



Millersville University

CIVIC AND COMMUNITY ENGAGEMENT

Civic and Community Engagement Research Series

Center for Public Scholarship and Social Change

February 2020

Family Services Advocate Program Evaluation, 2018-2019

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¹ The author also wishes to gratefully acknowledge the contributions of Dr. Mary H. Glazier, Eric Kennel, Lindsey Ober, Bevan Allen, and Bob Cooper.

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 Compass Mark staff member. The FSA is funded by Lancaster County's Behavioral Health and Developmental Services (BH/DS) and the Lancaster County Prison, with additional support from the Lancaster Osteopathic Health Foundation (LOHF). A key job responsibility of the FSA, among others, is to help connect clients (children whose parents are presently incarcerated) to needed services. This program evaluation covers the fiscal year 2018–2019, which runs from July 1 through June 30.

This report consists of four main sections. First, we report on the demographics of all clients with whom the staff member initiated contact. While the staff member is unable to conduct case management with all these clients, it is important to keep track of client demographics. Currently, we lack an accurate county-wide picture of children whose parents are presently incarcerated, as well as their background and needs. Collecting the demographics of all clients with whom the staff member initiated contact helps provide some sense of the larger county-wide picture. This is the second year for which we have collected these data on a fiscal year cycle. Over the next few years, having several years' worth of comparable data will allow us to construct a more accurate picture of children whose parents are currently incarcerated county-wide.

Second, we report on the demographics of all clients for whom intakes were conducted and services were provided. Following that, we focus specifically on clients for whom case management was initiated 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 were successfully connected to needed services. Finally, we conclude with recommendations and suggestions for improving data collection procedures, as well as the program itself.

DEMOGRAPHICS OF CLIENTS REFERRED TO THE PROGRAM

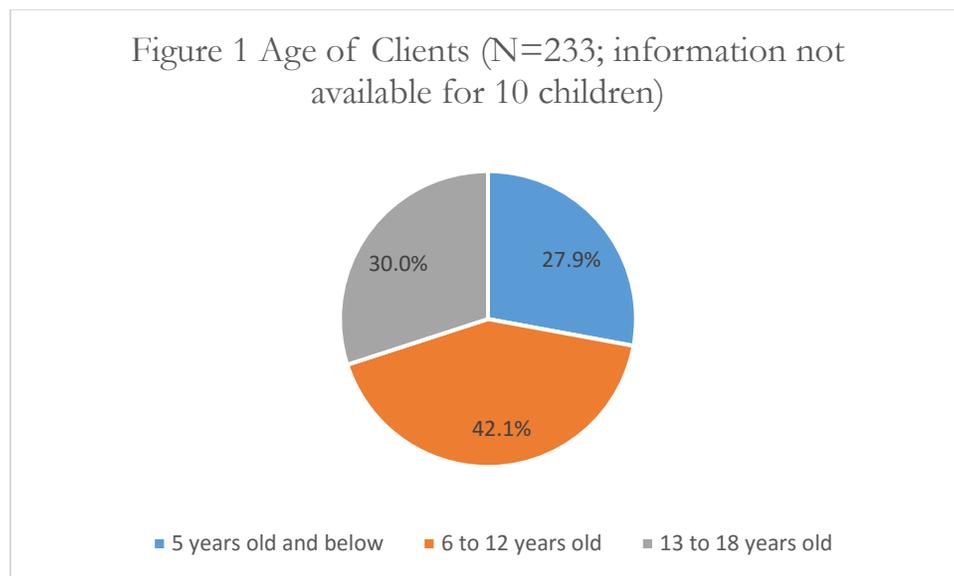
In this section, we provide a detailed look at the background and demographic information for all clients with whom the staff member initiated contact. For fiscal year 2018–2019, the staff member initiated contact with 243 children. Of note, the program received **an additional 121 referrals** for which the staff member was unable to initiate contact due to an already heavy workload. Clearly, there is a very high demand for this program.

Clients' Age

We did not have information on the child's age for 10 children. Of the remaining 233 children, 65 (27.9%) were five years old and younger. 98 (42.1%) were between six and 12 years old, while the remaining 70 (30.0%) were between 13 and 18 years old (see Table 1 and Figure 1 on the next page).

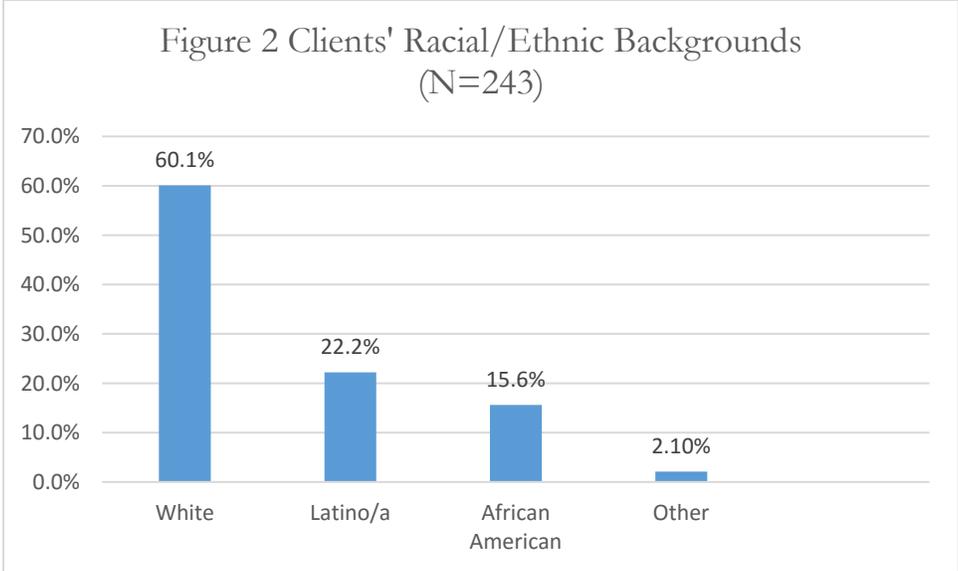
Table 1 Age of Children (N=233; information not available for 10 children)

