice responses. See Table 1 for Youth Satisfaction Survey and Table 2 Champion Satisfaction Survey.

Satisfaction surveys for the youth and for champions were created using the *Google Forms* application, utilizing the password protected google account of the researcher provided as a part of her employment. Once created in *Google Forms*, the links were provided to the youth through their school messaging system: *Schoology*. The link for the champion survey was emailed to the Champions along with the *Zoom* invitation for the focus group. Both youth and champions could take the survey at their convenience.

Table 1.

Youth Satisfaction Survey

	Question	Answer
1.	How would you rate your experience in the Champions for Teens program?	I found it to very helpful 1 2 3 4 5 I would be better off without it
2.	How would you rate your relationship with your advocate	I am happy to have them in my life 1 2 3 4 5 Please get this person away from me
3.	How satisfied were you with your experience with the Possible Selves Curriculum?	I really liked it 1 2 3 4 5 I did not like it at all
4.	How satisfied were you with the amount of time you spent with your advocate?	More time would have been really helpful 1 2 3 4 5 I could have spent less time

5.	How would you describe your commitment to the Champions for teens program?	(multiple choice)
		    Sure why not?
		    It might be helpful to have someone support me
		    I very much need a supportive adult to help me reach my goals
		    Other:

6.	How satisfied were you with your communication from the school social worker?	I heard from them often and felt like I knew what to expect 1 2 3 4 5 Who is the school social worker?

7.	The surveys I had to take were:	(multiple choice)
		    Difficult to understand
		    Too long
		    Too many
		    Easy to complete
		    Easy to understand

	Did not seem to explain how I was feeling Other:
8. How would you describe the Champions for Teens program to someone else?	Short Answer
9. What would you change about the Champions for Teens Program?	Short Answer
10. Any other suggestions you may have about the Champions for Teens program?	Short Answer
11. What would you change about the Champions for Teens Program?	Short Answer
12. Any other suggestions you may have about the Champions for Teens program?	Short Answer

Table 2.

Champion Satisfaction Survey

Question	Answer
1. How would you rate your experience as a Champion in the Champions for Teens Program?	Highly rewarding 1 2 3 4 5 My time would have been spent better elsewhere
2. Do you feel that the training helped prepare you for your role?	The training was very helpful 1 2 3 4 5 I felt very unprepared

3. How satisfied were you with the support your received as a champion?	I felt very supported 1 2 3 4 5 I felt like I was flying blind
4. Were you satisfied with the communication with the school social worker?	Yes, communication was timely and frequent 1 2 3 4 5 I never heard from them
5. I felt like the amount of time I had with my student was adequate	We could have used more time 1 2 3 4 5 We had too much time

6. I found the Possible Selves Curriculum to be very helpful in supporting my student	(multiple choice)
	    Strongly disagree
	    Disagree
	    Neutral
	    Agree
	    Strongly agree

7. I would like to make a suggestion... (comment below with any suggestions that would have improved your experience) (short answer)	short answer

Focus Group Interview. Focus group interviews are valuable because of the information provided through the interactions between participants (Creswell & Poth, 2018; Padgett, 2016). For the purposes of this study, the interaction between Champions, having just participated in the program and having an array of experiences, will elicit more detailed information than if they were interviewed separately. Upon IRB approval, the focus group will be conducted via the

video conferencing application *Zoom.* Creswell and Poth (2018) cite challenges of online

interviews as discomfort with technology, difficulty in soliciting responses from shy participants,

coordinating consent and interview time, and recruitment. Since the champions will have been

meeting using *Zoom* for monthly consultation, they will be familiar with this video conferencing

platform. The researcher will also attempt to solicit responses from all participants, maintaining a

semi-structured interview format to allow for probing questions as needed. The interview will be

recorded with the transcription feature on, to be able to provide further analysis of the content.

The transcription and recordings will be saved on the researcher's password protected computer.

Names will be removed from the transcription and replaced with pseudonyms. See Table 3

Champion Focus Group Interview Schedule.

Table 3.

Champion Focus Group Interview Schedule

1. What did you enjoy most about the Champions for Teens Program?
2. What would you change about the program?
3. What training would you recommend for future Champions?
4. Did the Champion Advocate model help you understand your role?
a.   What would you add or change about the model?
5. What feedback do you have regarding using Possible Selves to create goals with the youth?
6. What activities did you do with your student?
7. Were you able to connect with anyone in the student's support network?

Data Analysis

Quantitative and qualitative data will be analyzed for this study. Quantitative measures will

be utilized to determine the impact of C4T on the dependent variables (social support, GPA, days

of absence per week). Qualitative analysis will be utilized to evaluate program components and

to understand the relationship between the Champion and the student. A summarization of the data analysis procedures can be found in Table 4 at the end of this section, which includes the corresponding research question, sample size, group, and type of data analysis.

Research Question One Through Three

Visual analysis will be used to determine the impact of the intervention on the dependent variables of social support, GPA, and attendance of student participants. *Microsoft Excel for Microsoft 365 MSO (Version 2112)* will be utilized to create graphs to perform the visual analysis. Visual analysis is traditionally used in single-case design and relies on the obvious, visible differences between phases allowing practitioners to draw conclusions regarding the impact of the intervention (Nugent, 2010). Beyond tradition, visual analysis through graphs is optimal because the data is minimally transformed from its originally state, and it also allows for independent evaluation of the data: any reader can view the graph and surmise whether there is change (Radley, 2019).

The following visual approaches will be used to answer research questions one through three: level, trend, variability, and mean. Through analysis using these approaches the overlap and immediacy of change will be assessed. Nugent (2000) reports that the basic principle of visual analysis is to determine the extent of change between phases in both magnitude and direction. He further suggested that the indication of change is inversely proportional to the data overlap of each phase, with less data overlap indicating stronger degree of change. Greater non-overlap is more visually obvious. A change is considered significant if it is more than two units of overlap (i.e. sigma units) away from the previous phase (Nugent, 2000). Immediacy of change compares the last data points prior to the start of C4T, to the first data after C4T begins, in order to assess how quickly after the intervention a change occurred (Radley, 2019). Changes that

occur immediately after C4T are more likely to have been caused by the intervention, whereas a delayed effect could be caused by other variables (Radley, 2019). Each of the visual analysis method will be displayed on a unique graph per case, and per analytical approach.

  Level. A change in level will be indicated by the difference of the value of the dependent variable from phase A to phase B (Nugent, 2010). The level of dependent variable will be analyzed by assessing the change in the variable measure (SSQ6 result, GPA per quarter, and days of absence per week) from the baseline phase to the variable measurement after the start of the C4T intervention.

  Trend. A trend line will be used to signify the rate of change of the dependent variables (Nugent, 2000). Trend will be represented by ordinary least squares regression, using the estimated regression equation to draw the trend line (Nugent, 2000). For the dependent variables (social support, GPA, and days of absence) a trend line will be created from the measurement in the baseline phase to the last data point in the phase, with an arrow indicating the direction of change. To summarize the degree of change the first measure will be subtracted from the final measure, then the time that elapsed between measures will be calculated. This will create a ratio that indicates the average weight of change (Nugent, 2000).

  Variability. Variability indicates the level to which the dependent variable changes across phases, and can be systematic (due to relevant factors i.e. student learning modality) or nonsystematic (random) (Nugent, 2010). The range of the dependent variable (social support, GPA, and days of absence) will be compared to the trend line to measures prior to C4T and after the start of C4T, and assessed for overlap. Overlap is present when the range values of dependent variables between phases intersect (Nugent, 2000).

Mean.   Analysis of the change in mean is performed by comparing the mean value of the dependent variable in one phase with that of the next phase (Nugent, 2010). The mean values of the dependent variables (social support, GPA, and days of absence) will be calculated, and the mean value of the phase prior to the start of C4T will be compared to the mean value after the start of C4T.

Statistical Analysis. Maggin et al. (2019) reports that whereas visual analysis is the primary method of data analysis, researchers have begun to include statistical analysis that demonstrate effect size as a compliment to the visual analysis. Due to the small number of participants and data points traditional statistical analysis used in experimental designs would not be meaningful. However, including some measure of effect size would allow meaningful comparison and interpretation in light of similar studies (Maggin et al., 2019; Shadish et al., 2015). In single-case design, the effect size examines the differences in phases (pre and post intervention) rather than the differences between groups in experimental designs (Maggin et al., 2019). Three statistical metrics will be used to further examine the effect of C4T. First, the percentage of non-overlapping data will be calculated by identifying the most extreme data point in phase A, and comparing it to the data points in phase B (Maggin et al., 2019). Secondly, with in participant effect size will be calculated, which allows for measurement of the effect of the intervention on each individual participant (Maggin et al., 2019; Shadish et al., 2015). Lastly, between participant effect size will be calculated which will measure impact of C4T across participants, between phases (Maggin et al., 2019; Shadish et al., 2015).

Qualitative Research Questions Analysis

Billup (2021) offers a blueprint for qualitative data analysis that includes four phases: data management, data reduction, analysis and interpretation, and data representation. This

blueprint will be used to describe the process of qualitative data analysis of the focus group data with the addition of the content analysis of the satisfaction survey to answer research questions four and five.

Data Management. After the focus group, the transcription will be imported into *NVivo Pro 12 (2018) (Nvivo)* for analysis. The first part of the analysis process will include organizing the data by correcting errors in the transcription, deleting names of participants and replacing with pseudonyms. Interactions that may not be captured through written word such as laughter or long silences will be noted in memos. This process will naturally allow for reading of the transcript. Initial impressions will be recorded in the memo function of *NVivo*.

Data reduction. Four steps are included in the data reduction phase: initial coding of preliminary codes, secondary coding by finalizing codes, coding data into clusters, and finally clustering data into themes for interpretation (Billup, 2021). Following these steps, after the process of organizing the data, initial thoughts of salient themes or codes will be recorded in the memos feature in *Nvivo. Nvivo* allows for the selection of text in the transcription to be highlighted and recorded into "nodes". Initial codes will be used to create nodes. Initial code development will also consider C4T program components as well as the theoretical framework, but not in such a way that these will be used as a strict template for analysis. Elliot (2018) states that research designs that intend to test theoretical frameworks may use predetermined codes, however even in these cases the researcher should remain open to emergent themes (Creswell & Poth, 2018). The initial codes will be finalized into a codebook/nodes in *Nvivo*. Throughout this process the transcription will be read, and reread. After codes are finalized, the researcher will again read the transcript and highlight and select text to categorize into the specific codes. Next,

the researcher will review the content and codes, and attempt to cluster the information broader categories of meaning. Finally, the clustered categories will be used to interpret themes.

Content Analysis. Content analysis shifts between deductive and inductive methods of analysis (Padgett, 2018). The short answer responses of the satisfaction surveys will follow a similar trajectory of the data preparation as above using *NVivo*, by developing the responses into codes and themes (Padgette, 2017). The multiple choice and Likert scale questions are like predetermined deductive categories, and therefore will analyzed using frequency counts.

Data Analysis and Interpretation. The themes that are developed as a part of the data reduction process will be analyzed to answer the qualitative research questions below.

Research question four. Does the C4T program create a connection between a caring adult and a youth who is homeless? It is expected that codes will emerge from the data regarding the relationship between the youth and their champion, which will indicate whether a connection was made between the youth and the Champion, and the nature of that connection.

Research question five. What strategies are needed to improve the C4T Program? The focus group interview schedule was structured around specific components of the program to assess strategies for improvement. Therefore, it expected that there will be thematic developments in the data regarding program components. Participants were provided an opportunity to offer other input and recommendations, and important adaptations to be made of the C4T program.

Data Representation. The qualitative analysis will be presented in a descriptive summary in correspondence with the research questions (Creswell & Poth, 2018). The researcher will also create a display of the data (Creswell & Poth). Frequency counts will also be displayed in a matrix.

Table 4.

Quantitative and Qualitative Data Analysis Summary

Research Question	Sample	Groups	Data Collection	Analysis
1. Does the C4T Program increase the perception of social support of homeless youth?	N=3	Intervention Pre and post assessment	SSQ6	Visual Analysis: Graphical, level, trend, variability, mean, immediacy of change, and overlap Statistical Analysis: percentage of non-overlapping data, with in participant effect, and between participant effect
2. Does the C4T program increase the GPA of homeless youth?	N=3	Intervention pre and post assessment	GPA per academic quarter	Visual Analysis: Graphical, level, trend, variability, mean, immediacy of change, and overlap Statistical Analysis: percentage of non-overlapping data, with in participant effect, and between participant effect
3. Does the C4T program decrease the number of absences of homeless youth?	N=3	Intervention pre and post assessment	Number of days absent per week	Visual Analysis: Graphical, level, trend, variability, mean, immediacy of change, and overlap Statistical Analysis: percentage of non-overlapping data, with in participant effect, and between participant effect
4. Does the C4T program create a connection between a caring adult and a youth who is homeless?	N= 7	Intervention Responses	Student Satisfaction Survey Champion Satisfaction Survey Focus Group Interview: Open ended questions	Coding and thematic development and content analysis
5. What strategies are needed to	N=7	Intervention Responses	Student Satisfaction Survey	Coding and thematic development and content analysis

improve the C4T Program?			Champion Satisfaction Survey Focus Group Interview: Open ended questions	

CHAPTER FOUR: RESULTS

Quantitative Results

Visual analysis was used to determine the impact of the intervention on the dependent variables of social support, GPA, and attendance of student participants. The following visual approaches will be used to answer research questions one through three: level, trend, mean, and variability, overlap, and immediacy of change. A change is considered significant if it is more than two units of overlap (i.e. standard deviations) away from the previous phase (Nugent, 2000). Changes that occur immediately after C4T are more likely to have been caused by the intervention, whereas a delayed effect could be caused by other variables (Radley, 2019). Each of the visual analysis method will be displayed on a unique graph per case, and per analytical approach.

Social Support
Level of Social Support

To assess the change in level of social support, the scores of the social support measure (SSQ6) in Phase A, were compared to the scores of the measure of social support in phase B (Nugent, 2010). Figure 3 illustrates the change in level of social support across Phase A and Phase B.

At the beginning of Phase A, Matthew's level of social support was 3.5, whereas at the end of Phase B his level of social support was 3.92. The difference (.42) in the support score from Phase A to Phase B is a 12% increase, and represents a change in level across the phases that is two standard deviations from his beginning level of social support in Phase A. Furthermore, Matthew's level of social support increased within the first three weeks of the start of the intervention, indicating a more immediate change.

Katie's change in level was also two standard deviations from her beginning level of social support in Phase A. In Phase A, her social support score was 3.76, and at the end of Phase B her social support was 4.56. The difference between Phase A and Phase B (.8) is a 21% increase. However, the change to Katie's level of social support was not immediate. Katie's level of social support was more than a month after the start of C4T, making change more latent.

John's level of social support demonstrated no change from Phase A to Phase B. At the beginning of Phase A, his level of social support was 4.5 which remained constant throughout C4T. There was no immediate or instantaneous change.

Figure 3.

Student participants change in level of social support across A-B phases including immediacy of change of level.

Katie: Level of Social Support

John: Level of Social Support
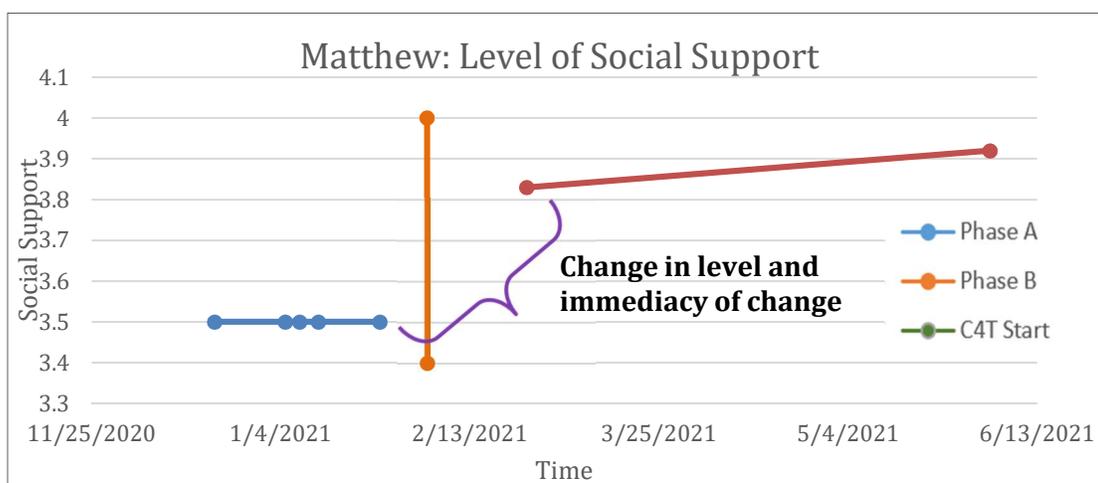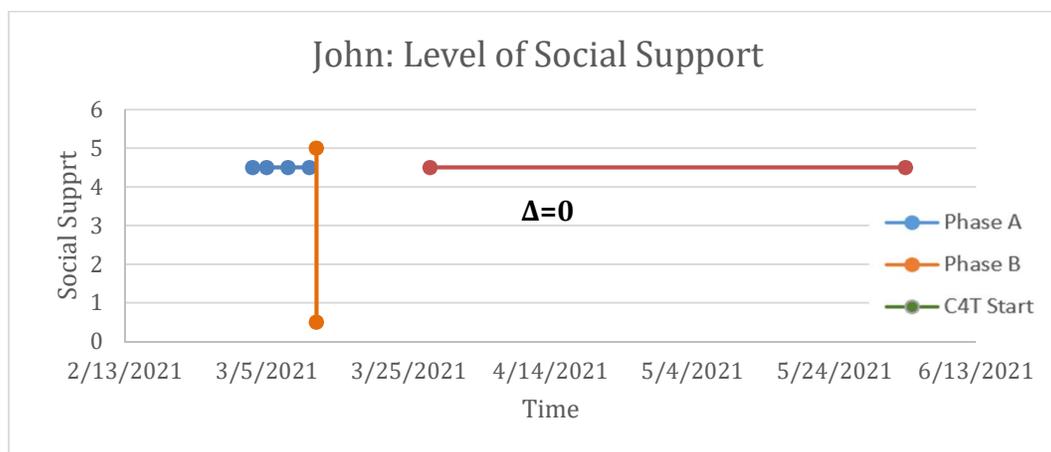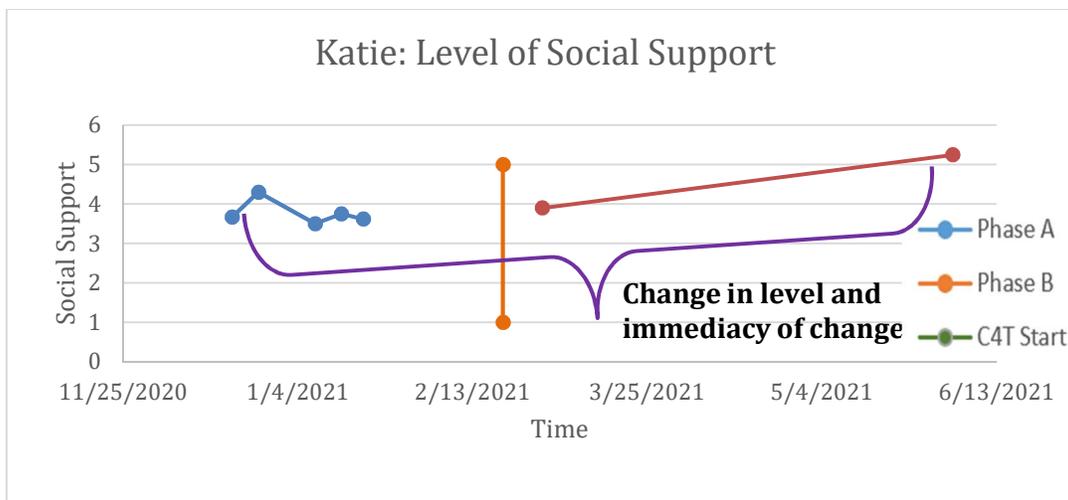
Trend of Social Support

Figure 4 represents the trend of social support. In Phase A, Matthew's level of social support remained constant, after the implementation of C4T there was a slightly increasing trend of social support. The change in trend from Phase A to Phase B increased by a slope of .4. Resulting in a weight of change of .4/17 weeks. There was no drift across phases, as the trend lines are going in different directions (Nugent, 2010). Therefore, Matthew experienced an increase trend in social support over time.

