



Using Social Capital in Human Services Programs: Overview of Recent ASPE Work and Findings

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**U.S. DEPARTMENT OF
HEALTH AND HUMAN
SERVICES**

Office of the Assistant
Secretary for
Planning and Evaluation

How does ASPE define Social Capital?

- Connections, networks, or **relationships among people and the value that arises from them** that can be accessed or mobilized to help individuals succeed in life
- Produces information, emotional and financial support, and other resources
- ASPE focus on individual-level social capital (vs. organizational or community level)
- Could be with:
 - people like us (“bonding”);
 - people different from us (“bridging”); or
 - institutions/individuals in positions of power (“linking”)

Scan of Human Services Programs

- Programs don't typically use the term "social capital"
- Programs build and leverage social capital in different ways that can be hard to categorize
- Mentoring and peer-to-peer supports are among the most common social capital strategies
- Social capital is most often one piece of a larger intervention
- Evidence base was very strong for a few programs, but social capital component is rarely evaluated separately



**The Value of Relationships:
Improving Human Services Participant
Outcomes through Social Capital**

September 2020



SCHOOL OF GOVERNMENT
ncIMPACT Initiative



The Value of Relationships: Improving Social Services Participant Outcomes Through Social Capital

September 2020

ASPE, RTI International

UNC-Chapel Hill/ncIMPACT Initiative



1. Include qualified individuals with similar experiences as participants, or qualified alumni, in programming and staffing