Age Range	Number of Children (percentage in parentheses)	
5 years old and below	65	(27.9%)
6 to 12 years old	98	(42.1%)
13 to 18 years old	70	(30.0%)
	233	(100%)



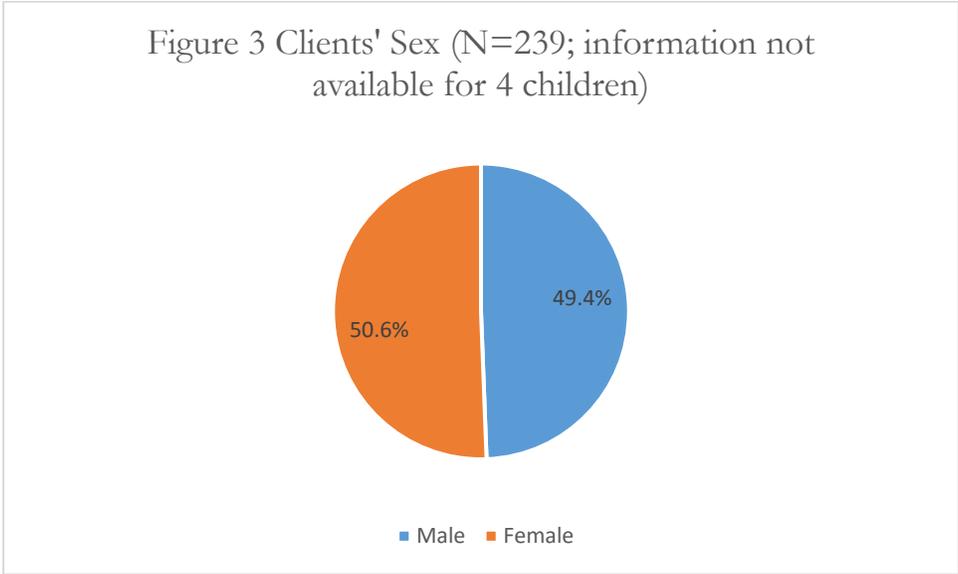
Clients’ Racial and Ethnic Backgrounds

Out of the 243 children with whom the staff member initiated contact, 146 (60.1%) were white, 54 (22.2%) were Latino/a, and 38 (15.6%) were African American. The remaining 5 (2.1%) children were of “other” racial and ethnic background (see Figure 2 on the next page).



Clients' Sex

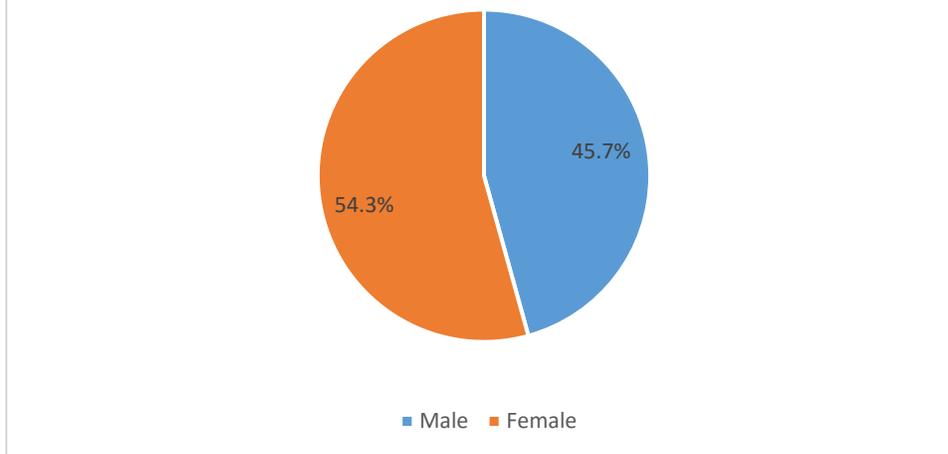
For 2018–2019, we did not have gender information for four children. Of the remaining 239 children, 118 (50.6%) were male and 121 (49.4%) were female (see Figure 3 below).



Sex of Incarcerated Parent

Out of 243 clients, 111 (45.7%) of the children's fathers, and 132 (54.3%) of their mothers were incarcerated (see Figure 4 on the next page).

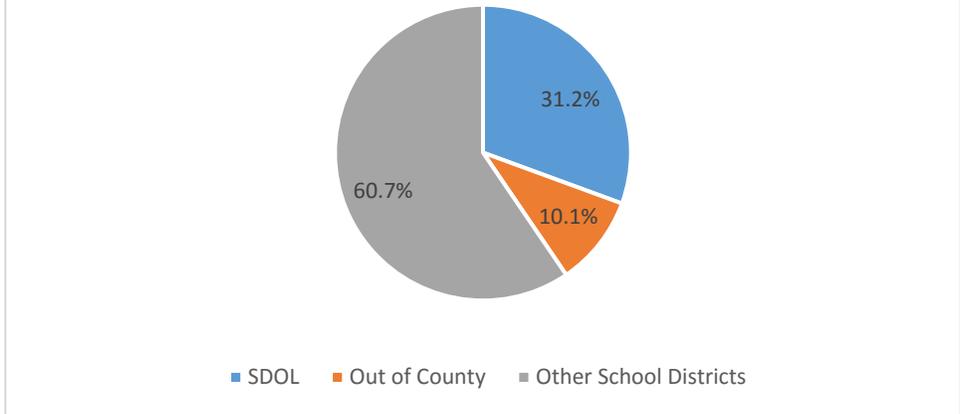
Figure 4 Sex of Incarcerated Parent (N=243)



