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Center for Public Scholarship & Social Change

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Family Services Advocate (FSA) (Lancaster) Program Evaluation, 2021–2022

by

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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 staff, among others, is to provide access to needed services for children whose parents are currently 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 2021–2022, 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 program staff is unable to establish contact with all client referrals, it is important to keep track of referral demographics. Through the many years that we have conducted this program evaluation, we still lack an accurate county-wide picture of children whose parents are 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 clients’ needs were met. Finally, we close this report with a discussion of implementation of previous recommendations, along with suggestions for improving data collection procedures and the program itself.

DEMOGRAPHICS OF CLIENTS REFERRED TO THE PROGRAM

In this section, we provide an in-depth look at the backgrounds and demographic information for all the clients who were referred to the program. For fiscal year 2021-2022, 145 children were referred to the program.

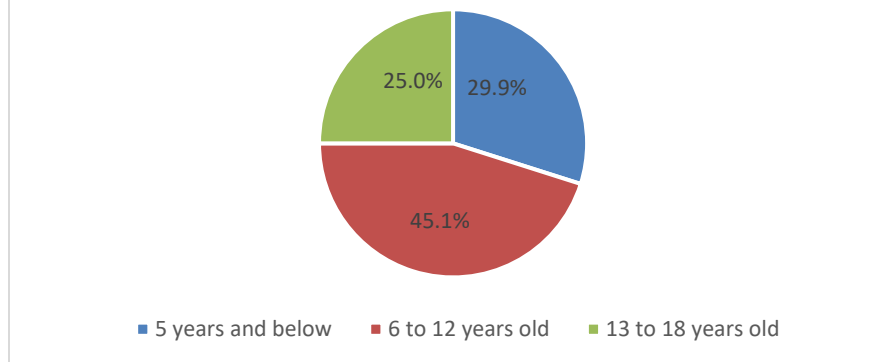
Clients’ Age

We did not have information on the child’s age for one child. Of the remaining 144 children, 65 (45.1%) were six to 12 years old. Forty-three (29.9%) children were five years old and younger, while the remaining 36 (25.0%) children were between 13 and 18 years old (see Table 1 below and Figure 1 on the next page).

Table 1 Age of Children (n=144; information not available for one child)

Age Range	Number of Children (percentage in parentheses)	
5 years old and below	43	(29.9%)
6 to 12 years old	65	(45.1%)
13 to 18 years old	36	(25.0%)
	144	(100%)

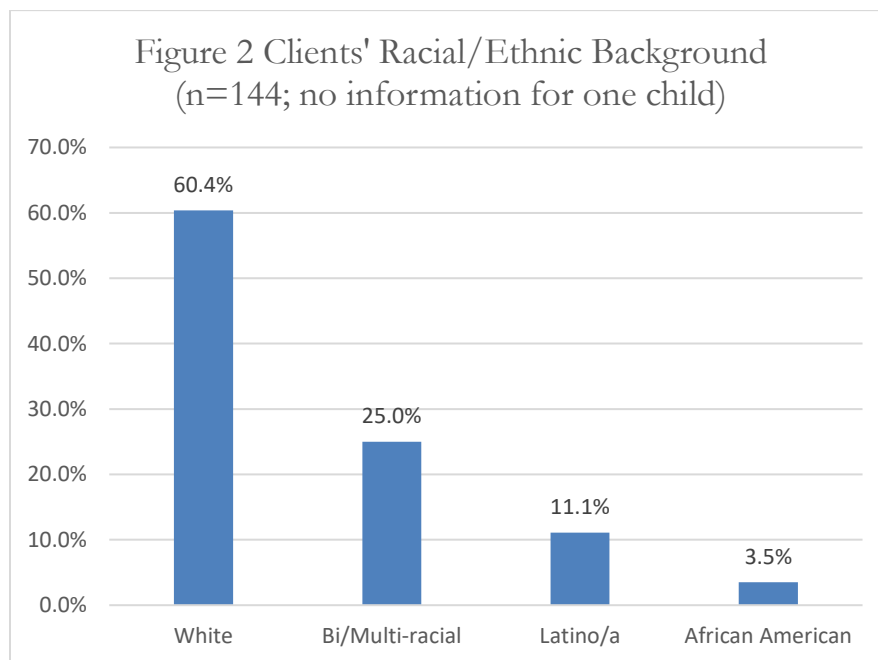
Figure 1 Ages of Clients (n=144; no information for one child)



Clients' Racial and Ethnic Backgrounds

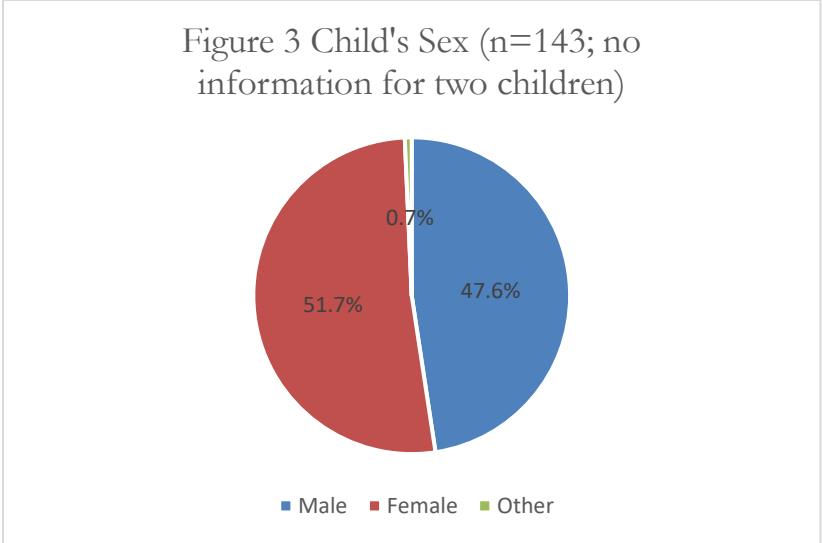
Out of the 145 children referred to the program, we did not have racial/ethnic background for one child. Of the remaining 144 children, 87 (60.4%) were white, 36 (25.0%) were bi/multiracial, 16 (11.1%) were Latino/a, and 5 (3.5%) were African American (see Figure 2 below).