2. Use data to build organizational capacity in social capital decision-making and evaluation



3. Create the space and opportunity for organic connections to happen

4. Use peer groups, including cohorts, to engage participants





5. Emphasize accountability



6. Engage with participants meaningfully through time and/or intensity



7. Build and leverage social capital among organizations to foster individual-level social capital

8. Use technology to build individual social capital



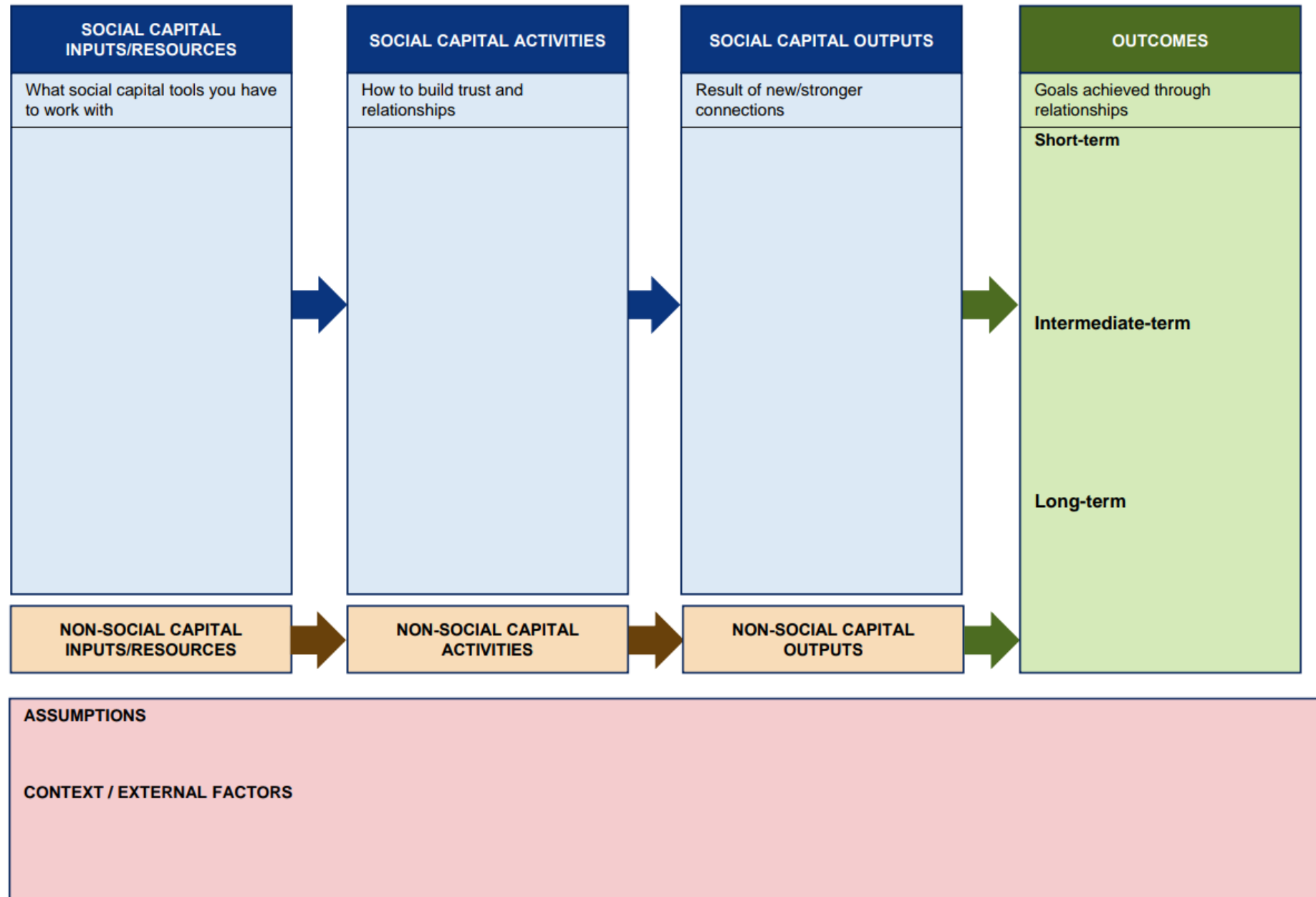
Measuring Social Capital

Measuring Social Capital

- No one agreed-upon best method or any single question captures all aspects
- Common types of measures:
 - Has someone to turn to in emergency
 - Has someone in their lives they deeply trust
 - Level of community and civic engagement
- Social capital measurement example:
 - Currently, in your life, are there responsible adults or mentors who pay attention to what's going on in your life?

- Key considerations include:
 - Positive versus negative social capital
 - How and when to measure
 - Unintended consequences

Consider using a social capital logic model





Available and Upcoming Tools

Select Dissemination Tools

Complete

- [Toolkit](#) for program managers on emerging practices
- [Webinar](#) and [brief](#) on measuring and evaluating social capital in programs
- Social capital logic model [tool](#)
- [Podcasts](#) on select emerging practices
- Social capital considerations during COVID-19 [memo](#)
- [Case studies](#)
- [Virtual training series](#) on social capital for incarcerated/reentering populations

Upcoming

- Peer supports strategies for reentering individuals and survivors of domestic violence and trafficking

Please be in touch about how ASPE can support your work!

<https://aspe.hhs.gov/social-capital>

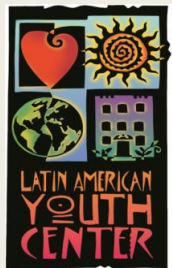
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PROMOTOR PATHWAY®

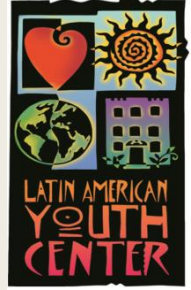
Making Connections for Youth



LAYC's Promotores reconnect disconnected and disengaged youth to services that enable them to succeed academically, obtain long-term employment, and to live healthy and productive lives.



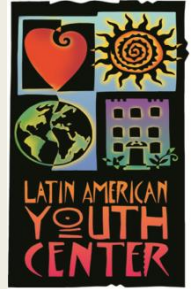
Presented by:
Shayna Scholnick, LICSW
Latin American Youth Center



About the Latin American Youth Center (LAYC)



- ❖ Multi-service organization serving the DC region for over 50 years
- ❖ Focus on positive youth development
- ❖ Service areas include:
 - ❖ Educational Enhancement
 - ❖ Workforce
 - ❖ Housing
 - ❖ Mental Health and Substance Abuse Treatment
 - ❖ Intensive Case Management
- ❖ Founded 4 Charter Schools
- ❖ Serving DC, Prince George's County, and Montgomery County Maryland



Developing the Promotor Pathway®

There are an estimated 9,000 low income *disconnected* youth in the DC area, lacking a high school credential, stable employment, and facing multiple obstacles in their transition to adulthood.

