

service

compassion

uplifting

individual

worth



Childhood Disrupted: Understanding the Features and Effects of Maternal Incarceration

supporting



There are no limits to caring.®

www.VolunteersofAmerica.org

Childhood Disrupted:

Understanding the Features and Effects of Maternal Incarceration

November 2010



AMHERST H.
WILDER
FOUNDATION
ESTABLISHED 1906

Here for good.

Prepared by:
Jessica Meyerson, Christa Otteson and Krysten Lynn Ryba

Wilder Research
451 Lexington Parkway North
Saint Paul, Minnesota 55104
651-280-2700
www.wilderresearch.org

Contents

- Background and purpose of this study 1
- Methodology3
- Defining research questions.....3
- Data collection instruments3
- Data collection strategies.....3
- Respondent characteristics5
- Number and type of respondents participating at each site5
- Demographic characteristics of participating adults5
- Other defining characteristics of incarcerated mothers7
- Key characteristics of children interviewed8
- Regional variations and variations in family structure9
- Critical strengths and needs identified by the study 14
- Family Strengths 14
- Needs and challenges..... 16
- Implications for programming24
- Joining optimism with strategy24
- A stable, secure home for children24
- Help planning for reentry25
- Volunteers of America’s responses to date26
- Short-term responses: Cash assistance and material goods26
- Longer-term strategies: Implementing the Look Up and Hope model26
- Conclusions and issues to consider30
- Families need help navigating the period of incarceration as well as planning for reentry30
- Family structures are complicated30
- The existing LUH approach appears to be generally responsive to the needs of
Volunteers of America’s target families..... 31
- References.....32

Acknowledgments

The authors of this report would like to thank the staff of Volunteers of America for their support of this project. Beth Poffenberger Lovell, Volunteers of America's Director of Family Strengthening, was especially helpful in supporting and directing our work on this study.

We would also like to thank the staff of Volunteers of America's five Look Up and Hope pilot sites for partnering with us on the design and implementation of this study. The pilot sites include: Volunteers of America, Dakotas, Volunteers of America of Illinois, Volunteers of America of Indiana, Volunteers of America Northern New England and Volunteers of America Texas. We are especially indebted to Shannon Shumacher and her staff at Volunteers of America of Indiana for their willingness to pilot test the interview guides developed for this study.

Thank you also to the following Wilder Research staff who provided their assistance with the project:

Louann Graham
Greg Owen

Background and Purpose of this Study

Volunteers of America is a national, nonprofit, faith-based organization dedicated to helping those in need rebuild their lives and reach their full potential. Since its founding in 1896, the organization has supported and empowered America's most vulnerable populations, including men and women returning from prison, at-risk youth and families, the homeless, the disabled and those recovering from addictions. Through hundreds of human service programs, Volunteers of America serves more than 2 million people in over 400 communities across the United States.

In early 2009, the organization announced plans to launch an innovative new family strengthening initiative called Look Up and Hope (LUH). The purpose of this initiative is to strengthen and support families affected by maternal incarceration. Volunteers of America chose to focus on this particular group because mothers with children under the age of 18 are one of the fastest growing sectors of the incarcerated population.

Between 1991 and midyear 2007, the Bureau of Justice Statistics reported the number of mothers in federal and state prisons had increased a staggering 122 percent. During the same period, the number of children with mothers in prison had more than doubled, rising to almost 150,000 children nationwide. (BJS, 2008)

Unfortunately, when women with children are incarcerated, their arrests and imprisonment often have a profound, negative impact on their families. Most children of incarcerated parents are at risk of poverty, instability and problem behaviors; but children with incarcerated mothers are especially vulnerable. Mothers in prison are more likely than fathers to enter incarceration with an identified mental illness. They are more likely to be drug users, to live in poverty and to be victims of physical or sexual abuse. (Travis and Waul, 2003) These factors substantially increase the chances that their children will experience their own emotional and psychological difficulties. (Ingram and Price, 2000; U.S. Surgeon General, 1999)

Children whose mothers are incarcerated are also more likely to witness their parents' arrests and to experience significant trauma and household disruption as a result of those arrests. When a father goes to prison, his children usually remain in the care of their mother; but when a mother is incarcerated, her children are likely to be transferred to the care of a non-parental caregiver. Most often this caregiver is a grandparent or relative, but, in about 11 percent of cases, children of incarcerated mothers are placed in the foster care system—separating them, in many cases, not just from their parents, but also their siblings, other family members and the only homes and communities they have ever known. (BJS, 2008; Mumola, 2000; Travis and Waul, 2003)

Despite the explosive growth in the number of mothers who are in prison—and the potentially devastating effects of this incarceration on future generations—there are, at present, only a handful of prisoner reentry programs in the U.S. that are specifically designed to support incarcerated mothers and their families.



The purpose of the Look Up and Hope initiative is to address this critical gap in services. Five pilot sites with a strong history of service to incarcerated women and their families—Volunteers of America Dakotas, Volunteers of America Illinois, Volunteers of America Indiana, Volunteers of America Northern New England and Volunteers of America Texas—are currently involved in designing and implementing the initiative.

With support from the Annie E. Casey Foundation, Volunteers of America National Office and a variety of federal, state, and local grants, these sites are attempting to provide comprehensive, coordinated, long-term services for incarcerated mothers, their children and their children's caregivers. Some of the supportive services currently being offered to LUH participants include substance abuse and mental health counseling, vocational training and employment services, rapid re-housing assistance, parenting classes, individual and family therapy, case management services (including home visits from trained clinical social workers), family group conferencing, after school and summer programming for youth and concrete supports (such as assistance with food, clothing and transportation).

In designing and implementing the Look Up and Hope initiative, Volunteers of America has partnered with Wilder Research, an independent nonprofit research group in St. Paul, Minn. that specializes in applied social science research. Wilder's chief role in the initiative has been assisting Volunteers of America in ensuring that their approach to addressing maternal incarceration is strongly research-based and builds on the best available evidence-based practices.

In late 2009, Wilder's research staff collaborated with the field staff of the five pilot LUH sites to carry out one of the nation's first multiple site, qualitative studies of the strengths and needs of families affected by maternal incarceration. The purpose of this study was to (1) better understand the needs of the specific families being served at the five Look Up and Hope sites, (2) assess the extent to which their needs match those described in the extant literature on families affected by maternal incarceration and (3) recommend any modifications to the LUH program model that might be necessary based on the study results. Wilder's findings are the focus of this report.



Methodology

Defining research questions

The overarching goal of the Volunteers of America–Wilder study was to explore the complex family structures and interpersonal dynamics that characterize many families affected by maternal incarceration. More specifically, the study sought to:

- Describe the basic characteristics of 75 incarcerated women being served at the five LUH pilot sites
- Describe the basic characteristics of the women’s minor children and the children’s caregivers
- To learn more about the daily lives, hopes, expectations and frustrations of the incarcerated women, their minor children and the children’s caregivers
- To identify the most critical needs of each family member affected by incarceration
- To identify any family strengths or assets that could be “leveraged” to improve the family’s outcomes
- To explore implications of these needs and assets for programming

Data collection instruments

- To gather information on these topics, the Wilder team worked with Volunteers of America field staff to create four separate structured questionnaires.
- A questionnaire to be used with incarcerated mothers currently participating in a Volunteers of America program
- A questionnaire to be used with the caregivers of the incarcerated mother’s minor children
- A questionnaire to be used with the incarcerated mother’s minor children
- A questionnaire to be used with extremely young children (ages 5 to 7)

The questionnaire for incarcerated mothers and caregivers posed 30 questions exploring (1) the history, structure and needs of each family unit (2) the prevalence of common criminogenic risk factors in each family unit, (3) presence of perceived strengths and assets that might mitigate these risk factors and serve as a foundation for family strengthening.

