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Family Services Advocate Lebanon Program Evaluation, 2019-2020

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INTRODUCTION

In this report, we provide a program evaluation of the effectiveness of Lebanon County's Family Services Advocate (FSA) program. We focus on the time span between March 2019 and September 2020. During that time span, the FSA program consisted of one part-time staff member. A key job responsibility of the FSA, among others, is to help connect clients (children whose parents are presently incarcerated) to requested services. The FSA program originated in Lancaster County. Through a grant, Compass Mark was able to establish the FSA program in Lebanon County.

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, for Lebanon, 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 members initiated contact helps provide some sense of the county-wide picture. Hopefully, as we collect data over the next few years on this program, we will be able to construct a more accurate portrait of children whose parents are incarcerated in Lebanon County.

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 requested 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

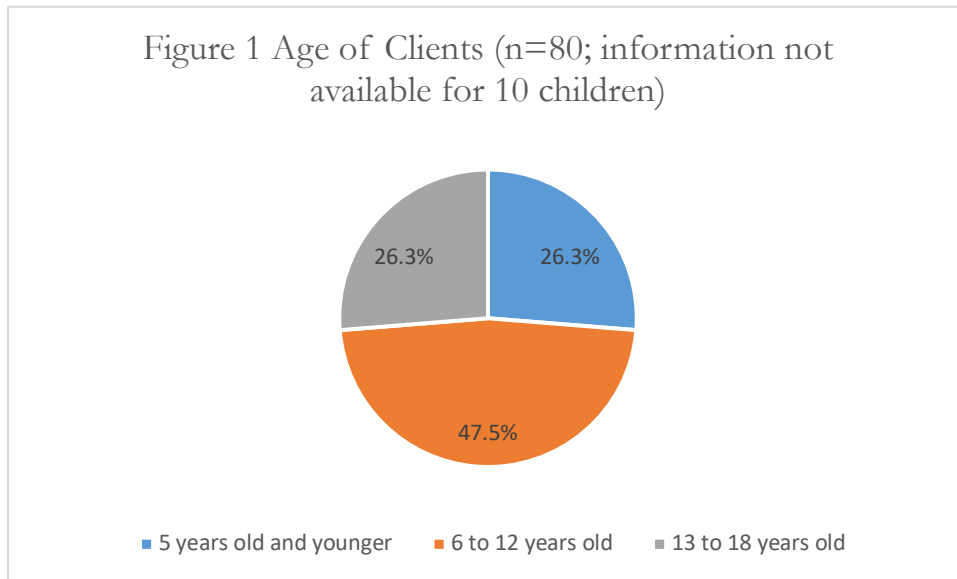
In this section, we provide a detailed look at the background and demographic information for all clients with whom the staff members initiated contact. During this time period, the staff member initiated contact with 90 children.

Clients' Age

We did not have information on the child's age for 10 children. Of the remaining 80 children, 21 (26.3%) children were five years old and younger. 38 (37.5%) were between six and 12 years old, while the remaining 21 (26.3%) were between 13 and 18 years old) (see Table 1 and Figure 1 on the next page).

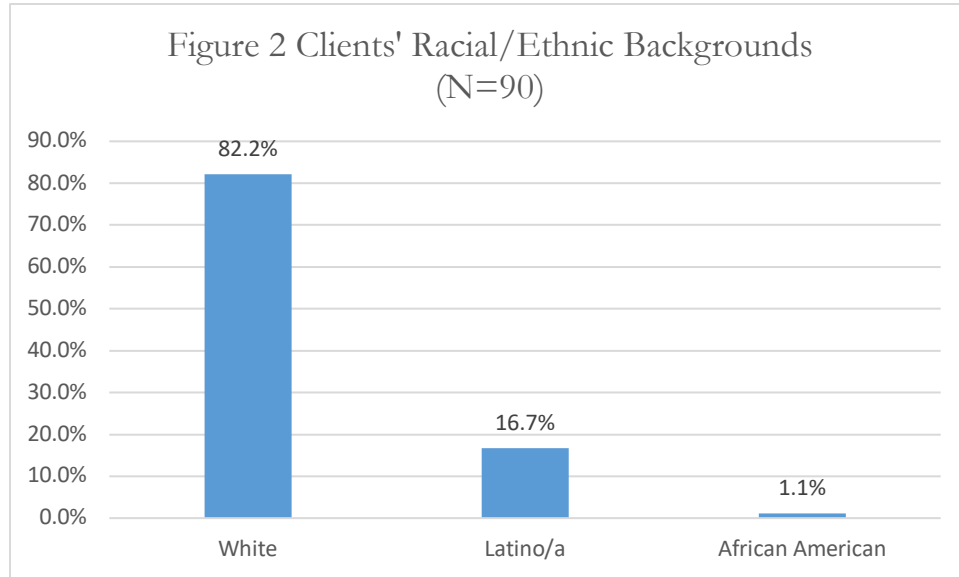
Table 1 Age of Children (n=80; information not available for 10 children)

Age Range	Number of children (percentage in parentheses)	
5 years old and younger	21	(26.3%)
6 to 12 years old	38	(47.5%)
13 to 18 years old	21	(26.3%)
	80	(100.1%) (does not add up to 100% due to rounding errors)



