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Family Services Advocate (Lancaster) Program Evaluation,

2019-2020

Dr. Carrie L. Smith

Carrie.Smith@millersville.edu

McComsey Hall 231

717-871-7478

Center for Public Scholarship and Social Change

Huntingdon House

8 S. George Street

P.O. Box 1002

Millersville, PA 17551-0302

Millersville University

717-872-3049

<http://www.millersville.edu/ccerp/research.php>

INTRODUCTION

In this report, we provide a program evaluation of the effectiveness of Lancaster County's Family Services Advocate (FSA) program. Currently, the FSA program consists of one full-time paid staff member, who is housed at Compass Mark. The FSA is jointly funded by the Lancaster County Prison and a Human Services Block Grant (HSBG). Funds are set aside from the category of Human Services Development Fund (HSDF) within HSBG to support the FSA program. In addition to the HSBG, the Lancaster County Prison Store Fund also provides funding for the FSA program. A key job responsibility of the FSA, among others, is to provide access to needed services for children whose parents are presently incarcerated. For this program evaluation, we examine two aspects of the program: contact with clients and ability to provide clients with access to needed services. This program evaluation covers the fiscal year 2019–2020, which runs from July 1 through June 30.

This report consists of four main sections. First, we report on the demographics of all clients referred to the program. While the FSA program is unable to establish contact with all client referrals, it is important to keep track of referral demographics. Currently, we lack an accurate county-wide picture of children whose parents are presently incarcerated, as well as their backgrounds and needs. Collecting the demographics of all clients referred to the program helps provide some sense of the larger county-wide picture. Second, we report on the demographics of all clients for whom intake was conducted. Third, we focus specifically on clients for whom intake was conducted and for whom there was a 90-days follow up. Here, we track the effectiveness of the FSA program over the 90-days period to assess whether the clients' needs were met. Finally, we close this report with recommendations and suggestions for improving data collection procedures, as well as the program itself.

DEMOGRAPHICS OF CLIENTS REFERRED TO THE PROGRAM

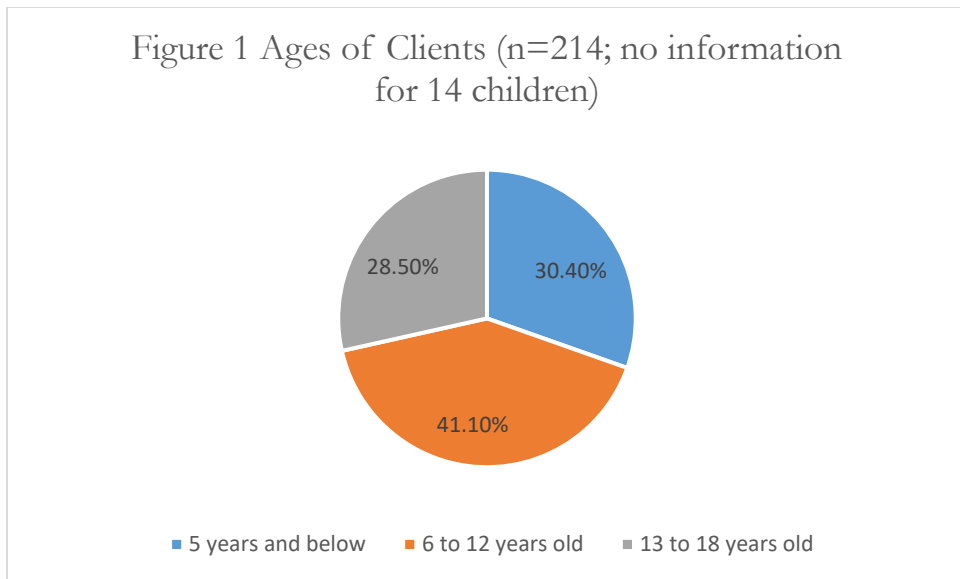
In this section, we provide a detailed look at the backgrounds and demographic information for all clients referred to the program. For fiscal year 2019–2020, 228 children were referred to the program.

Clients' Age

We did not have information on the child's age for 14 children. Of the remaining 214 children, 65 (30.4%) were five years old and younger. Eighty-eight (41.1%) were between six and 12 years old, while the remaining 61 (28.5%) were between 13 and 18 years old (see Table 1 and Figure 1 on the next page).

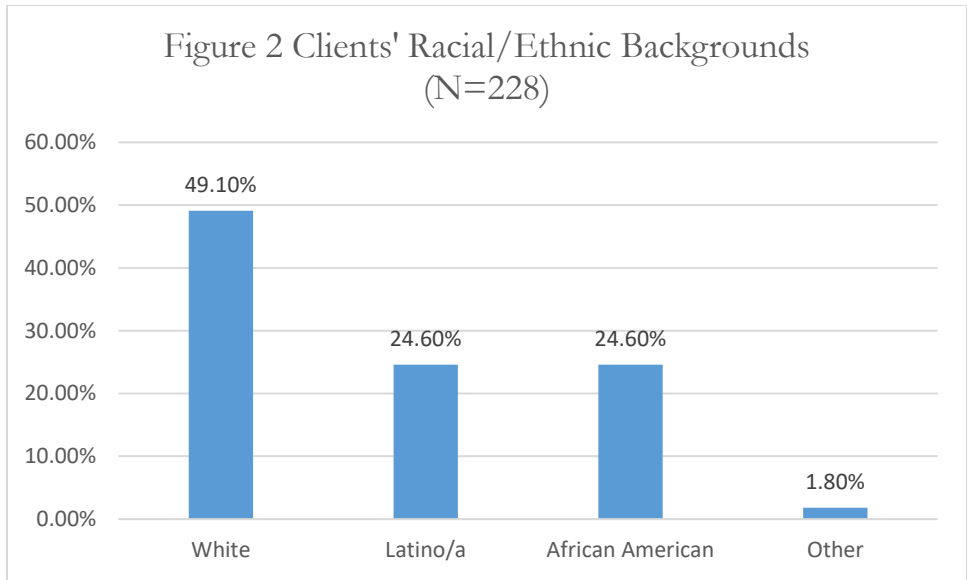
Table 1 Age of Children (N=214; information not available for 14 children)