Clients' Residence and Location

Of the 243 children referred to the program, we did not have information on the school district within which six of these children resided. Of the remaining 237 children, 74 (31.2%) resided within the School District of Lancaster. Of note, 23 (9.7%) children lived in the Ephrata Area school district, while 20 children (8.4%) children lived in the Solanco school district. 24 (10.1%) children lived in school districts that were outside of Lancaster County, but their parents were incarcerated in Lancaster County. Children also lived within the confines of the following school districts: Cocalico, Columbia Borough, Conestoga Valley, Donegal, Eastern Lancaster County, Elizabethtown Area, Hempfield, Lampeter-Strasburg, Manheim Central, Manheim Township, Penn Manor, Pequea Valley, Solanco, and Warwick. Finally, 4 (1.7%) children were too young to be attending school. As with previous program evaluations, while a large percentage of the children resided in the School District of Lancaster, the phenomenon of children with an incarcerated parent is no means a "Lancaster City problem." Children with an incarcerated parent lived in and attended schools across the county (see Figure 5 on the next page).

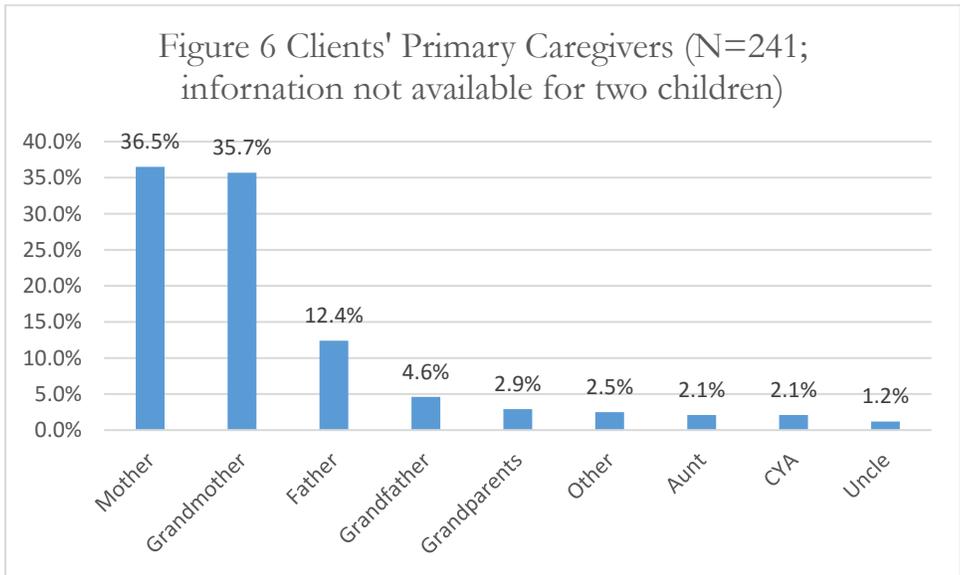
Figure 5 Clients' School Districts and Residence (N=237; information not available for six children)



Primary Caretakers

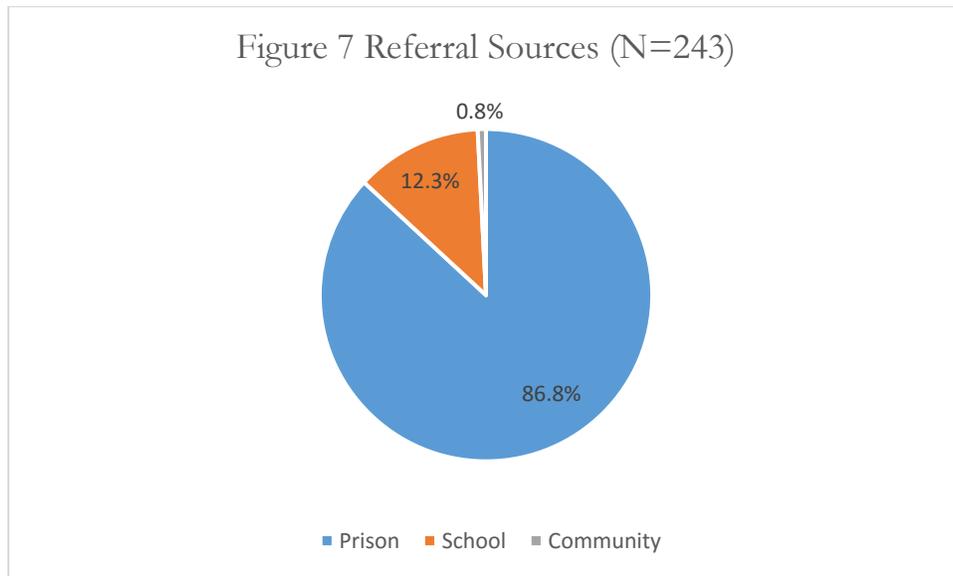
For fiscal year 2018–2019, we did not have information on primary caretakers for two children. For the remaining 241 children, mothers were the largest category of primary caregivers for the children with whom the staff member was able to initiate contact (88; 36.5%), followed closely by grandmothers (86; 35.7%). 30 (12.4%) children had their father as their primary caregiver. Other primary caregivers also included grandfathers, grandparents, aunts, and uncles (see Figure 6 below). It should be noted that the majority of primary caregivers are women – mothers and grandmothers make up 72.2% of the primary caregivers for this group of children. While fathers and grandfathers are also 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 Clients' Primary Caregivers (N=241; information not available for two children)



Program's Referral Sources

An overwhelming majority of the program's referrals were made through the staff member's visits to the county prison (211; 86.8%). Thirty (12.3%) referrals were made through the schools, while two (0.8%) 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 were conducted. It can be difficult to reach clients, and the staff member works diligently to do so. For each referral, the staff member makes three attempts to initiate contact. For fiscal year 2018–2019, intake and case management was conducted for 148 (58.4%) of the original 243 clients with whom contact was initially attempted.