The minor child and young child questionnaires posed a briefer set of questions about the child’s feelings and attitudes toward their family situations and life circumstances. Copies of all four questionnaires are available from Wilder Research upon request.

Data collection strategies

Because families affected by incarceration are sometimes reluctant to volunteer information to outsiders and “authorities,” Wilder’s research team worked closely with Volunteers of America’s clinical social work staff in designing the study’s questionnaires; the final questionnaires were field tested by the clinical staff of one site; and trained social workers or social work interns were eventually employed to conduct the interviews at all five sites.

To be eligible to participate in the interviews, incarcerated women and their families needed to meet the basic eligibility criteria for the Look Up and Hope program. To participate in Look Up and Hope,



incarcerated mothers must have been custodial parents prior to their incarceration; they must have at least one child under 18; and they must be eligible for reunification with their children post-release. In addition, the incarcerated mother, her minor children and the children's caregiver must all consent to participation in the program.

In three states (Indiana, Maine and Texas) the incarcerated women who participated in the study were being held in correctional facilities operated directly by Volunteers of America. In South Dakota and Illinois, the women interviewed were part of the general prison population, but they were being held in state-run facilities with existing partnerships with Volunteers of America. These partnerships enabled Volunteers of America's staff to gain access to the prison population and identify potential study participants.

During their initial interviews, the incarcerated mothers were asked to identify at least one minor child and caregiver that the Volunteers of America staff could interview. These family members were subsequently contacted by phone to schedule an interview. In most cases, they were interviewed in person—either during a visit to the prison or in their own homes. However, in a few cases, when distance made in-person interviews impractical, caregivers and children were interviewed by phone.

As an incentive to participate in the study, caregivers were offered Walmart or Target gift cards for agreeing to be interviewed. In addition, the national office of Volunteers of America provided each LUH site with \$15,000 in funds—half of which could be used to cover staff time and half of which was intended to assist families with any basic and immediate needs that might be identified during the interview process. (How these funds were used is described more fully in a later section of this report.)

Respondent Characteristics

Number and type of respondents participating at each site

The interviews for this study were conducted over a five-month period in late 2009 and early 2010. As a result of the generous incentives offered for participation, the Wilder-Volunteers of America research team was able to meet, and exceed, its goal of interviewing representatives from 75 families nationwide. A total of 76 incarcerated mothers were interviewed across all five sites, and 73 caregivers and 68 minor children also completed interviews. A breakdown of the number of study participants from each site is provided in Figure 1 below.

It should be noted that Indiana produced a disproportionately large number of interviews (particularly interviews with children) because they were pilot testing the data collection instruments with five families before other sites began the data collection process. The results of those pilot interviews are included in our data analysis because no significant changes were made to the interview protocol following the pilot testing.

FIGURE 1: LOOK UP AND HOPE PARTICIPANTS BY VOLUNTEERS OF AMERICA SITE

| | Incarcerated | | |
|--------------|--------------|------------|-----------|
| | Parents | Caregivers | Children |
| | N= | N= | N= |
| Illinois | 9 | 11 | 8 |
| Indiana | 18 | 18 | 26 |
| Maine | 14 | 14 | 11 |
| South Dakota | 20 | 15 | 8 |
| Texas | 15 | 15 | 15 |
| Total | 76 | 73 | 68 |

Demographic characteristics of participating adults

Age

While the average age of women in U.S. prisons is only 29, more than half of the incarcerated mothers participating in the study (57 percent) were “middle-aged,” falling between the ages of 31 and 45. At the same time, approximately 50 percent of the caregivers interviewed were under age 45. This may reflect the relatively strong presence of non-grandparent caregivers in the population interviewed for this study. Biological fathers, older siblings, and aunts and uncles were also playing caregiving roles in many the families we interviewed (see section on family structures that follows for more information on family configurations).

FIGURE 2: ADULT PARTICIPANT AGE RANGES

| | Incarcerated Parents | | Caregivers | |
|------------------|----------------------|-----|------------|-----|
| | N= | % | N= | % |
| Under 30 yrs old | 31 | 41% | 11 | 16% |
| 31 to 45 | 43 | 57% | 23 | 34% |
| 46 - 60 | 2 | 3% | 19 | 28% |
| 61+ | - | - | 14 | 21% |
| Total | 76 | | 67 | |

Race

Approximately half of the incarcerated women and caregivers interviewed (53 percent and 49 percent respectively) were white; more than one quarter were black or African-American; and more than 10 percent were American-Indian or Alaska Native. These figures reflect the relative diversity of the five sites included in the study—three which are large, ethnically diverse urban centers (Chicago, Indianapolis and Houston) and two of which (Maine and South Dakota) are predominantly rural and white, with significant American Indian populations.

FIGURE 3: RACIAL BREAKDOWN OF ADULT PARTICIPANTS

| | Incarcerated Parents | | Caregivers | |
|-----------------------------------|----------------------|-----|------------|-----|
| | N= | % | N | % |
| Black or African American | 19 | 25% | 22 | 30% |
| Latina/Hispanic | 4 | 5% | 6 | 8% |
| White | 40 | 53% | 36 | 49% |
| American Indian or Alaskan Native | 9 | 12% | 7 | 10% |
| Other | 4 | 5% | 2 | 3% |
| Total | 76 | | 73 | |

In the nation as a whole, Latinas account for a slightly higher percentage of the female inmate population than was seen in the study population (approximately 15 percent nationwide), and white and American Indian women account for smaller percentages (44 percent and less than 5 percent, respectively) than seen in the study. However, black women do make up approximately 25 percent of the female prison population nationwide (BJS, 2008).

Marital status

The vast majority of incarcerated mothers interviewed for this study were single and had never been married. However, anecdotal evidence suggests that many of them were maintaining relations with a romantic partner they intended to reunite with post-release. In contrast, over half of all caregivers reported being married (45 percent), divorced (17 percent), or widowed (8 percent), and another 7 percent reported that they were living with a domestic partner. In many cases, they reported that their spouses or cohabitating partners served as joint caregivers for the children in their custody.

FIGURE 4: MARITAL STATUS OF ADULT PARTICIPANTS

| | Incarcerated Parents | | Caregivers | |
|--|----------------------|-----|------------|-----|
| | N= | % | N= | % |
| Married | 13 | 17% | 32 | 45% |
| Single (never married) | 46 | 61% | 16 | 23% |
| Single (divorced) | 16 | 21% | 12 | 17% |
| Single, but living with domestic partner | - | - | 5 | 7% |
| Widow | 1 | 1% | 6 | 8% |
| Total | 76 | | 71 | |

Other defining characteristics of incarcerated mothers

Substance use, average length of incarceration and expected release date

The vast majority of incarcerated mothers interviewed for the study (91 percent) suffered from a history of substance use. Approximately two-thirds had been in prison for under a year; and most also expected to be released in less than 12 months from the time of their interview. This probably reflects the fact that most female offenders in the U.S. are convicted of drug-related crimes or property crimes, rather than violent offenses. Such crimes usually result in relatively short prison sentences of five years or less.