Age Range	Number of Children (percentage in parentheses)	
5 years old and below	65	(30.4%)
6 to 12 years old	88	(41.1%)
13 to 18 years old	61	(28.5%)
	214	(100%)



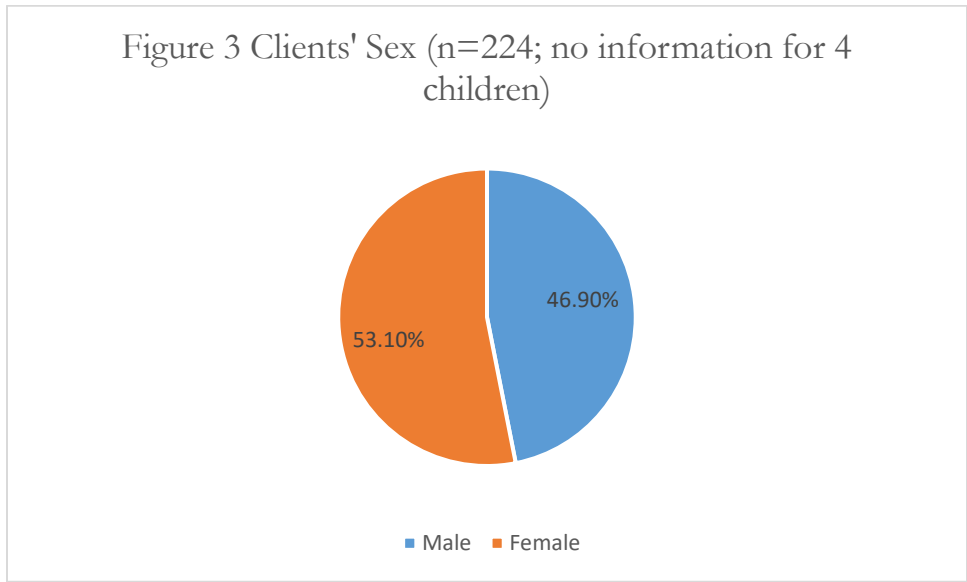
Clients’ Racial and Ethnic Backgrounds

Out of the 228 children referred to the program, 112 (49.1%) were white, 56 (24.6%) were Latino/a, and 56 (24.6%) were African American. The remaining four (1.8%) children were of “other” racial and ethnic background (see Figure 2 on the next page).



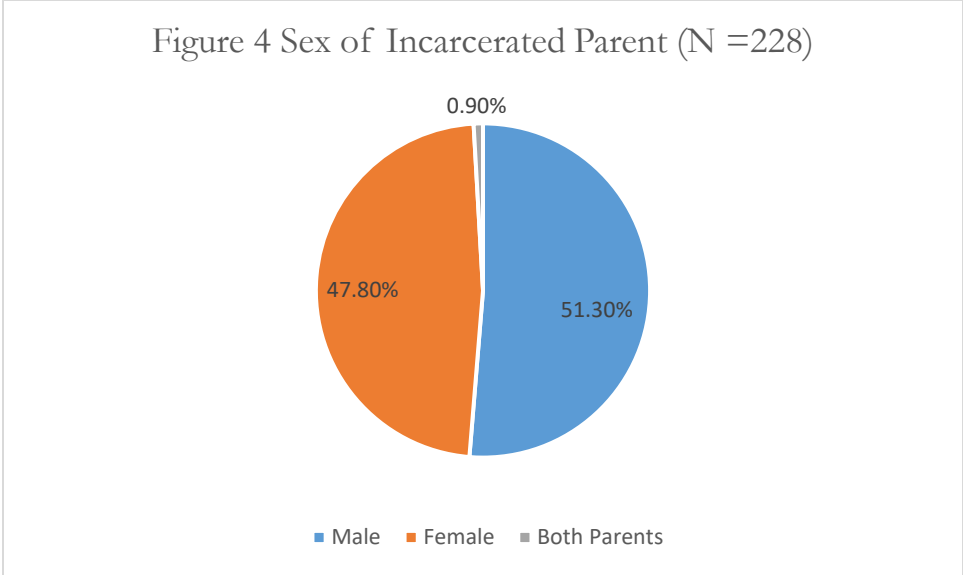
Clients' Sex

For 2019–2020, we did not have gender information for four children. Of the remaining 224 children, 105 (46.9%) of the children were male and 119 (53.1%) were female (see Figure 3).



Sex of Incarcerated Parent

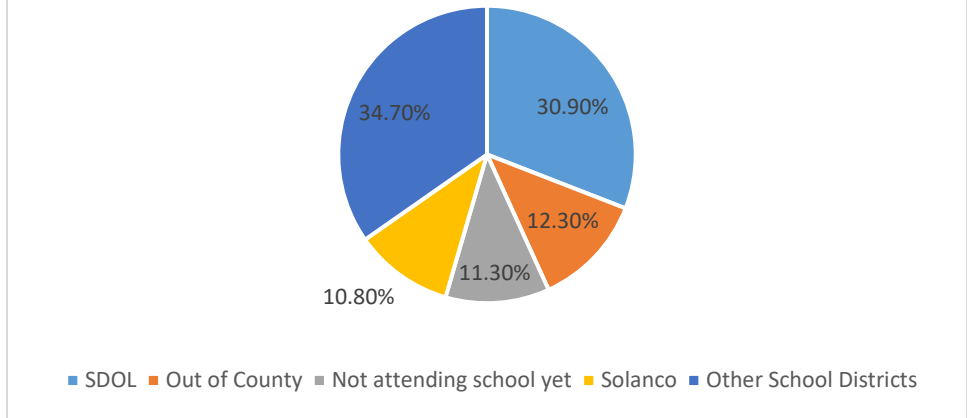
For the sex of the incarcerated parent, out of the 228 clients, 117 (51.3%) of the children's fathers were incarcerated, 109 (47.8%) of the children's mothers were incarcerated, and 2 (0.9%) children had both parents incarcerated (see Figure 4 on the next page).