In Phase A, the trend of Katie's social support was decreasing. In Phase B the trend of her social support was increasing. There was no drift across phases, as the trend lines were not

going in the same direction. The change in trend from Phase A to Phase B increased by a slope of 1.63. Resulting in a weight of change of 1.63/14 weeks. Therefore, Katie experienced an increase in social support overtime.

John experienced no change in support from Phase A to Phase B, and therefore the trend remained constant, and weight of change 0/11 weeks.

Figure 4.

*Student participant phase trends of social support (dotted arrows) and change in linear trend across phases.*

John: Trend of Social Support
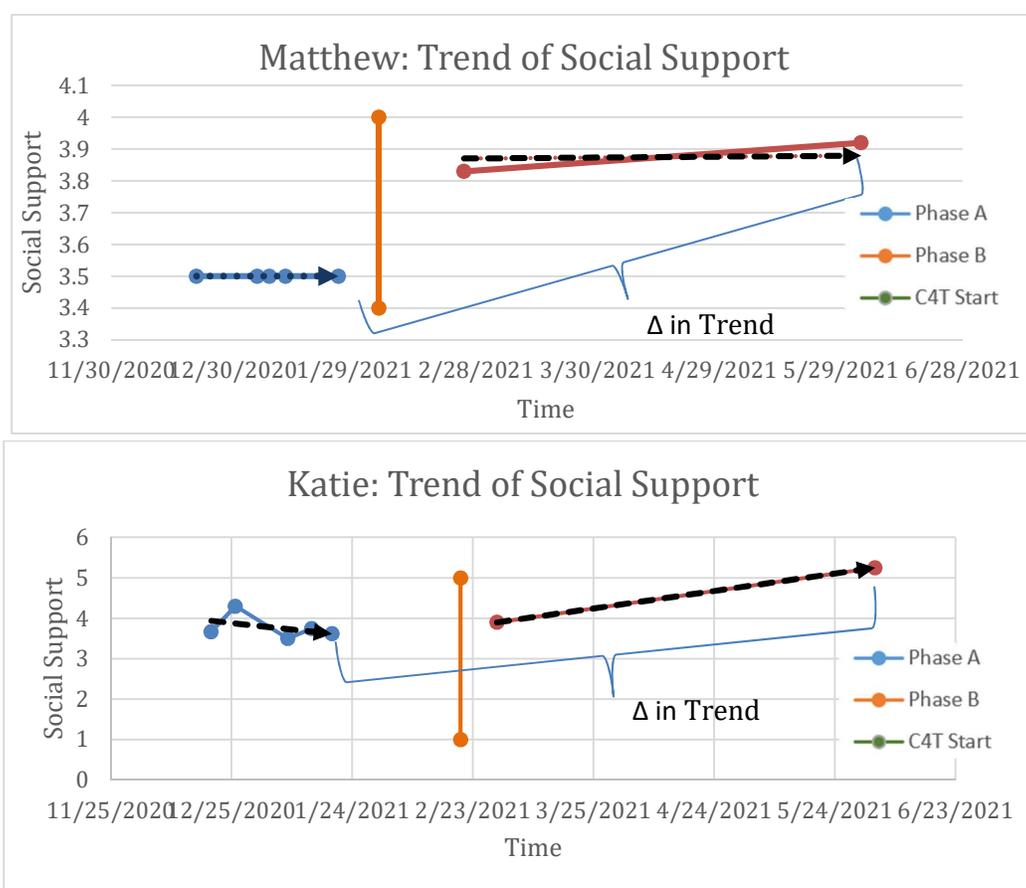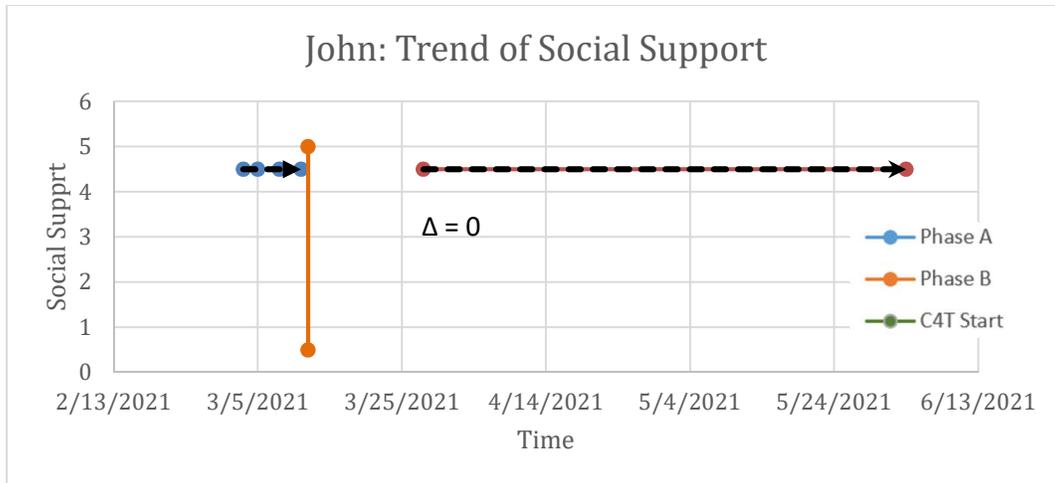
Mean of Social Support

Analysis of the change in mean is performed by comparing the mean value of the dependent variable in one phase with that of the next phase (Nugent, 2010). Figure 5 represents the mean of social support for each participant in Phase A and Phase B. In Phase A, Matthew, Katie, and John, had mean values of 3.5 (SD= 0), 3.76 (SD=.28), and 4.5 (SD= 0), respectively. In Phase B, after the implementation of C4T the mean values of social support for Matthew, Katie, and John were 3.86 (SD=. 05), 4.5 (SD= .68), and 4.5 (SD=0), respectively. Indicating an increased mean value of social support for Matthew of .36, and an increased mean value of social support for Katie of .81, which is significant as it is more than two standard deviations from the mean in Phase A. The mean value between Phase A and Phase B for John indicated no change.

Figure 5.

Student participants change in mean between A-B phases of social support.

Matthew: Mean of Social Support

Katie: Mean of Social Support

John: Mean of Social Support
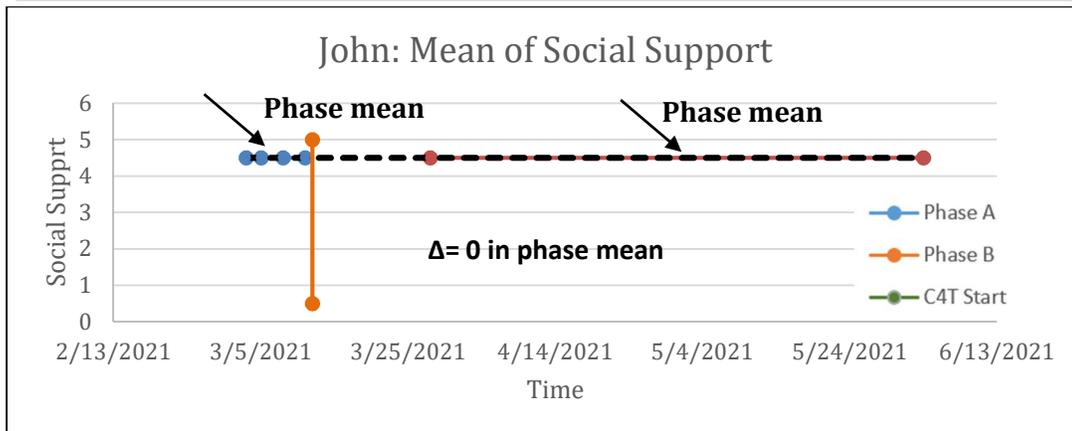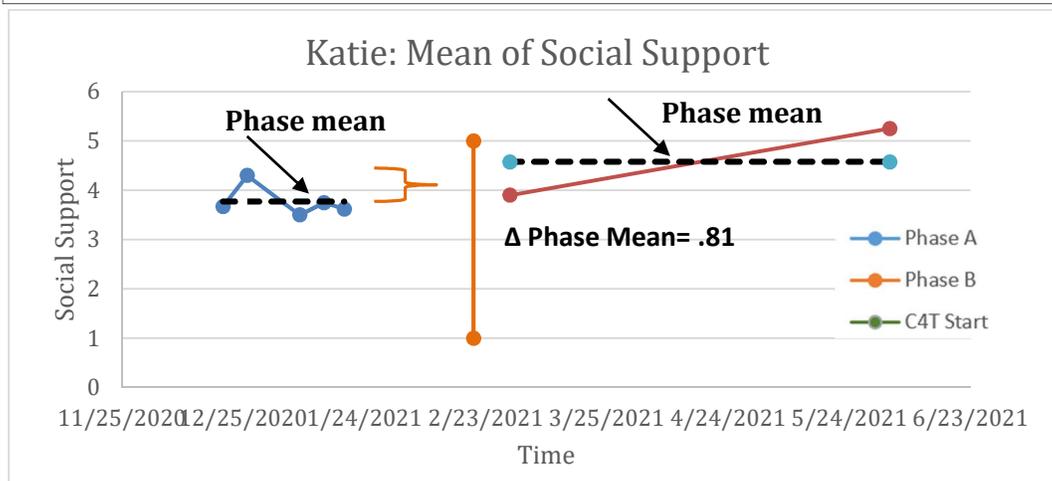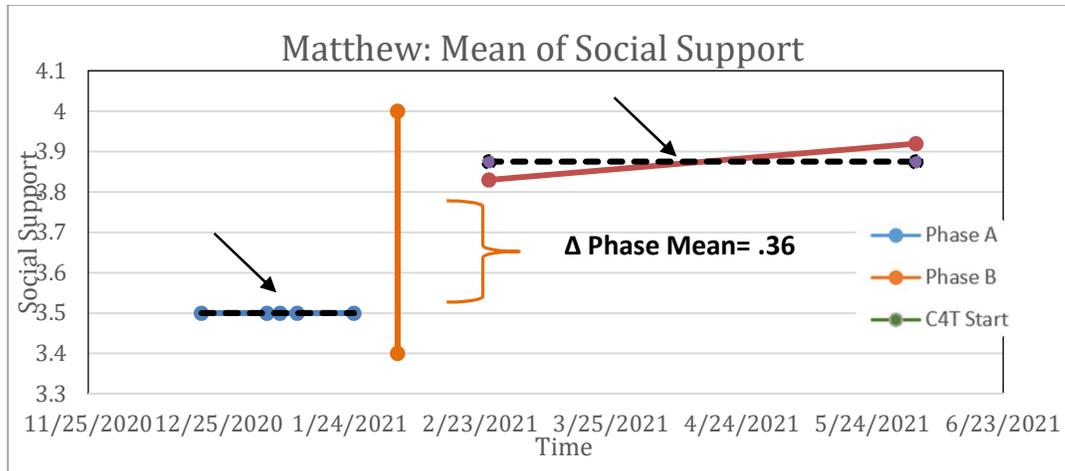
Variability of Social Support

Variability is illustrated in Figure 6. All participants showed a low degree of variability in social support. Matthew had no change of variability in Phase A, indicating a systematic variability. In Phase B a change of .9 in variability can be observed and is closely aligned to the

increasing trend line of social support, indicating systematic variability, or variability that is

orderly and could be due to any relevant factors (Nugent, 2010). Katie had a small amount of

variability in Phase A, that was closely aligned with the decreasing trend, indicating systematic

variability. In Phase B, Katie had an increase of variability of 1.35, which also aligns with the

increasing trend, indicating systematic variability. John demonstrated no variability in social

support, along the trend line or otherwise.

Matthew's variability indicates an area of non-overlap that is more than two standard

deviations from Phase A, therefore indicating that there was a significant change in social

support after the C4T intervention. In the case of Katie, there is a small degree of overlap

between Phase A and Phase B, which would indicate that the change in social support may not

be due to the C4T intervention.

Figure 6.

Student participant variability of social support in phase A and phase B with degree of overlap.

Katie: Variability of Social Support

John: Variability of Social Support
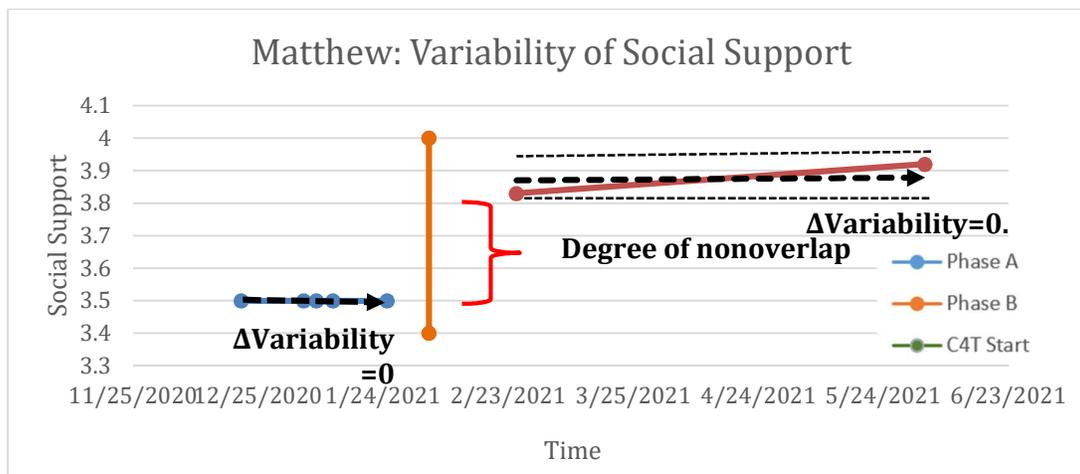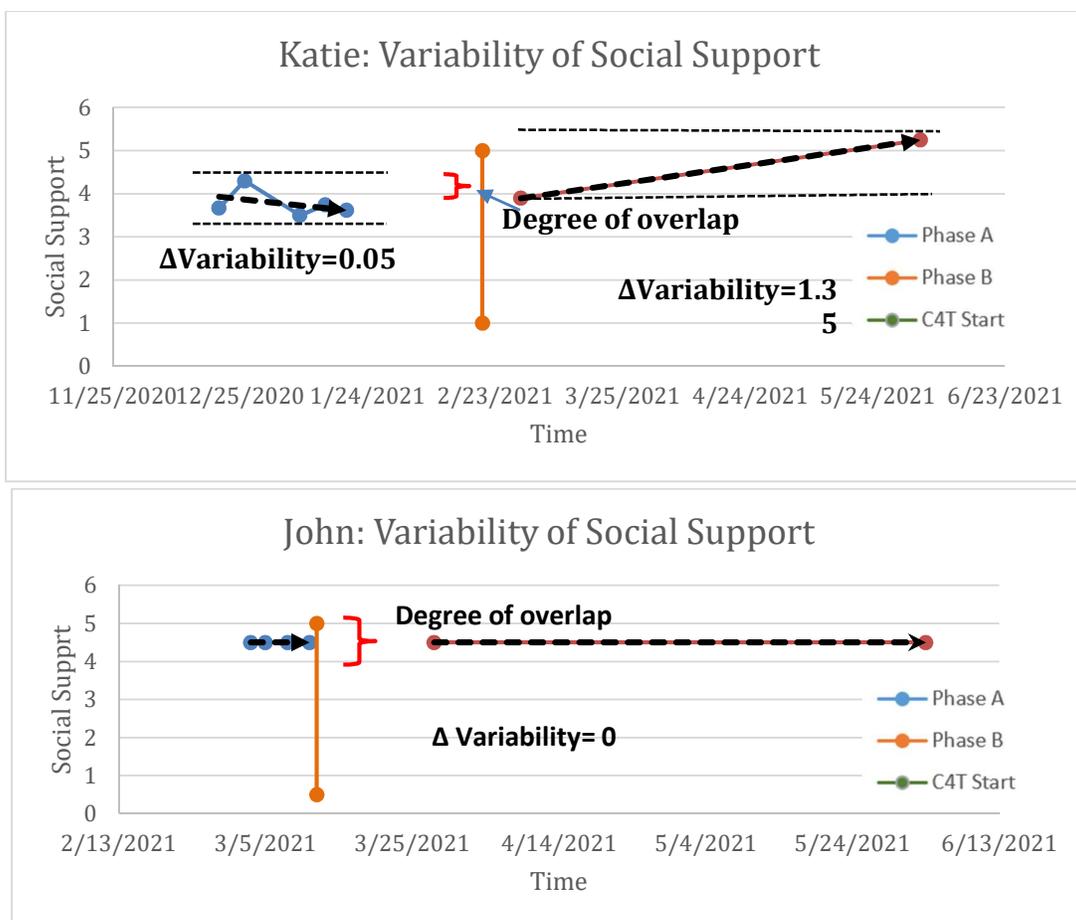
Days of Absence per Week

Level of Days of Absence per Week

To assess the change in level, days of absence per week in Phase A were compared to the days of absence per week in Phase B (Nugent, 2010). Figure 7 illustrates the change in level of absences across Phase A and Phase B.