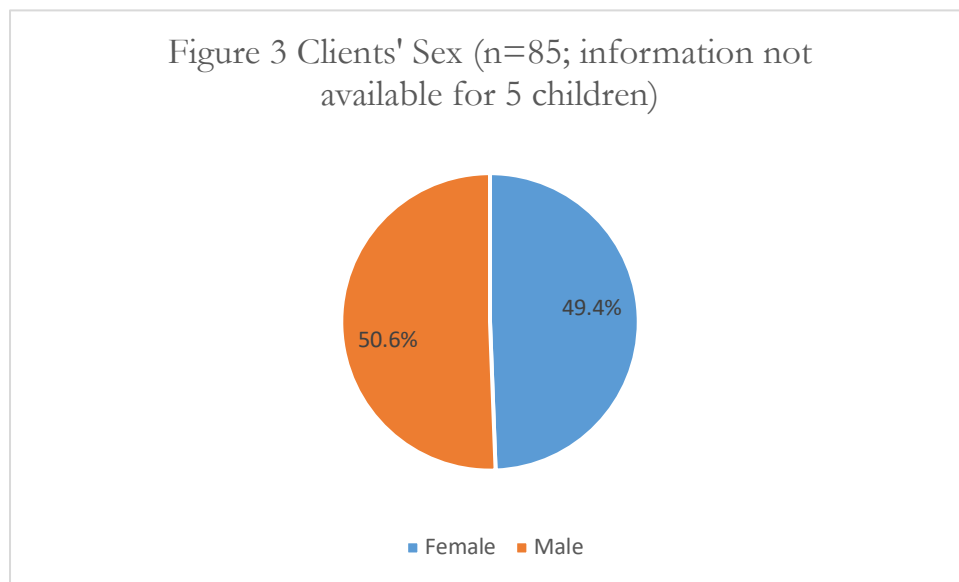
Clients’ Racial and Ethnic Backgrounds

Out of the 90 children with whom the staff member initiated contact, 74 (82.2%) were white, 15 (16.7%) were Latino/a, and 1 (1.1%) was African American (see Figure 2 on the next page).



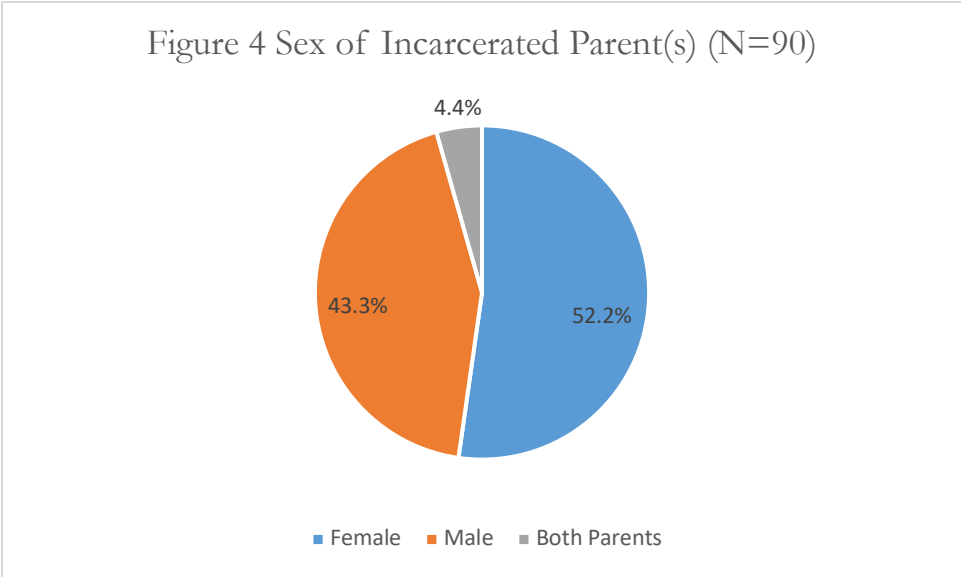
Clients' Sex

For this time period, we did not have gender information for five children. Of the remaining 85 children, 43 (50.6%) were female and 42 (49.4%) were male.