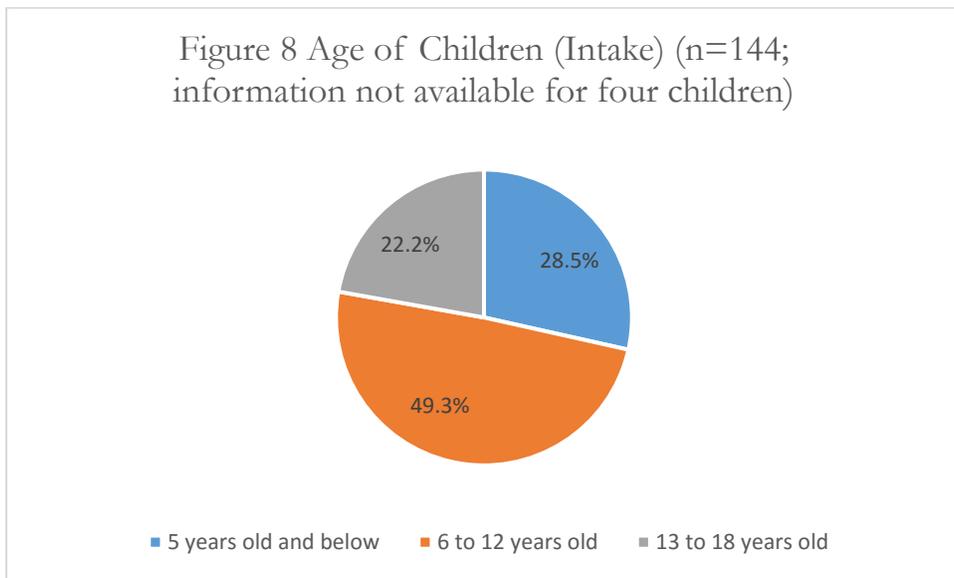
Clients' Age

Of these 148 children, we did not have age information for four children. Of the remaining 144 children, 41 (28.5%) were five years old and younger. 71 (49/3%) were between six and 12 years old, while the remaining 32 (22.2%) were between 13 and 18 years old (see Table 2 and Figure 8 on the next page).

Table 2

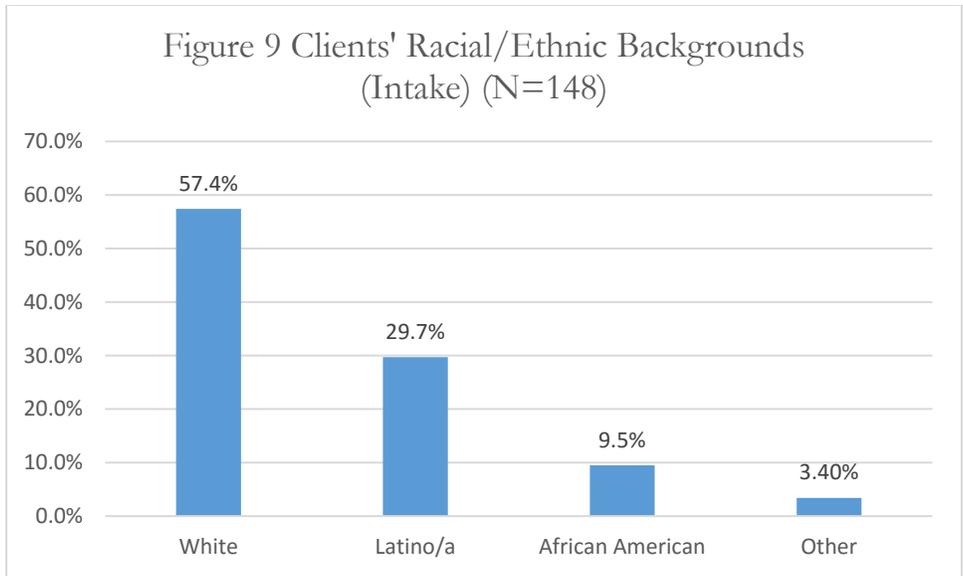
Age of Children (Intake) (n=144; information not available for four children)

Age Range	Number of Children (percentage in parentheses)	
5 years old and below	41	(28.5%)
6 to 12 years old	71	(49.3%)
13 to 18 years old	32	(22.2%)
	144	(100%)