No immediate or latent changes in level of days of absence were observed with any participants. Matthew and John's absences were highly variable in both Phase A and Phase B, in such a way that visually detecting a change in level is not possible. Similarly, Katie has one absence indicated in Phase A, indicating a critical incident or outlier, rather than a change in level.

Figure 7.

Student participants change in level of days of absence across A-B phases including immediacy of change.
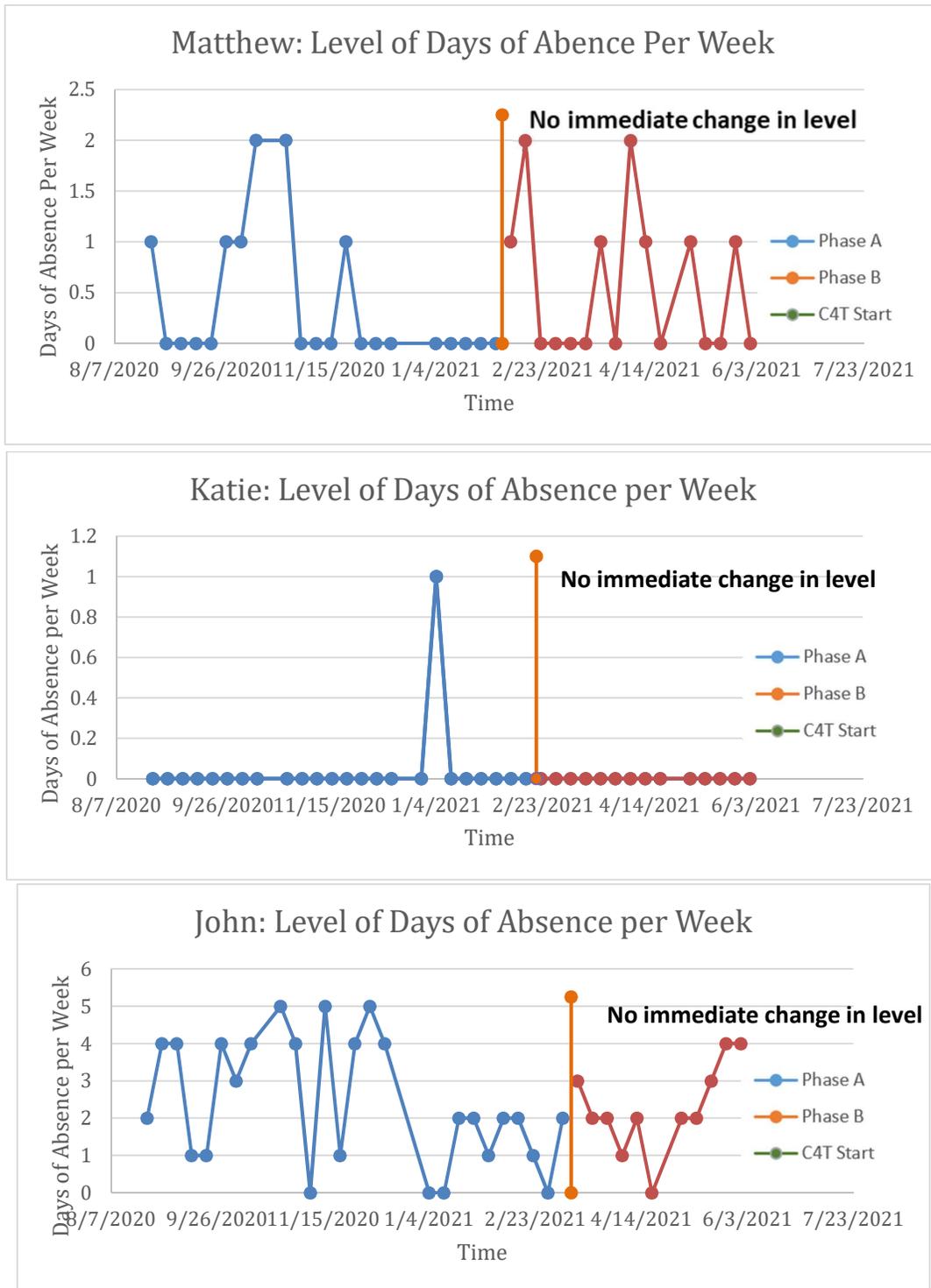
Trend of Days of Absence per Week

Figure 8 represents the trend of days of absence. The weight of change will also be calculated to summarize the change that occurs over time (Nugent, 2010). A decreasing trend in absences would be desirable.

The trend in Matthew's days of absence was decreasing in both Phase A and Phase B. There is drift across phases as the trends in Phase A and Phase B are decreasing in parallel (Nugent, 2010). The average rate of change for Matthew -.75 days of absence/17 weeks.

Katie only had one absence recorded during the school year, and this occurred during Phase A. Therefore, it appears that the trend of Katie's days of absence were decreasing in Phase A. In Phase B, the trend of Katie's absences stayed constant. There was no drift across phases, as the trend lines were not going in the same direction (Nugent, 2010). However, the change in trend is affected by the single absence in Phase A. Katie's days of absence weight of change is 0.1 days of absence/14 weeks.

John experienced a decreasing trend in absences in Phase A; after the implementation of C4T the trend for days of absence increased. There is drift across phases as the trends in Phase A and Phase B are decreasing in parallel (Nugent, 2010). The average rate of change was .5 days of absence/11 weeks.

Figure 8.

Student participant phase trends of days of absence per week (dotted arrows) and change in linear trend across phases.

Matthew: Trend of Days of Abence Per Week

Katie: Trend of Days of Absence per Week

John: Trend of Days of Absence per Week
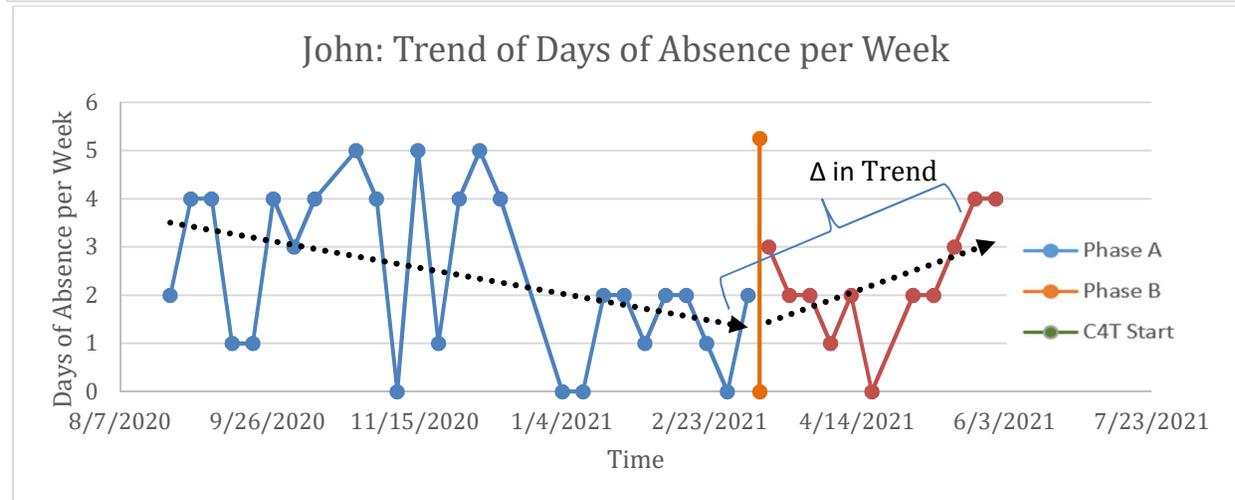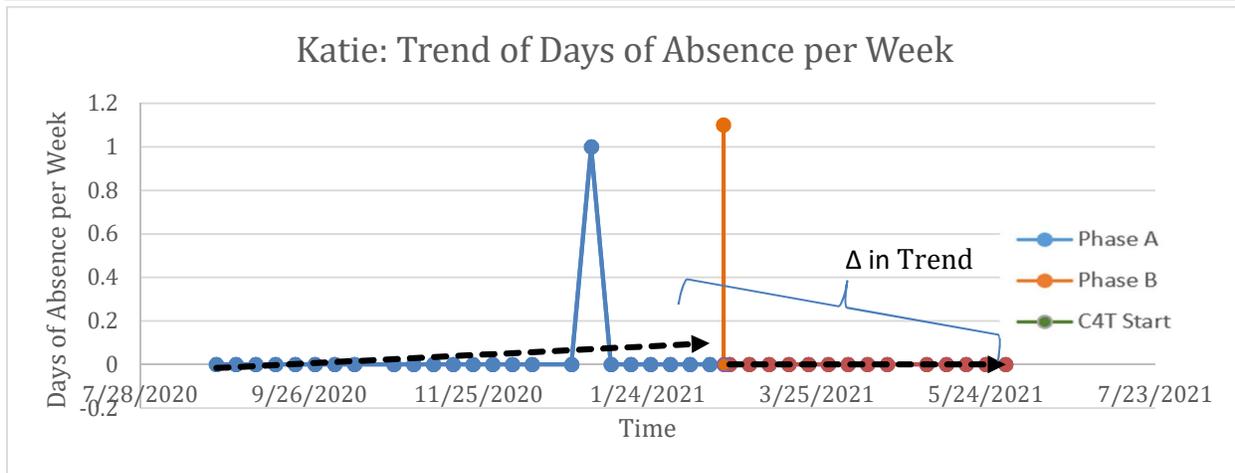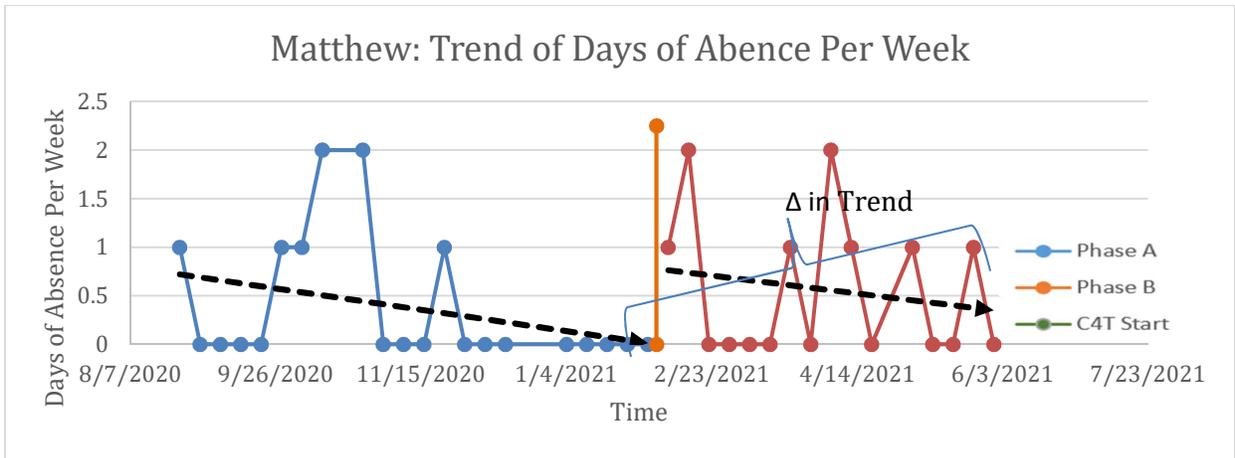
Mean of Days of Absence per Week

Analysis of the change in mean is performed by comparing the mean value of the days of

absence per week in Phase A with the days of absence per week in Phase B (Nugent, 2010).

Figure 9 represents the mean of days of absences for each participant in Phase A and Phase B. In

Phase A, Matthew, Katie, and John, had mean values of .38 (SD=.65), .04 (SD=.2), and 2.42

(SD= 1.67) days a week, respectively. In Phase B, after the implementation of C4T, the mean

number of absences per week for Matthew, Katie, and John were .56 (SD=. 7), 0 (SD= 0), and

2.27 (SD=1.14). Indicating an increased mean value for Matthew of .17, and decreased mean

value for Katie of .04, and an increased mean value for John of .15. These changes do not fall

within two standard deviations from the mean in Phase A, indicating no significant change.

Figure 9.

Student participants change in mean between A-B phases of days of absence per week.

John: Mean of Days of Absence per Week
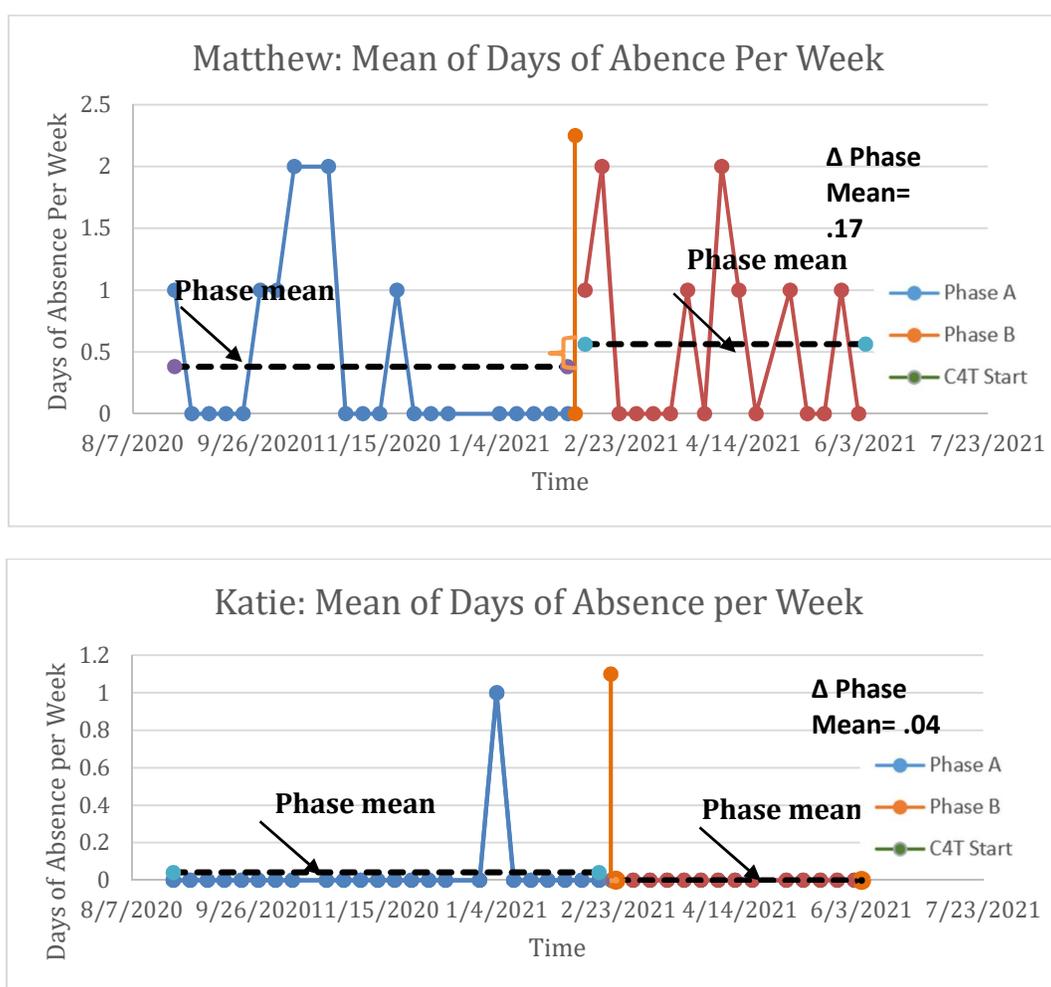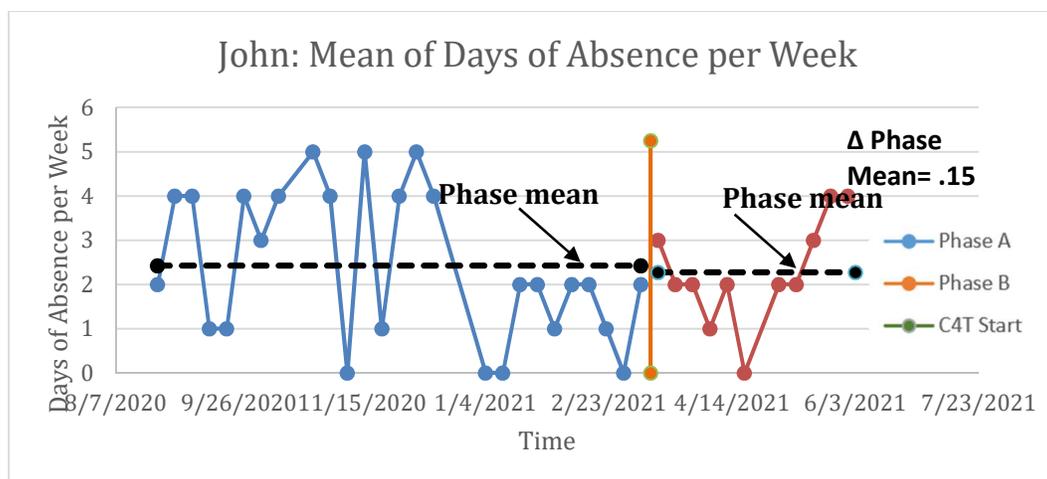
Variability of Days of Absence per Week

Variability of days of absence per week is illustrated in Figure 10. Matthew and John had a high degree of variability in days of absence. Matthew's variability ranged from 0 days of absence to 2 days of absence per week in Phase A. Similarly, in Phase B, variability ranged from 0 days to 2 days of absence per week, diverging greatly from the trend line, indicating unsystematic variability, meaning that the variability is random (Nugent, 2010). Katie's variability ranged from 0 to 1 day of absence per week. However, there was only one absence recorded throughout the school year. In Phase B, there was no variability as absences remained at 0. The variability is random, as is evidenced by the divergent trend line. In Phase A, John's absences ranged from 0 to 5 days a week, and in Phase B they ranged from 0 to 4 days a week. Of all participants, John's showed the greatest variability and divergence from the trend line, indicating that the variability was random and unsystematic.