FIGURE 5: LENGTH OF INCARCERATION

| | N= | % |
|--------------------|-----------|-----|
| Less than 3 months | 8 | 11% |
| 3 to 5 months | 13 | 17% |
| 6 to 11 months | 31 | 41% |
| 1 to 2yrs | 21 | 28% |
| 3 to 5yrs | 3 | 4% |
| Total | 76 | |

FIGURE 6: EXPECTED RELEASE DATE

| | N= | % |
|--------------------|-----------|-----|
| Less than 3 months | 35 | 47% |
| 3 to 5 months | 17 | 23% |
| 6 to 11 months | 17 | 23% |
| 1 to 2yrs | 4 | 5% |
| 3 to 5yrs | 1 | 1% |
| Total | 74 | |



Frequency of contact with minor children

Sixty-seven of the 76 mothers interviewed (88 percent) reportedly lived with their minor children prior to their incarceration. Despite this, over one-third of the women (27 out of 76) had not seen their minor children for more than a month; and five of the women had not seen them for a year or more.

In many cases, this appears to reflect the challenges of prison visitation, rather than any lack of desire to visit on the part of children or caregivers. According to the Volunteers of America staff conducting interviews, many participating family members lived several hours away from the mother’s place of incarceration and had no convenient form of transportation to make the trip. This is an extremely common problem that can be seen throughout the literature written on the subject of children of incarcerated women.

Since most states have only a handful of women’s correctional institutions, female inmates are frequently detained far away from their homes and families—as a result, limited opportunities are available for visitation and family-based therapies, and reentry planning. Indeed, at least some of the children and prisoners who reported seeing each other in the last month only appear to have had recent contact because local Volunteers of America staff arranged transportation for prison visits as part of the study.

Key characteristics of children interviewed

Race and age

Children interviewed in the study were not asked to identify their race; however, anecdotal evidence about their parents and caregivers suggests that a significant percentage were of mixed races.

Participating children were fairly evenly divided between younger, elementary school-age children (ages 5 to 10) and older children (ages 11 to 18).

FIGURE 7: CHILD PARTICIPANT AGE RANGES

| | N | % |
|-----------------------|-----------|-----|
| Less than 7 years old | 16 | 23% |
| 8 to 10 | 19 | 27% |
| 11 to 13 | 18 | 25% |
| 14 years and older | 18 | 25% |
| Total | 71 | |

Number of siblings

More than 85 percent of the children interviewed (59 out of 68) had at least one sibling, and approximately 60 percent had multiple siblings. However, in many cases, these siblings were step or half brothers and sisters, who were often living in separate households. Some children were also in the custody of older siblings who were acting as caregivers and heads of households in the incarcerated mother’s absence.

FIGURE 8: NUMBER OF SIBLINGS REPORTED

| | N= | % |
|--------------|-----------|-----|
| One | 19 | 32% |
| Two | 14 | 24% |
| Three | 15 | 25% |
| Four or more | 11 | 19% |
| Total | 59 | |



Knowledge of parents’ whereabouts

The literature on children of prisoners suggests that many minor children remain unaware of their parent’s whereabouts for long periods of time, because their caregivers and other family members are reluctant to talk openly about the situation. However, when asked about their mother’s whereabouts, most of the children in this study—regardless of their age—seemed to have a good sense of their mother’s situation. Approximately one-third had a very clear understanding of where their mother was and why, and most others were able to report more generally that their mother was in prison, “part-time jail,” or work release, though they were often unable to explain exactly why.

My mommy is in prison because she sold drugs by a school. My daddy is in prison, too—he hit his girlfriend a lot, and the ankle alarm he wore went off to say he was using drugs.

She is at Dwight [an Illinois correctional facility]. She was stealing, that’s why she’s there.

She is at a correctional facility because she is using drugs. I don’t know. I just know that I want to go to college and be a pediatrician, or something like that.

She’s in a place where she can go home on certain days, but it’s not like jail.

From what I know, she went to do something [bad] with her boyfriend, Dexter, and she got caught.

She is at a work release center, trying to look for a job. And she’s there because she was stealing, trying to get some stuff for her kids.

Only seven children were entirely ignorant of their parent’s whereabouts. This may reflect some selection bias in the study, since most caregivers contacted were, reportedly, in amicable relationships with the incarcerated mother and facilitated visitation whenever possible.

Regional variations and variations in family structure

Regional variations from site to site

Some significant variations were seen in participant characteristics from site to site—for example, families from Maine and South Dakota were more likely to be white and from remote rural areas; they were also more likely to have Native American families being served by tribal agencies in the program. In contrast, families in Illinois and Texas were predominantly African-Americans from the inner city neighborhoods of Chicago and Houston, and families from Indiana were a relatively even mix of whites and persons of color from Indianapolis and the surrounding areas.

Nevertheless, the racial, ethnic and geographic differences among interviewees appear to be less significant than the seemingly endless variations in family structure that were seen in the study population. Despite the relatively small number of families interviewed, virtually no two family configurations were exactly the same.

Relationship of primary caregiver to children

More than 90 percent of primary caregivers interviewed in the study were close relatives of the incarcerated mother and her minor children (also known as kinship caregivers). However, the exact relationship of these caregivers to the incarcerated mother’s children varied widely; they included maternal and paternal grandparents, fathers and step-fathers, older adult siblings and aunts.

FIGURE 9: RACE OF INCARCERATED PARTICIPANTS BY SITE

| | N = | % |
|-----------------------------------|-----------|-----|
| Illinois | | |
| Black or African American | 7 | 78% |
| White | 2 | 22% |
| Total | 9 | |
| Indiana | | |
| Black or African American | 5 | 28% |
| Latino/Hispanic | 1 | 6% |
| White | 9 | 50% |
| American Indian or Alaskan Native | 1 | 6% |
| Other | 2 | 11% |
| Total | 18 | |
| Maine | | |
| White | 12 | 86% |
| American Indian or Alaskan Native | 2 | 14% |
| Total | 14 | |
| South Dakota | | |
| Black or African American | 1 | 5% |
| White | 12 | 60% |
| American Indian or Alaskan Native | 6 | 30% |
| Other | 1 | 5% |
| Total | 20 | |
| Texas | | |
| Black or African American | 6 | 40% |
| Latino/Hispanic | 3 | 20% |
| White | 5 | 33% |
| Other | 1 | 7% |
| Total | 15 | |

The largest group of kinship caregivers by far consisted of grandparents (mostly maternal grandmothers), who represented more than half of the caregivers interviewed. However, in many such cases, the grandparent serving as primary caregiver shared his or her caretaking responsibilities with another close relative (e.g., spouse, another grandparent or the children’s father).

Seven of the primary caregivers interviewed were also non-relatives, including family friends and foster care parents. While caregivers were not asked about the official custody status of the children in their care, their anecdotal responses suggest that—even when the caregiver was a non-relative—most of the children were only informally placed in their current households.

FIGURE 10: IS CAREGIVER A FAMILY MEMBER/RELATIVE?

| | N= | % |
|--------------|-----------|-----|
| Yes | 70 | 91% |
| No | 7 | 9% |
| Total | 77 | |

FIGURE 11: IS KINSHIP CAREGIVER A GRANDPARENT?

| | N= | % |
|--------------|-----------|-----|
| Yes | 35 | 46% |
| No | 42 | 54% |
| Total | 77 | |

Placement of siblings

Approximately one quarter of the children in the study also had siblings, step-siblings or half-siblings who were living in a different household. For example, one child might be living with their maternal grandmother, while another might be in the custody of his or her father.