Clients’ Residence and Location

Of the 228 children referred to the program, we did not have information for 24 of them. Of the remaining 204 children, 63 (30.9%) were from the School District of Lancaster, 22 (10.8%) were from the Solanco School District, and 23 (11.3%) children were not yet attending school. Children also attended the following school districts: Cocalico, Columbia Borough, Conestoga Valley, Donegal, Eastern Lancaster County, Elizabethtown Area, Ephrata, Hempfield, Lampeter-Strasburg, Manheim Central, Manheim Township, Penn Manor, Pequea Valley, Warwick, and New Providence School District. Of note, 25 (12.3%) children were attending school outside of the county, but their parent(s) were incarcerated in Lancaster County. As with the previous program evaluations, while a large percentage of the children were from the School District of Lancaster, the phenomenon of children with an incarcerated parent is by no means a “Lancaster City problem.” Children with an incarcerated parent lived and attended schools across the county (see Figure 5 on the next page).

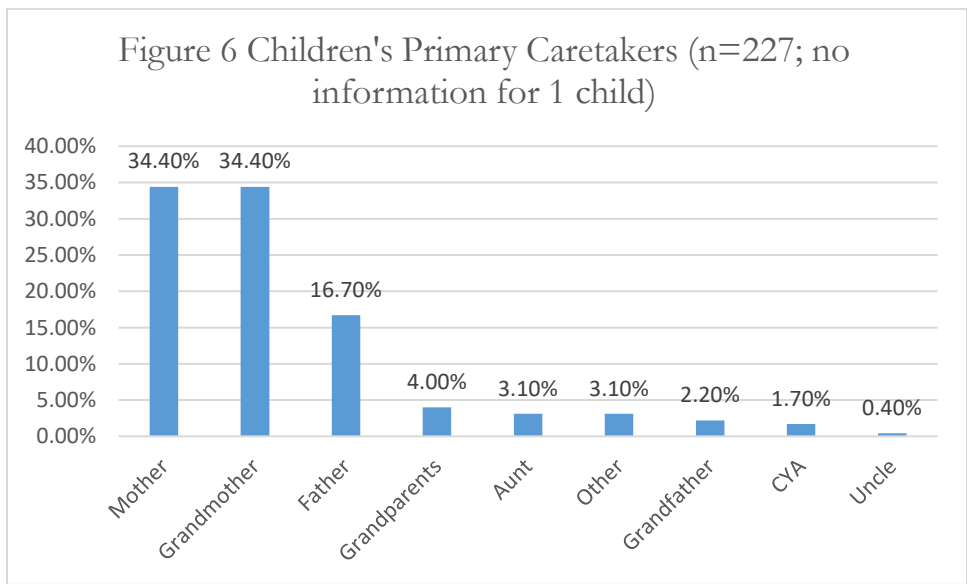
Figure 5 Children's School Districts and Residences
(n=204; no information for 24 children)



Primary Caretakers

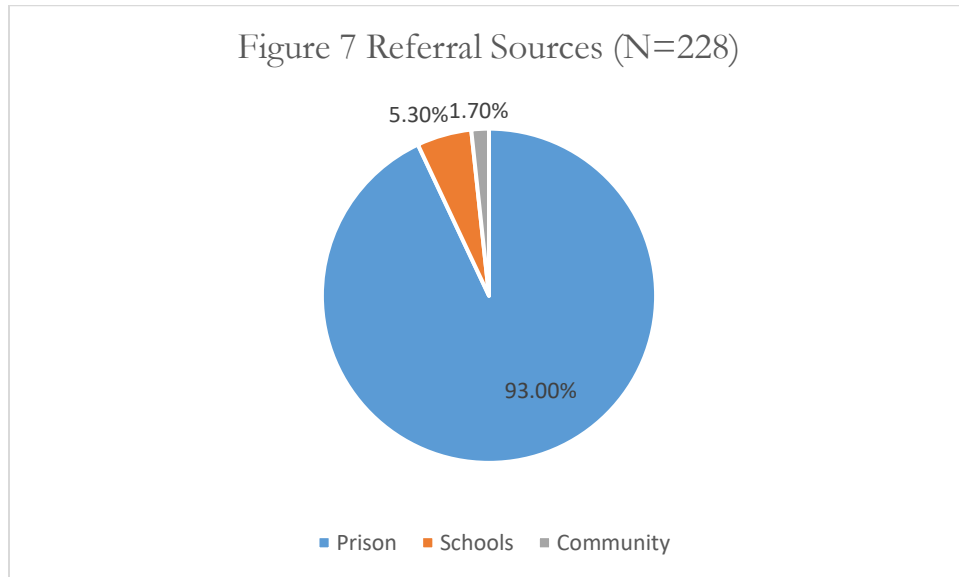
Mothers and grandmothers were the largest category of primary caregivers for the children referred to this program (78; 34.4% in each category respectively). 38 (16.7%) of the children had their father as their primary caregiver. Other primary caregivers also included aunts, grandparents, and grandfathers (see Figure 6 below). We did not have information on one child's primary caretaker. It should be noted that the majority of primary caregivers are women – mothers, grandmothers, and aunts make up 71.9% of the primary caregivers for this group of children. While fathers and grandfathers are serving as primary caregivers, the impact of incarceration remains gendered as women are more likely to shoulder the primary responsibility of child rearing.

Figure 6 Children's Primary Caretakers (n=227; no information for 1 child)



Program's Referral Sources

For 2019-2020, most of the referrals were made through the FSA's visits to the county prison (212; 93.0%). Twelve (5.3%) referrals were made through the schools, while 4 (1.8%) referrals were made through the community and community organizations (see Figure 7 below).