The range of days of absence from Phase A to Phase B of all participants, show considerable overlap, indicating that the C4T intervention caused no change in days of absence per week.

Figure 10.

Student participant variability of days of absence per week in phase A and phase B with degree of overlap.
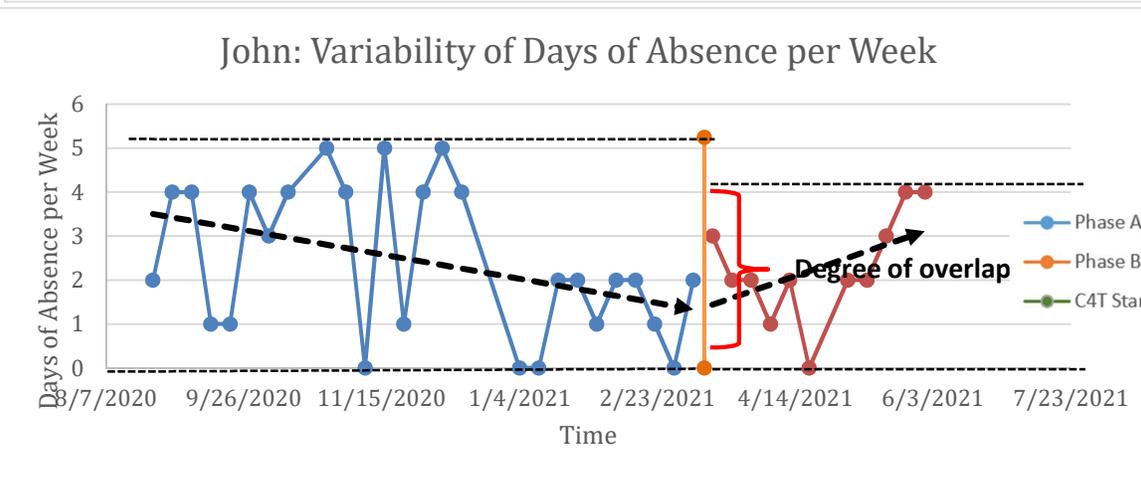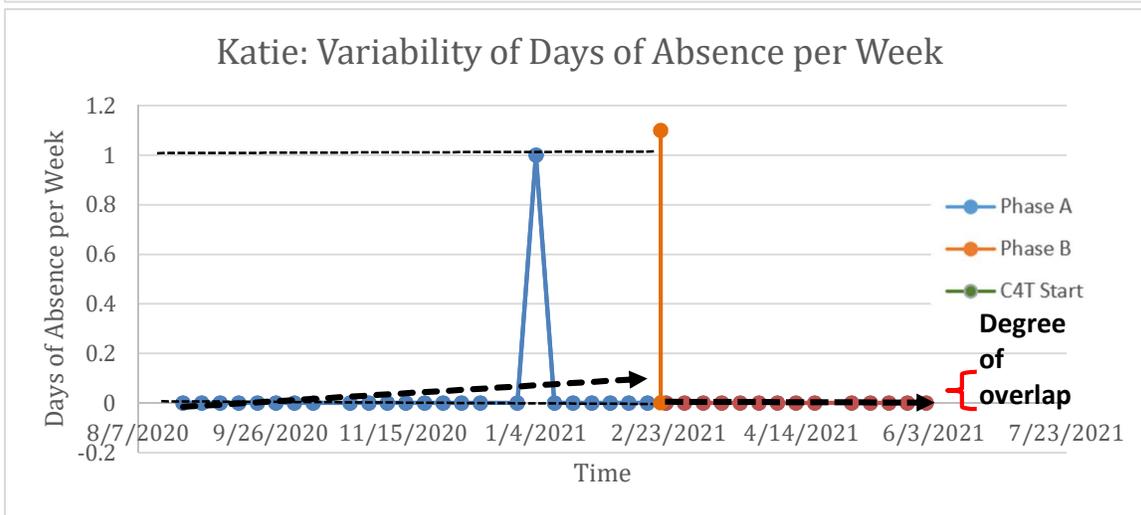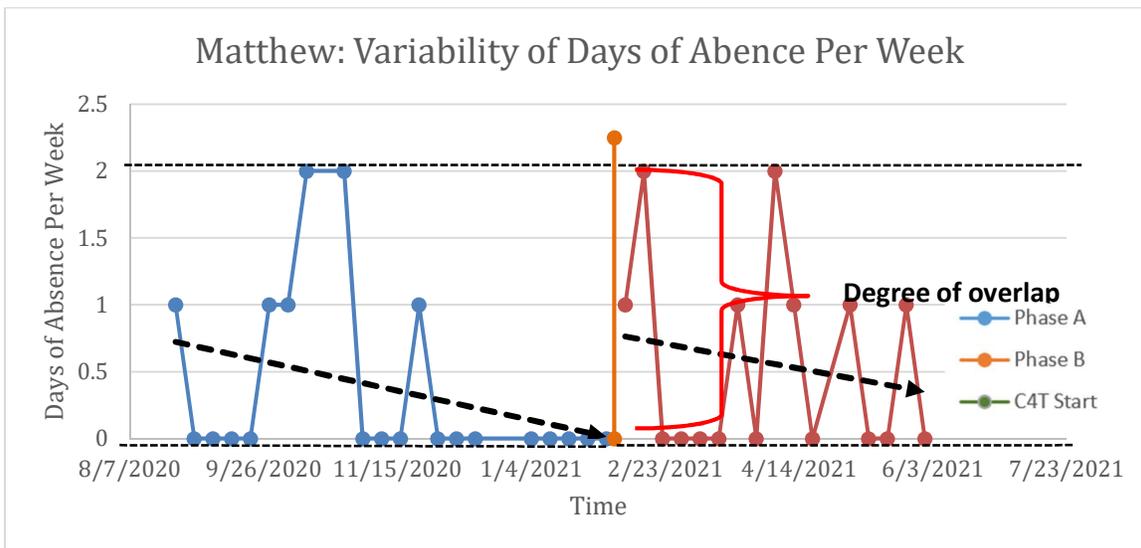
GPA

Level of GPA

Figure 11 illustrates the change in level of GPA across Phase A and Phase B. At the

beginning of Phase A, Matthew's level of GPA was 1.08 (SD=.71), whereas at the end of Phase

B, his GPA level was 2.5. The difference (1.42) in GPA from Phase A to Phase B is a 76%

increase, and two standard deviations from his GPA in Phase A, indicating a significant change.

However, Matthew's GPA began to increase nearly two months after the start of C4T, indicating

a latent change that may not be associated with the C4T intervention.

Katie's level of GPA at the beginning of Phase A was 3.07 (SD= 0), and at the end of

Phase B her GPA was 2.5. The difference between Phase A and Phase B (.57) is a 19% decrease.

Katie's GPA decreased immediately after the intervention, which could indicate that the decrease

could be associated with the C4T intervention.

John's level of GPA demonstrated no change from Phase A to Phase B. At the beginning

of Phase A, his GPA was 0 which remained constant throughout C4T. There was no immediate

or instantaneous change.

Figure 11.

*Student participants change in level of GPA across A-B phases including immediacy of change
of level.*
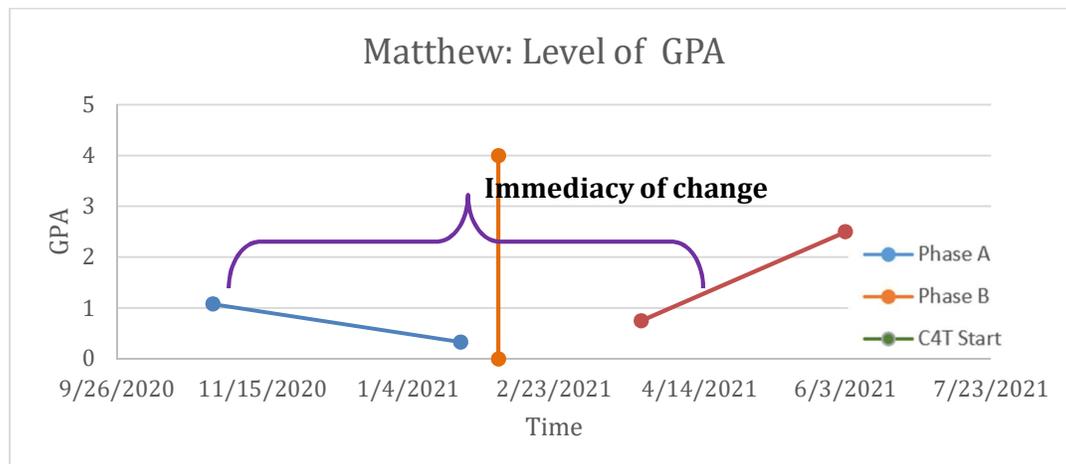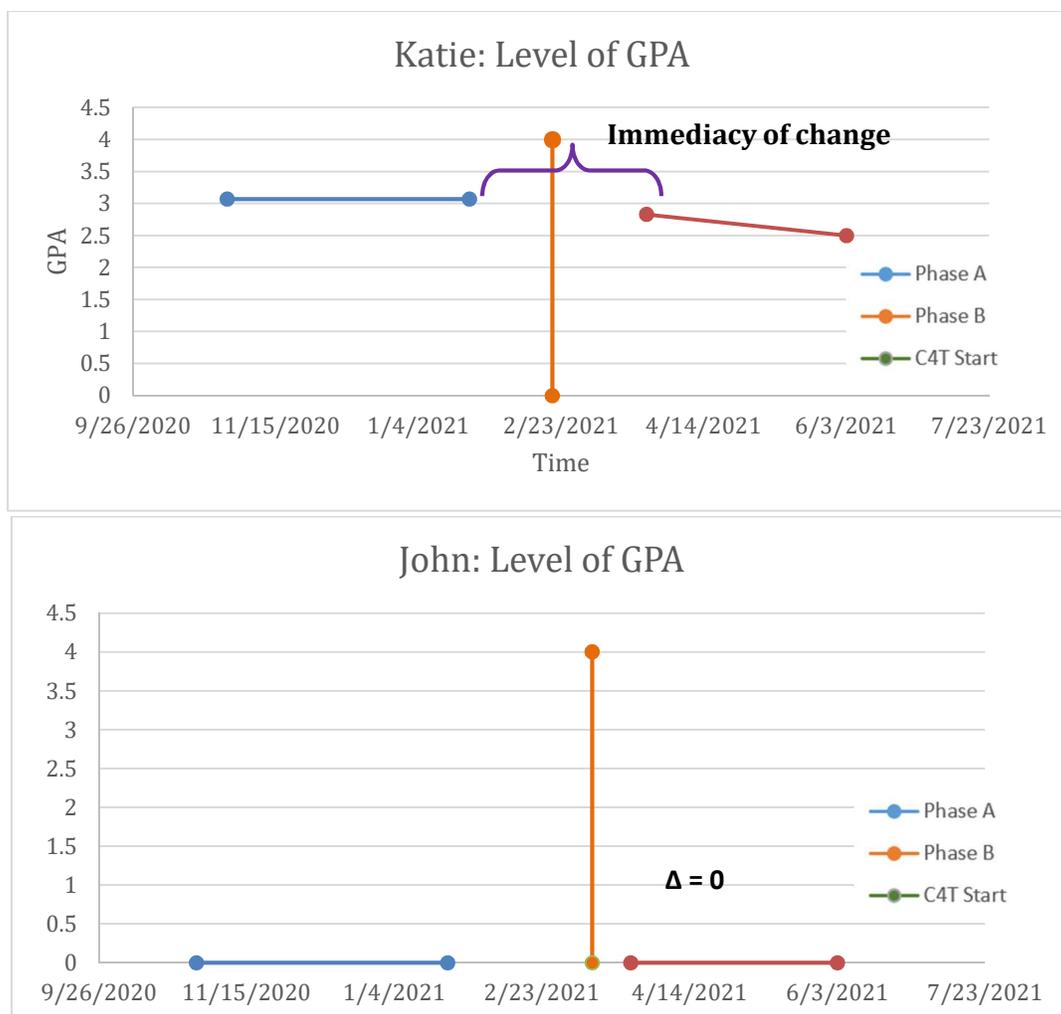
Trend of GPA

Figure 12 represents the GPA trend for participants, and the average weight of change was calculated. In Phase A, Matthew's GPA trend is decreasing, and after the implementation of C4T, the GPA trend is increasing. There is no drift across phases as the trends in Phase A and Phase B are going in different directions (Nugent, 2010). The average weight of change for Matthew 1.42/17 weeks.

Katie's GPA during Phase A demonstrated no change. In Phase B, the trend of Katie's GPA decreased. There was no drift across phases as the trend lines were not going in the same direction (Nugent, 2010). Therefore, for Katie, the weight of change is -0.5/14 weeks.

John's GPA in Phase A was the same as in Phase B. There is drift across phases as the trends in Phase A and Phase B continued in the same direction (Nugent, 2010). The average rate of change was 0/11 weeks.

Figure 12.

Student participant phase trends of days of GPA (dotted arrows) and change in linear trend across phases
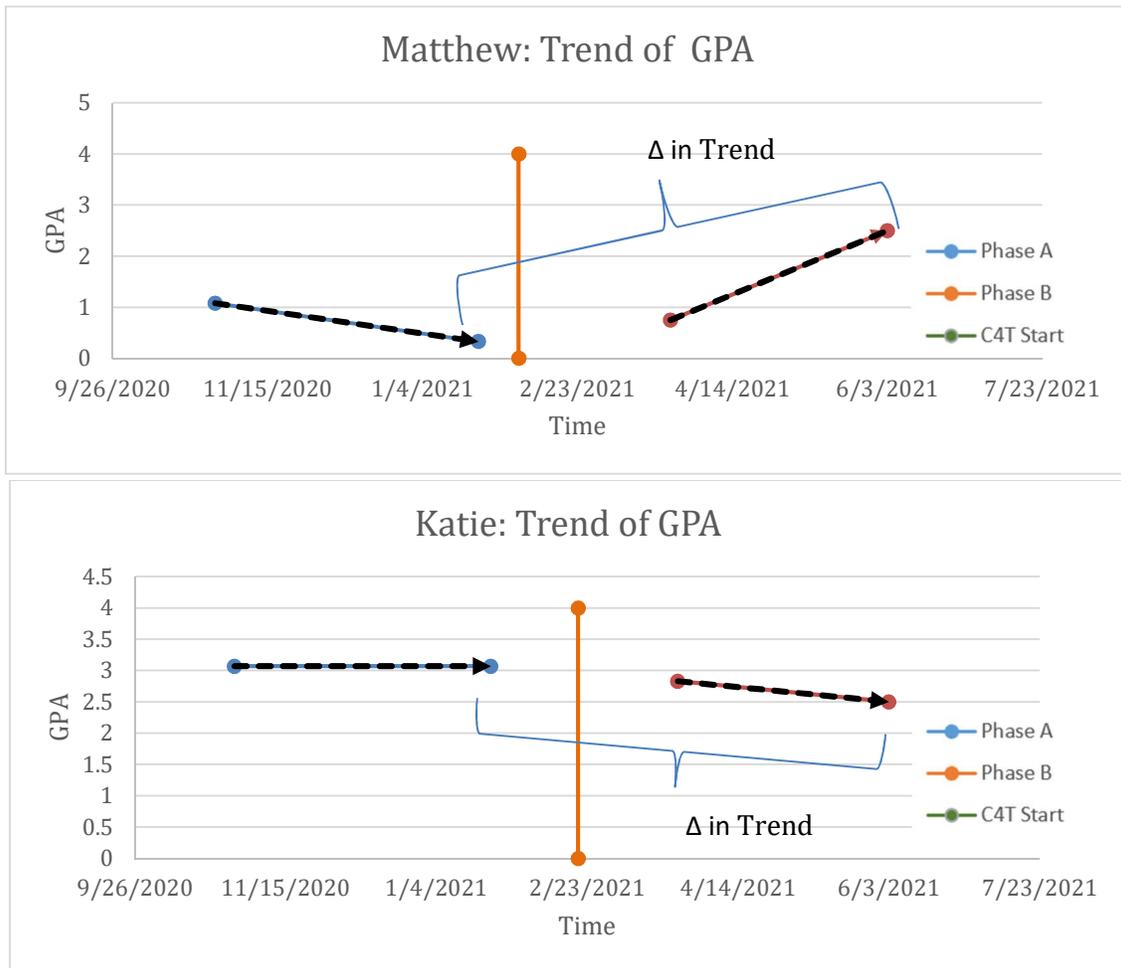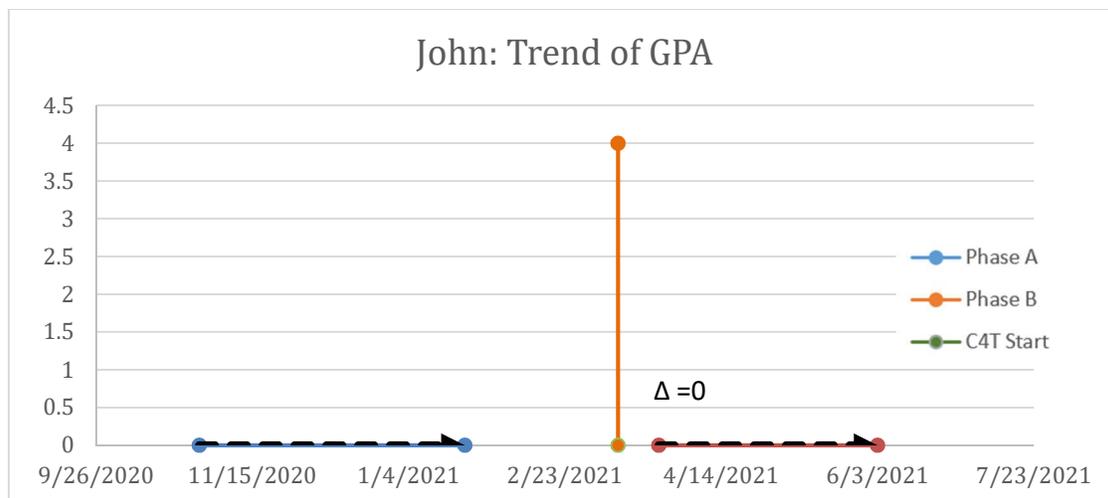
GPA Mean

Analysis of the change in mean was performed by comparing the mean of GPA in Phase A with the mean in Phase B (Nugent, 2010). Figure 13 represents the mean of GPA for each participant in Phase A and Phase B. In Phase A, Matthew, Katie, and John, had mean values of 1.24 (SD=.38), 3.07 (SD=0), and 0 (SD= 0), respectively. In Phase B, after the implementation of C4T the mean GPA for Matthew, Katie, and John were 1.63 (SD=.88), 2.67 (SD= .17), and 0 (0). Indicating an increased mean value for Matthew of .88, and decreased mean value for Katie of .4, and unchanged mean value for John of 0. Matthew and Katie's change in mean falls outside of two standard deviations of the mean in Phase A, indicating significant change.