In 2007, LAYC began to explore and research the best way to serve these high need youth in a lasting and impactful way.

We discovered a common thread; **a lasting relationship with a caring adult.**

"I can go to Jasmin with anything. I trust her completely to help me with whatever I need"

-Current LAYC youth, age 14

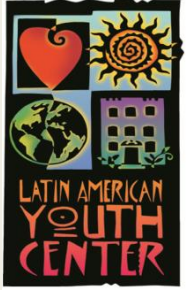
"I would be on the streets if it wasn't for Pibe at the LAYC"

- Former LAYC youth, age 24



"The LAYC is a place where people can find someone like themselves who can inspire them to make something of themselves"

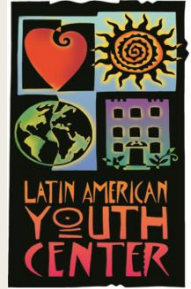
-Current LAYC youth, age 19



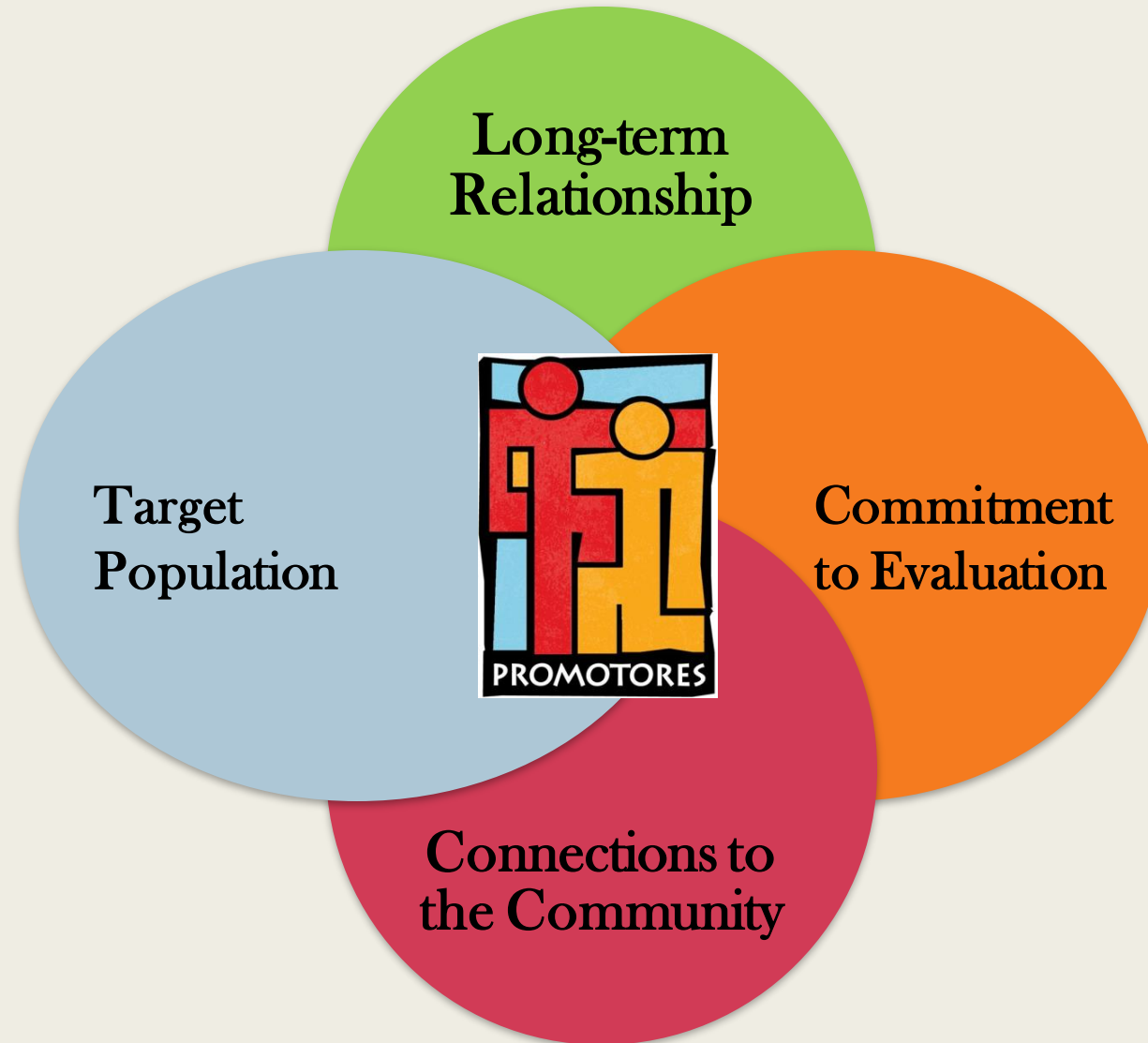
Our Youth

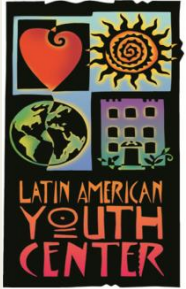


https://www.youtube.com/watch?v=5BSR_YLJT8w



Key Components of the Promotor Pathway®

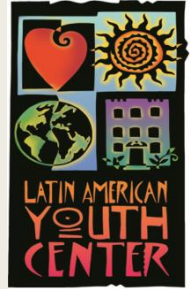




Target Population

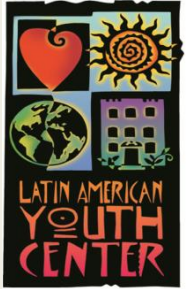
Approximately 30 Yes or No questions, allow for a brief and minimally invasive tool to identify youth facing a multiplicity of challenges

	<u>Yes</u>	<u>No</u>
2. Have you skipped school or classes on purpose more than three times during the past month?		
4. Have you ever been asked to leave the classroom, or been sent to the office/administrator because of a behavior issue?		
10. Do you regularly sleep at the same home?		
11. In the past month (30 days), have you had to sleep outside of a traditional home environment (this includes in a motel, in a car, outside, in a shelter, or on another person's couch) on any night?		
12. Do you live with additional or multiple families (other than your immediate family)		
13. Have you ever been in the foster care system? (Lived with a foster family, lived in a group home?)		
14. Do you have some form of government or official identification? (ID card? Driver's license? Birth certificate?)		
15. Do you have health insurance?		
16. Do you have a chronic illness or health condition that requires daily medication or regular treatment?		
17. Have you been in any kind of physical fight or harmed during the last year?		
18. Have you witnessed any violence in your home (where you live or stay) in the last year?		
29. Have any of your family members or close friends been arrested in the past two years?		



Long-term Relationship





Long-term Relationship

Promotores work intentionally and deliberately to build relationships designed to transform a young person's life.

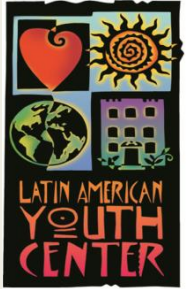
Mentoring



Case Management

Mentoring: When a youth is still struggling to identify changes that need to be made in their behavior, a Promotor can focus on building a relationship with the youth and establishing trust. Through the relationship, the youth may be able to identify goals and a desire to change, opening the door to case management.

Case Management: Once a youth is able to identify goals and tasks that need to be completed, the Promotor can focus on accessing resources and making connections for the youth.