DEMOGRAPHICS OF CLIENTS FOR WHOM INTAKE WAS CONDUCTED

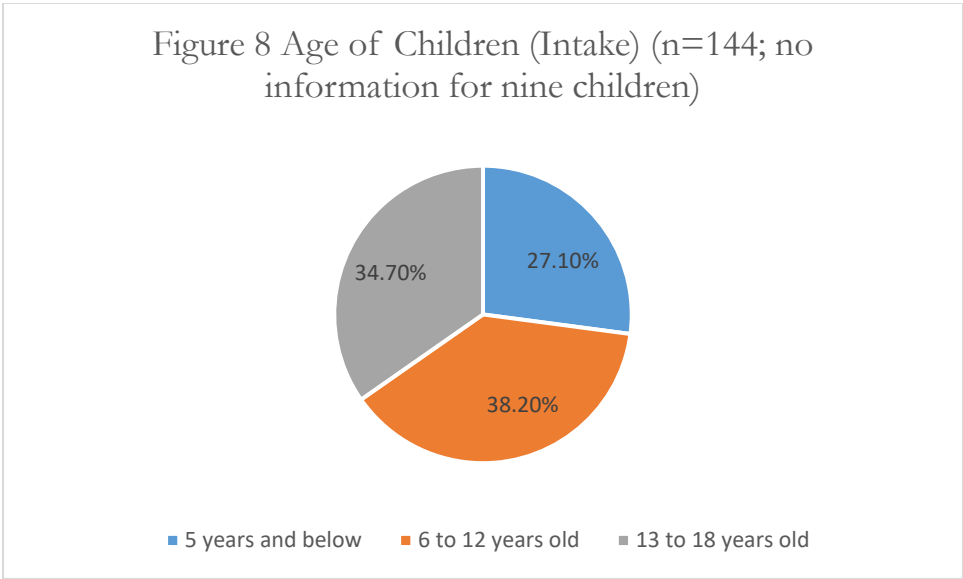
In this section, we provide a detailed look at the backgrounds and demographic information for the clients for whom intake and case management was conducted. It can be difficult to reach clients, and the FSA works diligently to do so. For each referral, the FSA makes three attempts to establish contact. For fiscal year 2019-2020, contact was established, and intake and case management conducted, for 153 (67.1%) of the original 228 clients referred to the program.

Clients' Age

Of these 153 children, we did not have age information for nine children. Of the remaining 144 children, 39 (27.1%) were five years old and younger. Fifty-five (38.2%) were between six and 12 years old, while the remaining 50 (34.7%) were between 13 and 18 years old (see Table 2 and Figure 8 on the next page).

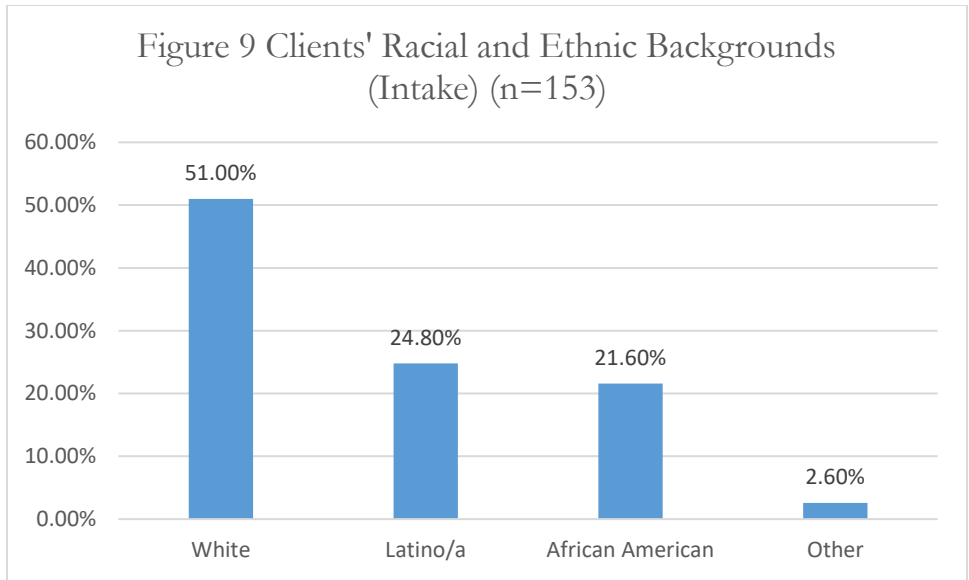
Table 2 Age of Children (n=144; no information for nine children)

Age Range	Number of Children (percentage in parentheses)	
5 years old and below	39	(27.1%)
6 to 12 years old	55	(38.2%)
13 to 18 years old	50	(34.7%)
	144	(100%)