Figure 2 Clients' Racial/Ethnic Background (n=144; no information for one child)



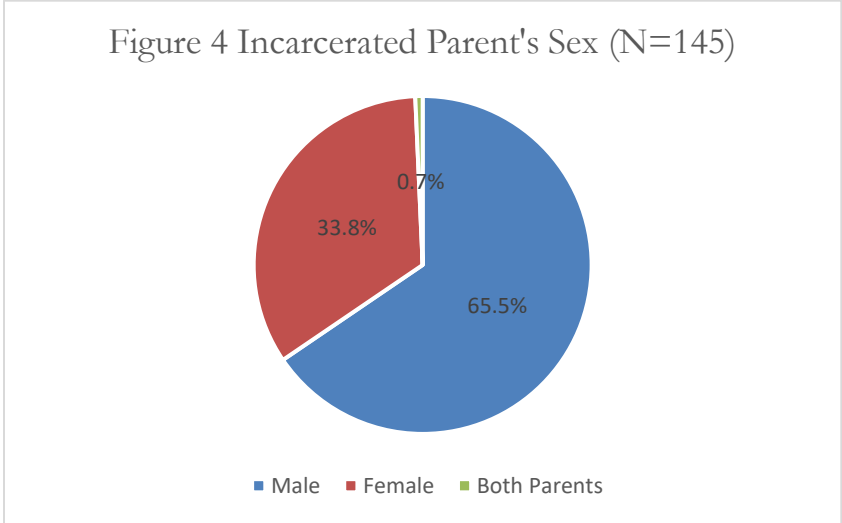
Clients' Sex

For 2021-2022, we did not have gender information for two children. Of the remaining 143 children, 74 (51.7%) were female and 68 (47.6%) were male. One (0.7%) child was identified as “other.” (see Figure 3 on the next page).



Sex of Incarcerated Parent

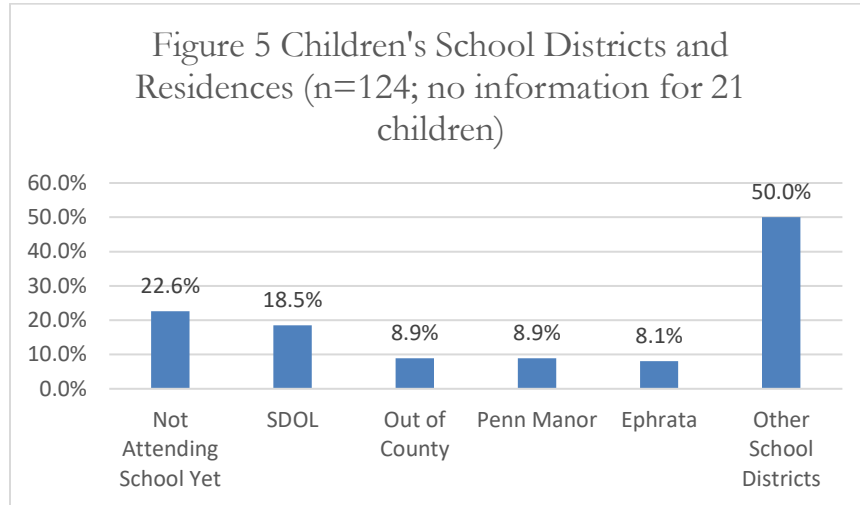
For the sex of the incarcerated parent, out of the 145 referred clients, 95 (65.5%) of the children’s fathers were incarcerated, 49 (33.8%) of the children’s mothers were incarcerated, and one (0.7%) child had both parents incarcerated (see Figure 4 below).