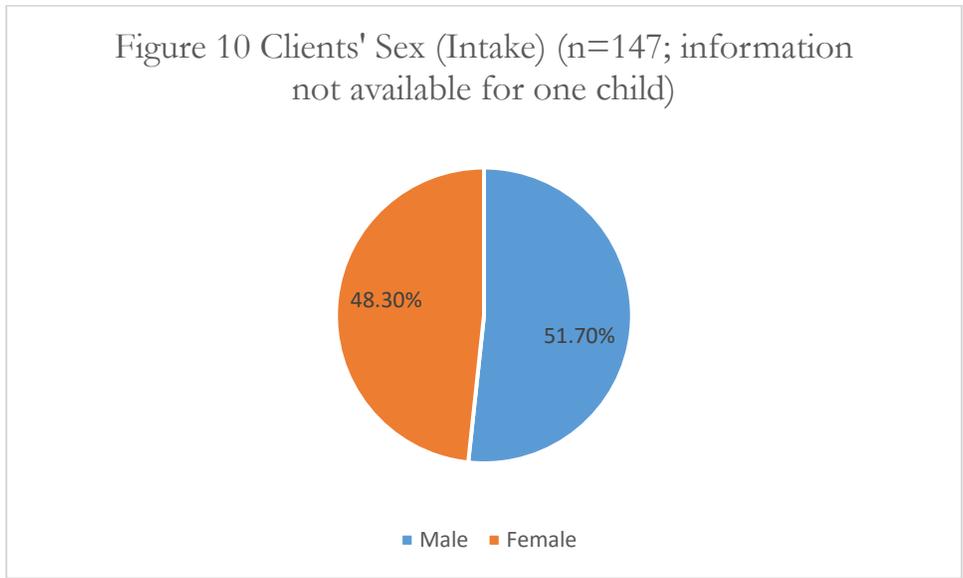
Clients’ Racial and Ethnic Backgrounds

Out of the 148 children for whom intake and case management were conducted, 85 (57.4%) were white, 44 (29.7%) were Latino/a, and 14 (9.5%) were African American. The remaining 5 (3.4%) children were of “other” racial and ethnic backgrounds (see Figure 9 on the next page).



Clients' Sex

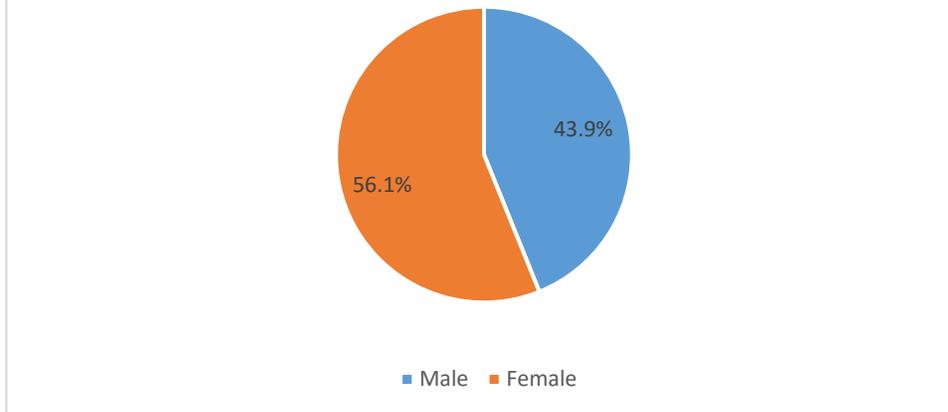
We did not have information on one child's gender. Of the remaining 147 children, 76 (51.7%) were male, and 71 (48.5%) were female (see Figure 10 below).



Sex of Incarcerated Parent

65 (43.9%) children's fathers were incarcerated, while 83 (56.1%) children's mothers were incarcerated (see Figure 11 on the next page).

Figure 11 Sex of Incarcerated Parent (Intake)
(n=148)



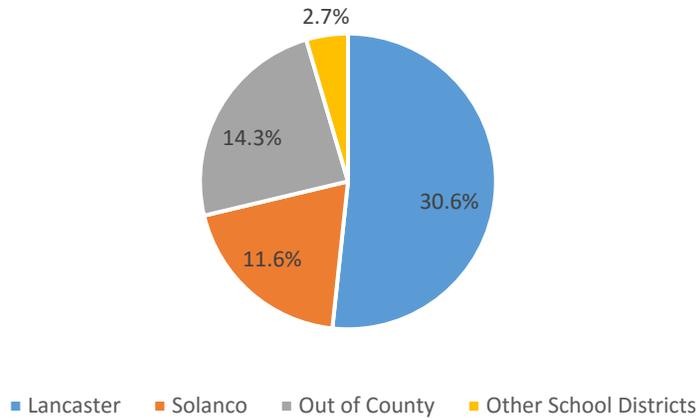
Clients' Residence and Location

Of the 148 children with whom contact with initiated and intake conducted, we did not have information on the school district within which one of these children resided. Of the remaining 147 children, 45 (30.6%) resided within the School District of Lancaster. 17 (11.6%) children lived in the Solanco school district. Twenty-one (14.3%) children lived in school districts that were outside of Lancaster County, but their parents were incarcerated in Lancaster County.² Children also lived within the confines of the following school districts: Cocalico, Columbia Borough, Donegal, Eastern Lancaster County, Elizabethtown Area, Ephrata Area, Hempfield, Lampeter-Strasburg, Manheim Central, Manheim Township, Penn Manor, Pequea Valley, and Warwick. Finally, four (2.7%) children were too young to be attending school. As with previous program evaluations, while a large percentage of the children resided in the School District of Lancaster, the phenomenon of children with an incarcerated parent is no means a “Lancaster City problem.” It bears repeating that children with an incarcerated parent lived and attended schools county-wide (see Figure 12 on the next page).³

² The FSA staff member responds to Lancaster County inmates who request the program’s services. Sometimes, inmates request services on behalf of their children who do not live in the county.

³ The student population of the School District of Lancaster is 11,333, while that of the Solanco School District is 3,536. Among the children with whom contact was initiated and intake conducted, 45 hailed from the School District of Lancaster while 17 students were in the Solanco School District. Although there are more students from the School District of Lancaster being served during this phase of the program, they make up a much smaller percentage of the total student population of their district, in comparison to Solanco.