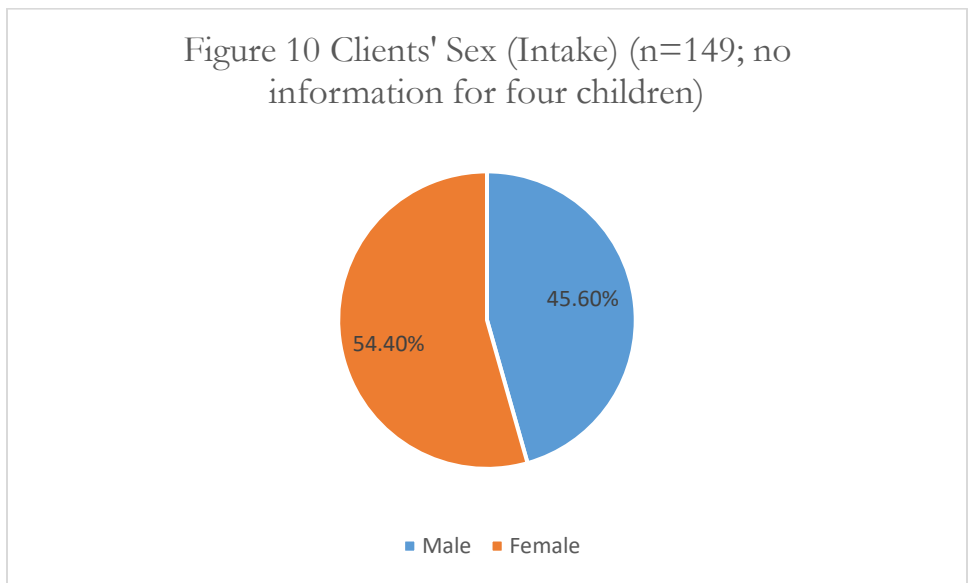
Clients’ Racial and Ethnic Backgrounds

Out of the 153 children for whom intake and case management were conducted, 78 (51.0%) were white, 38 (24.8%) were Latino/a, and 33 (21.6%) were African American. The remaining four (2.6%) children were of “other” racial and ethnic background (see Figure 9 on the next page).



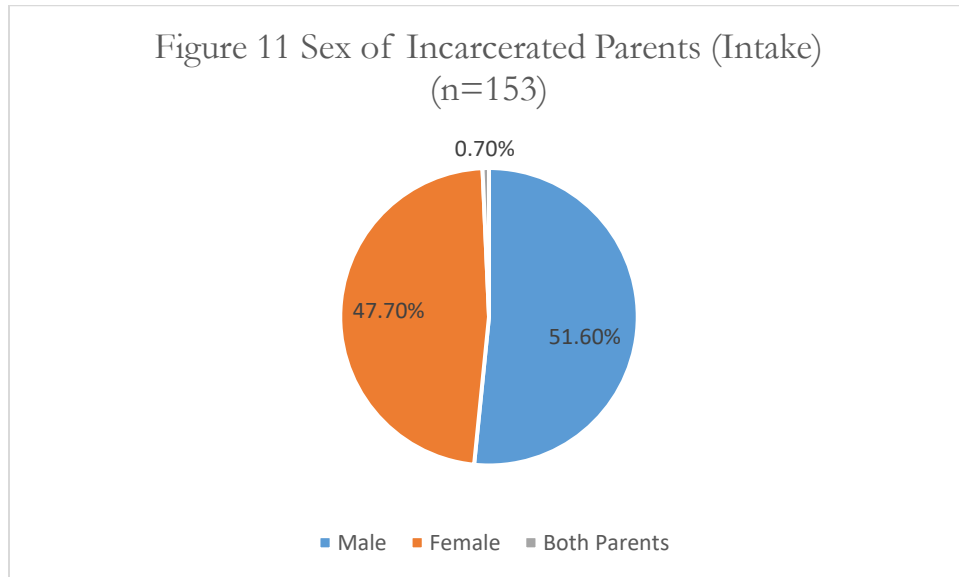
Clients' Sex

Of the 153 children in the intake group, we did not have sex information for four children. Of the remaining 149 children, 68 (45.6%) of the children were male and 81 (54.4%) were female (see Figure 10 below).



Sex of Incarcerated Parent

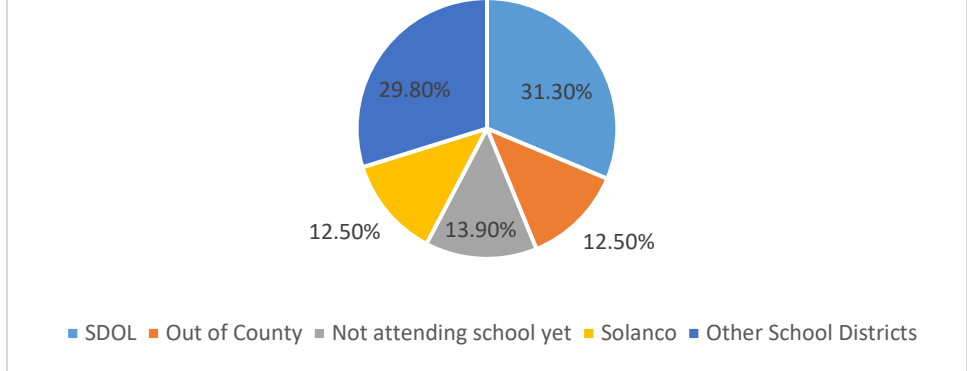
For the sex of the incarcerated parent, 79 (51.6%) of the children’s fathers were incarcerated, 73 (47.7%) of the children’s mothers were incarcerated, and one (0.7%) child had both parents incarcerated (see Figure 11 below).



Clients’ Residence and Location

We did not have information for nine children’s residence and location. Of the remaining 144 children in the intake group, 45 (31.3%) were from the School District of Lancaster, 20 (13.9%) were not yet attending school, 18 (12.5%) were from the Solanco School District, and 18 (12.5%) lived outside the county. Children also attended the following school districts: Columbia Borough, Conestoga Valley, Donegal, Eastern Lancaster County, Elizabethtown, Ephrata, Manheim Central, Manheim Township, Penn Manor, Pequea Valley, and New Providence. As with the referral group, while a large percentage of the children were from the School District of Lancaster, the phenomenon of children with an incarcerated parent is by no means a “Lancaster City problem.” Children with an incarcerated parent lived and attended schools across the county (see Figure 12 on the next page).