Clients’ Residence and Location

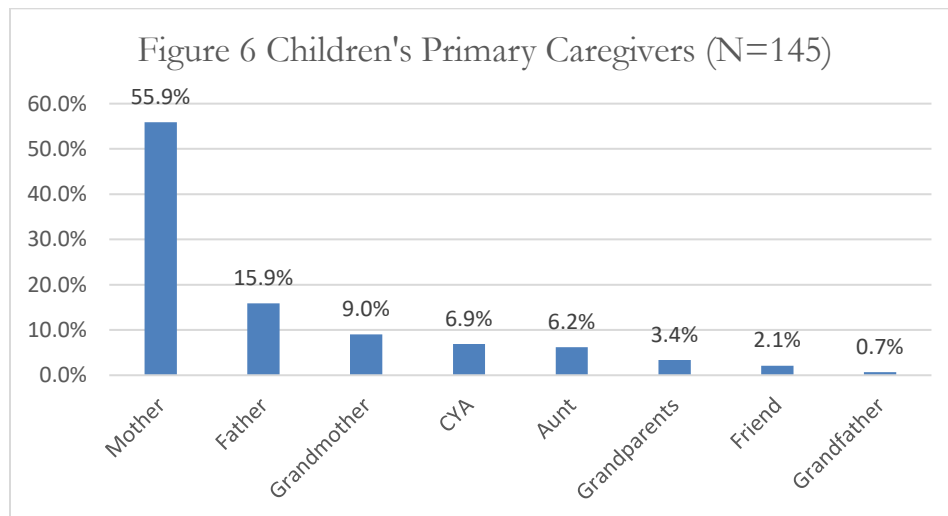
Out of the 145 children who were referred to the program, we did not have information for 21 of them. Of the remaining 124 children, 28 (22.6%) did not yet attend school, while 11 (8.9%) attended school outside of Lancaster County (their parents were incarcerated in Lancaster County). 23 (18.5%) were from the School District of Lancaster, 11 (8.9%) were from the Penn Manor School District, and 10 (8.1%) were from the Ephrata Area School District. The remaining 41 (33.0%) children resided in the following school districts: Cocalico, Columbia Borough, Conestoga Valley, Donegal, Elizabethtown Area, Hempfield, Lampeter-

Strasburg, Manheim Central, Manheim Township, Pequea Valley, Solanco, and Warwick. As with previous evaluations, the trend of children with an incarcerated parent is by no means a “Lancaster City problem.” Children with an incarcerated parent lived and attended schools all over the county (see Figure 5 below).



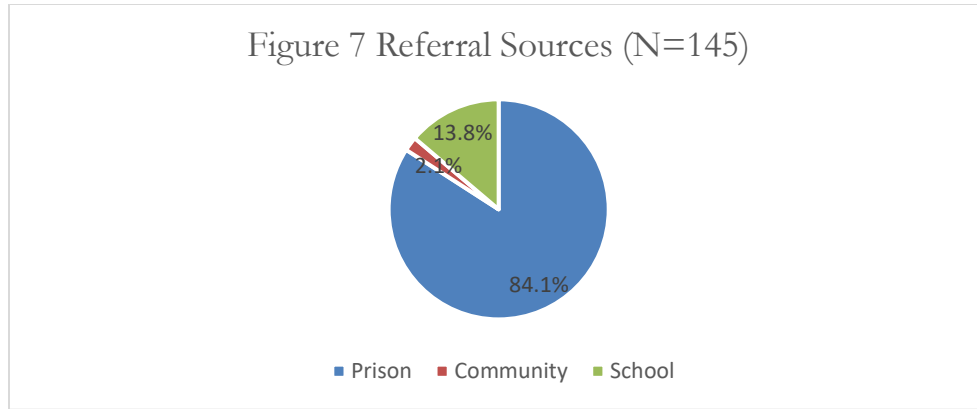
Primary Caretakers

Mothers were the largest category of primary caregivers for the children referred to the program (81; 55.9%). 23 (15.9%) of the children had their father as their primary caregiver, while 13 (9.0%) of the children had their grandmother as their primary caregiver. Other primary caregivers also included aunts, grandparents, friends, and grandfathers, while 10 (6.9%) children were under the auspices of Children and Youth (see Figure 6 below). As seen in previous evaluations, the majority of primary caregivers are women – grandmothers, mothers, and aunts made up 71.1% of the primary caregivers for this group of children. Fathers and grandfathers do serve as primary caregivers, but the impact of incarceration remains a gendered issue as women are more likely to bear the responsibility of child-rearing.



Program’s Referral Sources

For 2021–2022, 122 (84.1%) of the referrals were made through the FSA’s visit to the county prison. 20 (13.8%) referrals were made through the schools, while three (2.1%) referrals were made through the community and community organizations (see Figure 7 below).



DEMOGRAPHICS OF CLIENTS FOR WHOM INTAKE WAS CONDUCTED

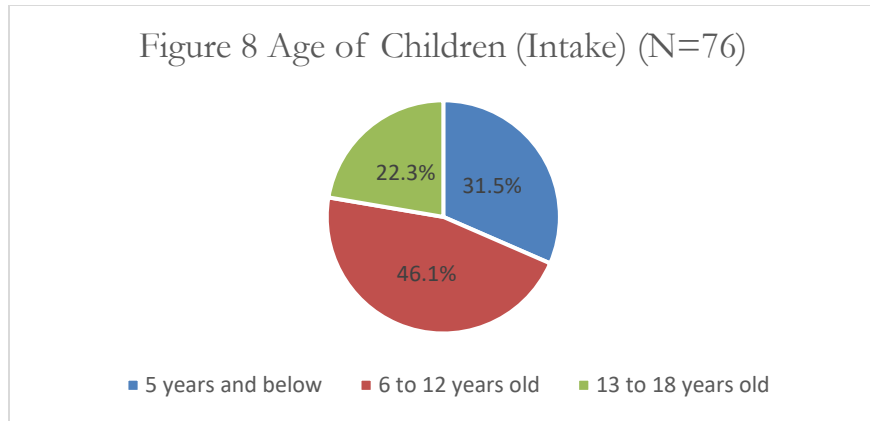
In this section, we provide a detailed look at the backgrounds and demographic information for the clients for whom intake and case management were conducted. It can be difficult to reach clients, and the FSA staff member works diligently to do so. For each referral, the FSA staff member makes three attempts to establish contact. For fiscal year 2021–2022, contact was established, and intake and case management conducted, for 76 (52.4%) of the original 145 clients referred to the program.¹

Clients’ Age

Of the 76 children, 24 (31.6%) were five years old and younger. 35 (46.1%) were between the six and 12 years old, while the remaining 17 (22.3%) were between 13 and 18 years old (see Table 2 below and Figure 8 on the next page).