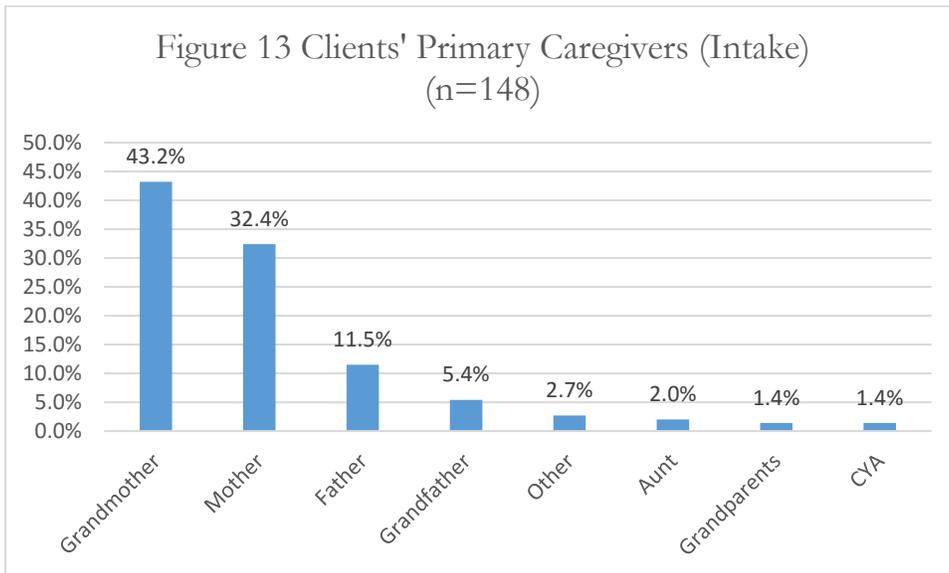
Figure 12 Clients' School Districts and Residence (Intake) (n=147; information not available for one child)



Primary Caretakers

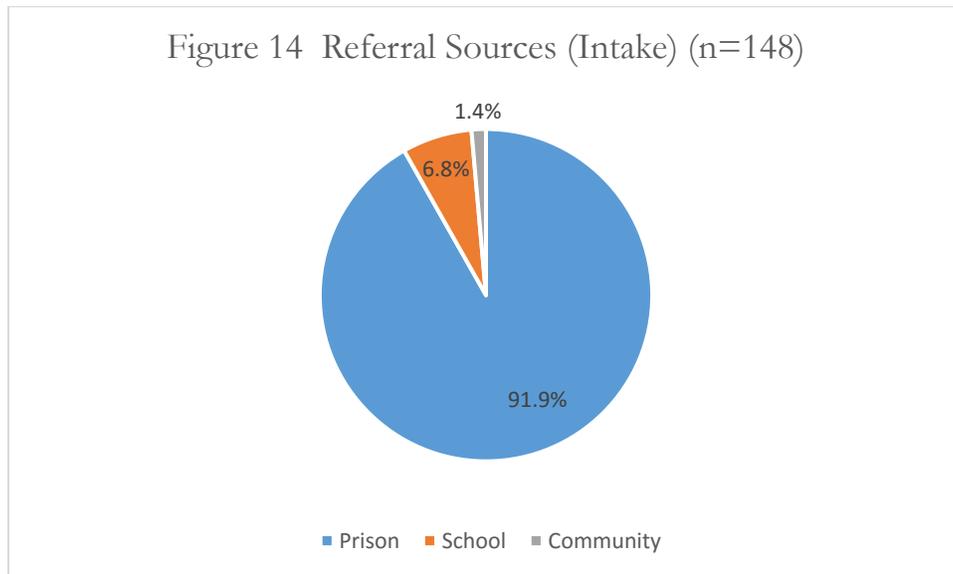
Grandmothers were the largest category of primary caregivers for the children in the intake group (64; 43.2%), while mothers were the second largest category (48; 32.4%). Other primary caregivers included fathers, grandfathers, aunts, and grandparents (see Figure 13 below).

Figure 13 Clients' Primary Caregivers (Intake) (n=148)



Program's Referral Sources

Finally, in terms of referral sources, the overwhelming majority of the children in the intake group were referred through the staff member's visits to the county prison (136; 91.9%). 10 (6.8%) of the children were referred through the schools, while 2 (1.4%) were referred through the community and community organizations (see Figure 14 below).



Comparison Between Clients With Whom Contact Was Initiated and Clients for Whom Intake Was Conducted

There were many similarities in demographics between the overall referral and the intake group. For both groups, referral sources came overwhelmingly from the staff member's visit to the prison. In 2018–2019, we see also that for both groups, more children had mothers than fathers incarcerated. This leads to a couple of interpretations: (1) that more women than men are incarcerated in Lancaster County Prison; or (2) more likely, women in prison are more likely to reach out to the FSA program to seek help for their children. It will probably be helpful to track, over time, which parent the program is more likely to serve, as research has demonstrated that the impacts of maternal incarceration are distinct from that of paternal incarceration.

Women made up a majority of primary caregivers for both groups. However, grandmothers made up a larger percentage of the intake group compared to their overall referral group (43.2% to 35.7%), while mothers made up a smaller percentage (32.4% to 36.5%). Policy makers have been studying the impact of parental incarceration on children's grandparents, and we are seeing statistical evidence of this in the county. We should continue to keep a close eye on this trend over time, as we consider more social support programs and interventions targeted at assisting grandparents who become primary caregivers to their grandchildren due to incarceration.