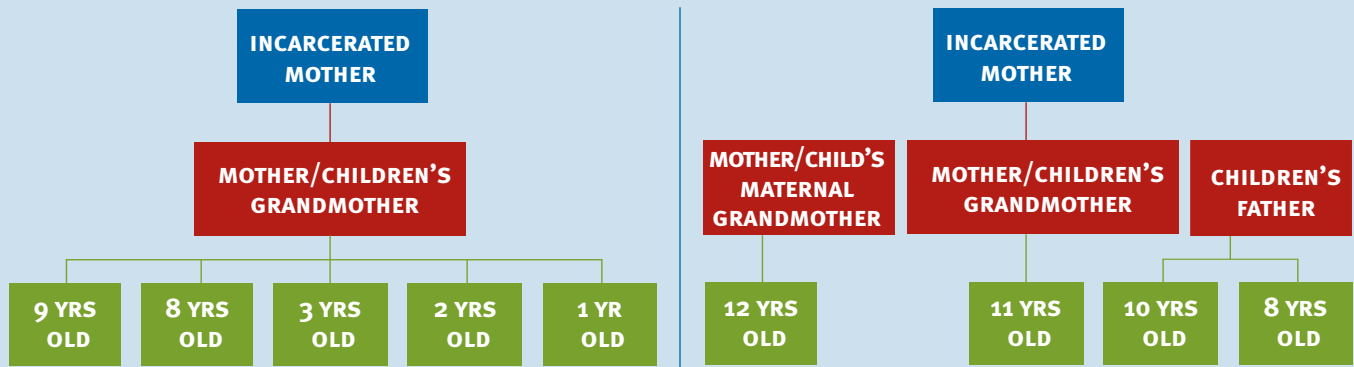
Some typical examples of the complex family structures encountered during the course of this study are diagrammed on the following pages.

FIGURE 12: ARE SIBLINGS LIVING IN THE SAME HOUSEHOLD?

| | N= | % |
|--------------|-----------|-----|
| Yes | 56 | 73% |
| No | 21 | 27% |
| Total | 77 | |



FIGURES 13 AND 14: FAMILIES LED OR CO-LED BY GRANDPARENT KINSHIP CAREGIVER(S)



FIGURES 15, 16 AND 17: FAMILIES LED BY NON-GRANDPARENT KINSHIP CAREGIVER(S)

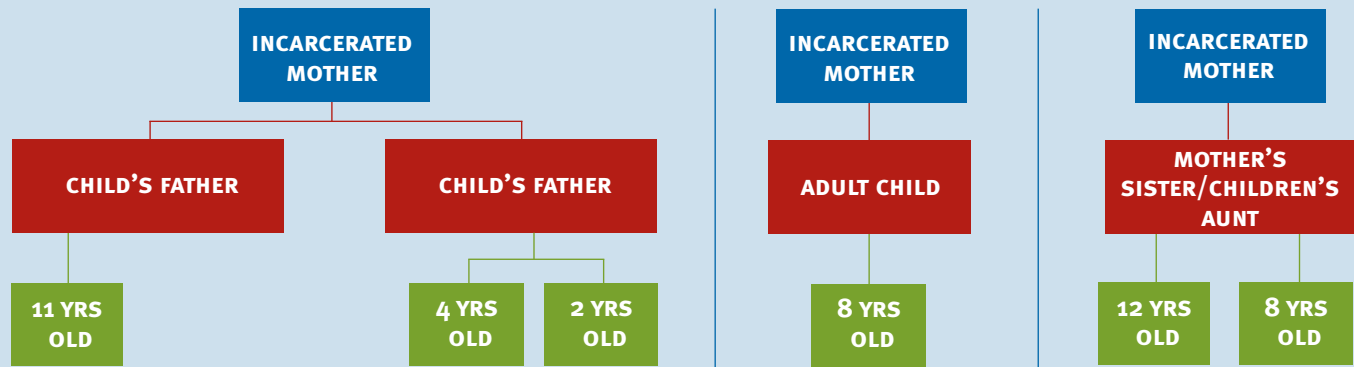
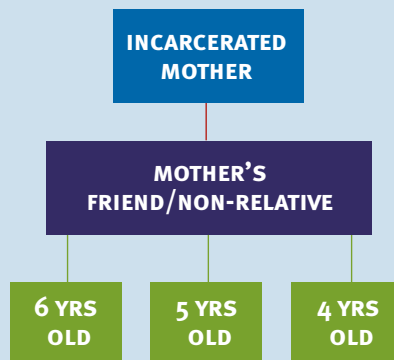
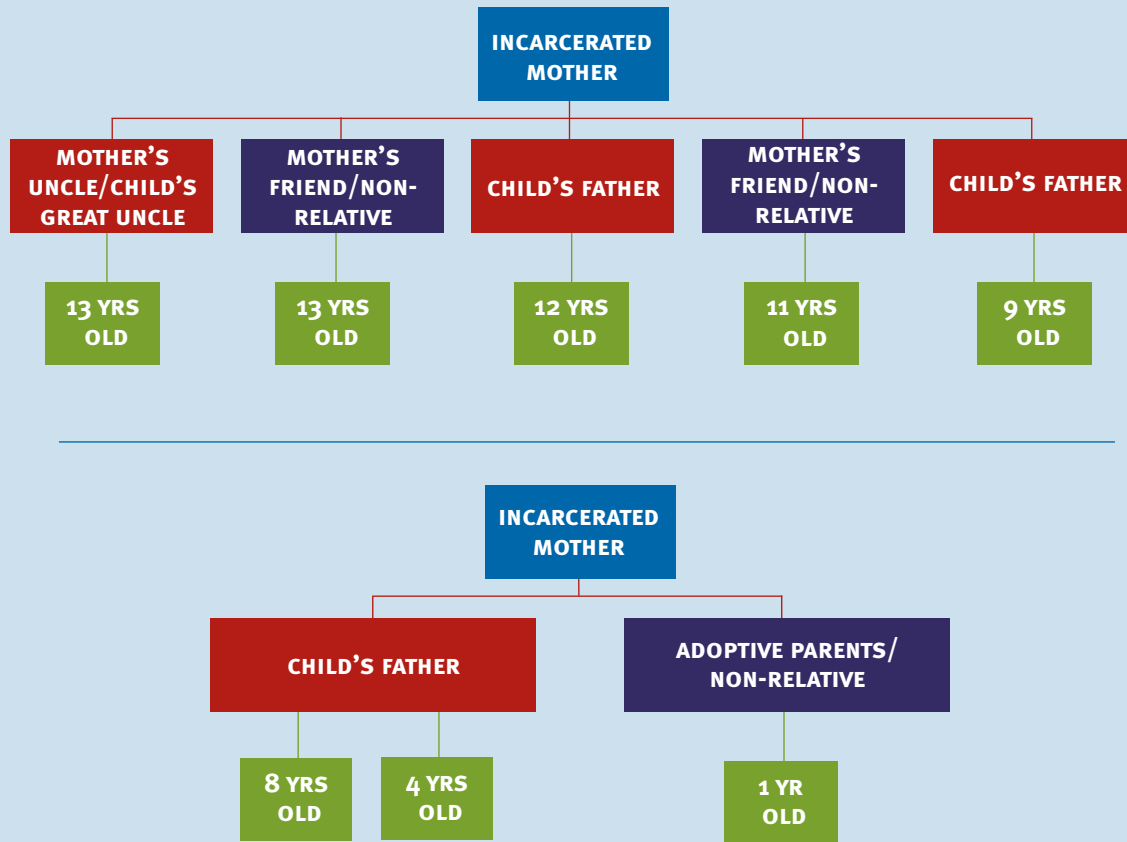


FIGURE 18: TYPICAL NON-RELATIVE CAREGIVER FAMILY



FIGURES 19 AND 20: FAMILIES WITH BOTH KINSHIP AND NON-KINSHIP CAREGIVERS



Potential significance of family structures

Understanding the complex and often extended structure of family networks within families affected by incarceration is absolutely vital to creating effective programming. In many cases, the needs of children and families are clearly dictated by the support networks that caregivers are able to access. For example, the extant literature on kinship care indicates that kinship caregivers are more likely than non-relative caregivers to be the informal guardians of children. This means they are ineligible for foster-care payments and often operate beyond the reach of the formal child welfare system.