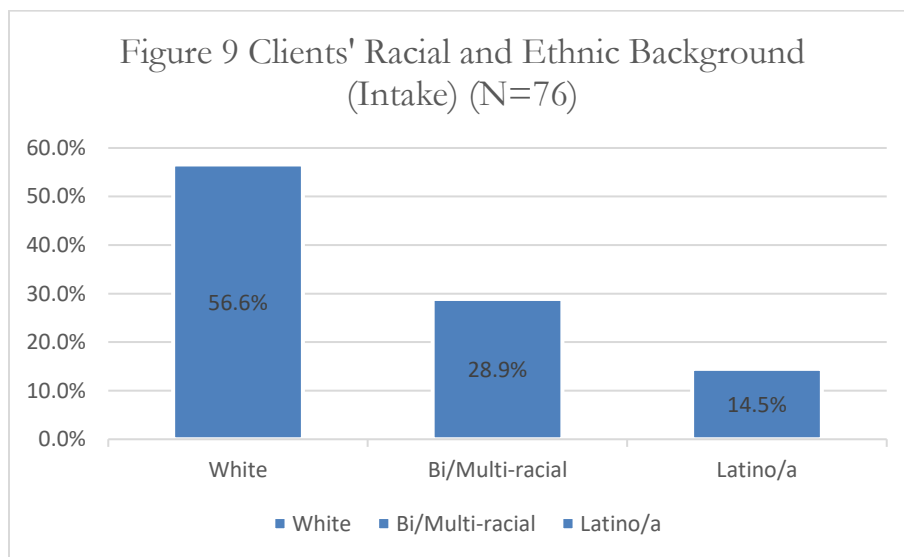
Table 2 Age of Children (N=76)

Age Range	Number of Children (percentage in parentheses)	
5 years old and below	24	(31.6%)
6 to 12 years old	35	(46.1%)
13 to 18 years old	17	(22.3%)
	76	(100%)



Clients' Racial and Ethnic Backgrounds

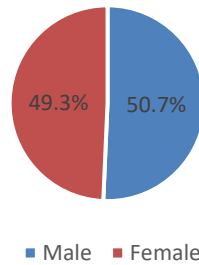
Out of the 76 children for whom intake and case management were conducted, 43 (56.6%) were white, 22 (28.9%) were Bi/Multiracial, and 11 (14.5%) were Latino/a (see Figure 9 below).



Clients' Sex

Of the 76 children in the intake group, we did not have gender information for one child. Of the remaining 181 children, 38 (50.7%) of the children were male, while 37 (49.3%) of children were female (see Figure 10 on the next page).

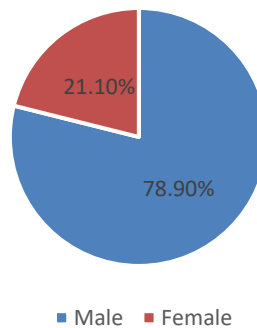
Figure 10 Clients' Sex (Intake) (n=75; no information for one child)



Sex of Incarcerated Parent

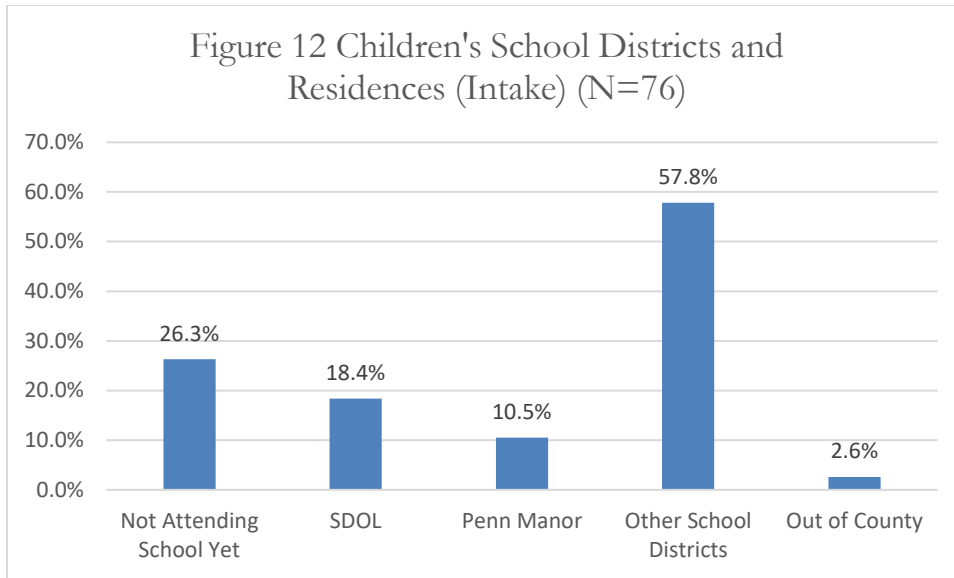
In regard to the sex of the incarcerated parent, 60 (78.9%) of the children's fathers were incarcerated, and 16 (21.1%) of the children's mothers were incarcerated (see Figure 11 below).