Figure 13.

Student participants change in mean between A-B phases of days of GPA.

Matthew: Mean of GPA

Katie: Mean of GPA

John: Mean of GPA
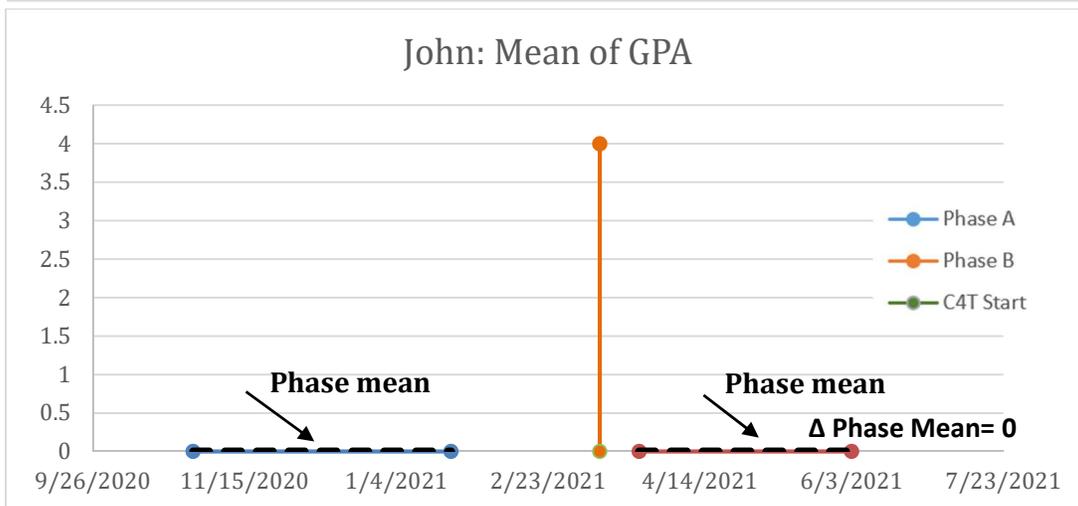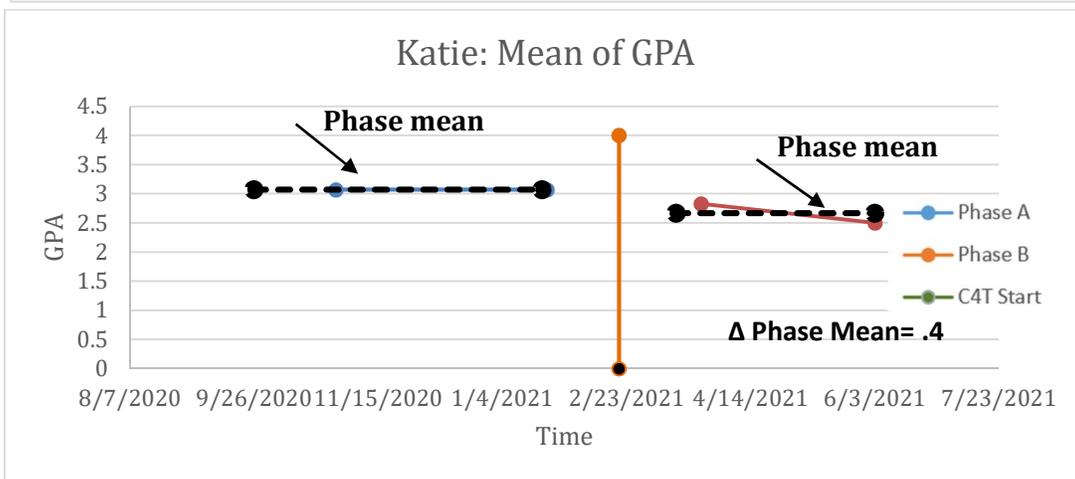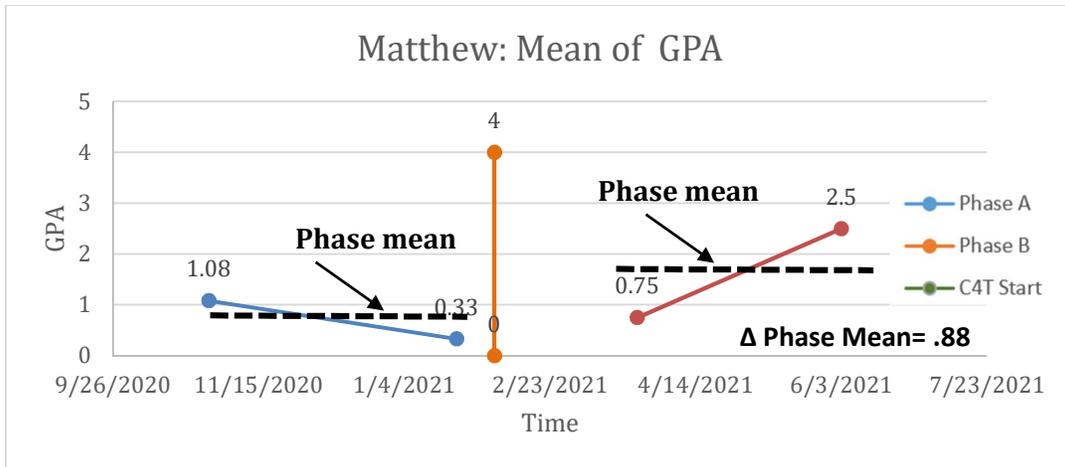
Variability of GPA

Due to the nature of academic record keeping, recording quarterly grades only, there are few data points to assess variability. In regards to detecting systematic or unsystematic

variability, there are only two data points to compare to the trend, and a trend line itself was created by only two data points, therefore assessing variability may not be meaningful. Variability of GPA is illustrated in Figure 14.

Matthew's GPA variability ranged from .33 to 1.08. In Phase B, variability of GPA ranged from .75 to 2.5. Katie's GPA demonstrated no variability in Phase A, as she maintained a GPA of 3.07. In Phase B, Katie's GPA ranged from 2.5 to 2.83. John's GPA remained a 0 in Phase A and Phase B.

Katie and Matthew's variability showed a slight overlap between ranges in Phase A and Phase B, indicating that the C4T intervention did not cause a significant change in GPA.

Figure 14.

Student participant variability of days of GPA in phase A and phase B with degree of overlap.
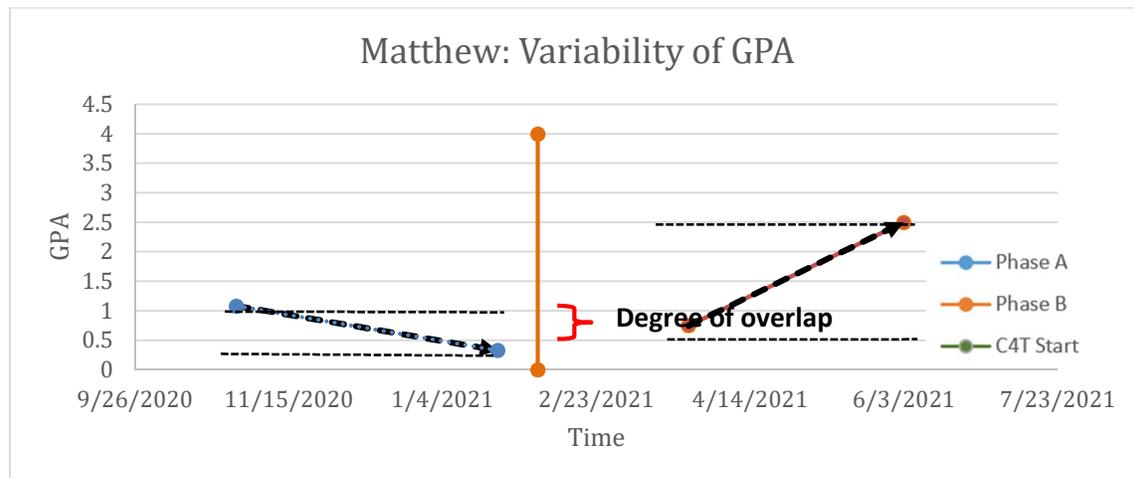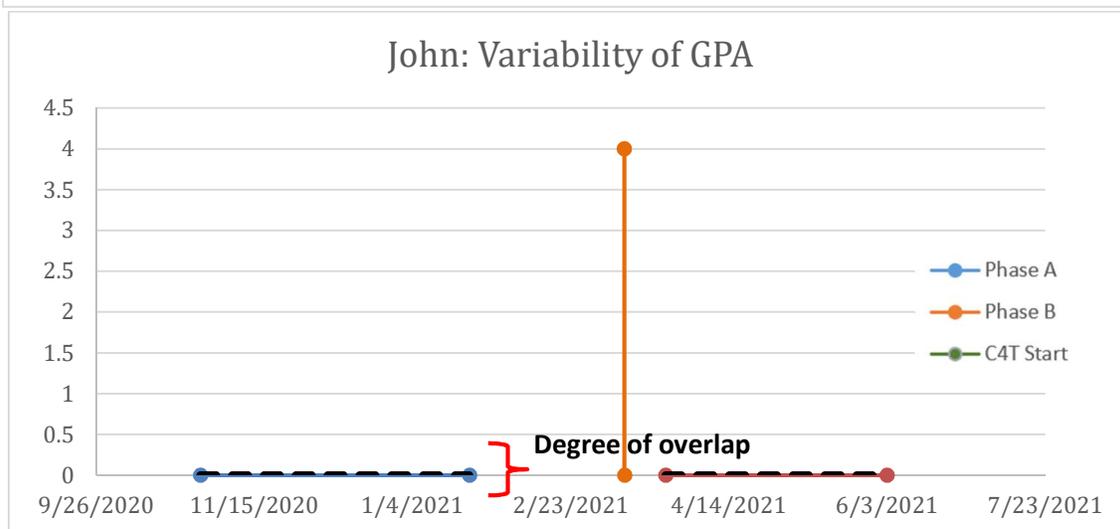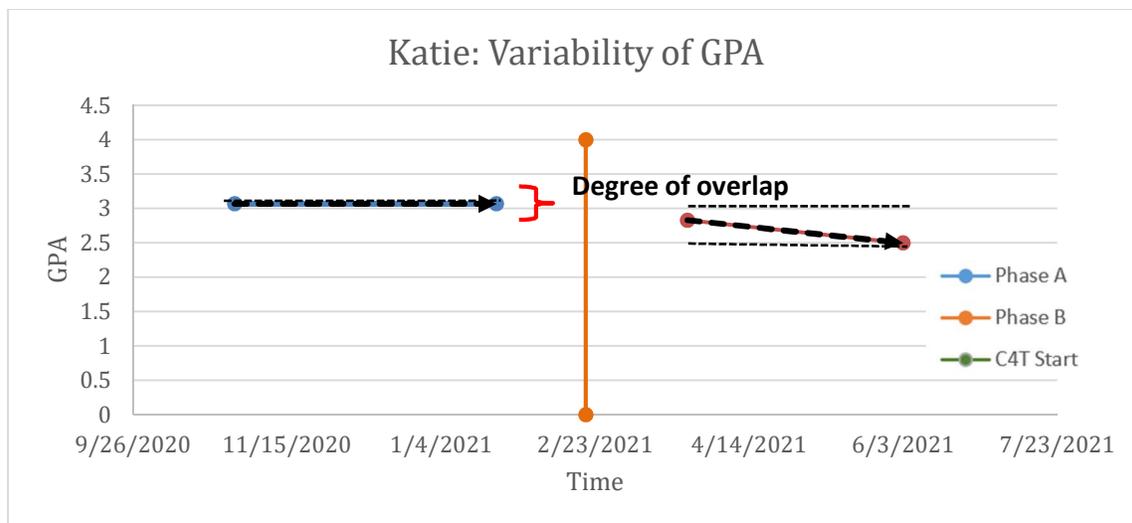
Statistical Analysis

The percentage of non-overlapping data (PND), with-in participant effect size, and between participant effect size were calculated to provide an effect-size like determination of the impact of C4T.

Overlap Metrics. PND is computed by comparing the most extreme (desired direction) data point in Phase A to all the data points in Phase B. Any data points in Phase B that equal or exceed the most extreme data point in Phase A are overlapping data points. This number of nonoverlapping data points is divided by the total number of data points in Phase B, creating the

percentage of non-overlapping data. PND are considered effective if they are 80% or more, and moderately effective if they are 60-80%. (Maggin et al., 2019).

Table 5 displays the percentage of non-overlapping data by participant and by variable, and the average percentage between participants. The PND of social support for Matthew (NPD=100%) and Katie (NPD=50%) were significantly effected in Phase B, and collectively there was a moderate effect between participants (NPD=75%). The PND of days of absences was not significant for Matthew (PND=44%) or Katie (PND=0%). John appears to have a significant a significant PND for days of absence, but the nonoverlapping data are not in the desired direction (PND=90%). Collectively, the between participant effect on days of absence (45%) was not significant. Lastly, there were no significant effects on GPA for any participants in Phase B.

Table 5.

Percentage of non-overlapping data by participant and variable.

Participant	Social Support	Absences per Week	GPA
Matthew	100%	44%	50%
Katie	50%	0%	0%
John	0%	90%	0%
Average Between Participants	**75%**	**45%**	**17%**

Within Participant Effect Size. Within participant effect size is calculated subtracting the mean in Phase B by the mean in Phase A and then dividing by the standard deviation of the Phase A data. Values of 2.0 or greater indicate an effect on the variable (Maggin et al., 2019). Table 6 displays the within participant effect size by participant and variable. Matthew's measure of social support, Katie's GPA, and John's measure of social support and GPA were constant throughout Phase A, causing a standard deviation of 0, which impacts the ability to calculate

effect size. However, the within participant effect size demonstrates that C4T had a significant impact on Katie's level of social support (-2.69) and on Matthew's GPA (-8.6)

Table 6.

Within-participant effect size by participant and variable.

Participant	Social Support	Absences per Week	GPA
Matthew	0	-.027	-8.6
Katie	-2.69	-.22	0
John	0	.09	0

Between Participant Effect Size. The between participant effect size was calculated by calculating the mean values for all participants for each variable and divided by the standard deviation of measurements in Phase A. Table 7 displays the between participant effect size per variable. The between participant effect size determines no significant effect of C4T on the social support (-1), absences per week (.11), or GPA (-.12).

Table 7.

Mean, standard deviation, and determination of effect size per variable between participants.

	Social Support	Absences per Week	GPA
Phase A Mean	3.88	1	1.26
Phase B Mean	4.32	.83	1.43
Standard Deviation Phase A	.44	1.53	1.33
Effect Size	**-1**	**.11**	**-.12**

Quantitative Data Summary

The visual and statistical analysis procedures above indicate the greatest impact of C4T was on the social support of participants. Matthew and Katie had a significant change in level,

mean, and trend in social support from Phase A to Phase B. Matthew's social support showed an immediate change and significant area of non-overlap, which increases the determination that the change was from the intervention, C4T. The percentage of non-overlapping data for Matthew also fell within significant levels. Although the within participant effect size could not be determined for Matthew, it did show to be significant for Katie. Between participant effect size did not determine that the intervention was effective but because it was calculating the mean between participants, it is possible that it was skewed by John's score of 0.

There was also some indication that there was a significant impact on Katie and Matthew's GPA. However, for Katie that was a significant decrease in GPA, which is not desired. For Matthew if was a significant increase. Katie and Matthew demonstrated a significant change in level and mean, but the overlap indicates that there was not a significant change. The within participant effect size was also significant for Matthew's GPA. In contrast, his PND did not indicate a significant effect of the intervention. None of the statistical measures validated the significant effect of C4T on Katie's GPA. The greatest impact on GPA, from both visual analysis and statistical measures, was on Matthew's GPA.

Lastly, the analysis above indicates no impact of the intervention on days of absence for any participant. There was no change in level, trend, mean, or variability for Matthew, Katie, or John. The range of days of absences demonstrated overlap. However, the PND for John was significant, but implies that there are more nonoverlapping data is not in the desired direction.

Qualitative Research Findings

Coding, thematic development, and content analysis of the champion focus group interview and student and champion satisfaction surveys were utilized to answer the qualitative research questions (questions four and five). As is described by Billup (2021), I cleaned and

organized the data throughout several close readings of the transcript. I also listened and watched the recording to note any significant emotional or non-verbal communication that would have emphasized the data in the transcript, such as elevated tone of voice. Participants were not significantly expressive throughout the interview, and this could be due to the interview taking place two weeks after the official end of the program. After reading the content of the surveys and focus group, and listening to the focus group, I made memos of first impressions and codes in *NVivo*. I then coded the data line-by-line, resulting in 115 codes. Codes that had similar meanings were collapsed. For example the codes "Possible Selves" and "Curriculum" were collapsed into one code "Possible Selves." Likewise, "networking" and "social network" were combined into one code "social network", and so on, resulting in 49 codes. I then categorized these codes into themes by printing and cutting each code into strips, and then physically moving them into categories that would inform the research questions. Themes below are titled in the words of the participants. Pseudonyms were given to preserve participant confidentiality. The focus group included Champion participants referred to as Ryan, Amy, Lindsey, and Carol.

Research Question Four

How does the C4T program create a connection between a caring adult and a youth who is homeless? The codes that emerged regarding the relationship between the advocate and the student could be categorized into two themes. First, the quality of the relationship is described by the codes:

- "A caring adult"

- "Hope for the future"

Secondly, the content of the relationship is described by the codes

- "A tool to forge a relationship"

- "Activities and stuff"

- "Forge other relationships"

"A Caring Adult"

The C4T program proposed that a caring adult was a known factor of resilience in the development of a child. Therefore, this theme further illuminates how a relationship with a caring adult was characterized. Champions utilized the term "build(ing) a relationship" six times throughout the course of the focus group, implying an intentional focus on establishing the relationship with their student. Champions also described that they spent time talking with the youth, and "working through" difficult life circumstances. Carol stated that the relationship with their student as trusting, in that the student would reach out to her when she needed something.