We see some interesting differences in age between these two groups. There was a similar percentage of children ages five years old and below in both groups – 27.9% (referral) compared to 28.5% (intake). However, the differences in percentage for the other two age brackets were much wider. Children six to 12 years old made up 42.1% of the referral group and 49.3% of the intake group. In contrast, children 13 to 18 years old made up 30.0% of the referral group and 22.2% of the intake group. These data confirm that children ages six to 12 years old are a crucial group that we need to support. However, the decline in the percentage of children ages 13 to 18 raises interesting questions. Are these children, being in their early adolescent years, more reluctant to seek assistance, or to work with their primary caregivers in doing so? Is it also possible that caregivers might have a perception that older children are more capable of adjusting to parental incarceration, and hence less in need of support?

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 3 (next page) focuses on the intake group of 148 clients and the identified services that they reported needing help accessing. We should note that in the most recent program evaluation prior to this, we did not measure whether a child needed access to an advocate in school. In this program evaluation, we measured this need.

Not surprisingly, a large percentage of children in the intake group requested access to their incarcerated parent (56; 40.6%). In fact, this was the most frequently requested need. Of note, a large percentage of children also requested help with accessing health insurance (48; 34.8%) and with establishing legal guardianship (41; 29.7%). About a fifth of the children in the intake group also requested help with accessing cash assistance (29; 21.0%), support through CYA (27; 19.6%), food stamps (26; 18.8%), and therapy (25; 18.1%).

Interestingly, there did not seem to be as high of a demand in requests for help accessing clothing (13; 9.4%) and food (11; 8.0%) during the 2018–2019 fiscal year. This is in contrast to the previous fiscal year of 2017–2018, where requests for help accessing clothing and food were ranked third and fourth respectively (37.5% and 32.1%). In contrast, requests for help accessing health insurance (from 26.8% to 34.8%) and establishing legal guardianship (from 23.1% to 29.7%) have increased. Declines in the frequency of requests for help were observed in two areas: accessing WIC (from 26.8% to 5.1%) and accessing stable housing (from 26.8% to 6.5%).

We continue to note the high percentage of children in the intake group who have requested help with accessing multiple services (22; 15.9%). The impact of incarceration is widespread and creates high levels of instability in a child's life. That 15.9% of the children and their caregivers in the intake group request help accessing multiple services once again serves as a reminder that our approach to working with children with incarcerated parents must be holistic and take into account all aspects of a child's life.

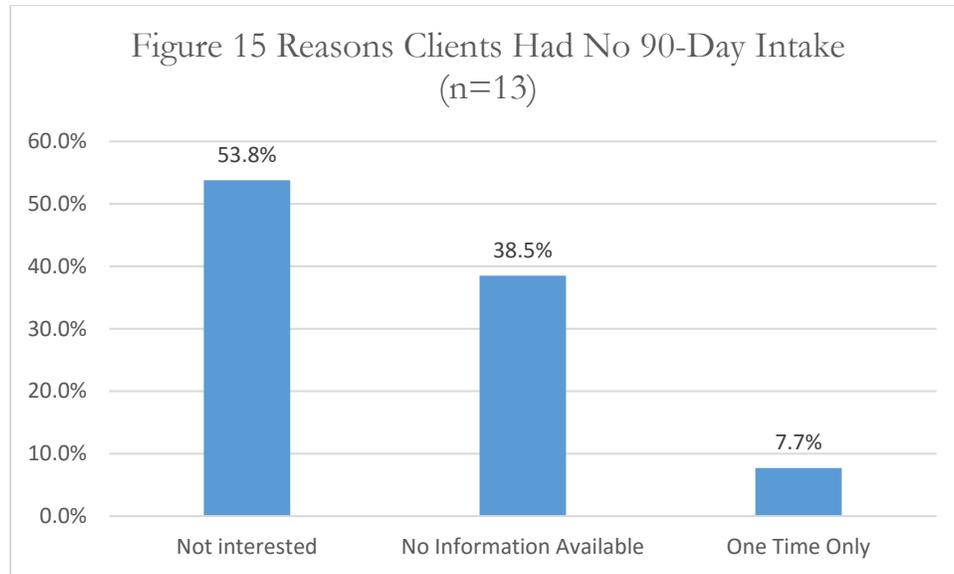
Table 3

Children's Needs Assessments at Intake (2018 – 2019) (n=144)
(information not available for four children)

Need	Number of Children Whose Caregivers Requested Access to Service (percentage in parentheses)	
Access to incarcerated parent	56	(39.2%)
Access to health insurance	48	(33.3%)
Establishment of legal guardianship	41	(28.9%)
Access to cash assistance	29	(20.1%)
Access to advocacy in school	28	(18.9%)
Access to support through CYA	27	(18.8%)
Access to food stamps	26	(18.1%)
Access to therapy	25	(17.4%)
Access to clothing	13	(9.0%)
Access to food	11	(7.6%)
Access to stable housing	9	(6.3%)
Access to primary care physician	8	(5.6%)
Access to WIC	7	(4.9%)
Access to parenting classes	7	(4.9%)
Access to domestic violence services	4	(2.8%)
More than one service requested	22	(15.5%)

Retention in the FSA Program

At 90-days, 131 (91.0%) of the 144 children served at intake maintained contact with the FSA. Of the remaining 13 children, one (7.7%) required assistance only at intake, while seven (53.8%) declined further involvement with the FSA program. Information was not available on what had happened to the remaining five (38.5%) children and their caregivers (see Figure 15).



We mentioned in past program evaluations the high and intensive demands placed on the program’s sole full-time staff member. It is extraordinary that for 2018–2019, only 13 clients “left” the program – for a retention rate of 92.3%.