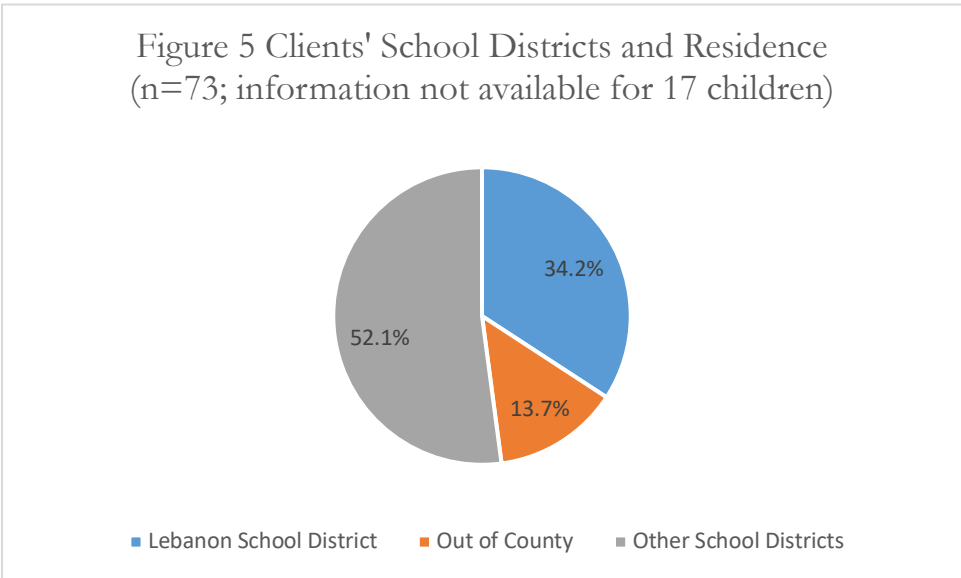
Sex of Incarcerated Parent

Out of 90 clients, 47 (52.2%) of the children's mothers, and 39 (43.3%) of the children's fathers were incarcerated. For 4 (4.4%) children, both their mother and father were incarcerated (see Figure 4 on the next page).



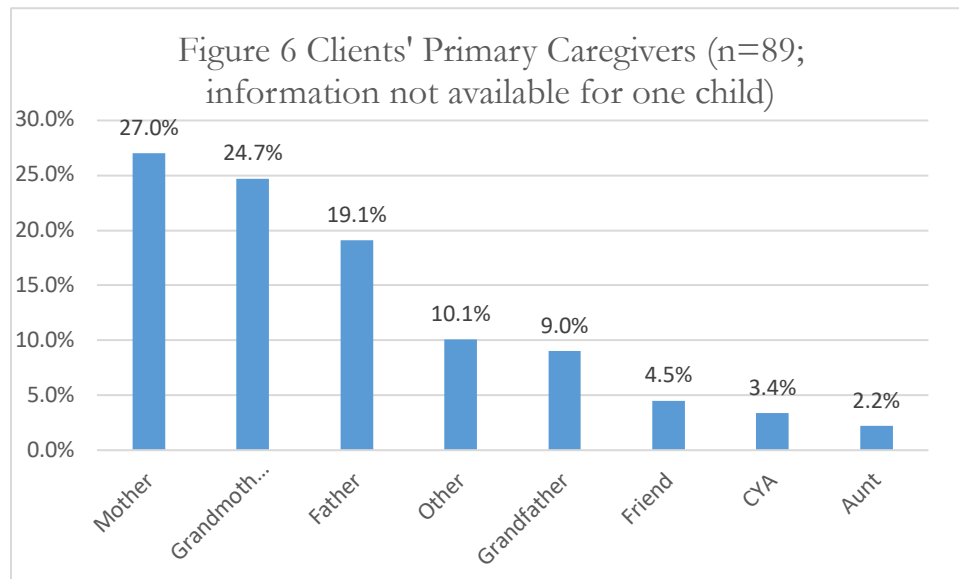
Clients' Residence and Location

Of the 90 children referred to this program, we did not have information on the school district within which 17 of these children resided. Of the remaining 73 children, 25 (34.2%) resided within the Lebanon School District. Of note, 15 (20.5%) children lived in the Cornwall-Lebanon School District. 10 (13.7%) children lived in school districts that were outside of Lebanon County, but their parents were incarcerated in Lebanon County. Children also lived within the confines of the following school districts: Annville-Cleona, ELCO, Northern Lebanon, and the Palmyra area. While a large percentage of the children resided in the Lebanon School District, the phenomenon of children with an incarcerated parent is by no means a city or urban problem. Children with an incarcerated parent lived in and attended schools across the county (see Figure 5).



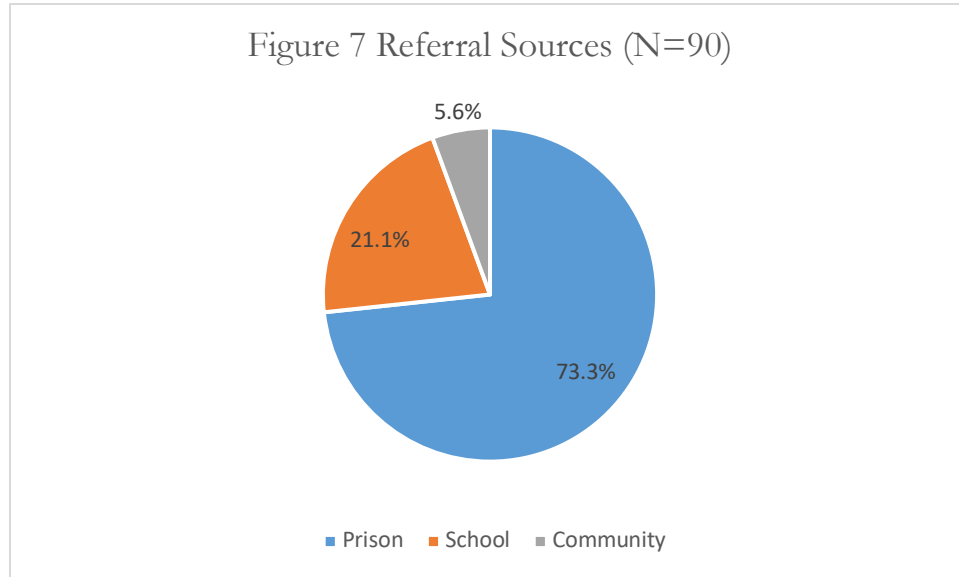
Primary Caretakers

During this time period, we did not have information on primary caretakers for one child. For the remaining 89 children, mothers were the largest category of primary caregivers for the children with whom the staff member was able to initiate contact (24; 27.0%), followed closely by grandmothers (22; 24.7%). 17 (19.1%) children had their father as their primary caregiver. Other primary caregivers also included other, grandfathers, friends, and aunts (see Figure 6). It should be noted that the majority of primary caregivers are women – mothers, grandmothers, and aunts make up 53.9% of the primary caregivers for this group of children. Interestingly, for this group of clients, 28.1% of primary caregivers were men (fathers and grandfathers). This possibly reflects the fact that a majority of clients had mothers who were incarcerated (see earlier discussion under “Sex of Incarcerated Parent”).