> Carol: I think that. That she definitely trusts me. And reaches out, and you know it's hard because her personality is withdrawn, a little on the shy side, but she opens up. Especially like you guys were saying in the car Like in the car, you know when I take her places and I don't know I'd like to hear how she would characterize our relationship, really. But I like to think it's growing, you know.

Lindsey, who had the shortest relationship with her student, described that when visiting the student at work, the student approached them and was happy to see them. All champions reported that they felt that they had gained understanding and insight regarding their youth through the training, the *Possible Selves* curriculum, and spending time talking to them about everyday life. This understanding allowed them to build a relationship that resulted in growth in the student. Ryan reported that there was almost no eye contact at the beginning of the relationship, and then by the end of the program, he described a relationship that allowed comfortable joking.

Ryan: It may sound a little silly, but I think we got to the point where you know how. Friends trade barb's back and forth, I think you know. We got to the point where we… You know yeah just joke around you know, but understood each other's characteristics enough to kind of you know. Obviously, making fun is not the right word, but just joking about each other and joking in a way that was just very comfortable and not cutting or fighting or disrespecting.

Amy: We went from you really had no eye contact, no real focus with him … by the end of the program he literally when we dropped him off, that day he got out of the car and told us what a good time he had and he hugged us.

The student satisfaction survey included an item that asked the student to rate their relationship with their advocate on a 5-point Likert scale. The highest level of satisfaction is described as "I am happy to have them in my life". All students indicated the highest level of satisfaction: that they were happy to have the champion in their life. On an open-ended question regarding how the student would describe the C4T program, one participant responded "calm, happy, helpful", indicating that the relationship was indeed positive.

"Hope for the Future"

Several times in the focus group interview the champions used the word "hope". Champions reflected on their role as one to provide hope to the student, but also through creating goals with Possible Selves, the Champion assisted the student in focusing on the future.

Ryan: You are asked to not only take them through a specific curriculum, but the forge a relationship with them. To help them. Give them hope. Okay, I think that hope's, probably the operative word.

Amy and Carol commented on the importance of establishing the mission statement as a part of the curriculum, as conversation could continually be directed towards their future. Katie and Matthew were taken on a job shadow by their champion, and all champions noted having conversation about future careers. It was proposed that this future focus and perspective allowed the students to have hope, and that this was a quality of their relationship with the student.

Carol: So if you take the time to do a program and say I'm going to invest in you. That's being their Champion. You know that's just somebody that might be different from other people they know, you know, they need a different point of reference sometime. That's more hopeful.

"A Tool to Forge a Relationship"

As champions worked to build the relationship with their student, they described the Possible Selves curriculum as a tool that supported the growth and development of the relationship.

Amy: I think about just how easy it was and how much building a relationship with him, not only did we have the workbook and the Possible Selves, but you were likewise walking beside him and building a relationship so like when the two kind of merge, you know the relationship and the possible selves I think that's when we saw his best work.

Possible Selves allowed the relationship to grow through meaningful dialogue that communicated care and concern for the student. Many of the activities described below were driven by the content of the curriculum, as the students expressed their interests and goals, providing a road map for activities and the enlistment of other people in the support of the youth. As students created goals, champions were able to investigate their own support networks to see who could help the student accomplish their goals, as described in other themes below.

Ryan: I think understanding that you know here's the workbook and as part of that's part of it, but it really leads to other things and it's a much broader view broader role than just getting through the book.

"Activities and Stuff"

Champions and their assigned students completed activities outside of their 45-minute weekly meetings. Activities included job shadowing opportunities, academic support, rewards for good grades, going to youth groups, taking the student to school, and leisure time with family.

Ryan: Then over time we broaden that, to obviously taken through a shadowing: career shadowing. You know, after he got some good grades took them out to Ritas.

Ryan, Amy, and Carol noted the value of going places with the student in the car, to spend time talking.

> Ryan: We drove him to the school. When I say that you know, somewhat you know off the cuff, but the time in the car was additional time. To get to know him and talk with him about you know this everyday things, but in the process, you learn more about you know what what's on his mind what he's doing what he's not doing our things at home and those kinds of things.

Lindsey brought an in-training, service dog to their meetings every week, and also entered the student's photo in a contest, after a student noted their interest in a photography career while going through the *Possible Selves* curriculum.

> Lindsey: Like me just encouraging him with his photography, like to give him a goal for next year… but I still hope that even just somebody else validating that he has a good eye and a gift that that'll encourage him to work towards that CTC goal.

Interestingly, aside from the weekly meetings, most of the activities occurred outside of the school setting and in the community. Champions also spend time with their students on less tangible activities, such as providing perspective and encouraging the student's goals.

> Carol: Going to youth group and youth activities and stuff like that… we would go for a walk I started taking her to an ice cream place down the road and we'd walk over there and get ice cream and sit there and talk and stuff so… then I just was always trying to bring it around to you know talking about things that would be helpful, with her mission statement or her goals."

"Forge Other Relationships"

Conceptually this program was proposed to be different than a mentoring program, in that the relationship was to move beyond the dyad of the champion and the youth and be a bridge into the community.

> Lindsey: And I think too, just that we're a part of the support system. Like to use our connections to give them even more connections… so I'm thinking who else do I know that can you know help him with things where I can't help him.

Champions described the relationship they created with the youth also included others in the champion's support network, and at least minimally the individuals in the student's natural support system. Amy and Carol proposed that Champions also built a support network with each other through the monthly check-ins, so they could connect their students to an even broader network of relationships.

> Amy: Like Carol was saying just, we didn't know each other before, and when we had the check ins and then we could put things out there, people may have thoughts or if. They were able to help to make a connection with somebody else I think that's what it what it's about it's about the relationship and about building some type of network for the kids and for the advocates.

This meant that friends, family, and businesses were activated through the relationship between the champion and the youth. (See also results from research question five and the theme of connection)

> Ryan: So obviously we ended up talking a lot with his mom. Given the change in his living circumstances. So yeah we did we dealt with her quite a bit.

Research Question Five

What strategies are needed to improve the C4T Program? The central components of the C4T program included the *Possible Selves* curriculum, champion training, defining the role of the champion, time spent between the student and champion, connecting the student in the community, and program support through champion check ins and consultation. The Champion focus group interview schedule and satisfactions surveys included questions regarding these components, consequently the themes that emerged strongly correlated with the components of the C4T program. Participants described what worked well, as well as ways to improve the program. The following themes emerged to describe program improvements and are listed in the order of highest to lowest number of references: *Possible Selves*, more than poverty and

homelessness, called to come alongside, start earlier, you're getting supported also, and connection. Lastly, the theme of challenges and issues reflects general barriers to the program.

Possible Selves

In the champion focus group, the component most commented on was the curriculum used for goal planning and relationship building: *Possible Selves*. All participants in the focus group commented on its utility, and there were 17 incidents that were coded in connection to *Possible Selves*. The champions concluded that the curriculum was a tool to be used to create a relationship with the youth. At the beginning of the program, there was a focus on "getting through" the curriculum, but more time in the program shifted the focus from the curriculum to the relationship that was created using the curriculum.

> Ryan: Possible Selves and you know that's just the tool to forge a relationship and help the students understand. Or help them forge other relationships, I mean just taking into Swedish motors, as an example it kind of dovetails with. You know, some career aspirations. So yeah, so I think understanding that you know here's the workbook and as part of that's part of it, but it really leads to other things and it's a much broader view broader role than just getting through the book.

> Lindsey: I totally agree with that, like, I think the curriculum was helpful to learn more about Matthew.

Despite the utility of the curriculum, there was some feedback regarding how it should be used. Participants found that it was difficult to complete all the lessons and needed help parsing out which parts were essential. Amy questioned whether they could "tear it down" further, to do what makes sense for the student.

> Amy: There was a lot, you know, I know that you took the curriculum and put it into a booklet you know and I'm wondering if the booklet could be torn down further… it does give you a lot of ideas and thoughts… figure out how you can incorporate everything into what you're doing and we found that with our student, that trying to get through one concept, like in an hour, sometimes we could do it, and sometimes we could do more than one concept and other times we couldn't.

Champions described that knowing the student and what motivates them, should drive how the curriculum is used. Amy provided the example of the task of making a collage, that if the task did not make sense for the student, that it should be omitted. Furthermore, some concepts and activities took longer than others, and pacing was driven by the student's understanding and circumstance.

> Amy: There were so many other good things that were in the booklet the suggestions and stuff but you know, and so you felt like, how can you try and… you have to know your student and you work with them to figure out what, and if building a collage doesn't make sense and you don't do it.

There were also some discrepancies in the mode with which the curriculum was delivered. I made the *Possible Selves* manual available to all the Champions, along with the *Possible Selves Google Classroom*, along with a paired down notebook of the curriculum. The *Possible Selves Google Classroom* presented some technology barriers for advocates, including internet access and general knowledge of technology.

There was also concern that completing the curriculum would feel like a "chore", particularly if it was delivered on the school issued Chromebook. Participants summarized that the curriculum is important but knowing the student and identifying what works best for them is essential.

> Carol: You know, some people's way of learning or way of processing, and that would be really good for them. But I didn't look at it as something that had to be done, because there wasn't a real interest there with my student, so I didn't want to make it something like a chore you know.

The student satisfaction survey and the champion satisfaction survey both asked for a level of satisfaction with the *Possible Selves* Curriculum. The champion and students both perceived the curriculum to be beneficial.

"More than Poverty and Homelessness"

Prior to meeting their youth, champions participated in eight hours of training to prepare them for their role. Training included information on poverty, trauma, the *Possible Selves* curriculum, and advocacy. A session on technology was also provided as it was expected that the Coronavirus-19 Pandemic would cause the meetings to occur online and that google classroom would be utilized. The champions reported that the training helped them know what to expect and helped them understand their students.

> Lindsey: I thought the training was great, like I was felt prepared…there were some there were glitches with the Google docs but I don't think that that's anything that training, where it was just working through it, but I felt like with everything we talked about before and that like, it gave me a lot of insight into the things that he allegedly might be dealing with that I may not have otherwise thought. I thought the training was very helpful.

However, the training lacked information on clinical issues such as mental health, noting that they "do not have those issues". Three times throughout the conversation the champions commented that their students experienced "more than poverty and homelessness":

> Amy: I think the training was very helpful for the homelessness and poverty piece, I think, when you potentially have people who are paired with a child that has, or an adolescent, that has other medical conditions or clinical issues, people may not be prepared to deal with that, so I think somehow a they need to know about it. Because I think we knew that there were two other medical you know, two other issues going on, but we don't have those issues ourselves, we have no family members who are (autistic), so trying to figure out what the response is and how you encourage and motivate.

Champions also noted that although training was available, their role was still ambiguous and indicated being intimidated to embark on their role. However, as they gained experience, they began to understand their role. All champion participants offered to lend their own insight and experience to champions who were interested in the future, so that as the role was described in training, it would not be "static".

Amy: When you talk about the model, like looking at it's kind of you know, on a piece of paper, it's static… part of it is through experience. Like, I think next year in kind of going through the program you know… work that into a picture or a conversation or when you talk about roles and responsibilities, I think it's something that you really just have to experience and then you start to become comfortable and you understand where the boundaries are yours, mine, theirs…

Lindsey: It can sound intimidating but really it's not… so just to have somebody that can say 'hey you know you're supporting the student but you're getting supported also,' like so they don't feel like they're. on their own with it.

"Called to Come Alongside"

The champion model was used to describe the role of the advocate (Champion) in the implementation of the program. Champions were described as individuals that possess the qualities of empathy, flexibility, active listening, persistence, and conscientiousness, which would cause them to bring other individuals to support the student and complete activities, resulting in increased resilience of the student. When asked about how they would describe this program to others, Ryan described their role as "called to come alongside" of a youth who is homeless. Carol elaborated that their role was to "encourage, you know, be a presence in their life". Champions described their role as building a relationship with the student by expressing care and hope, while also being flexible.

Ryan: As an advocate you are called to come, alongside students. Who are more than just poverty and homelessness may have an array of other issues personally within the family and you are asked to not only take them through a specific curriculum, but to forge a relationship with them.

Carol: One thing you shared in the training was just. The difference. The connection can make so I guess I didn't really remember the model so much, but it's the same idea that you're spending time with them and you're showing you care and you want to know them and then just knowing how that can make a difference.

"Start Earlier"

Students and Champions began meeting in January of 2021, with the expectations that the program would conclude at the end of the school year, June 3, 2021. Because a multiple baseline design was utilized, time in the program ranged from 11 to 17 weeks. Champions were expected to spend a minimum of 45 minutes a week meeting with their students. All Champion participants noted that meeting with their student for a longer span of time would have been beneficial. Also noted was time spent preparing for weekly meetings as well as time spent with their students outside of the meeting. Amy reported that they dedicated two to three hours a week towards the program.

> Amy: I think starting it earlier in the school year so that that gives you a little bit more time if you run into issues or challenges, you know that the program is the main reason for coming together but life gets in the way, sometimes, and so it gives you a longer period of time, like we felt that we were kind of under the gun a little bit because we knew the end of the school year was coming up. And if you don't really get to where you need to go until you build the relationship

> Lindsey: I just agree to like, I know with Covid and everything like it wasn't possible but I, I agree, like to be able to walk through with them the whole school year, I think would be great.

In addition to the response in the focus group, the champion and student satisfaction survey asked participants about their level of satisfaction with the time allotted from meetings between the champion and student. All participants, both champions and students, indicated that more time would be beneficial. Furthermore, the student satisfaction survey included an open-ended question that asked the student for suggested changes. One participant responded that there should be "more time".

"You're Getting Supported Also"

Champions in the program received support from me, as school social worker. Champions also were provided with an opportunity to meet monthly via Zoom as a group for consultation and problem solving. When asked about the utility of the Champion check ins, the

group was not emphatic in their response. They did find that networking amongst the group was a valuable asset to resource their students. Although each student's scenario was different, talking together allowed champions to form ideas of how to support their student.

> Amy: We didn't know each other before we had the check ins and then we could put things out there, people may have thoughts or if they were able to help to make a connection with somebody else. I think that's what it's about, it's about the relationship and about building some type of network for the kids and for the advocates.

> Carol: Sometimes, when we would meet as a group. You know somebody would mention something they did with the kid and either, it would make me feel like 'man I better get on my game' or 'that's a good idea, maybe I'll try that you know. So I think that's another benefit of the you know the zoom call.

As is typical of my role as school social worker, I continued to provide case-management to the students who participated in the program, as well as check ins as needed. The Champions also reported that they heavily relied on the support of the social worker to understand their role and support the student. The student and champion satisfaction surveys asked participants to identify their level of satisfaction with the social work support, and all participants responded that they were satisfied with the social work support received. One survey respondent wrote: "The social worker was amazing. Nothing was impossible for her to do!"

> Amy: I think that we, I relied on you so heavily on Christina in the pilot because we- I didn't understand totally my role your role the you know.

> Lindsey: I think you were very supportive, Christina, and that was, you know, you were a great resource if we had questions or problems or concerns.

"Connection"

As a part of the program, champions were encouraged to connect the student to support networks in the community as well as connect with the student's natural support. Champions utilized their own support networks to support the student in a variety of ways: taking the student to a local church youth group, job shadowing experience, and meeting the Champion's family

members. The relationship extended beyond their weekly meetings and beyond the dyadic

relationship between the student and champion.

> Ryan: We brought him over to the house to meet the family over Memorial Day weekend, we had a little family get together and brought him. He seemed to be excited to meet some of my in-laws.

> Carol: She definitely made some friends in the youth group and she's been around my husband and number of times and he's pretty engaging. So probably she would say that, you know that she connected with him.

> Ryan: Our student connected with, when we took them on the career shadowing. He was there for about, I don't know, three or four hours. It was just basically him and the owner, you know kind of tooling around and talking to. The guys who work there, and such, so I think. By all accounts, that was a connection.

Although some connections were made between the students' natural support system and

the champion, the interactions were minimal. It was suggested that it would be beneficial that

when meeting the student, that the champion also meet the parents.

> Amy: So I don't know if maybe in the beginning there's an opportunity, you know, to do things a little bit differently… is there an opportunity to meet with. You know, for us, it would be Ryan and I, the parents, and the student a time or two, so that they really truly understand what's going on.

"Challenges and Issues"

Champions discussed several barriers that they experienced in the program that will also

help inform program improvements. As previously mentioned, due to the pandemic the

intervention started with meeting online and completing the curriculum online. This revealed

some issues with understanding and using technology effectively. Furthermore, there was not

always a reliable internet connection.

> Amy: So, probably like some type of reliable computer network or whatever, so that we could, I mean we always seem to technology evade us. Either when he was trying to use his computer or we were trying to zoom with him in the beginning, or whatever, but the whole technology piece was a challenge for us

Ryan described the life of homeless students as "so complex": not only were they homeless, but had mental health diagnosis, relationship complications, and learning disabilities, making flexibility highly important.

> Ryan: You think you're going to go through this program and X number of weeks, okay that's pretty simple, but their lives are so complex at times, and you have to be able to shuck and jive and move left or right when you thought you were just going to be going forward. Being flexible and adjusting to the circumstances of these kid's situation changes weekly in some respects.

Champions had to be flexible not just regarding the challenges the student's faced, but the changes that occurred over the course of the program: Katie, John, and Matthew all changed where they were living, John and Katie changed mental health medications, and Katie continued to experience significant instability in their mental health.

> Carol: I think he mentioned meds for his student and that was a big issue in the last couple months for my student and then just, you know the changing houses was a big thing and so there was a lot going on in and my young lady's life so.

Qualitative Summary

To summarize the data from the focus group and satisfactions survey, frequency counts of participants that perceived the identified program component as beneficial are displayed in Table 8. A word cloud was created using *NVivo* (Figure 15). To create the word cloud, I elected to display the 49 most frequently used words that were more than seven letters. Most prominently displayed are the words student, relationship, and curriculum, which is consistent with the themes above.

Table 8.

Program components perceived as beneficial by participants.

Program Component	Champion Focus Group	Champion Satisfaction Survey f and %	Student Satisfaction Survey f and %

Experience in the Program	4		4	100%	3 100%
Curriculum	4		4	100%	3 100%
Relationship	4		4	100%	3 100%
Training	4		4	100%	n/a
Social Work Support	2		4	100%	3 100%
Total # Participants	4		4		3

Figure 15.