Clients’ Needs Assessment at 90-Days Follow Up

In assessing the program’s effectiveness, we focus on the 131 children for whom an intake was conducted, as well as a 90-day follow-up. Our evaluation of the program’s effectiveness focuses on the percentage of children whose need for assistance in accessing services declined at 90-days follow-up. If the program is effective, the percentage of children and their caregivers requesting help accessing services will be lower at 90 days. By this indicator, the program has been extremely and highly effective in meeting the needs of the children and their caregivers, as the percentage of clients requesting help with accessing needs in every area decreased at 90 days. Not only did the percentage of clients requesting help with accessing services decline in almost all areas; with many needs, they declined to zero percent (see Table 4 on the next page).

Table 4 Children’s Needs Assessments at Intake and at 90 Days for 2018–2019 (n=131)
(information not available for four children)

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

Need	Intake	90 Days	Outcome
Access to incarcerated parent	55 (42.3%)	8 (5.9%)	IMPROVED
Access to health insurance	45 (33.4%)	0 (0%)	IMPROVED
Establishment of legal guardianship	41 (31.3%)	0 (0%)	IMPROVED
Access to cash assistance	29 (22.1%)	0 (0%)	IMPROVED
Access to food stamps	26 (19.8%)	0 (0%)	IMPROVED
Access to advocacy in school	26 (19.8%)	0 (0%)	IMPROVED
Access to therapy	25 (19.1%)	0 (0%)	IMPROVED
Access to support through CYA	20 (15.3%)	0 (0%)	IMPROVED
Access to clothing	13 (9.9%)	0 (0%)	IMPROVED
Access to food	11 (8.4%)	0 (0%)	IMPROVED
Access to stable housing	9 (6.7%)	4 (3.1%)	IMPROVED
Access to primary care physician	8 (6.1%)	0 (0%)	IMPROVED
Access to WIC	7 (5.3%)	0 (0%)	IMPROVED
Access to parenting classes	7 (5.2%)	0 (0%)	IMPROVED
Access to domestic violence services	4 (3.0%)	0 (0%)	IMPROVED

More than one service requested	22 (16.3%)	0 (0%)	IMPROVED

We note two areas in which improvement was slightly lower: help with accessing visits with the incarcerated parent (from 43.3% to 6.3%) and accessing stable housing (from 7.1% to 3.1%). Access to stable housing is a county-wide problem, not one that only children with incarcerated parents face. We observe the tremendous success that the staff member has achieved with lowering the percentage of requests with help in accessing stable housing. There is, however, only so much

one staff member and this program can do. Accessing stable housing ultimately requires an abundant and reliable stock of affordable housing county-wide, something which Lancaster County continues to work towards.

Access to incarcerated parent is the other need in which improvement was slightly lower. However, it is, by far, the most requested need by children and their caregivers (42.3% compared to the next most requested need (access to health insurance) at 33.4%). There is a clear need for children to stay connected with their incarcerated parent, and research has shown that maintaining this connection produces better outcomes for children.

RECOMMENDATIONS AND FUTURE DIRECTIONS

In the last program evaluation (for 2018–2019), we made three specific recommendations. First, we suggested that a few of the needs assessment should be refined and more clearly defined. Specifically, we recommended that “access to incarcerated parent” needed to be clearly defined – did the child have access to their incarcerated parent through visits, letters, and/or phone calls? We reiterate this recommendation again, as this would help provide us with a clearer understanding of the efficacy of various ways of maintaining contact with the incarcerated parent. Of note, with generous funding from the Abby Longenecker Foundation, over the calendar year of 2019, several children served by the FSA program received a teddy bear which comes along with an audio recording made by their parent. Early evidence seems to suggest that this method of keeping contact between the parent and child is effective and serves to maintain the bond between them.

Second, we suggested that more specific data be collected on the types of issues with which children seeking access to therapy were grappling. We pointed out last year that 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. We second this recommendation again. If we can gain insight into the types of mental health challenges and issues that children are experiencing, we could perhaps identify alternative ways of meeting those challenges.

Third, we recommended that data be once again collected on whether a child’s caregiver has requested help accessing advocacy in school. This year, this needs measure has once again been tallied, and we see the huge need in this area. Additional research is currently being undertaken to understand the resources that are available for children in the schools, and suggestions that school faculty and staff have for working with children with incarcerated parents. This research, when completed, will be shared with the staff of the FSA program and the board members of Ambassadors for Hope.

Fourth, we recommended last year that we begin to survey primary caregivers about their experiences in working with the FSA, and their perceptions of the assistance they have received. The FSA staff member had an intern working with them in the 2018–2019 fiscal year on developing such a survey and measurement scale. In the rest of the 2019–2020 fiscal year, we would recommend testing this survey out with a few clients’ caregivers, in hopes that we can finetune the instrument for the 2020–2021 fiscal year.

The data on the need for accessing stable housing from this year's evaluation raises an interesting issue. Thus far, we have only tracked whether a child's access to stable housing is met. Yet, research has amply documented that children with incarcerated parents often experience upheaval and instability in their housing situation – needing to relocate or move in with different caregivers. We recommend that the FSA program begin collecting data on whether and how many times children have experienced changes in primary residences between intake and the 90-days point.

We emphasize again how much need there is for this program and its expansion. At the beginning of this report, we stated that the sole staff member, as a result of the extremely heavy workload, was unable to initiate contact with 121 referrals. With each program evaluation, we continue to document the effectiveness of this program in meeting clients' needs with accessing basic needs and services. It has only become clearer that we require more resources and more staff members in order to more effectively serve the county.