Figure 11 Sex of Incarcerated Parents (Intake)
(N=76)



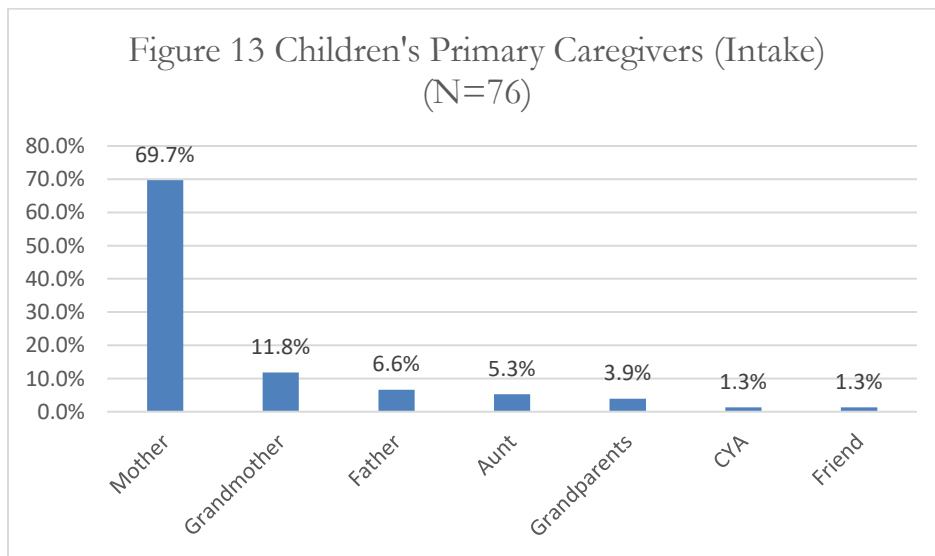
Clients' Residence and Location

Out of the 76 children for whom intake was conducted, 20 (26.3%) were not yet of school attending age. 14 (18.4%) children were from the School District of Lancaster, and 8 (10.5%) were from the Penn Manor School District. 2 (2.6%) children were attending school outside the county, but their parent was incarcerated in Lancaster County. The remaining 44 (57.8%) children in the intake group attended school in the following districts: Cocalico, Columbia Borough, Conestoga Valley, Ephrata Area, Hempfield, Lampeter-Strasburg, Manheim Central, Pequea Valley, Solanco, and Warwick. We emphasize yet again – 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 all over the county (see Figure 12 on the next page).



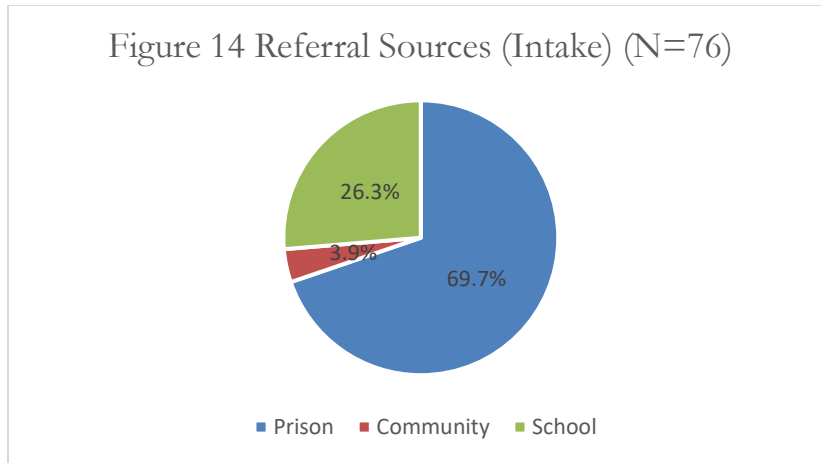
Primary Caretakers

Out of 76 children, mothers were the largest category of primary caregivers for the children in the intake group (53; 69.7%), while grandmothers were the second largest category (9; 11.8%). The third largest category of primary caregivers were fathers (5; 6.6%) (see Figure 13 below).



Program's Referral Sources

Finally, for children in the intake group, a majority of the referrals were made through the FSA's visits to the county prison (53; 69.7%). 20 (26.3%) referrals were made through the schools, while three (3.9%) referrals were made through the community and community organizations (see Figure 14 on the next page).



Comparisons Between All Referrals and Clients for Whom Intake Was Conducted

In our program evaluation for the two prior fiscal years, we included a sub-section comparing all referrals and clients for whom intake was conducted. Our goal in doing so was to determine whether core demographics matched up for both groups. Divergences could indicate whether outreach needs to be more focused and intentional to ensure that all demographic groups were able to access the FSA program. This year, we found that all demographic factors diverged for the two groups, albeit to differing degrees.

For all referrals, 29.9% of the children were five years old and younger, 45.1% were six to 12 years old, and 25.0% were 13 to 18 years old. For the intake group, a higher percentage of children ages five years old below were served, compared to all referrals. The percentage of children ages six to 12 years old in both groups was fairly similar, just a tad higher in the intake group. By contrast, a lower percentage of children 13 to 18 years old and younger had intake conducted (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	29.9%	31.6%	+
6 to 12 years old	45.1%	46.1%	+
13 to 18 years old	25.0%	22.3%	-

The second discrepancy occurred in the demographic of the children’s race/ethnicity. For all referrals, 60.4% of the children were White, 25.0% Bi/Multiracial, 11.1% Latino/a, and 3.5% African American. In contrast, higher percentages of children in the intake group were Bi/Multiracial (28.9%) and Latino/a (14.5%) and lower percentages of children were White (56.6%) and African American (0.0%) (see Table 4 on the next page).