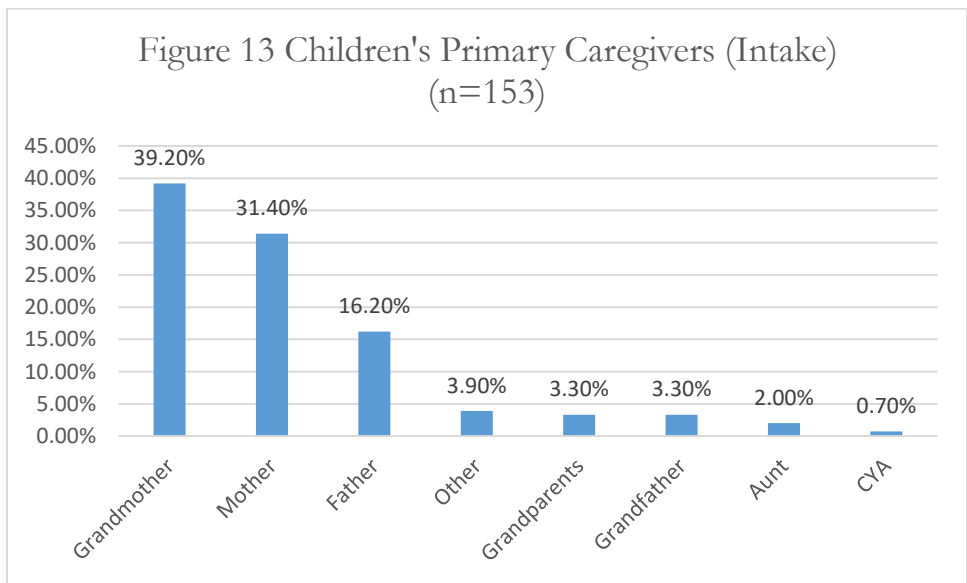
Figure 12 Children's School Districts and Residences (Intake) (n=144; no information for nine children)



Primary Caretakers

Grandmothers were the largest category of primary caregivers for the children in the intake group (60; 39.2%), while mothers were the second largest category (48; 31.4%). The third largest category of primary caregivers were fathers (25; 16.3%) (see Figure 13 below).

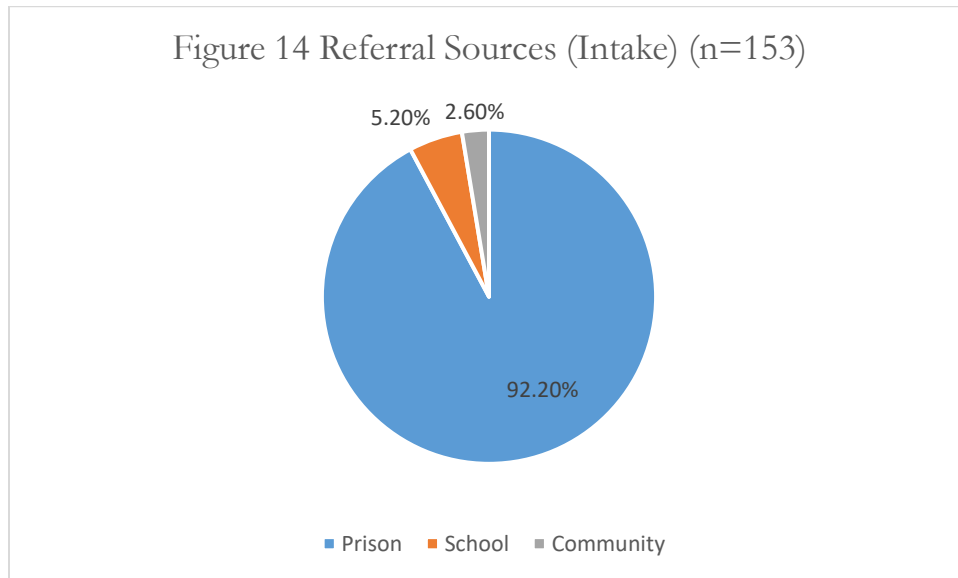
Figure 13 Children's Primary Caregivers (Intake) (n=153)



Program's Referral Sources

Finally, in terms of referral sources, the majority of the children in the intake group were referred through the FSA's visits to the prison (141; 92.2%). Eight (5.2%) of the children were

referred through the schools, while four (2.6%) were referred through the community and community organizations (see Figure 14 below).



Comparisons Between All Referrals and Clients for Whom Intake Was Conducted

Generally, the demographics for all referrals and the intake group matched up consistently. Here, we highlight three demographic factors that diverged for the two groups: the ages of the children, and their racial/ethnic backgrounds.

For all referrals, 30.4% of the children were five years old and younger, 41.1% were six to 12 years old, and 28.5% were 13 to 18 years old. For the intake group, a higher percentage of children ages 13 to 18 years old were served, compared to all referrals. By contrast, a lower percentage of children five years old and younger, as well as those ages 6 to 12 years old, had intake conducted compared to all referrals (see Table 3 below).

Table 3 **Ages of Children – Comparing All Referrals to Intake Group**

Age Range	All Referrals	Intake	Differential
5 years old and below	30.4%	27.1%	-
6 to 12 years old	41.1%	38.2%	-
13 to 18 years old	28.5%	34.7%	+

The second discrepancy occurred in the demographic of the children’s race/ethnicity. For all referrals, 49.1% of the children were White, 24.6% Latino/a, 24.60% African American, and 1.80% Other. In contrast, higher percentages of children in the intake group were White (51.0%) and lower percentages of children were African American (21.6%) (see Table 4 below).

Table 4 Children’s Race/Ethnicity – Comparing All Referrals to Intake Group

Race/Ethnicity	All Referrals	Intake	Differential
White	49.1%	51.0%	+
Latino/a	24.6%	24.8%	Stayed about the same
African American	24.6%	21.6%	-
Other	1.8%	2.6%	+

Finally, the third discrepancy occurred when comparing the children’s primary caretakers. The percentages for all referrals and the intake group were comparable for all categories, except the two most common. For both groups, the two common types of primary caretakers were mothers and grandmothers. However, while grandmothers made up 34.4% of primary caretakers for all referrals, they made up 39.2% of the intake group. In contrast, mothers made up 34.4% of all referrals, but 31.4% of the intake group (see Table 5 below).