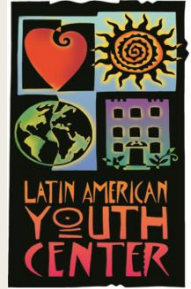
Connections to the Community

- Promotores are **experienced youth workers** with various educational backgrounds, but all with **extensive knowledge** of community resources.
- **Match the diversity of our youth:**
 - *former youth participants*
 - *Bilingual*
 - *Male & Female*
 - *Racially and Ethnically diverse*
- Complete intensive initial and ongoing **training** on best practices (approx 30 hrs per year)
- Maintain a **max ratio of 1:25** to ensure quality services for youth

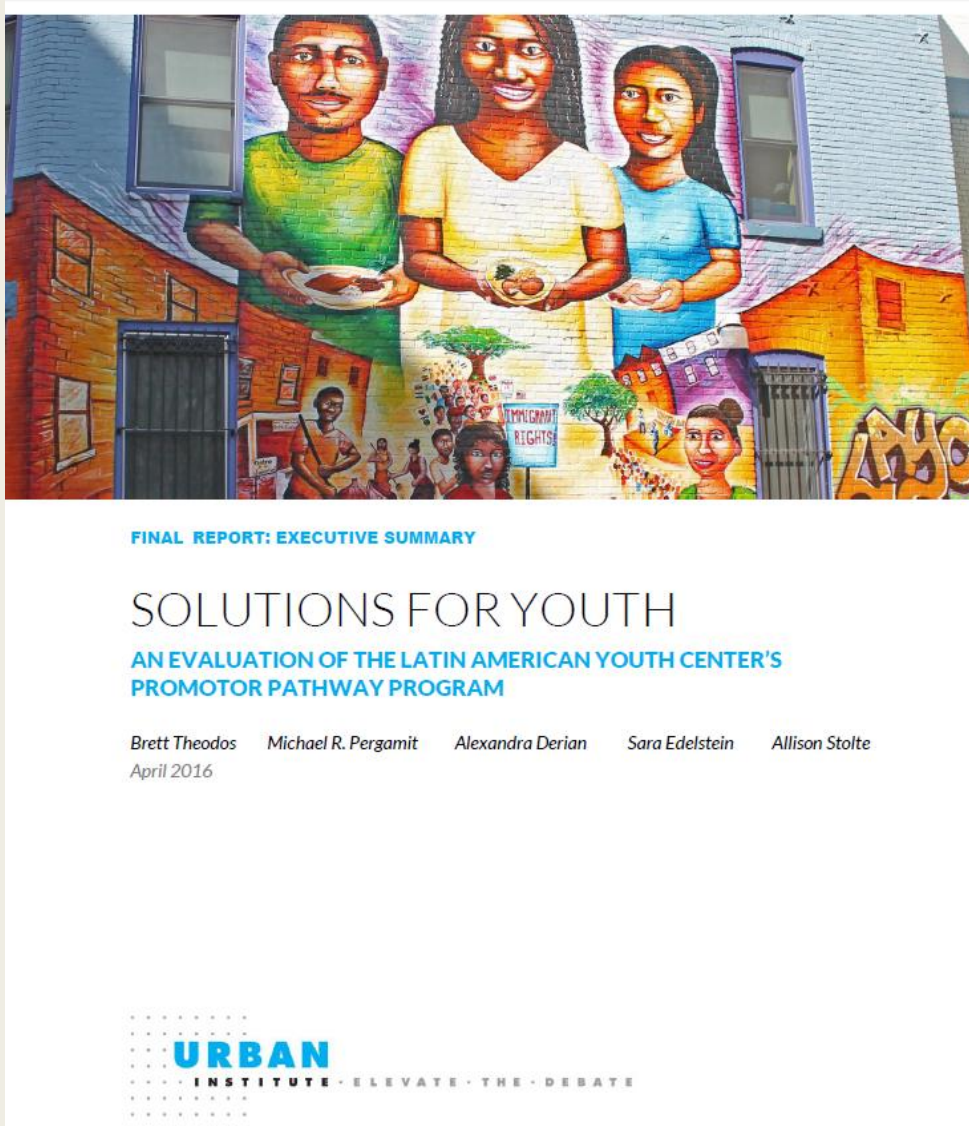


“I’ve Got Connections”



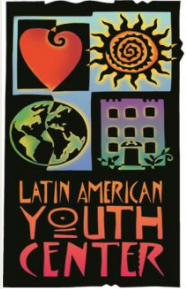


Commitment to Evaluation



LAYC is committed to conducting research and evaluating the impact of the Promotor Pathway®

- Urban Institute completed Randomized Control Trial study
- Ongoing outcomes tracking using our Structured Case Notes System in ETO
- Phase II of RCT in progress
Follow-up on randomized cohort to gather long-term data, 36-48 months post-baseline
Assess lasting impacts into adulthood



Commitment to Evaluation

IMPACT RESULTS

After 18 months, Treatment youth were:



33% more likely to be Engaged in School

After 18 months, **39%** of the control group was enrolled in school, a decline in 7% school enrollment from baseline measurements. At 18 months, **52%** of the treatment group was enrolled in-school, an increase in **4%** from baseline.