Most frequently used words over seven letters in focus group and satisfaction surveys

Research question four asked "How does the C4T Program create a connection between a caring adult and a youth who is homeless?" Champions indicated that building the relationship with the student was of central importance to the program. Champions confirmed that they were caring adults by indicating their commitment to be present, to listen, and to provide hope to the

student. The Possible Selves curriculum was a tool that acted as a road map to build a trusting relationship, by having meaningful conversations, goal directed activities, and connections to the community at large. Champions encouraged the students to look beyond their current situation and towards their goals and future aspirations. Consistent with these findings, both the student and champion satisfaction surveys indicated that the relationship between the Champion and the student was perceived as positive.

Research question five asked "What strategies are needed to improve the C4T program?". The Possible Selves curriculum was an important component to build relationships, create goals, and build relationships between the student and the larger community. However, it should be emphasized that the curriculum is a tool, it is not the program in and of itself. Therefore, a relationship with the student is necessary to understand how to encourage and motivate the student through the most relevant parts of the curriculum. Understanding of the student is also relevant in deciding how to deliver the curriculum: ensuring that it is accessible and relevant to the student. Another dominant theme in the focus group was that their students' lives were complex, and that students experienced more than poverty and homelessness. Participants indicated further training on clinical issues, emphasis on flexibility, and learning from experienced individuals may be necessary. Champions valued the monthly check-ins as well as support from myself, as a school social worker, particularly as students faced challenges in changing living situations and mental health.

CHAPTER 5: DISCUSSION

The focus of this study was to determine if the Champions for Teens program was effective at increasing the social support of the homeless youth participants. It also sought to determine whether the student participant's GPA would increase, and if their days of attendance would decrease after the start of Champions for Teens. Lastly, satisfaction surveys for Champions and students, and a focus group of Champions were utilized to determine how Champions for Teens created a relationship between a youth and a Champion, and program improvement strategies that are needed for the C4T. Below is a discussion of the findings.

Social support is protective against stress and aids in positive adjustment: it is also conceptually similar to social capital (Sarason et al., 1983). In this way, social support is a forerunner of resilience. Two out of three of the participants had a significant increase in social support. So much so, that even with one participant showing no change at all in any variable, collectively there was a significant percentage of non-overlapping data (PND). This non-overlap along with the other measures of visual analysis supports the hypothesis that C4T increases the perception of social support by homeless youth, and aligns with the literature on mentoring programs, as mentoring programs inlay social capital into the lives vulnerable youth (Hamilton et al., 2006). Examples in the literature review such as the relationship-based intervention study by McCay et al. (2011), and the Social Enterprise Intervention by Ferguson and Xie (2007) demonstrated an increase in social connection and social support. Litzelfilner (2002) found that children who were assigned a CASA were also connected to more support. Like similar caring adult interventions, C4T impacted the social support of homeless youth.

The literature supports that social capital and social support build resilience, and therefore the increase in social support in this study is significant and meaningful. Homeless

youth experience low amounts of social capital (Barman-Adhikari et al, 2016 & De la Hay et al., 2012). However, social capital is an important element in risk reduction and resilience amplification (Chisolm-Straker et al, 2018; Ferguson and Xie, 2012; Skobba et al., 2018). The intervention by McCay et al. (2011) also demonstrated a decrease in hopelessness. Participants in the Starting, Right Now program, which included mentoring, reported new relationships and also increased hope and life-direction (Raffaele and Randler, 2021). The Social Enterprise Intervention demonstrated a four-fold increase in life satisfaction and a five-time decrease to in depressive symptoms. C4T as a pilot study was truncated to 17 weeks (at most). Expecting a meaningful increase in more long-term impacts would be unreasonable, but social support is a promising starting place.

The hypothesis that the C4T program increases the GPA of homeless youth and that the C4T program would decrease the number of absences of homeless youth were not supported. The data collected on GPA and days absence for this study showed no significant improvement with one exception the student participant who was in the program the longest, had a significant increase in GPA. In contrast to the findings of this study, Malecki and Demaray (2008) found that social support was significantly associated with academic performance. Their findings indicate that students who were of lower socioeconomic status who had more social support, had increased GPA scores. Communities in Schools is an evidence-based program that assigns academic coaches to students at risk of drop out, and this intervention improved academic outcomes of homeless and non-homeless students (Tudor, 2018). Furthermore, in studies by Grossman, et al. (2002) and Herrera et al. (2007), Big Brothers, Big Sisters (BBBS) mentoring relationships that lasted more than a year reported improvements in academic performance. Although these studies demonstrate a connection between social support and academic success,

it could be that C4T was simply a long enough intervention to improve the academic situation of students. Particularly since the findings of Grossman et al., (2002), cite those relationships with mentors that are less than three months can actually have adverse effects on the youth: specifically, a decrease in self-esteem. Chan and Ho (2008) suggest that a greater level of intimacy in mentoring relationship, shows the greatest improvement on academics. C4T may have built a foundation of social support, but not yet enough to impact the academic outcomes of participants.

Academic performance is closely associated with school attendance. Tobin (2016) reports that school attendance can almost completely mediate the relationship between homelessness and academic achievement. However, in this present study there was almost no significant impact on days of absence for any student. Only the PND method of analysis showed a moderate impact on days of absence for Matthew, who was in the program the longest. Both Matthew and John showed highly random, unsystematic variability in days of absence throughout the school year. For Katie, there was not a need for attendance improvement, as she only missed one day of school. The high number and random nature of absences for Matthew and John could indicate that this as a variable was nonresponsive in the context of the intervention and may require more intensive and longer-term support.

Like homelessness, school-absenteeism is a complex issue. Chronic absenteeism correlates with poverty, psychiatric illness, teen pregnancy, substance use, childhood victimization, and physical illness (Kearney, 2008; Sprick & Sprick, 2019). All are factors that also correlate with homelessness. The intervention Communities in Schools noted above, had an impact on academic outcomes for homeless and non-homeless students, but no impact on the absences of students. The author concludes that the small sample size may have impacted the

results. Similarly, a family support intervention by Portwood (et al., 2013) for families that were homeless or at immediate risk of homelessness, also found that while there were significant impacts to the participant's family economic self-sufficiency and internalizing and externalizing behaviors of children, there was no significant impact on student absences. The authors conclude that deterring absences may be a long-term outcome. Gee (2021) also found no impact on absences or academic performance for students who were under the McKinney-Vento Act that were assigned case management from a social worker. There was no indication of why there was a negative impact. Regarding the present study, the single-case design, the length of the intervention, and the intersectionality of social issues that impacts school absences could impact the responsiveness of the variable of days of absence.

Although there was not much of an impact on the academic performance or absences of the student participants, a significant impact on social support was indicated in two out of the three cases. The qualitative results expand on this finding by indicating how a positive connection with a caring adult was indeed made between the Champion and the youth, even for John, whose levels of any variable did not change throughout the program.

Bronfenbrenner proposed that positive, proximal processes within the ecology of a child, aids in the child's positive development (Brendtro, 2006). Relationships with a caring adult then are important because they allow opportunities for positive and reciprocal connection. The Champions in this study reported that they had made trusting connections with the youth that they were assigned, indicating that they had become a caring adult in the life of the youth. They attempted to understand their student and really listen to them. In the literature on mentoring, Rhodes and Dubois (2006) assert that mentors that have characteristics of a therapeutic relationship, exhibiting empathy and authenticity, can create an emotional closeness with their

mentee. Furthermore, Wesley et al., (2016) calls active listening foundational in mentoring

relationships, and that mentors use of a future focus to alleviate strain in the lives of their

mentees. The therapeutic characteristics of empathy and active listening align with qualities of

the relationship between the Champions and their students: that they tried to really understand

their youth and what they were going through, listen to them, and provide them hope.

Furthermore, empathy and active listening were two specific qualities that were described in the

Champion model. Phillips (2018) also reports that consistency is key in positive mentoring

relationships, and although the Champions did not report their consistency in the focus group,

they did indeed attend weekly (or more) sessions with their student. Simply put: The Champions

showed up consistently, to listen, understand, and provide hope to their student. This is an

example of the positive, proximal processes that lead to positive development. Ashiabi and

O'Neal (2015) assert that parents typically the delivery system for proximal processes, but they

can be replicated by relationships in the community, as we have seen with C4T.

Providing hope for the future was cited as a quality of the relationship between the

Champions and their assigned youth. As mentioned above, future focus is one positive way that

mentors have approached the strain experienced by their mentees (Wesley et al., 2016). The

Possible Selves curriculum was the way to forge this hopeful relationship between Champion,

the student, and the community. The alignment of Possible Selves with the caring adults

(Champion) is particularly interesting. Possible Selves is built on Goal Theory which states that

motivation comes from having something that the individual finds valuable, that they believe

they can attain, and that have a realistic plan to do so (Hock et al., 2011). The authors of Possible

Selves also connect Goal Theory to Hope Theory, which states that an individual's actions are

determined by goals, and hope is determined by the pathway and the agency of the individual to

achieve those goals. Importantly, as is seen with C4T, hope can be nurtured, and individuals with higher levels of hope have more success in life (Hock et al., 2011). In essence, the "activities and stuff" of the C4T relationship of completing activities such as job shadows, and "forging other relationships" in the community, was clearing the pathway to the student's future and nurturing their hope. Using the Possible Selves curriculum in conjunction with a caring adult function precisely as one Champion put it: "To help them. Give them hope."

Possible Selves was "a tool to forge a relationship" with the youth. Despite the clear utility of the curriculum in developing meaningful dialogue and therefore meaningful relationships, its accessibility and relevance to the homeless youth population requires more thought. Champions noted that delivering the curriculum through the Google Classroom created multiple barriers in technology access. The other modality available for the Possible Selves curriculum is a manual, which required Champions to sift through and interpret lessons for implementation. The Champions reported that the manual was difficult to understand and required more than an hour of planning a week. Further, some of the lessons just did not "make sense" for their student after they got to know them. However, there are a lack of alternative curricula. Some other evidenced-based or evidence-informed interventions occur in schools, but they may also lack the relevance to this population. For example, "Check and Connect" is used in schools to improve student behaviors, academics and attendance (University of Minnesota, 2020). However, this intervention monitors goals but does not have a process to formulate them. Further, it lacks specificity to the homeless youth population. Another example would be a program called RENEW, which does have an in-depth goal development process and is used for students that have emotional and behavioral challenges and disabilities, but one must be a trained facilitator to implement the program (Drake and Malloy, 2015). Possible Selves itself was

created as a tool to tutor college athletes, enhancing their self-determination and therefore their motivation to learn (Hock et al., 2010). Possible Selves was none-the-less positively received by students and Champions but may require adaptation from its delivery in this iteration of C4T.

Champions were also positive about the training they received, stating that it helped them feel prepared and it helped them understand their student. The training included four hours of information on poverty, two hours on trauma, one hour on the curriculum Possible Selves, one hour on advocacy guided by the Champion model. Rightly so, the Champions reported that their students experienced "more than poverty and homelessness". As detailed in the first chapter of this study, homelessness is a traumatic event that impacts mental health and educational outcomes (at minimum). Yet the training for the C4T pilot program did not include any information on special education or mental health. In the Champions' own words, homelessness is about more than poverty, since homeless students are twice as likely to have a psychiatric disorder, including PTSD, depression, anxiety, and suicidal ideation (Cutili, 2018; Edidin et al., 2012; Perlman., 2014). In the same way, homeless students are twice as likely to have learning disabilities, and face barriers in accessing the assessments to get the necessary educational supports (Edidin et al., 2012; Rahman et al., 2017). Training on special education and mental health would help Champions not only understand their students, but also allow Champions to advocate for educational supports and mental health resources when needed.

Included in the training was also information about what their role was as a Champion. The Champion model was introduced, and it was explained that a Champion is empathetic, flexible, persistent, conscientious, and an active listener, and that a Champion uses these attributes about themselves to activate others and complete activities in support of the youth's goals. In the focus group, the Champions reported that they felt that they were "called to come

alongside" of the youth. They felt that this was their role. Frels et. al. (2013) mentors to understand how to engage and retain mentors in a school-based mentoring program, they're findings indicated that mentors felt that their role served a greater, nearly spiritual purpose. Admittedly, it is difficult to provide training on a spiritual calling. A more thorough screening process could be used to identify those that feel called to come alongside of youth. Furthermore, hearing about the experience of past Champions may be inspirational as well as provide more understanding of their role. This may be particularly useful as each student will be different and have different needs. The training can continue to emphasize Champion characteristics, but in addition screening volunteers for these characteristics would be beneficial, as well as providing opportunities to hear about experiences as a Champion may provide inspiration as well as a more concrete understanding of the role of a Champion.

Due to the multiplicity of needs and risk factors Champions and students both expressed that C4T needs to "start earlier" or be longer. At most, the students and Champions had 17 weeks together. However, having to navigate so many life challenges meant that Champions were having to recalibrate often. Looking at the quantitative data, Matthew, who was in the program the longest had the greatest degree of positive change across all variables. The literature also echoes this finding. Herrera et al. (2007) report that longer mentor/mentee matches have the greatest impact on student attendance and academics. In contrast, Moore (2015) reports that shorter term relationships may actually cause more harm. Rhodes and Grossman (2002) found that students who had mentor/mentee relationships that lasted less than three months demonstrated a drop in self-esteem and academic performance. The authors report that this could be because some students may experience lower than most self-esteem and academic performance prior to their mentoring relationship, and therefore the needs of the student

overwhelm the capabilities of the mentor. Considering the input from Champions and the literature, C4T should be implemented as soon as possible at the beginning of the school year to maximize the length of the Champion and student relationship. Based on the literature, C4T will ask for a one-year commitment from volunteers. Of course, not all homeless students are identified as homeless at the beginning of the school year, and so it may be beneficial to also consider the program continuing after the academic school year, and over the summer.

A lengthier relationship will allow Champions the opportunity to navigate the complexities of the student's life. True to the Champion participants' words, homeless students experience more than just poverty and homelessness. They also experience higher than average mental health and learning needs. This is undoubtedly a lot of responsibility for a volunteer position and for a Champion "getting supported too" means a continuation of the monthly group consultation and consultation with the school social worker as needed. As a school social worker, I was able to provide information on their student and resources to meet student needs that were beyond the Champion's role. If implemented in other schools, having a connection to the school social worker is highly important to supporting the Champion in their work.

Sabatino (2014 p. 5) defines consultation as an "indirect practice that assists others at becoming better at their professional work". Consultation is frequently used in school social work with families, professional staff, and the community (Sabatino, 2014). School social workers specifically use this skill in program consultation, wherein programs are developed to meet this needs of vulnerable populations in school such as C4T. Whereas the practice of consultation includes problem solving and relationship development across the school and community environments, specific to C4T, the group consultation was important to build relationships with Champions, assist them in feeling supported, but also to solidify that the C4T

intervention was being implemented as intended. The role of a school social worker to serve as a consultant was highly utilized in the group and individually in C4T and will continue as a core component of the program.

"Connection" was described as not just the student with the Champion, but the student with the Champion's social network and the community at large. This component made C4T more than a mentoring program: the relationship was intended and encouraged to go outside of the dyadic relationship between the student and the caring adult. The Champions assisted in connecting students to job shadows, community groups, and, at times, even their own families. This finding is truly rooted in the theoretical underpinnings of social capital theory in that relationships mobilize resources. C4T facilitated relationships that were closely aligned with the concept of bridging capital, which are diverse networks that supply resources (Putnam, 1995). De la Haye et al. (2012) reports that homeless youth have few sources of social capital, particularly instrumental (or bridging) social capital. Bridging capital is resource rich and risk reducing, and particularly for homeless youth, their sources of emotional support (bonding capital) may be risk inducing (Barman-Adhikari and Rice, 2014; De La Haye, 2012; Kennedy, 2017; Skobba, 2018). Despite the importance of bridging capital, our societal structures lack bridges. This is not to say that the student's own social network is not valuable. On the contrary as Kennedy (2017) reports that maintaining connections with family and support networks of homeless youth is important. This underscores the suggestion by Champions that C4T also intentionally connect the Champion to the family when family is available for connection. Social capital theory indirectly acknowledges that there are societal issues of ethnocentrism, racism, classism, sexism. Some groups of people have commodities, and some groups do not. C4T is not a solution to this societal stratification, but perhaps, with training, consultation, and empathy,

caring adults in programs like C4T can assist in breaking down some of the walls instituted by society by grafting homeless youth into the community. This makes the emphasis on connection a core component of C4T.

Undoubtedly, Champions experienced several "challenges and issues" along the way. The pilot program was launched during the COVID-19 pandemic, and initially it was intended that meetings between the Champions and the youth could take place over *Zoom*. This proved to be difficult, particularly considering that under resourced youth may not have a reliable connection to the internet. Further, initially it was also intended that the Possible Selves curriculum would be implemented through Google Classrooms. This too created a number of technology barriers. On top of programmatic technological shortcomings, there were frequent changes in the student's lives and living circumstances. The aforementioned disconnection between societal structures does mean that there are experiences that will be foreign between groups. This underscores the importance of training and ongoing consultation for Champions, as to their own acknowledgment they are vicariously experiencing through their student, circumstances that they have never experienced before.

The findings of this study conclude that the youth experienced increased social support and solidified by the qualitative reports that a trusting and close relationship was developed between the Champions and their students. The academic and attendance situations of the student participants was not impacted, but it potentially could be if the program were longer as was requested in the satisfaction surveys and focus group. In the future, the C4T program should start as early in the school year as possible, and possibly go into the summer to have enough time to build the relationship. The Possible Selves curriculum also helps build the relationship between Champions and their youth, providing hope for their future. However, future implementations of

C4T may need to consider the fit of the curriculum and its implementation to be accessible to homeless youth. The curriculum was an essential component the self-professed role and calling of Champions to provide hope to their student, particularly in light of the complexities and challenges of homeless youth. To further equip Champions in addressing these challenges, training on mental health and education should be included, as well as continued social work consultation. With training, consultation, C4T was able to facilitate a relationship that provided the student with connections to the community. Reciprocal connection with the support network of the student, and not just the connection of the Champion, may be a promising avenue to fully support the homeless student.