Program's Referral Sources

An overwhelming majority of the program's referrals were made through the county prison (66; 73.3%). 19 (21.1%) referrals were made through the schools, while 5 (5.6%) referrals were made through the community and community organizations (see Figure 7 on the next page).



DEMOGRAPHICS OF CLIENTS FOR WHOM INTAKE WAS CONDUCTED

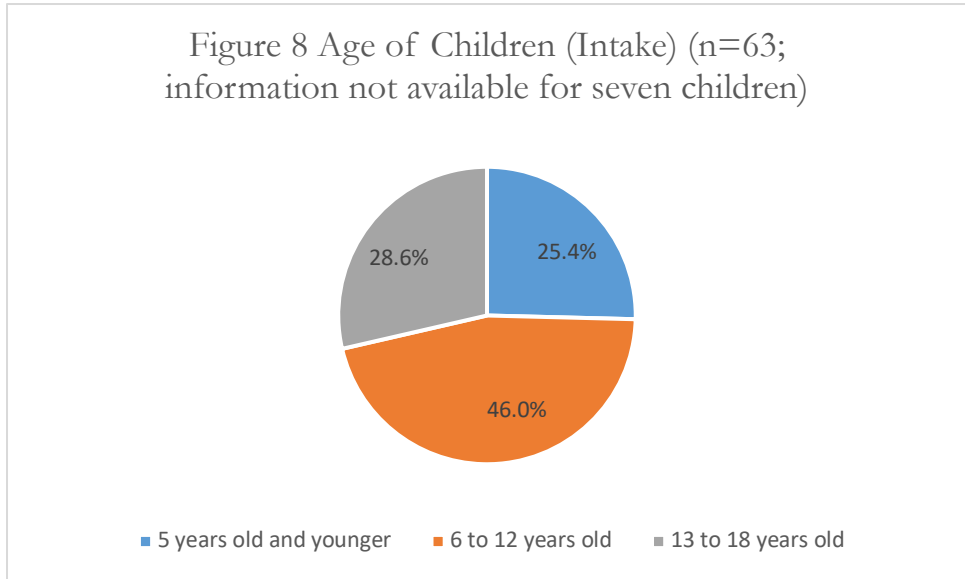
In this section, we provide a detailed look at the backgrounds and demographic information for the clients for whom intake and case management were conducted. It can be difficult to reach clients, and the staff member works diligently to do so. For each referral, the staff member makes three attempts to initiate contact. During this time period, intake and case management was conducted for 70 (77.8%) of the original 90 clients with whom contact was initially attempted.

Clients' Ages

Of these 70 children, we did not have age information for seven children. 16 (25.4%) were five years old and younger. 29 (46.0%) were between six and 12 years old, while the remaining 18 (28.6%) were between 13 and 18 years old (see Table 2 below and Figure 8 on the next page).

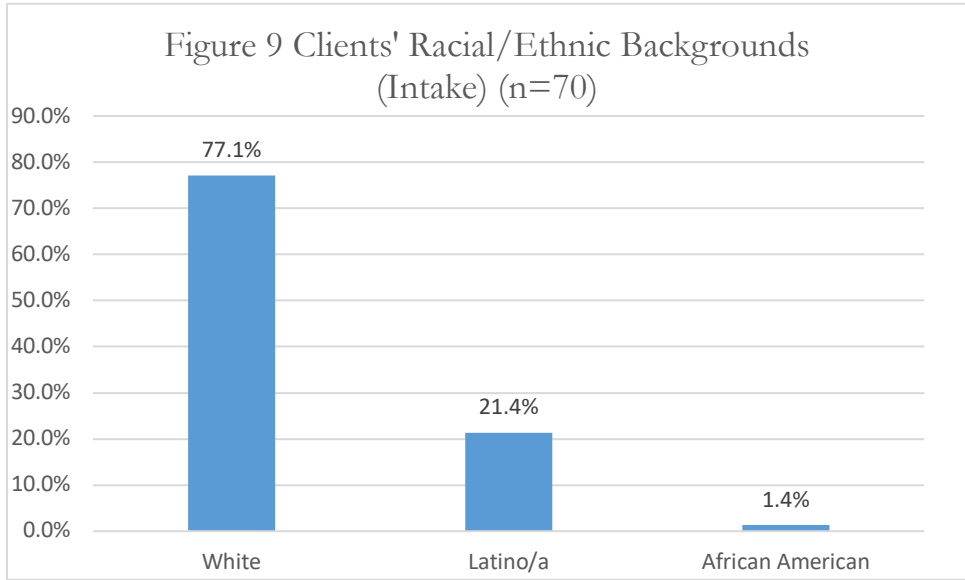
Table 2 Age of Children (Intake) (n=63; information not available for 7 children)