Grandparent caregivers, who are middle-aged or older, are also much more likely to be living on small, fixed incomes and to suffer from health problems that may impact their ability to care for children. For example, one maternal grandmother interviewed for this study reported, “I’m really in no shape to be taking care of anyone. I have diabetes, high blood pressure, my heart leaks, bronchitis and asthma, acid reflux. I also get depressed a lot. [I’m] only [allowed] three prescriptions a month with Medicaid. I have to pick and choose what medication I get.” Another example of the types of physical challenges faced by many caregivers can be found in Charlotte’s story, below.



Finally, it seems likely that children who are separated from their siblings may suffer a greater sense of trauma and disruption than other children—leading to more serious adjustment problems and a pressing need for counseling.

These are just some of the many ways that family structure can affect the needs and resiliency of families affected by maternal incarceration. A more detailed discussion of some of the most common and pressing family needs uncovered in this study follows.

Charlotte, a loving, dedicated grandmother is raising three boys ages 14, 12 and 9 years old. Due to their mother’s frequent incarceration and history of substance abuse, the children have been in Charlotte’s care since they were very young.

During this time, Charlotte endured many challenges including financial struggles and a battle with cancer.

Despite the hardships involved with raising her grandsons, Charlotte said caring for the children has given her a “reason to live.” She believes she fought for her life during her illness because she knew she needed to be available for her grandsons.

Critical Strengths and Needs Identified by the Study

Family Strengths

Children have high hopes for the future.

I want to be a firefighter and get a big house to keep all the homeless people in.

I think it's gonna be pretty good because I want to be a dancer and be in the entertainment business. If that doesn't work, I want to be a doctor or a RN. But I'm pretty sure the entertainment will work out. I'm taking classes for nursing.

Despite the obstacles they face, the children interviewed for this study maintain optimism about their future. When asked if they thought about their future and what they will do when they're older, more than 80 percent of children said that this was something they've thought about. Children's responses illuminated dreams of playing professional sports, of helping others, of maintaining ties with their families, and of staying close to home and moving to faraway places.

Some children's plans were modest but exposed a desire for stability, security and purpose.

[I want to have] a house, with a dog and a picket fence. I want to work with animals.

[I'll have] a good job, my own house, be able to provide for myself.

I'll have a good job with heavy equipment. I'll have a wife and kids. [...] My life will be good.

Not sure—[I want a] job, a family.

I'm going to have a house and a job. I'm going to be a nurse.

And some children's plans were focused on their relationships with their parents.

I would like to live with my daddy. [I want to be] a firefighter and a policeman.

I will become a veterinarian and live with my mom until I get my own place. It will be a good life.

I want to do something that's like really special. I might work at the place that my mom works for.

Out of 53 children that responded to the question, "What do you think your life will be like when you're older?" six respondents mentioned college or training as part of their future plans.

Definitely college. I'm going to try to get a scholarship. That's why I play the cello.

I don't know. I'm trying to go to college and study aeronautics so I can work on planes.

I don't know. I just know that I want to go to college and be a pediatrician or something like that.

Despite the fact that few children mentioned college or training when asked about their future, many children have set their sights on careers that will require a good deal of formal preparation. Children's plans included learning Japanese, becoming a police officer, veterinarian, doctor and lawyer.

Most children like where they are living.

Eighty-four percent of children interviewed said they liked where they lived. Children cited the people they lived with, activities in the neighborhood and the physical space of their home as the things they liked most.

I have my own room, and I get to play with all my cousins. Sometimes my cousins come up and tear my room up.

I stayed with my dad for a little while, but it's better to be with my grandma, so I can learn how to take care of myself.

It's pretty good. [I] Like that Dad's around and has [his] own room. [I] have two other women in the house to talk to and receive help with women's issues.

It's a good house, and I have friends in the neighborhood.

There is a playground nearby and [my] best friend lives three blocks away.

[I like it] because it's big and it has an upstairs and a downstairs and a computer.

Children are hopeful about family reunification.

Of 55 children who responded to the question, “How do you feel about your mom coming home?” more than 80 percent expressed enthusiasm and excitement about their mother’s release from prison.

[I'm] excited! Yes! No, [I'm] not worried.

[I'm] happy she's coming home. [I] want to move back with my mom but will miss living with my dad. Want them to be able to live close to each other.

I'm happy. Looking forward to having her around again. I think she's gonna stay out this time.

I'm happy. I get to touch my mom. She can play with me. It's gonna be one of the best days of my life.

I'll be so happy! We're going to throw a party for her, and she can go to all my track meets.

However, nearly 20 percent of children expressed concerns related to their mother’s release from prison. Most typically, children’s concerns were mixed with hope and optimism; three out of four children who expressed worry also conveyed happiness about having more contact with their mom.

I'll be happy but really want [my mom] to get herself together. [I] think this time—hope this time—she's going to be better.



I am excited; I think it will be okay, but something could go wrong. She might start drinking again.

I'm worried she might get in jail again, but looking forward to having her around.

Incarcerated mothers are often receiving help in key areas.

Because of their association with Volunteers of America programs and services, virtually all of the incarcerated women participating in the study were receiving a broad array of reentry services, including substance abuse and mental health counseling, parenting education classes, employment and vocational services, and life skills training. The majority of incarcerated mothers also reported that they had at least some type of re-entry plan in place and relatives they could turn to for support once they returned to the community. Approximately 64 percent of incarcerated mothers also reported that they had ties to a faith-based institution that they intended to maintain post-release.

Caregiver households exhibit key strengths.

The households that children reside in appear relatively stable and secure, with extended networks of support from family and friends. More than half of caregivers (55 percent) interviewed for this study work outside the home. In about half of the households included in this study, there was more than one caregiver residing in the house and assisting with the day-to-day care of children. Additionally, while housing is a primary concern for mothers as they consider their release, caregivers express few concerns about their housing; 96 percent did not report any concerns related to hazards or other problems with their housing and 90 percent felt they lived in a safe neighborhood.

A large share of caregivers is prepared to provide continued care to children following release. Eighty-one percent of caregivers expect the children in their care to continue living with them following the release of the incarcerated parent, and 52 percent expected the incarcerated mother to live with them upon her release. Additionally, most caregivers (78 percent) are confident in their ability to get along with the incarcerated mother after her release.



Needs and challenges

Among the families interviewed for this study, a variety of needs were identified by caregivers, parents and children. For many families, thinking about future needs didn't come easily. Many children, caregivers and parents alike had a hard time identifying any needs when asked about the post-release period. And yet, when families were asked about specific resources and challenges, many areas of need emerged. When a general "needs score" was tabulated, approximately one quarter of families (23 percent) were identified as "high needs"—i.e., caregivers said they had unmet basic needs in multiple categories.¹

¹This general needs score was calculated based on the family's stated needs related to income, housing, healthcare, transportation, legal services and children's physical disabilities. Seventeen of the caregivers surveyed reported needs in three or more of these areas and were classified as "high needs."