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

Race/Ethnicity	All Referrals	Intake	Differential
White	60.4%	56.6%	-
Bi/Multiracial	25.0%	28.9%	+
Latino/a	11.1%	14.5%	+
African American	3.5%	0.0%	-

In terms of gender, the percentages between both groups were quite similar. However, more males had intake completed compared to the referral group (50.7% to 47.6%), and fewer females had intake completed compared to the referral group (49.3% to 51.7%) (see Table 5 below).

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

Sex	All Referrals	Intake	Differential
Male	47.6%	50.7%	+
Female	51.7%	49.3%	-
Other	0.7%	0.0%	-

In terms of the sex of the incarcerated parent, a much higher percentage of those who had fathers incarcerated (78.9% to 65.5%) were part of the intake group, while children whose mothers were incarcerated made up a smaller percentage of the intake group (33.8% to 21.1%) (see Table 6 below).

Table 6 Sex of Incarcerated Parent – Comparing All Referrals to Intake Group

Sex	All Referrals	Intake	Differential
Father	65.5%	78.9%	+
Mother	33.8%	21.1%	-
Both	0.7%	0.0%	-

We see some interesting contrasts between the referral and intake groups when it comes to school district and residence areas. The percentage of children attending the School District of Lancaster stayed about the same for both the referral and intake groups. The percentages of children not yet attending school (22.6% to 26.3%), in Penn Manor (8.9% to 10.5%), and in Ephrata (9.1% to 9.3%) increased, while the

percentages of children out of county (8.9% to 2.6%) and attending other Lancaster school districts (50.0% to 32.9%) decreased (see Table 7 below).

Table 7 **School Districts and Residence Areas – Comparing All Referrals to Intake Group**

Sex	All Referrals	Intake	Differential
Not Yet Attending	22.6%	26.3%	+
SDOL	18.5%	18.4%	stayed about the same
Out of County	8.9%	2.6%	-
Penn Manor	8.9%	10.5%	+
Ephrata	8.1%	9.3%	+
Other	50.0%	32.9%	-

We continue to see a gendered pattern in children’s primary caregivers. Comparing both the referral and intake groups, we see that female caregivers make up a larger percentage of the intake group. Mothers, for instance, make up 69.7% of the intake group (compared to 55.9% in the referral group), while grandmothers make up 11.8% of the intake group (compared to 9.0% in the referral group). The third group of caregivers whose percentage increased in the intake group is grandparents (from 3.4% to 3.9%) (see Table 8 below).

Table 8 **Children’s Primary Caregivers – Comparing All Referrals to Intake Group**

Sex	All Referrals	Intake	Differential
Mothers	55.9%	69.7%	+
Fathers	15.9%	6.6%	-
Grandmothers	9.0%	11.8%	+
CYA	6.9%	1.3%	-
Aunts	6.2%	5.3%	-
Grandparents	3.4%	3.9%	+
Friends	2.1%	1.3%	-
Grandfathers	0.7%	0.0%	-

Finally, looking at the referral sources for both groups, we see that the largest percentage for both groups came from the FSA’s visits to the county prison in the referral group, the percentage declined in the intake group (from 84.1% to 69.7%). In contrast, the percentages for school and community referrals increased in the intake group (from 13.8% to 26.3% for schools and from 2.1% to 3.9% for the community and community groups) (see Table 9 below).

Table 9 Referral Sources – Comparing All Referrals to Intake Group

Sex	All Referrals	Intake	Differential
Prison	84.1%	69.7%	-
Schools	13.8%	26.3%	+
Community	2.1%	3.9%	+

The key takeaway point from these comparisons is that more sustained outreach needs to be conducted towards the following children:

- those who are African American and White;
- those whose mothers are incarcerated;
- those living in school districts other than the School District of Lancaster, Penn Manor, and Ephrata;
- those whose primary caregivers are fathers; and
- those whose referral came from the county prison.

Outreach is immensely time and labor intensive, and this is a lot to ask of one staff member. The FSA program will need more human resources in order to conduct sustained and continuous outreach to its referrals – an issue we return to at the end of the report.

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 10 (on the next page) focuses on the intake group of 76 clients and the identified services that they reported needing help accessing.

Not surprisingly, a large percentage of children in the intake group requested help gaining access to their incarcerated parent (35; 46.1%), although the need for establishing legal guardianship is lower than in past years (10; 13.2%). The second, third, fourth, and fifth most requested needs are accessing stable housing (29; 38.2%), cash assistance (20; 26.3%), food (19; 25.0%), and clothing (12; 15.8%). These are what can be termed as the “needs of daily living.” The requests for help accessing these needs of daily living have increased since the start of the global COVID pandemic in March 2020, and increased from the previous year as well (stable housing from 9.8% to 38.2%; food from 8.7% to 25.0%; and clothing from 10.9% to 15.8%).