Age Range	Number of children (percentage in parentheses)	
5 years old and younger	16	(25.4%)
6 to 12 years old	29	(46.0%)
13 to 18 years old	18	(28.6%)
	63	(100%)



Clients’ Racial and Ethnic Backgrounds

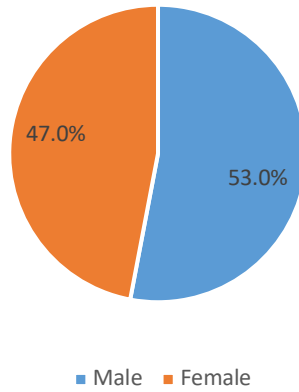
Out of the 70 children for whom intake and case management were conducted, 54 (77.1%) were white, 15 (21.4%) were Latino/a, and 1 (1.4%) was African American (see Figure 9).



Clients’ Sex

We did not have information on four children’s gender. Of the remaining 66 children, 35 (53.0%) were male, and 31 (47.0%) were female (see Figure 10 on the next page).

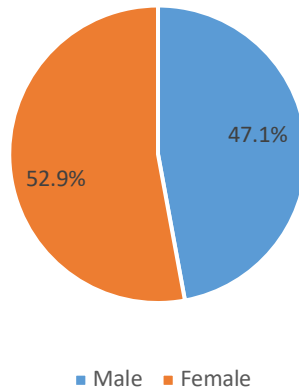
Figure 10 Clients' Sex (Intake) (n=66; information not available for four children)



Sex of Incarcerated Parent

33 (47.1%) children's fathers were incarcerated, while 37 (52.9%) children's mothers were incarcerated (see Figure 11).

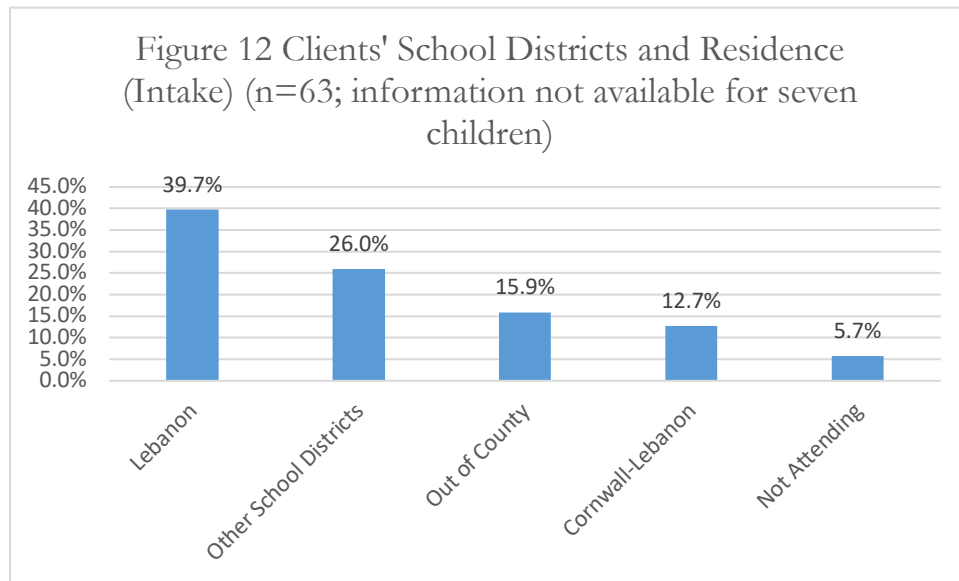
Figure 11 Sex of Incarcerated Parent (Intake) (n=70)



Clients' Residences and Location

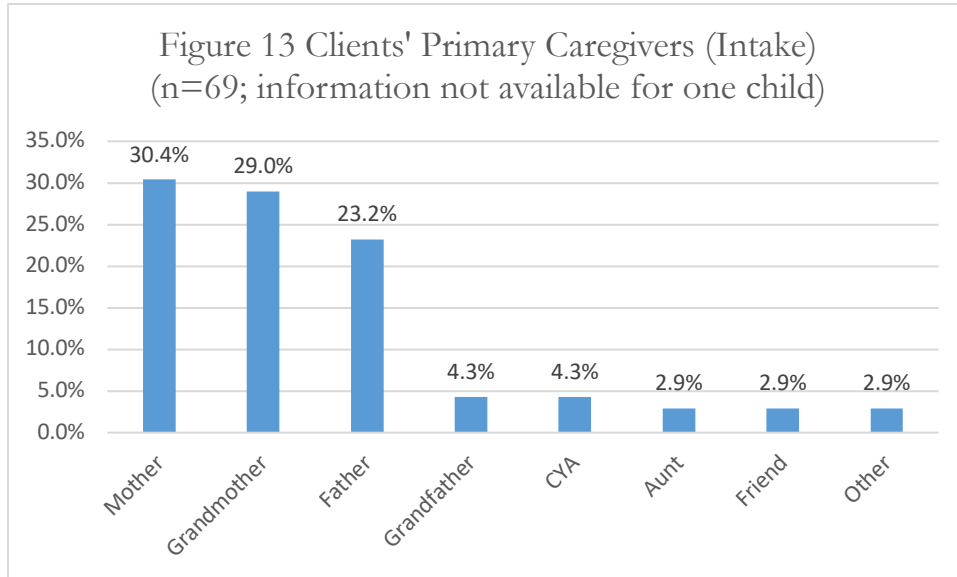
Of the 70 children with whom contact was initiated and intake conducted, we did not have information on the school district within which seven children resided. Of the remaining 63 children, 25 (39.7%) resided within the Lebanon School District. 8 (12.7%) children lived in the