Strengths of the Study

The mixed methods design for this study allowed the consideration of multiple viewpoints (Thyer, 2010). The findings not only tested a hypothesis, but also provided insight on the how and why the findings may have come to be through qualitative methods. Triangulating data increases trustworthiness (Padgett, 2017). This study measured social support, GPA, and absences, as well as an analysis of a focus group interview and satisfaction surveys. Further, single-case design is recommended in for intervention research, social work, and even has roots in education research, three areas of research relevant to this study (Rubin & Babbie, 2017). Incorporating a multiple-baseline design decreased interference of some extraneous variables. Using visual analysis allows for most readers to be able to assess the variables for change. This adds a level of transparency and trustworthiness of the results as well. Lastly, this intervention and study was developed with a practitioner as researcher. It is therefore grounded in practice experience out of an identified need in the community. This practice experience adds to the relevance of this study for others in practice, facing what is clearly a gap in the literature and in

research in supporting homeless youth.

Limitations of the Study

Some of the chosen research methods for this study impact the generalizability and validity of the results. Qualitative methods for example are not generalizable (Rubin & Babbie, 2017; Padgett, 2017). Standalone results from single-case design methods also lack external validity and generalizability, as validity is increased through the replication and extension of the study (Bloom et al., 2014). This study also used a convenience sample of youth and volunteers who were willing to participate in the program, again impacting the ability of the study to represent the general population (Rubin & Babbie, 2017).

Informal observations of the youth that participated in this study were that their circumstances, while all volatile, were all unique. The multiplicity of variables that could have impacted the outcomes are endless. For example, I observed that students changed homes, had multiple medical appointments, and intensive mental health treatment. Therefore, their social support, GPA, and absences may not have been impacted solely by C4T. Isolating variables in the complex lives of homeless youth is a challenge. Furthermore, although satisfaction surveys from the youth were collected for this study, their voice is not equally represented in the qualitative findings. As such, the nuances of the youth participant experiences are not apparent.

Lastly, as both the researcher and school social worker, this study could contain bias in several ways. Although the youth satisfaction surveys were collected anonymously, the students could have tried to respond in a positive manner as to not offend me. The same holds true to the Champion participants. Furthermore, as this study was completed as part of my employment and in my community, I have a vested interest in the results.

1## Implications

Implications for Social Workers as Leaders

The NASW Standards for School Social Worker (2012 p. 13) charges school social workers as interdisciplinary leaders in the "implementation of comprehensive school-based programs and school-based programs that promote student well-being and positive academic outcomes." This study is evidence that school social workers can be interdisciplinary leaders that innovate and implement school-based programs to meet the needs of vulnerable populations. This leadership is particularly important as social workers operate out of a specific code of ethics and value system. We value service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence (NASW, 2012). Educational institutions do not have a code of ethics or core values; they are guided by policies and law. The social work core values is precisely what makes social workers leaders in education. An educational institution cannot meet the needs of students at risk, but a social worker can facilitate relationships as a "vehicle for change" as in C4T (National Association of Social Work, 2017, ethical principles, paragraph 5).

Furthermore, intervention research regarding homeless youth is a vacant field. The mission of the social work profession is to "enhance human well-being… with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty". No other profession is giving particular attention to the need of homeless youth. Social workers are uniquely and specifically trained to develop intervention such as C4T, due to the ecological lens that is necessary for intervention with homeless youth (Slesnick et al., 2009). Social workers who continue intervention research in schools, will lead by their expertise, their commitment to vulnerable populations, and by default as no other profession is offering

solutions.

Implications for Educational Institutions

In the United States school systems, 1,508,265 students are identified as homeless (National Center for Homeless Education [NCHE], 2019). Programs like C4T are one possible way to support youth that are homeless.

Public education is governed by laws and policies in order to eliminate disparities and offer standardized education. However, some students have needs that surpass the ability of the academic mission of the educational institution (Stone, 2015). Multi-Tiered Systems of Support are an avenue to provide intervention and support for students with additional needs in the academic setting. If replicated, C4T could move along the path to an evidence-informed or evidence-based intervention to meet the needs of homeless students with in the school intervention system. MVA requires access to education, but intervention research and programs such as C4T could move students beyond simply access to education and towards integration into the school community.

Lastly, this study should encourage educators to look to the social workers to develop solutions in the educational setting for complex social issues. Communities and media often have much to say about what a school should be doing. Social workers may be a school's advantage in identifying a problem but also moving towards viable programs and interventions to support students.

Recommendations for Further Research

Fraser and Galinsky (2010) described a five step process in intervention research: 1. Develop problem and program theories, 2. Specify program structures and processes, 3. Refine

& confirm in efficacy tests, 4. Test effectiveness in practice settings, 5. Disseminate program findings and materials. This study broached steps one and two in intervention research by developing a clear definition of the problem, a theoretical framework, and completing initial pilot testing to determine the essential components for C4T and initial program improvement (Fraser & Galinsky, 2010). Now that the essential components are defined, the next step would be to adapt the C4T program manual and establish fidelity measures. Given the findings of this study, establishing fidelity for C4T could be the length of time in the program, a knowledge test to accompany training for volunteers, screening measures for volunteers, as well as keeping the fidelity measure of Possible Selves. As C4T develops, more pilot testing may be necessary ensure that it is fully feasible. This is particularly important as feasibility will make the program replicable, which is necessary to establish the validity of this single-case design study (Bloom et al., 2014). The next steps in intervention research include highly controlled testing of the intervention and estimation of effect sizes, extending C4T to other settings and establishing the effect, and lastly publication of materials including training materials (Fraser and Galinsky, 2010).

In establishing the materials for C4T future research should also include a review of curricular similar to Possible Selves. This will aid in either developing different curriculum or adapting Possible Selves to be accessible to this population for C4T.

Lastly, the absence of intervention research regarding homeless youth in schools is a call to action for others to develop programs to meet the needs of this specific population. This could begin with a more in depth needs assessment across school systems, which would allow for the launch of other innovations. Undoubtedly there are other school social workers developing innovative programs for homeless students, this study is an encouragement that they would also

add their work to the literature.

Conclusion

This study was an initial step in the development of the Champions for Teens program, a school-based advocate program specifically for homeless, high school youth. Many homeless youths are in the United States, and they experience many risk factors, and yet very few solutions are available to support them. This study established that a relationship between a caring adult and a youth who is homeless can be facilitated and their social support can be increased, which is a forerunner for positive development. Program improvements include increasing the length of the intervention, adding training on mental health and education, adapting the Possible Selves curriculum to better fit the population, adding a Champion screening process and opportunities to hear from experience. The program will continue to support Champions by offering consultation, emphasizing connection outside of the Champion and student relationship, implementing Possible Selves to provide goals and therefore hope to students, and emphasis on the qualities of the Champion in recruitment.

Intervention development and research in educational settings is an opportunity for leadership by social workers, particularly in the area of vulnerable populations as it is a social worker's area of expertise and ethical conviction. In a bureaucracy such as education, social workers offer a relational lens to provide hope for the most at risk students.

Finally, it is interesting to note that as the 2021 school year began, the relationships that started in the C4T pilot program continued even though the program had formally ended the year before. When John did not show up to school, it was Linsey who sought him out at his place of employment to talk to him about getting his GED. Likewise, when Katie needed medical treatment, Carol rallied her Bible study group to arrange for her transportation. Although

Matthew moved to another town, his relationship with Ryan and Amy followed. "You know,"

Matt remarked after a day out together, "you guys are like family to me!" Truly, through caring

relationships, these volunteers championed resilience in the lives of these students.

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Appendix

Figure 1A

Community Flyer

WE'RE LOOKING FOR CHAMPIONS FOR OUR TRIBE!

The Donegal School District is launching *The Champions for Teens Program* to support our homeless high school students. A champion is an individual who supports and mentors a youth that is homeless. Champions develop a personal relationship with the youth, and actively seek to help the youth create goals and achieve them. They are an active part of the academic team, and may be called on to discern the academic best interests of the child. Champions are encouraged to seek out ways to connect with the youth and their social network, and connect the youth within the social network of the Champion and community at large.

If you are interested in hearing more about becoming a champion, please sign up for the information session to be held via *Zoom* on November 5, 2020, from 7-7:30 p.m.
Sign up by clicking here
If you cannot attend, but would like more information please contact Christin Helfrick
Christina.helfrick@donegalsd.org or 717-395-0712.
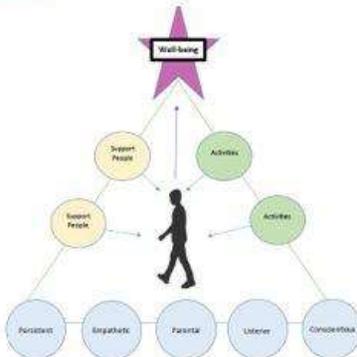
A Champion is an individual who possesses the qualities of persistence, empathy, flexibility, listening, and conscientiousness and who will activate others and complete activities that are centered on the youth, therefore empowering the youth and increasing their well-being.

"Every child deserves a champion: an adult who will never give up on them, who understands the power of connection, and insists they become the best they can possibly be." –Rita Pierson

Figure A2

Newspaper Article

Figure 3A

Parent Program Agreement

Champions for Teens Program
Parental Permission Form

Champions for Teens provides an extra support person in the life of a student who is homeless. The activities completed by the champion and teen will be greatly influenced by the action plan created by the youth through the *Possible Selves* curriculum. The *Possible Selves* curriculum aids the youth in identifying their strengths, interests, dreams, and goals. The champion will meet with the student for 45 minutes every week via the online platform *Zoom*. Champions have the flexibility to connect with the youth outside of their weekly session, as well as connect with their academic team, or other natural supports the youth may have. Champions are also encouraged to seek out ways for the youth to be connected in the community. We believe that every student deserves to have caring adults that believe in them and want them to become the best that they can be!

I grant permission for my child to participate in the *Champions for Teens* program. I understand and acknowledge that this program is voluntary, and there is no requirement that my child participates in this program. Further, I understand that the individuals who serve as champions in this program are volunteers and are not employed by Donegal School District. I consent to the Donegal School District releasing academic and attendance information to my child's assigned champion. Meetings between the student and the champion may occur during regular hours, unless a more suitable time is agreed upon by the student and the champion. However, champions are encouraged to be in contact with the student and their social support network outside of school as well. Finally, I understand that Champions for Teens program is a pilot program, and data from the program may be a part of further research to support youth that are experiencing homelessness. I also understand that any information that is disseminated as a part of the research will not include my child's name or other identifying information. However, I may withdraw my permission at any time by written notification to the principal, and my daughter/son will thereafter be withdrawn from the Champions for Teen Program. If my child withdraws, any data collected will be destroyed and not used in any assessment of the program.

Please return the form to Christina Helfrick, at the Donegal High School office. Christina can be reached at 717-395-0712 or Christina.helfrick@donegalsd.org should you have any questions.

Sincerely,

Christina Helfrick
School Social Worker /Program Coordinator

Student's Name _____ Age _____ Grade _____
Student's Phone Number _____
Home Room Teacher _____
Parent's Name(s) _____
Parent's Phone Number_____

I, the undersigned parent or guardian of the above student, do hereby consent and agree that the above-named may participate in the Donegal Champions for Teens program.

Parent/Guardian Signature_____ Date _____

Table 9A

Advocate Informed Consent

Dear Participant,

You are being asked to participate in a study conducted by Ms. Christina Helfrick, doctoral student, Millersville University and school social worker for the Donegal School District. Please read the following carefully and ask any questions before responding via email to affirm your consent. Responding to this email with "I agree", with date and time indicated on the email indicates that you understand the information provided below and agree to participate.

Title of the Study: Champions for Teens Pilot Intervention: Increasing the Social Capital of Homeless Youth

Purpose and Procedures: Champions for Teens (C4T) is a pilot program. This study will identify improvement strategies for the C4T program. Secondly, the most immediate goal of the C4Tprogram is to increase the social support of the homeless youth, and the purpose of this study is to establish whether the C4Tprogram is effective at increasing the social support of homeless youth. There is very little literature on interventions for homeless youth, and this study is an initial step in the process of intervention development.

Research Questions:

Does the C4T Program increase the social support of homeless youth?

Does the C4Tprogram create a connection between a Champion and a homeless student?

What strategies are needed to improve the C4T program?

You will be participating in a focus group interview with other advocates/champions in the C4T program. The group interview will completed by 6/10/21 by the researcher. The interview will provide the researcher your perceptions of the Champions for Teens program and how it can be improved. Interviews will be conducted via the video conferencing platform Zoom and scheduled based on the participants' availability.

Risks and Benefits: Interviews will be video and audio recorded and transcribed so that researcher can analyze and summarize them. The researcher will be the only person who has access to the data. Subject data will be assigned pseudonyms by the researchers. The pseudonyms will be used in any publications/presentations. Data will be kept on the researcher's password protected laptop.
Finally, Christina Helfrick, the researcher is also a school social worker in the Donegal School District and will not share any identifiable information or raw data from subjects with other employees of the school district or other community stakeholders. The researcher holds no supervisory or evaluator responsibilities over the participants. Results of this study will be published in my dissertation and may also be utilized for other presentations or publications.
Compensation, Refusal, and Withdrawal: Participants in this study will not receive any compensation. Your participation is voluntary and you can withdraw at any time without negative consequences.
Confidentiality: The confidentiality of recorded and transcribed data will be maintained throughout the study by the researcher. Your responses will be recorded. Your responses will be assigned a pseudonym name and will not be associated with your name or any other identifying factors. All files will be saved on password-protected laptops and transcripts will be kept in software on the Ms. Helfrick's work laptop that is also password protected. In compliance with Federal law, they will be kept for three years, at which time any recordings and documents with identifying information will be destroyed.
Age and Experience: Participants must be adult advocates in the Champions for Teens Program.

Contact: If you have any questions, comments, or concerns before, during, or after the study, please contact me and I will answer any questions and provide any additional information. I can be reached at 717-395-0712 or Christina.helfrick@donegalsd.org. Dr. Karen Rice is the chair for this dissertation. She can be reached at Karen.rice@millersville.edu or 717-871-5297. The Millersville University of Pennsylvania Institutional Review Board has approved this study. Dr. René Muñoz, Director of Sponsored Projects and Research Administration, can be contacted with any questions at either (717) 871-4457 or (717) 871-4146, or at rene.munoz@millersville.edu. The superintendent of Donegal School District has approved your participation in this study. Dr. Michael Lausch can be contacted with any questions at either (717) 492-1302 , or Michael.lausch@donegalsd.org.

Consent: I understand this information and agree to participate fully under the conditions stated above. Participant must respond to this email with "I Agree".

Table 10A

Student Informed Assent

Dear Participant,

Thank you for participation in the pilot program of Champions for Teens. At the start of the program you completed a questionnaire about your social support. This questionnaire will be given one more time at conclusion of the program in the final week of school in June 2021. You will also be asked to take a program satisfaction survey, so that you can provide input on the development of the program. At the conclusion of the program I would like to use the data collected during the program as a part of my dissertation research, as a doctoral student at Millersville University. Please read the information below, your signature at the bottom will signal your agreement.

Risks, Confidentiality, and Benefits: Agreeing to allow your data to be used for this dissertation study will cause no risk to you. Your identity will be kept completely confidential. All data (surveys) will use pseudonyms (code names), and no identifiable information will be shared. All data will be kept on my password protected computer.
Students may benefit from participation, in that they are helping to develop a program to support other students in similar situations.
In compliance with Federal law, they will be kept for three years, and documents with identifying information will be destroyed.

Compensation, Refusal, and Withdrawal: Your participation is voluntary, and you can withdraw at any time. Participants in this study will not receive any compensation.

Contact: If you have any questions, comments, or concerns before, during, or after the study, please contact me and I will answer any questions and provide any additional information. I can be reached at 717-395-0712 or Christina.helfrick@donegalsd.org. Dr. Karen Rice is the chair for this dissertation. She can be reached at Karen.rice@millersville.edu or 717-871-5297. The Millersville University of Pennsylvania Institutional Review Board has approved this study. Dr. René Muñoz, Director of Sponsored Projects and Research Administration, can be contacted with any questions at either (717) 871-4457 or (717) 871-4146, or at rene.munoz@millersville.edu. The superintendent of Donegal School District has approved your participation in

this study. Dr. Michael Lausch can be contacted with any questions at either (717) 492-1302 , or Michael.lausch@donegalsd.org.

Consent: I understand that I am being asked that the results of the surveys (data) I took during the Champions for Teens program will be used as a part of the dissertation research of Christina Helfrick, doctoral student from Millersville University. I agree to participate fully under the conditions stated above.

_____

Signature and Date

Table 11A

Parent Informed Consent

Dear Participant,

Thank you for allowing your child to participate in the pilot program of Champions for Teens. At the start of the program students completed a questionnaire about their social support. This questionnaire will be given one more time at conclusion of the program in the final week of school in June 2021. Students will also be asked to take a program satisfaction survey, so that you can provide input on the development of the program. At the conclusion of the program I would like to use the data collected during the program as a part of my dissertation research, as a doctoral student at Millersville University. Please read the information below, your signature at the bottom will signal your agreement.

Risks, Confidentiality, and Benefits: Agreeing to allow your data to be used for this dissertation study will cause no risk to you or your child. Your child's identity will be kept completely confidential. All data (surveys) will use pseudonyms (code names), and no identifiable information will be shared. All data will be kept on my password protected computer.
Students may benefit from participation, in that they are helping to develop a program to support other students in similar situations.
In compliance with Federal law, they will be kept for three years, and documents with identifying information will be destroyed.

Compensation, Refusal, and Withdrawal: Your student's participation is voluntary, and can withdraw at any time. Participants will not receive any compensation.

Contact: If you have any questions, comments, or concerns before, during, or after the study, please contact me and I will answer any questions and provide any additional information. I can be reached at 717-395-0712 or Christina.helfrick@donegalsd.org. Dr. Karen Rice is the chair for this dissertation. She can be reached at Karen.rice@millersville.edu or 717-871-5297. The Millersville University of Pennsylvania Institutional Review Board has approved this study. Dr. René Muñoz, Director of Sponsored Projects and Research Administration, can be contacted with any questions at either (717) 871-4457 or (717) 871-4146, or at rene.munoz@millersville.edu. The superintendent of Donegal School District has approved your participation in this study. Dr. Michael Lausch can be contacted with any questions at either (717) 492-1302 , or Michael.lausch@donegalsd.org.

Consent: I understand that I am being asked that the results of the surveys (data) my child took during the Champions for Teens program will be used as a part of the dissertation research of Christina Helfrick, doctoral student from Millersville University. I agree to participate fully under the conditions stated above.

_____

Signature and Date