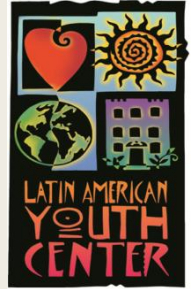
33% less likely to have a child

In the last year of the study, the control group experienced **48 births** compared to **18 births** in the treatment group. The treatment group was **33%** less likely to have a child.



60% less likely to have slept in a shelter or on the streets

At 18 months, **23** youth in the control group slept in a shelter in the past six months compared to **5** youth in the treatment group. The treatment group was **60%** less likely to have slept in a shelter in the past six months.



Commitment to Evaluation

Sample Structured Case Note: Ability to Access Community Resources

<u>Value</u>	<u>Short Name</u>	<u>Description</u>
10	Very Poor	The individual does NOT have the knowledge or the skill to access community resources pertaining to health care, legal services, and government benefits.
20	Poor	The individual has the knowledge but NOT the skill to access community resources pertaining to health care, legal services, and government benefits.
30	Average	The individual has the knowledge and skill to access at least ONE community resource pertaining to health care, legal services, and government benefits.
40	Good	The individual has the knowledge and the skill to access TWO or THREE community resources pertaining to health care, legal services, and government benefits.
50	Excellent	The individual has the knowledge and the skill to access ANY community resources pertaining to health care, legal services, and government benefits.



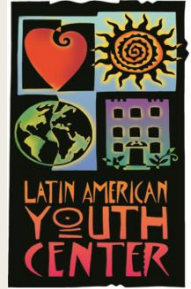
Long-term Goals

We support youth in making a successful transition to adulthood. We focus on long-term goals including:

- High School/GED Completion
- Post-secondary enrollment
- Vocational/ Technical Training Completion
- Employment Placement and Retention
- Healthy Behaviors



Success is defined as youth achievement of stability, connectedness, and self-agency

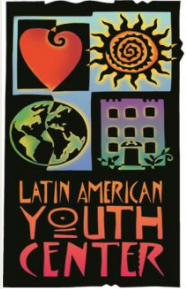


Expansion of In-School Promotores

Partnerships in Prince George's County and DC Public Schools currently support the placement of Promotores in area high schools with the capacity to serve students to and through graduation.

Promotores work to improve attendance, prevent drop out, and increase school engagement for some of our areas most vulnerable youth.





Promotor Pathway® National Network

With a strong evidence of success, the Promotor Pathway® is prepared to replicate the model in new cities and regions across the country.

1. Growth Strategy

- Identify High Populations of Disconnected and Homeless Youth
- Seek Strong Community Based Organizations
- Joint Funding Opportunities

2. Network Design

- Community Based Organizations manage implementation of the model with guidance and support from National Office
- Provide Data and Results to National Office

3. The Role of National

- Menu of Services and Training
- Ongoing Technical Assistance
- Data Analysis and Performance Management
- Ensure Quality and Fidelity to the Model



WHAT DO THE YOUTH THINK?



“THE PROMOTOR PATHWAY HELPED ME
MANAGE ALL OF THE OTHER CHALLENGES
GOING ON IN MY LIFE SO THAT I COULD
FOCUS ON SCHOOL AND BE WHERE I AM
TODAY. MY FUTURE IS BRIGHT.
I PLAN TO MAJOR IN BIOLOGY AND MY GOAL IS
TO BE A SURGEON.”
– RUTH, 2020 HIGH SCHOOL GRADUATE



To learn more about the Promotor
Pathway and hear more stories visit
our website:

<https://www.layc-dc.org/what-we-do/promotor-pathway-model/>

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