Table 10**Children’s Needs Assessments at Intake (2021-2022) (N=76)**

Need	Number of Children Whose Caregivers Requested Access to Service (percentages in parentheses)	
Access to incarcerated parent	35	(46.1%)
Access to stable housing	29	(38.2%)
Access to cash assistance	20	(26.3%)
Access to therapy	20	(26.3%)
Access to food	19	(25.0%)
Access to advocacy in a school setting	14	(18.4%)
Access to clothing	12	(15.8%)
Establishment of legal guardianship	10	(13.2%)
Access to food stamps	8	(10.5%)
Access to WIC	5	(6.6%)
Access to health insurance	2	(2.6%)
Access to support through CYA	0	(0.0%)
Access to primary care physician	0	(0.0%)
Access to parenting classes	0	(0.0%)
Access to domestic violence services	0	(0.0%)
More than one service requested	10	(13.2%)

For this fiscal year, 10 (13.2%) of the children in the intake group identified assistance accessing multiple needs. This is a percentage that has been declining for the past three years – from 81.8% three years ago to 10.5% two years ago, and to 6% last year. This year, we note an increase back up to 13.2%. From empirical research, we know that parental incarceration often impacts, simultaneously, various aspects of children’s lives (e.g., see Harris 2020). Hence, we expect clients to request help accessing multiple needs. Thus, it is interesting to see the percentage declines of clients requesting help accessing multiple needs over the last several years, although there is an increase this year. We note again that this is a trend we should continue to monitor.

Over the years that the FSA program has been in existence, the requests for assistance in the areas of access to the incarcerated parent and establishing legal guardianship have generally been numerous. We also note that emotional and mental health concerns continue to be of great urgency – with 20 (26.3%) clients requesting help accessing therapy. By contrast, requests for help accessing a primary care physician, parenting classes, and domestic violence services have historically been few and far in-between, and this year, there were no requests for each of these three categories.

Clients' Needs at 90-Days Follow Up

In assessing the program's effectiveness, we focus on the 46 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 11 on the next page).**

Of note, the percentage of children whose caregivers requested access to multiple services has improved significantly – declining from 6 (13.0%) to 0 (0.0%). We also see high levels of improvement in the FSA's success in helping clients gain access to their incarcerated parent (a decline from 25 (54.3%) to 0 (0.0%)), therapy (a decline from 17 (37.0%) to 0 (0.0%)), food (a decline from 11 (23.9%) to 0 (0.0%)), and cash assistance (a decline from 10 (21.7%) to 0 (0.0%)).

We note one area where there was a relatively smaller decrease. 18 (39.1%) clients requested assistance with accessing stable housing, and at the 90-days follow-up, 8 (17.4%) clients still required help accessing this need. Like many areas of the country, Lancaster County currently suffers from a dire shortage of affordable and stable housing options. The fact that the FSA staff member is able to assist a large number of clients access stable housing is highly commendable. We have to acknowledge that the FSA's ability to meet this need is constrained by larger structural considerations.

Retention in the FSA Program

At 90 days, 46 (60.5%) of the 76 children served at intake maintained contact with the FSA. This is a very good program retention rate, especially when there is only one staff member maintaining contact with the intake group. We strongly commend the program staff for their work, time, and effort in maintaining this strong retention rate. What happened to the 30 (39.5%) children who had lost contact with the FSA (see Figure 15 on pg. 17)?

Of these 30 children, we did not have information for one child. Of the remaining 29 children, 20 (69.0%) needed only one-time assistance. 6 (20.7%) children had moved out of the county, while 3 (10.3%) were no longer interested in utilizing the services of the program. The retention rate for this program is actually much higher than the aforementioned 60.5%, since 20 clients no longer needed assistance at 90 days. Adding those 20 clients to the 46 who maintained contact with the FSA at 90-days post intake, in reality, the retention rate for this program is at 86.8% (66 out of 76 clients).

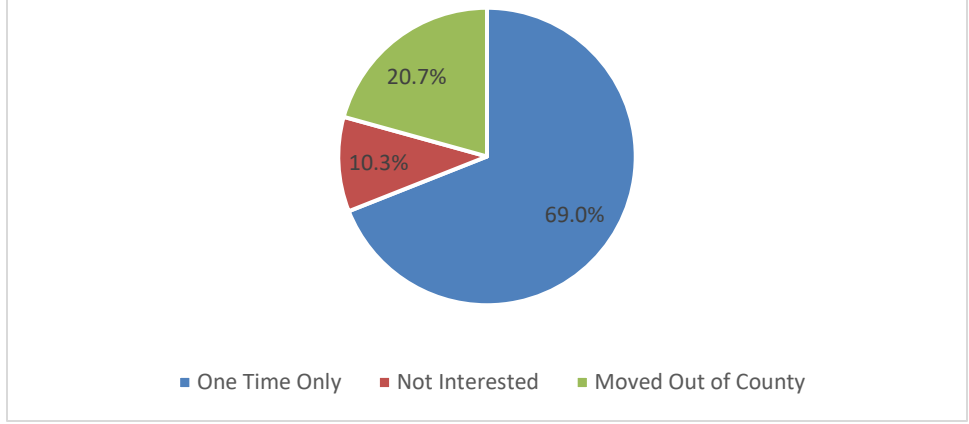
Table 11 Children’s Needs Assessments at Intake and at 90-Days for 2021-2022 (N=46)

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

Need	Intake	90 Days	Outcome
Access to incarcerated parent	25 (54.3%)	0 (0.0%)	IMPROVED
Access to stable housing	18 (39.1%)	8 (17.4%)	IMPROVED
Access to therapy	17 (37.0%)	0 (0.0%)	IMPROVED
Access to food	11 (23.9%)	0 (0.0%)	IMPROVED
Access to cash assistance	10 (21.7%)	0 (0.0%)	IMPROVED
Access to clothing	9 (19.6%)	0 (0.0%)	IMPROVED
Access to advocacy in school setting	7 (15.2%)	1 (2.2%)	IMPROVED
Access to food stamps	6 (13.0%)	0 (0.0%)	IMPROVED
Access to WIC	5 (10.9%)	0 (0.0%)	IMPROVED
Establishment of legal guardianship	5 (10.9%)	0 (0.0%)	IMPROVED
Access to health insurance	2 (4.3%)	0 (0.0%)	IMPROVED
Access to support through CYA	0 (0.0%)	0 (0.0%)	IMPROVED
Access to primary care physician	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	6 (13.0%)	0 (0.0%)	IMPROVED