Table 5 Children’s Primary Caretakers – Comparing All Referrals to Intake Group

Primary Caretaker	All Referrals	Intake	Differential
Mothers	34.4%	31.4%	-
Grandmothers	34.4%	39.2%	+

EFFECTIVENESS OF FSA PROGRAM IN MEETING CLIENTS’ NEEDS

Clients’ Needs at Intake

One of the main responsibilities of the FSA program is to help children and their primary caregivers access the services they need. To that end, we measure several services that children with incarcerated parents might require. Table 6 (next page) focuses on the intake group of 140 clients and the identified services that they reported needing help accessing.

Table 6 **Children’s Needs Assessments at Intake (2019–2020) (n=140)**

Need	Number of Children Whose Caregivers Requested Access to Service (percentages in parentheses)	
Access to incarcerated parent	63	(41.2%)
Establishment of legal guardianship	52	(34.0%)
Access to advocacy in a school setting	30	(27.3%)
Access to support through CYA	38	(24.8%)
Access to therapy	35	(22.9%)
Access to cash assistance	32	(20.9%)
Access to health insurance	28	(18.3%)
Access to food stamps	17	(11.1%)
Access to parenting classes	11	(7.2%)
Access to primary care physician	10	(6.5%)
Access to food	9	(5.9%)
Access to stable housing	9	(5.9%)
Access to clothing	4	(2.6%)
Access to domestic violence services	2	(1.3%)
Access to WIC	0	(0.0%)

More than one service requested	16	(10.5%)

Not surprisingly, a large percentage of children in the intake group requested help accessing their incarcerated parent (63; 41.2%) and establishing legal guardianship (52; 34.0%). About a quarter of the children requested help accessing advocacy in a school setting (30; 27.3%) and support through CYA (38; 24.8%). About a fifth of the children requested help accessing therapy (35; 22.9%), cash assistance (32; 20.9%), and health insurance (28; 18.3%). Notably, about a tenth of the children requested help accessing food stamps (17; 11.1%).

Compared to the previous years, we saw increased percentages for help requests in several areas – notably in advocacy in a school setting (which was not assessed during the previous year),

support through CYA (from 5.4% last year to 24.8% this year), and establishment of legal guardianship (from 23.1% last year to 34.0% this year). Conversely, we saw decreased percentages for help requests in the areas of access to incarcerated parent (from 73.2% to 41.2%), food stamps (from 51.8% to 11.1%), clothing (from 37.5% to 2.6%), food (from 32.1% to 5.9%), health insurance (from 26.8% to 18.3%), cash assistance (from 26.8% to 20.9%), stable housing (from 26.8% to 5.9%), and WIC (from 26.8% to 0.0%).

For this fiscal year, 10.5% of children in the intake group identified assistance accessing multiple needs. By contrast, in our last program report, 81.8% of children in the intake group did so. This is a very large percentage decrease, and it would be worthwhile to us to monitor this data point.

In last year's report, we noted that there was a high level of need for basic subsistence needs, specifically for food security – as indicated by the percentages of children needing access to food stamps, food, and WIC. This year, emotional and mental health cares, along with family relationships, were most frequently requested – staying connected to the incarcerated parent, establishing legal guardianship, advocacy in a school setting, support through CYA, and therapy. The impact of incarceration is widespread and creates immense instability in a child's life. It is not surprising that amid this instability, children require help with their emotional and mental health, and maintaining their family relationships and interactions.

Clients' Needs at 90 Days Follow Up

In assessing the program's effectiveness, we focus on the 140 children for whom an intake was conducted, as well as a 90-days follow-up. Our evaluation of the program's effectiveness focuses on the percentage of children whose need for assistance declined at 90-days' assessment. **If the program is effective, the percentage of children who need assistance will be lower at 90 days.** By this indicator, the program has been **highly effective in meeting the needs of the children, as the percentage of children needing assistance in every area decreased at 90 days (see Table 7 on the next page).**

Table 7 Children’s Needs Assessments at Intake and at 90-Days for 2019-2020 (n=140)

(Number of Children Whose Caregivers Requested Access to Service; Percentages in parentheses)

Need	Intake	90 Days	Outcome
Access to incarcerated parent	63 (45.0%)	7 (5.0%)	IMPROVED
Establishment of legal guardianship	49 (35.0%)	0 (0.0%)	IMPROVED
Access to therapy	35 (25.0%)	0 (0.0%)	IMPROVED
Access to cash assistance	32 (22.9%)	0 (0.0%)	IMPROVED
Access to support through CYA	31 (22.1%)	0 (0.0%)	IMPROVED
Access to advocacy in school setting	28 (20.0%)	25 (17.9%)	IMPROVED
Access to health insurance	28 (20.0%)	0 (0.0%)	IMPROVED
Access to food stamps	17 (12.1%)	0 (0.0%)	IMPROVED
Access to primary care physician	10 (7.1%)	0 (0.0%)	IMPROVED
Access to food	9 (6.4%)	4 (2.9%)	IMPROVED
Access to parenting classes	9 (6.4%)	0 (0.0%)	IMPROVED
Access to stable housing	9 (6.4%)	4 (2.9%)	IMPROVED
Access to clothing	4 (2.9%)	0 (0.0%)	IMPROVED
Access to domestic violence services	2 (1.4%)	0 (0.0%)	IMPROVED
Access to WIC	0 (0.0%)	0 (0.0%)	IMPROVED