Cornwall-Lebanon school district. 10 (15.9%) of children lived outside of Lebanon County, but their parents were incarcerated in Lebanon County. Children also lived within the confines of the following school districts: ELCO, Northern Lebanon, and the Palmyra area. Finally, 4 (5.7%) children were too young to be attending school. It bears repeating that children with an incarcerated parent is not solely a city/urban issue, and that they live and attend schools county-wide (see Figure 12).



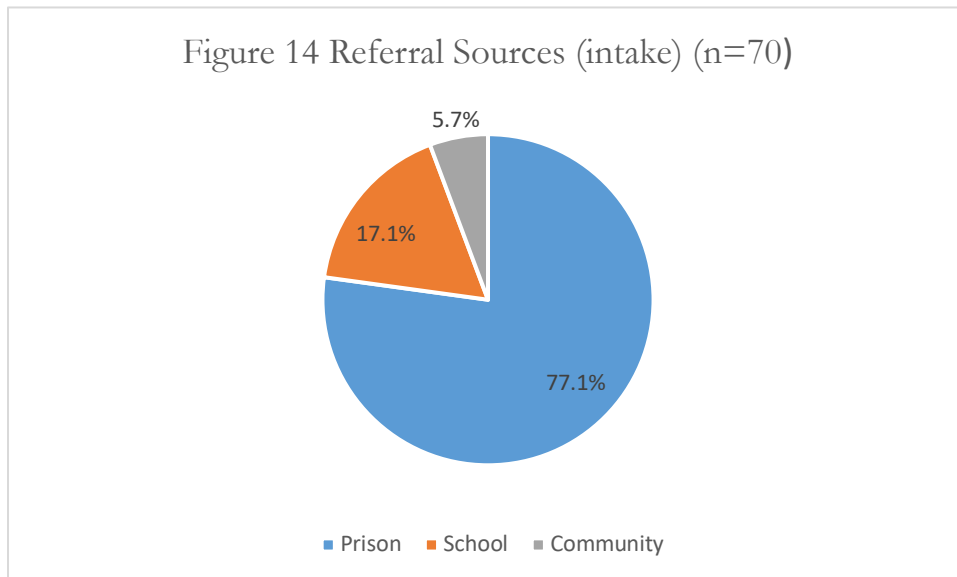
Primary Caretakers

We did not have primary caretaker information for one child. Out of the remaining 69 children, mothers were the largest category of primary caretakers in the intake group (21; 30.4%), while grandmothers (20; 29.0%) were the second largest category, and fathers (16; 23.2%). Other primary caregivers included grandfathers, aunts, friends, and other (see Figure 13 on the next page).



Program's Referral Sources

Finally, in terms of referral sources, the overwhelming majority of the children in the intake group were referred through the county prison (54; 77.1%). 12 (17.1%) children were referred through the schools, while 4 (5.7%) were referred through the community and community organizations (see Figure 14).



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 intake group. For both groups, the age ranges were similar, with the common age group of children served being in the six- to 12-years old range (47.5% in the referral group and 46.0% in the intake group). Additionally, racial/ethnic backgrounds of the clients were similar for both groups, with the majority identifying as white (82.2% in the referral group and 77.1% in the intake group). For both groups, the overwhelming majority of the referrals also came from county prison (73.3% in the referral group and 77.1% in the intake group).

There were three differences between the contact and intake group. First, while the majority of the contact group were female (50.6%), this was reversed for the intake group (53.0% were male). Second, while the overall number is proportionally small (4; 4.4%), it is interesting to note that for the clients with both parents incarcerated, intake was not successfully conducted. Looking further in the data, it would appear as though these four children belong to the same family unit, and that their primary caretaker was listed “other.” Wondering if this was an unusual occurrence, we analyzed the relationship between the clients’ primary caregivers and whether intake was successfully conducted (see Table 3).

Table 3 Relationship of Clients’ Primary Caregivers to Whether Intake Was Successfully Conducted (n=89; missing information for one child) (percentages in parentheses)

Primary Caregiver	Intake Not Conducted	Intake Conducted
Mother	3 (15.0%)	21 (30.4%)
Grandmother	2 (10.0%)	20 (29.0%)
Father	1 (5.0%)	16 (23.2%)
Aunt	0 (0.0%)	2 (2.9%)
Friend	2 (10.0%)	2 (2.9%)
Other	7 (35.0%)	2 (2.9%)
Grandfather	5 (25.0%)	3 (4.3%)
CYA	0 (0.0%)	3 (4.3%)
	20 (100.0%)	69 (100.0%)

Given the small population size, we should proceed with caution here. However, there are some interesting patterns here. There are three primary caregiver categories for whom a smaller percentage successfully conducted intake: friend, other, and grandfather. It might be worth keeping an eye out

for whether these patterns persist. If so, staff members might consider making additional efforts to contact clients whose primary caregivers fall into those categories.

Finally, we observe differences between the contact and intake group regarding their residence location (see Table 4).