There was also at least some ambiguity and lack of clarity across family members regarding children’s needs and plans, particularly during the post-release period, as shown in the detailed table below. For example, a significant percentage of caregivers (14 percent) felt that the children in their care would require help dealing with their mothers return to the community (i.e., “help with transition), while most mothers felt this would not be an issue; similarly, a significant percentage of mothers (9 percent) believed that their children simply needed “more time with them” upon their release, while caregivers listed this as a relatively low priority.

Children were also asked their opinions on what “would make things easier for them and their families when their mothers returned home. While more than half (52 percent) do not identify any needs, those who do name material goods (10 percent) and positive activities (8 percent) most often.

FIGURE 21: WHAT CHILDREN NEED AFTER THE INCARCERATED PARENT’S RELEASE

| | Caregivers N=67 | Incarcerated Parent N=70 |
|--|--------------------|-----------------------------|
| Counseling | 21% | 30% |
| Material goods such as household items and clothes | 10% | 10% |
| Need time with mom/ mom at home | 3% | 9% |
| Transportation, general | 6% | 6% |
| Help with transition | 14% | 5% |
| Recreation/positive activities | 3% | 4% |
| Money | 1% | 2% |
| Social supports (family, friends, etc.) | 1% | 2% |
| Housing | - | 2% |
| Childcare | 4% | 2% |
| Health care, general | - | 2% |
| Legal help/advocacy | 1% | - |
| Communication to resolve family conflicts | 3% | - |
| Substance abuse recovery support | - | 1% |
| Nothing/all needs met | 18% | 6% |
| Other | - | 4% |
| Don’t know | 14% | 14% |

¹This general needs score was calculated based on the family’s stated needs related to income, housing, healthcare, transportation, legal services, and children’s physical disabilities. Seventeen of the caregivers surveyed reported needs in all of these areas and were classified as “high needs.”

FIGURE 22: WHAT DO YOU OR YOUR FAMILY NEED AFTER YOUR PARENT COMES HOME?

| | Child(ren) N=60 |
|---|--------------------|
| Material goods | 10% |
| Recreation /positive activities | 8% |
| Housing | 7% |
| Family conflict/communication | 5% |
| Counseling for family | 3% |
| Transportation | 2% |
| Social support/friends | 2% |
| Financial support | 2% |
| Help with school/education for child | 2% |
| Help with employment/finding a job for formerly incarcerated parent | 2% |
| No | 42% |
| Other | 7% |
| Don’t know | 10% |

Mothers need ongoing support and assistance with recovery from substance use

Among the incarcerated mothers interviewed for this study, 91 percent exhibited extremely high rates of substance abuse prior to incarceration. And yet, as they look forward to reentry and make plans for a successful return to their families, communities and many of the same challenges they faced prior to incarceration, just 9 percent anticipate that substance abuse will be a problem when they are released. For caregivers and children, concerns are much higher. For many of the families of incarcerated women, a successful reintegration into their lives hinges upon the parent’s ability to remain clean and sober.

Children want to engage in out-of-school activities.

When asked if there were “specific things you’d like to try doing,” 50 children identified activities that they currently were not involved in, but would like to be. Children often explained that they were currently unable to participate because they couldn’t get a ride to and from the activity; they couldn’t afford to pay the fees associated with participation; or there just weren’t relevant programs available to them in their school or community.

I want to do after school jobs like cleaning up after people like in a barber shop. Want to do it just to help people.

Maybe finding a way to volunteer. Colleges look at that, too.

I’d like to do Native American drumming. There isn’t anyone on the “res” that does it now; if they start up again I will join.

I want to play basketball and [join] swimming. [I] used to be on a swim team. Haven’t played basketball because I have to take the kids home. [I] could play if my uncle or someone [else] picked them up.

I’d like to play softball. No time. School is 45 minutes away.

[I’d like to be in] cheerleading, but we can’t pay for it.

For many families, meeting basic household needs is a struggle.

Material goods

For all respondent groups, material goods ranked high when asked about post-release needs. Children said they needed help obtaining clothes, furniture, food, school supplies and toys. Parents and caregivers identified similar needs, with those caring for infants also citing the need for expensive baby supplies, such as diapers and formula. While most families have access to local, state and federal organizations that can meet many of these basic needs, there appear to be impediments to the families’ ability to connect with these resources. Additionally, the assistance that is available may be time-limited, require lengthy or prohibitive application procedures, or be otherwise insufficient to meet the families’ needs. Helping families explore and connect with the resources they need could offer the benefits of an expanded support network for families as well as a better understanding on the part of families about what kinds of support they can rely on.

FIGURE 23: CAREGIVER NEEDS

| | N= | Yes | No | Not sure |
|--|----|-----|-----|----------|
| Transportation needs? | 71 | 41% | 58% | 1% |
| Income enough to meet household needs? | 70 | 53% | 39% | 8% |
| Enough health care? | 72 | 76% | 24% | - |



Income & Employment

I know my grandma could use a lot of financial support.—Child

While most caregivers worked (55 percent) and/or received some form of public assistance (62 percent), 39 percent felt their income—from work and other sources like Temporary Assistance for Needy Families (TANF)—was not sufficient to meet their household needs.

Mothers are clearly concerned and uncertain about their ability to support themselves and their children upon release. Mothers often identified post-release plans that included vague plans to obtain employment, concerns that wages would be insufficient to meet their needs, and public assistance in the form of TANF, food stamps, disability and Social Security payments. Assistance from friends and family was another form of interim support that was identified by many mothers.

I worked at Sonic before my addiction. My old manager said he will hire me back. I absolutely do not believe this will be enough to live on.—Mother

Concerned about getting a good paying job and providing for herself and baby—“it was hard enough just providing for myself, but now have a baby to provide for”. Plans on applying for child support, too.—Mother

[I am] walking out with \$10. [My] family is unable to help me. [I] need a job [and] need to depend on job resources.—Mother

I won't have any money. My family doesn't have any. I'll need a job.—Mother

Money is a stress. State help, child support and working with all programs available to me. I have no job prospects. No, I lived on child support and state welfare. My husband does receive state income support, but that will come to me instead when I am released.—Mother

My father is a tremendous help with money. He has his own company, and I'm going to work for him. I will have enough to live on. No sources from before. I will be fine on the income from new job with my father.—Mother

[I] plan on [having] a job very quickly when I leave. I do not have any money but do have family that will help with basics. I do have a place to stay until I get housing. No job yet (yes—illegal—can't get TANF). [I] can get food stamps. —Mother



Health care

While more than three-quarters of caregivers (76 percent) said they had enough health care for themselves and their children, nearly one in four did not. Additionally, 27 percent of children with caregivers have physical disabilities or special needs such as ADHD—challenges that require inputs from parents, educators and health care providers that can be difficult to meet within the context of a high-needs family.

Transportation

[My mom] was in the county—8 months ago. [I] haven't visited her because of [a lack of] transportation.—Child

My son is already in counseling twice a week now. Counseling should continue so we need gas money—it is 25 miles one way, twice a week.—Mother

The households in which the children reside while their mother is incarcerated exhibit high needs related to transportation and income. Forty one percent of caregivers answered “yes” when asked if they have any needs related to transportation. Transportation needs included car repairs, gas money (especially in rural areas) and bus passes. Many of the families interviewed for this study lacked personal transportation or had vehicles that were in need of costly repairs. Insufficient access to transportation prevented caregivers from working, limited visits to incarcerated parents, and, for some families, caused children to miss school. For families in rural areas, transportation is an especially important issue. With little or no access to public transportation, this is a severely limiting factor in meeting children’s needs and connecting children to friends, recreation, and supportive programs.