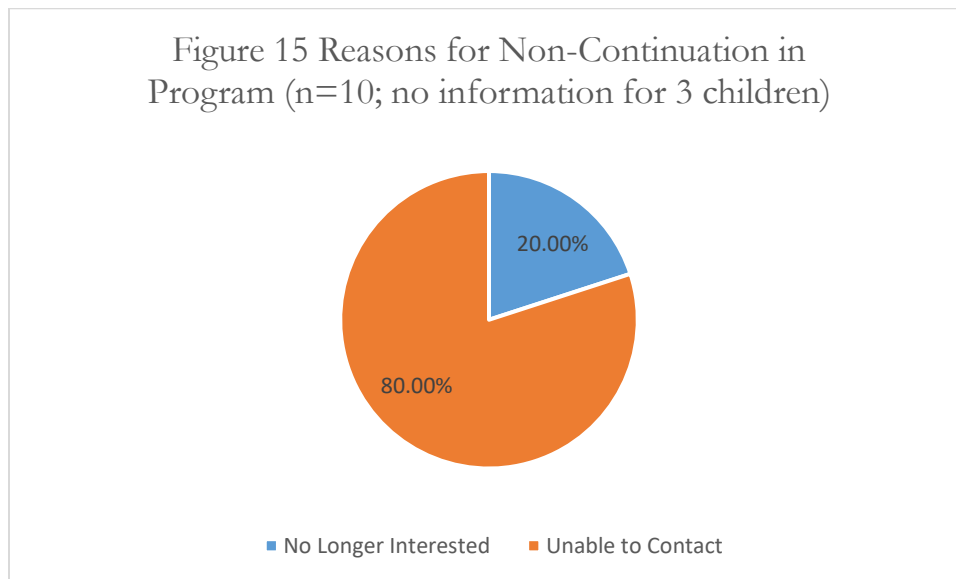
More than one service requested	16 (11.4%)	0 (0.0%)	IMPROVED

Of note, the percentage of children whose caregivers requested access to multiple services has improved significantly – declining from 16 (11.4%) to 0 (0.0%). We also see high levels of improvement in helping children gain access to their incarcerated parent (a decline from 63 (45.0%) to 7 (5.0%)), establishing legal guardianship (a decline from 49 (35.0%) to 0 (0.0%)), therapy (from 35 (25.0%) to 0 (0.0%)), cash assistance (from 32 (22.9%) to 0 (0.0%)), support through CYA (from 31 (22.1%) to 0 (0.0%)), health insurance (from 28 (20.0%) to 0 (0.0%)), and food stamps (from 17 (12.1%) to 0 (0.0%)).

We note three areas where there were, relatively, smaller percentage decreases. First and most noteworthy is assistance in securing advocacy in a school setting – a decline from 28 (20.05%) to 25 (17.9%). This evaluation covers July 2019 through June 2020, and it must be noted that in-person schooling was disrupted in March 2020 due to the global COVID-19 pandemic. Given the challenges of in-person schooling during this time period, it is not surprising that securing advocating in a school setting presented its challenges. The other two areas are food (from 9 (6.4%) to 4 (2.9%)) and stable housing (from 9 (6.4%) to 4 (2.9%)). While these percentage decreases are relatively smaller, we must note that the number of clients requesting assistance in these areas are very small to begin with.

Retention in the FSA Program

At 90 days, 140 (91.5%) of the 153 children served at intake maintained contact with the FSA. We highly commend this extraordinary program retention rate, especially when there is only one staff member maintaining contact with the intake group. What happened to the 13 (8.5%) children who had lost contact (see Figure 15 below)?



Of these 13 children, we have no information for three of them. Of the remaining 10 children, 2 (20%) indicated that they were no longer interested in working with the FSA program. The FSA was unable to contact 10 (80.0%) of the children (the FSA makes three attempts to contact the client). Since we began conducting program evaluations of the FSA program, we have continually noted the extraordinary demands placed on the county's sole Family Services Advocate. The data for 2019–2020 once again support our assertion – it is simply not feasible, for one staff member, to have the time to continually attempt to contact the children and their primary caregivers. In addition to the caseload for the current fiscal year, it is important to remember that the FSA also

continues to work with clients from previous fiscal years. We continue to recommend that additional resources be provided for the program to assist with contacting referrals, as well as to assist with follow up post-intake.

RECOMMENDATIONS AND FUTURE DIRECTIONS

Our first recommendation, which we have proposed in every single program evaluation, is that this program clearly requires more resources and more staffing. It is evident that there is great need for this program in the county, and it is becoming more and more difficult to put this all on the shoulders of one staff member, despite the outstanding job that she is doing. In conversations with the FSA staff member, it is also clear that the services she provides for her clients go beyond what is measured in the current needs assessment.

Thus, our second recommendation is that we conduct an annual review (and if needed, a revision) of the needs assessment instrument, to ensure that we are capturing accurately both the workload of the FSA staff member and the needs of children with incarcerated parents in this county. This annual review of the needs assessment could further give us an opportunity to refine the measures we are currently using. For instance, we might be able to record how children are maintaining contact with their incarcerated parent – through visits, letters, and/or phone calls. This would help provide us with a clearer understanding of the efficacy of various ways of maintaining contact with the incarcerated parent. We could also, for example, record the specific types of issues with which children require therapeutic assistance. It has become axiomatic to state that children with incarcerated parents experience severe mental health challenges. However, we know also that these challenges run the gamut, and children could be better served if we could more clearly identify their mental health needs and challenges. A child who has a warm and positive relationship with their incarcerated parent probably has very different mental health challenges than a child who has an estranged relationship with their incarcerated parent.

Third, given that we have now conducted this program evaluation for several years now, it might be an appropriate time to begin the process of longitudinal comparison. Such comparison will give us a broader picture of how the program's clientele and their needs and the demographics of children with incarcerated parents county-wide have changed over time.

Finally, we are aware that we continue to measure one specific measure of program effectiveness – that of whether children's access to services have been met. While this is an important measure of program effectiveness, it is important to hear from the clients themselves. Ideally, we should collect data from the children themselves – the clients in this program. Several established scales and measurements already exist which aim at assessing children's mental and emotional wellness. We could adopt and/or modify one of these scales and conduct assessments of our clients' mental and emotional well-being. Conducting assessments of children's mental and emotional well-being can be quite problematic – since the children are minors and constitute a “protected population” in terms of research ethics, not to mention that we would be collecting sensitive data. A compromise might be to survey their primary caregiver. We should survey primary caregivers about their experiences in working with the FSA, and their perceptions of the assistance they have received. We should also survey primary caregivers on their perceptions of how the

program could better work with them. If possible, we should also investigate the possibility of asking primary caregivers to provide their assessments of their charges' mental and emotional well-being.