Table 4 Comparison of Clients’ Residence Location to Whether Intake Was Successfully Conducted (percentages are provided)

Residence Location	Intake Not Conducted	Intake Conducted
Lebanon School District	34.2%	39.7% (+)
Out of County	13.7%	15.9% (+)
Cornwall-Lebanon School District	20.5%	12.7% (-)
Other School Districts	52.1%	26.0% (-)

Comparative to contact, clients residing in the Lebanon School District and out of county were slightly over-represented in the intake group. By contrast, clients residing in the Cornwall-Lebanon School District and other school districts within the county were under-represented in the intake group. Again, with such a small population size, we must be cautious in drawing definitive conclusions. Yet again, it might be worth keeping an eye out for whether these patterns persist. If so, staff members might consider making additional efforts to contact clients who reside in the Cornwall-Lebanon School District and other school districts within the county.

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 5 (see next page) focuses on the intake group of 70 clients and the identified services that they and/or their primary caregivers reported needing help accessing.

Table 5

Children's Needs Assessments at Intake (N=70)

Need	Number of Children and/or Primary Caregivers Who Requested Access to Need (percentages in parentheses)	
Access to incarcerated parent	32	(45.7%)
Access to clothing	13	(18.6%)
Access to food	10	(14.3%)
Access to health insurance	8	(11.4%)
Access to advocacy in school setting	8	(11.4%)
Access to therapy	6	(8.6%)
Access to food stamps	5	(7.1%)
Access to cash assistance	5	(7.1%)
Access to primary care physician	4	(5.7%)
Establishment of legal guardianship	4	(5.7%)
Access to housing	3	(4.3%)
Access to parenting classes	2	(2.9%)
Access to WIC	1	(1.4%)
Access to domestic violence services	0	(0.0%)
Access to support through CYA	0	(0.0%)
More than one service requested	8	(11.4%)

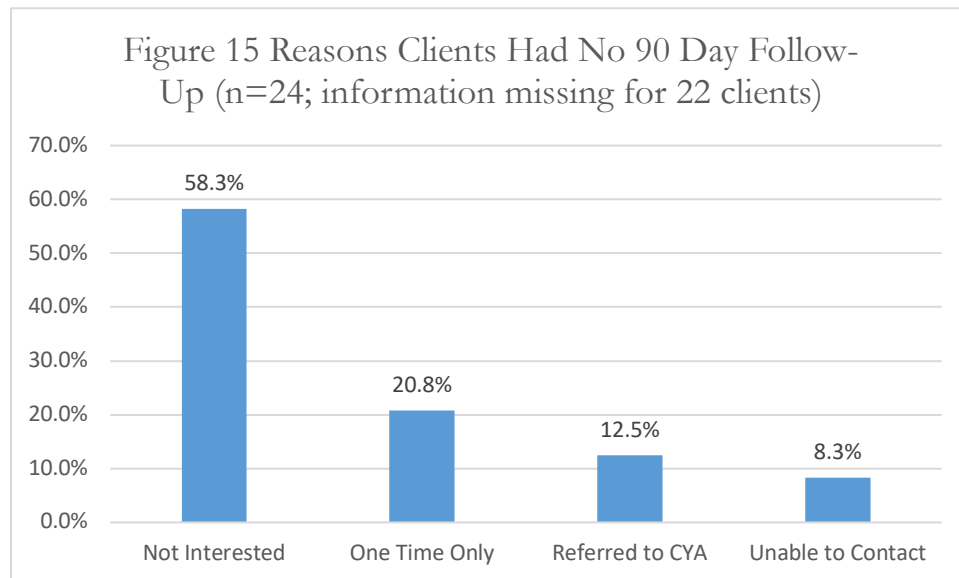
Not surprisingly, a large percentage of clients in the intake group requested assistance with getting in touch with their incarcerated parent (32; 45.7%). In fact, this was, by far, the most frequently requested need. Of note, 13 (18.6%) children and/or their primary caregivers requested help accessing clothing, while 10 children (14.3%) requested help accessing food. 8 (11.4%) clients requested help accessing health insurance, and an identical number also requested help accessing advocacy in school settings.

There are two areas of need for which we might have anticipated significant requests for assistance: help accessing therapy and establishing legal guardianship. For this group of clients, 6 (8.5%) children and/or their requested help accessing therapy and 4 (5.7%) requested help with

establishing legal guardianships. Finally, clients also requested help in accessing food stamps (5; 7.1%), cash assistance (5; 7.1%), a primary care physician (4; 5.7%), housing (3; 4.3%), parenting classes (2; 2.9%), and the WIC program (1; 1.4%).

Retention in the FSA Program

At 90 days, 24 (34.3%) of the 70 children for whom intake was successfully conducted maintained contact with the program. Of the remaining 46 (65.7%) clients, we only had information on 24 (52.2%) clients on why there was no 90 day follow-up. Of these 24 clients, 14 (58.3%) declined further involvement with the FSA program. 5 (20.8%) clients indicated that they no longer had any need for the program's services, while 3 (12.5%) clients had been referred to CYA. Finally, the staff member was unable to contact 2 (8.3%) clients (see Figure 15).