Counseling and emotional healing

I can't cry all the time because I don't want to be sad all the time. [I] try to be happy. But I can't—it's hard. That's why I want anger management classes and counseling. [I] can't concentrate in school because I worry about what will happen [...].—Child

[I need] help choosing which parent to visit – [I don't] want to hurt their feelings or make them angry.—Child

For mothers, caregivers and children alike, counseling and emotional healing were high on the list of needs. Counseling and emotional healing was the most cited need among both incarcerated mothers (30 percent) and caregivers (20 percent) for children during the post-release period. Mothers and caregivers recognize the challenges children face as reentry approaches, and the need for assistance to repair relationships, build understanding and heal emotionally, was seen as fundamental to children’s well-being.

I don't care if she comes back to the area. I just don't want to have anything to do with her until she proves she can be responsible. I am worried she will drink again. I don't think she works her program.—Child

I don't want her to come home. I want to stay here. It's the only way I can get to know anybody and do anything and be taken care of.—Child

She will need help trusting her [mother] again.—Caregiver

[I hope] that [my mom] can have all types of nice stuff. [I] hope we can do all sorts of things together. Would like counseling. [I'm] interested in a support group.—Child

[She's] readjusting to having her mom with her.—Caregiver

I think she's going to worry about her mom being around and if she's going to leave again.—Caregiver

[She'll have to rebuild] trust, regaining communication without being verbally abusive.—Caregiver

[Child will need] help opening up and talking about her feelings.—Caregiver

I'm going to need patience. I don't know—counseling, I think counseling helps a lot.—Mother

We need to be in counseling—family and one on one.—Mother

[I need] help [making my child] understand that I won't leave.—Mother

Continued mental health counseling including me with them.—Mother

[I'll need] help to transition [my child] from [the caregiver's] house to mine. Maybe [we can attend] family counseling.—Mother

Recreational activities for children

Children, caregivers and mothers alike recognized the importance of out-of-school activities for children. Most children (76 percent) expressed interest in participating in some kind of extra-curricular activity. For many families, however, there are significant barriers to such participation. In some communities, there are simply little or no programs for children to be involved in, particularly for young children. When programs are available, there are often fees that families cannot afford to pay—even for many school-sponsored sports activities. Additionally, transportation and supervision can be an issue. For older children who are expected to escort their siblings home, or to babysit younger children until caregivers return home from work, finding programming that is accessible can be next to impossible. Other children aren't able to join the activities they would like because their families lack reliable transportation, or their caregivers are at work when children need a ride.



Many of the details related to reentry remain undefined

While many mothers reported receiving formal assistance with planning during the period of incarceration (43 percent), very few caregivers had received such help (14 percent). Incarcerated mothers, caregivers and children were asked about children's needs post-release. Among all respondents, a surprising number of "don't know" or "nothing needed" responses were found. Among children, more than 50 percent of children responded "no" or "don't know" to the question, "Is there anything else you can think of that we could do to make things easier for you and your family when your mom comes home?" As noted earlier, 20 percent of mothers and 32 percent of caregivers also could not identify a single need for their children post-release (responses indicated that no help was needed or that they did not know what the child's needs would be).

One of the challenges families face is determining whether or not children should remain with their caregivers following release, and for how long. Many incarcerated mothers described plans to reunite with their children upon their release, while many of the caregivers for these women's children were more cautious in their plans for children post-release. Still other families plan to allow children to make decisions related to which caregiver or parent to reside with. Examples of the differences that emerged between incarcerated mothers and caregivers illuminate the importance of engaging families in planning for reentry to ensure the best possible outcome for children:



Family 1:

For a while she has to earn our trust back before I can release my grandchildren in the best interest. [children in legal custody of caregivers].—Caregiver

I plan to smother them with kisses. I just plan to spend all my time with them. And let them know they can trust me again.—Mother

Family 2:

[Children will stay with me] for a while until I see her life has changed (referring to Incarcerated Parent).—Caregiver

I still have custody of my daughter, but it's gonna be her choice if she wants to be with me or be with [her grandmother]. It's gonna be her option to stay with mommy or stay with daddy. [child (5 yrs) will decide who to live with upon release].—Mother

Family 3:

Three-month-old will stay with [me].—Caregiver

Three kids will stay with Grandmother until this summer. Two younger kids will move with mom.—Mother

Family 4:

Will probably stay with [caregiver] until [incarcerated parent] gets situated. Leaving it up to [child].—Caregiver

As soon as I find stable housing she will return to me. She will continue to live with her father until then. Might need counseling for the two of us (daughter and mother).—Mother

Family 5:

[Child] will stay with us until we know mom is doing okay. Clean and sober.—Caregiver

At first stay with my parents until I'm stable and the transition goes smoothly and she is ready. She is safe, this is Maine. Depending on how things go. She is now seeing a counselor and we may continue.—Mother



Implications for Programming

Joining optimism with strategy

More than 80 percent of children interviewed expressed unqualified positive, hopeful feelings related to their mother's release. The positive responses of children illuminate the high hopes that they often have for their mother's release. Many children's comments exposed a perception that, once their mother was released from prison, their lives would be easier, more fun, less complicated by the stresses and limitations of their current situation. One child explained, "[I'm] looking forward to having her around. I know things would go good. Life would be better because she would let me go outside more. [It's] not safe here so I have to have someone go with me—most times they don't want to go."

Nearly 20 percent of children expressed some concerns, often mixed with positive responses. Children's hopes were tempered by concerns that their mothers will recidivate, resume substance abuse or fail to make good on promises of a more strong and stable relationship. As one child explained, "I have mixed feelings. When she comes home we get close, and then she leaves again." Often, the children of incarcerated women are the most aware of the challenges their mothers face upon release. Since many children have lived with their mother just prior to incarceration, they have seen her struggle with substance abuse, mental illness, violent domestic relationships and poverty. While hopes soar for many children as they look forward to reunification with their mother, concerns that life might go back to the way it was linger—often silently, as children anticipate the reentry period. This ambivalence—hopes paired with fear, optimism laced with trepidation—is a hallmark of the experience shared by children with incarcerated mothers and provides challenges to their sense of security, their ability to make sense of both present and future, and their emotional attachment to the most important people in their lives.

Families need to be able to sort through this confusion and ambivalence, to help children know what is realistic to expect during the reentry period, to elicit the hopes and worries that they have and to offer them coping mechanisms when their mothers do not meet their expectations.

A stable, secure home for children

Some of the most important needs for children are related to ensuring a successful reentry and rehabilitation for children's incarcerated mothers. While not all children will be in the custody of their incarcerated mother following her release, all children are affected by the struggles that their mothers face as they attempt to rejoin community life following incarceration. Children, caregivers, and incarcerated mothers all associated mother's employment, sobriety and housing with the well-being of children in the post-release period. For many families, children's custody remains uncertain and temporary – with a transfer of physical custody to the incarcerated mother contingent upon her ability to "get her life in order," as one caregiver described. All members of the household may



be anticipating this significant shift in household structure and caregiving, though when it might take place remains unclear. This ambiguity has negative implications for all family members, but particularly for children, who are caught in a perpetual state of limbo as they await their mother's attainment of so many hallmarks of security. Thus, it is important for mothers to have access to the resources they need in order to stay sober, find employment and secure housing.