Figure 15 Reasons for Non-Continuation in Program (N=29); no information for one child



PAST RECOMMENDATIONS AND FUTURE DIRECTIONS

Last year, we provided five key recommendations for improving the FSA program and program data collection. We begin by revisiting these recommendations and the FSA program’s response. We wish to acknowledge and applaud the efforts that Compass Mark and the FSA program have put forth in addressing our recommendations from the last program evaluation, and their continuing commitment to this program. Compass Mark and the FSA program have taken steps to act on four of the five recommendations, strengthening the program and enhancing the services provided.

First, since we began conducting program evaluations of the FSA program, we have continually noted the extraordinary demands placed on the county’s sole FSA staff member. The data for 2021-2022 once again support our assessment – it is simply not feasible or sustainable, for one staff member, to shoulder this heavy workload on their own. In addition to the caseload for the current fiscal year, it is important to remember that the FSA staff member continues to work with clients from previous years. Our first recommendation, which we have proposed in every single program evaluation, and continue to propose here, is to provide more resources and staffing for this program. This is especially crucial as the FSA program expands its services to include parenting classes for incarcerated parents. In the first half of the 2023 calendar year, the FSA program took on two interns from Millersville University, who assisted greatly with launching and facilitating these parenting classes. The FSA program will likely recruit more interns for the foreseeable future. While this is a great learning experience for college students and provides much needed human resources, we continue to urge that the county invest in long-term staffing in order to provide more stability and to enhance the program’s ability to serve more clients.

Our second recommendation last year came from our conversations with the FSA staff member. As a result of these discussions, it is clear that the services she provides go beyond what is measured in the current needs assessment. Hence, we recommended 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 recommendation has been implemented for the 2022-2023 fiscal year, and we will be able to capture the data trends in the next program evaluation.

We turn our attention to our fourth and fifth recommendations from last year before discussing the third recommendation. Given the crucial role that primary caretakers play in the lives of children with incarcerated parents, program evaluations must, of necessity, examine how well these caretakers' needs are being met. Caregivers' health and well-being no doubt impact their charges. Last year, our fourth recommendation proposed surveying primary caregivers about their experiences in working with the FSA, and their perceptions of the assistance they have received. We also proposed surveying primary caregivers on their perceptions of how the FSA program would better work with them. The FSA program has begun creating and delivering care packages for caregivers, including information and resources on how best to support the children in their care. This is an excellent step that the FSA program has taken. We are aware of the stresses and constraints that caregivers of children with incarcerated parents face, as well as the added burdens of asking them to participate in more data collection efforts. Nonetheless, should there be a feasible way to solicit the views and experiences of primary caregivers under this program, as well as their needs, we would encourage the FSA program to do so.

Our fifth recommendation from last year proposed a continuing comprehensive overview of the extant literature on which programs for children of incarcerated parents have been successful. While the county's FSA program is performing very well, we might begin to consider what other approaches and programs have been successful. Based on the results of a literature review, for instance, we might be able to identify other programs with which the FSA might partner to strengthen positive outcomes for its clients. In the first half of the 2023 calendar year, I, along with staff from Compass Mark and a board member from the local non-profit, Ambassadors for Hope (which advocates for children with a parent in prison), met to review existing studies and to compile a list of best practices in regards to children with incarcerated parents. This first round of literature review is complete, and all stakeholders have a list of best practices to implement.

The one recommendation from last year that was not implemented was our third recommendation, which focused on data analysis and continuing research. We proposed a more in-depth analysis of the data, specifically, a longitudinal comparison which will give us a broader picture of how the program's clientele and their needs have changed over time in the county. We further recommended analyzing the data through cross-tabulating clients' requested needs access with various demographic traits, which would help us determine whether particular groups of children were more likely to need assistance assessing particular needs. This is, admittedly, a labor and time intensive undertaking, and one that Compass Mark and the FSA program cannot realistically take on. Team members of Millersville University's Center for Public Scholarship & Social Change are interested in taking the lead on this endeavor (along with compiling a continuing review of programmatic best practices), but we would require additional financial support to make this a reality.

The FSA program has come a long way since the first program evaluation we conducted. It has served hundreds of children and families in the county, and continues to adopt evidence-based practices in improving the program. What the program now needs is sustainability, with an eye to growth. In addition to our recommendation for more resources and staffing, looking ahead, we would advise that the FSA program continues to stay updated on evidence-based best practices, and to collect outcomes data as much as is feasible (e.g., with caregivers and the parenting classes). In addition, we recommend an analysis of the data over time, which will help provide us with a contextual understanding of how the needs of children with incarcerated parents have changed.

In conclusion, we applaud the outstanding work that Compass Mark and the FSA program have done, and continue to do, in serving children with incarcerated parents. We reiterate again the need for additional human resources so that the program can begin to grow and serve more clients in need of their services. We await the data from the 2022-2023 fiscal year, with the new instrument for needs assessment, to see if it further changes our understanding of the needs of children with incarcerated parents, and whether it affects the design and structure of the FSA program.

References

Harris, Sylvia A. 2020. *The Shadow System: Mass Incarceration and the American Family*. New York, NY: Bold Type Books.