We first note that there was quite a bit of missing data for this variable. Lack of staffing might have been a factor in recording this information. In addition, we note that the percentage of clients for whom we do have information, declining further involvement with the FSA program is quite high. To our knowledge, no further information was collected on why these clients declined further involvement. It might be worthwhile to collect these data.

Clients' Needs Assessment at 90-Days Follow Up

In assessing the program's effectiveness, we focus on the 24 children for whom an intake was conducted, as well as a 90-day follow-up. Of these 24 children, we did not have any information for two of them. 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 primary 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 primary caregivers, as the percentage of clients requesting help with accessing needs in all but one areas decreased at 90 days. Not only did

the percentage of clients requesting help with accessing services decline in all but one areas; with most needs, they declined to zero percent (see Table 6).

Table 6 Children’s Needs Assessments at Intake and at 90 Days (n=22)
(information not available for two children)

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

Need	Intake	90 Days	Outcome
Access to clothing	12 (54.5%)	0 (0.0%)	IMPROVED
Access to food	9 (40.9%)	0 (0.0%)	IMPROVED
Access to health insurance	6 (27.3%)	0 (0.0%)	IMPROVED
Establishment of legal guardianship	4 (18.2%)	0 (0.0%)	IMPROVED
Access to incarcerated parent	4 (18.2%)	0 (0.0%)	IMPROVED
Access to food stamps	4 (18.2%)	0 (0.0%)	IMPROVED
Access to cash assistance	4 (18.2%)	0 (0.0%)	IMPROVED
Access to stable housing	3 (13.6%)	0 (0.0%)	IMPROVED
Access to advocacy in school	2 (9.1%)	2 (9.1%)	STAYED SAME
Access to primary care physician	2 (9.1%)	0 (0.0%)	IMPROVED
Access to therapy	1 (4.5%)	0 (0.0%)	IMPROVED
Access to WIC	1 (4.5%)	0 (0.0%)	IMPROVED
Access to support through CYA	0 (0.0%)	0 (0.0%)	IMPROVED
Access to parenting classes	0 (0.0%)	0 (0.0%)	IMPROVED
Access to domestic violence services	0 (0.0%)	0 (0.0%)	IMPROVED
More than one service requested	4 (18.2%)	0 (0.0%)	IMPROVED

RECOMMENDATIONS AND FUTURE DIRECTIONS

There are clearly high and intensive demands placed on the program's sole part-time staff member. Serving as a Family Service Advocate is difficult work – time-intensive and emotionally draining. We strongly commend the program staff for their work and commitment. There is clearly a need for this program, and we urge that more resources be committed. We provide three recommendations and data collection opportunities moving forward.

First, even as the data presented demonstrates the extraordinary efforts of the program's staff member, it fails to provide an accurate picture of the staff member's workload and efforts on behalf of the program's clients. The reality is that the staff member is often asked for assistance in assessing services not already measured in our needs assessment. The staff member is often asked by clients to help obtain furniture needed by the young children who have joined the family unit – from car seats and cribs, to beds. A second common service that the staff member provides for clients involves researching and obtaining assistance on mental health and developmental challenges faced by children. For instance, in March 2020, the staff member helped a grandmother research possible interventions and programs for her grandchild, who had been diagnosed as being on the autism spectrum. Later that year, the staff member also helped a mother research options for online schooling for her child. In addition, the staff member also facilitated a child's participation in a martial arts program at no cost. The staff member took it upon himself to seek out the owner of a local program, explained the child's circumstances to the owner, and asked the owner to consider enrolling the child in the program. A third common service that the staff member provided was to help clients access various forms of technology, including CD players and digital recorders. During the COVID-19 pandemic, there were probably a few clients who experienced additional difficulties due to the lack of reliable high speed internet access. We suggest that we expand the list of items in the current needs assessment to include the following:

- access to furnishings and home appliances
- access to research assistance on programs and health information
- access to technology and internet access
- access to childcare
- a miscellaneous category

Adding these items to the current needs assessment will capture the myriad tasks and services that the staff member provides, and will provide a more accurate picture of the workload associated with this position.

Second, we suggest that more detailed data be collected on some of the current needs assessment items. For instance, “access to incarcerated parent” needs to be more clearly measured – did the child request an in-person visit, contact through telephone calls, or through writing letters? This would help provide us with a clearer understanding of the efficacy of various ways of maintaining contact with the incarcerated parent. We recommend that as much as possible, the program should document in more detail the types of therapy that the client is seeking to access. If we can gain more insight into the mental challenges and issues that the children are experiencing, we should perhaps identify alternative ways of meeting these challenges. More detailed and specific data could probably be collected on several of the assessment measures. We recommend a careful evaluation of which measures are important to learn more about, and the types of additional data that could be collected.

Finally, we recommend that the program create and administer a survey for the primary caregivers to assess their experiences with the program, and their perceptions of how the children in their care are faring. In an ideal situation, we would be able to assess the well-being of the children being served by the program. There are, however, many ethical concerns with conducting research and data collection involving minors, and rightly so. As the best alternative, we propose that the children's primary caregivers be asked about their experienced with the program, as well as any additional challenges with which they feel they need assistance.

We repeat our commendation of the sole part-time staff member and the extraordinary work that he has accomplished on behalf on this program. We emphasize again how much need there is for this program and its expansion in Lebanon County. Additional staff could assist in serving new clients, and also help contact clients for intake and follow-up, yielding a higher rate of continued participation with the program.