Help planning for reentry

The optimism of children, the concerns of caregivers and the uncertainty of incarcerated mothers all point to the need for families to discuss their feelings and expectations related to the reentry period. In doing so, much of the ambiguity that characterizes the incarceration period for children, as well as their loved ones, could be alleviated. In addition to bringing understanding across family members, these processes could expose family strengths and opportunities, as well as highlight key needs that are likely to arise following release.



When mothers and caregivers were asked about plans for children post-release, timelines and expectations were typically not identified, leaving a great deal of ambiguity that will likely not be grappled with until the reentry phase. With more support in planning for reentry, families would have the opportunity to identify differing expectations related to child custody, and to establish the conditions which put children's needs first in the decision making process.

The family group conferencing model, currently being used in a variety of child welfare and juvenile justice contexts, might prove to be an especially useful model for this population, since it places a strong emphasis on helping families to identify common goals and on developing child- and family-centered action plans.

Volunteers of America’s Responses to Date

Short-term responses: Cash assistance and material goods

As stated previously, each of the five sites participating in this study was provided with \$15,000 to cover study-related expenses. Sites were permitted to spend up to half of this money on staffing costs, but they also had to spend at least \$7,500 on direct family assistance.

The amount of financial assistance provided to participating families was entirely dependent on their level of need, with some families receiving as little as \$75 and others receiving more than \$1,000. However, most households received between \$100 and \$500 in goods, services or cash assistance. The most common forms of assistance provided to families included:

- School uniforms and supplies
- Money and gift cards for food and clothing
- Infant and toddler supplies, such as diapers and pull-ups
- Toddler beds and bunk beds for children who were sleeping on floors or in beds they had outgrown
- Gas cards, bus passes, automobile repairs and other forms of transportation assistance
- Assistance with rent and utility bills (especially heating and energy bills)
- YMCA/YWCA memberships, summer camp fees and other recreational opportunities for children
- New household appliances, including replacements for broken refrigerators, stoves and ovens

One woman in South Dakota, who was arrested while pregnant, also received funds to cover the costs of keeping her newborn with her in prison for the first month of the baby’s life. Local program staff reported that “both [the mother] and her significant other were very excited about receiving the \$300 in assistance to be able to have her baby in prison with her. Both parents say this option offered them hope and has been ‘a light in the midst of dark times.’”

Longer-term strategies: Implementing the Look Up and Hope model

At the same time that local Volunteers of America program staff were offering short-term assistance to most of the families interviewed for this study, all five of the sites participating in the interview process began “rolling out” their local Look Up and Hope programming.

Proposed program model

Because each site involved in the initiative is responsible for its own fundraising and program development, the form and intensity of local LUH programming varies considerably. However, all five of the sites are striving to eventually implement the same basic program model. This model involves nine key strategies:

1. Identify and recruit appropriate families.

Participating local offices will work with local correctional institutions or their own reentry programs to identify incarcerated mothers and families who are eligible for the program. All potential participants will undergo an initial interview and screening by a Look Up and Hope staff member prior to their admission to the program. Those family members that are deemed eligible to participate will be fully briefed on the program’s requirements and asked to submit their informed consent prior to the delivery of any services.

2. Thoroughly map each family's needs and strengths.

All participants in the program will be assigned to a trained clinical social worker (the LUH Family Coach or Case Manager), who will be responsible for conducting a thorough assessment of the entire family's needs and strengths. The assessment process will include both conventional criminogenic assessment tools (such as the LSI-R) and other, more strengths-based tools and procedures designed to identify potential family assets, resources and service utilization patterns (e.g., genograms and ecomaps).

3. Identify and respond to any immediate needs of the caregiver and child.

Should the initial interview and assessment process reveal any critical health or safety concerns—such as a lack of food or housing or the absence of a responsible guardian for children—the LUH staff will work with appropriate authorities and service providers to ensure that immediate needs are met.

4. Develop individual and family treatment plans.

Following the completion of the assessment process and the resolution of any emergency issues (described above), the LUH Family Case Manager will work with all family members to develop a strengths-based, family-centered case management plan. This plan will include specific goals and service delivery plans for each family member and for the family as a whole.

5. Provide intensive individualized services to the child, caregiver and incarcerated parent.

Based on the case management plan, individual family members will be enrolled in an appropriate array of carefully customized support services, including:

- Home visitation and regular case management for the child and caregiver (as necessary)
- Educational and employment training for the incarcerated parent
- Parenting classes for the incarcerated parent
- Cognitive behavioral therapy, mental health counseling and substance abuse counseling (as appropriate) for all family members
- Support groups for children and caregivers
- Appropriate referrals to community-based services for children and caregivers
- Mentoring support for all family members
- Pastoral care
- Concrete supports (e.g., assistance with rent payments, transportation costs, other barrier buster fees)

6. Provide family-centered services.

Based on the case management plan, participating families will also be enrolled in a program of services specifically designed to strengthen family relationships and improve family functioning. Family-centered services will include, but will not be limited to:

- Enhanced, appropriately graduated opportunities for family visitation
- Volunteers of America's Words Travel® program (a family-based literacy program co-sponsored by Scholastic)

- Evidence-based couples and family counseling programs
- Opportunities for facilitated family group conferencing/family group decision-making

7. Engage in early pre-release planning with the incarcerated parent and family members.

At least three months prior to the incarcerated mother's release date, family members will be asked to engage in a collaborative pre-release planning process. The goals of the planning process will be to discuss each family member's needs and concerns about the reentry process, and to identify the strategies and resources that will be used to address these concerns. Whenever possible, formal facilitation and family group conferencing techniques will be used to help the family agree on common goals and next steps for successful reentry.

8. Help the transitioning parent to obtain and keep a living wage job.

As part of the pre-release planning process, LUH staff will work with corrections officials, community service providers and potential employers to help place the incarcerated mother in a living wage job. Upon release, the program will also provide ongoing job-coaching to assist the incarcerated parent in maintaining her employment.

9. Work with community partners to provide comprehensive, sustained support to formerly incarcerated individuals and their families.

Upon the incarcerated mother's release, LUH program staff will work with corrections officials, the family's assigned mentors and faith-based and community organizations to ensure that the transitioning family has access to a broad array of support services, including crisis counseling, family counseling, mental health and drug treatment services, assistance with housing and health care, and ongoing mentoring support and spiritual guidance. These supportive services will be available to family members for a period of up to three years following the prisoner's release. Families will also be encouraged to participate in an ongoing LUH support group and alumni network and to engage in community service opportunities organized and sponsored by the LUH program.

Implementation progress in year 1

Two of the pilot sites involved in the LUH initiative—Volunteers of America Indiana and Volunteers of America Illinois—have already begun offering most of the proposed LUH services (including intensive, home-based case management services) to a small number of families. The Indiana site has been able to build on their existing award-winning family strengthening program for incarcerated mothers (the Healing Families program); while Volunteers of America Illinois received a 1-year “start-up grant” to help launch their program from the Annie E. Casey Foundation.



Meanwhile, each of the other three LUH sites has been more gradually developing their programming as funding and infrastructure become available. For example, Maine is currently in the process of developing a family group conferencing program for eligible incarcerated mothers and their families, and South Dakota and Houston have recently added federally-funded mentoring services to their programming for incarcerated women.

The results of these different programming strategies are currently being tracked by Wilder Research, and an initial report on the LUH initiative's results in its first year will be released in November 2010. The short-term outcomes that are expected to result from the first one to three years of programming include:

- Increased family contact
- Extended networks of social support
- Expanded access to services
- Improved life skills/coping skills for all family members

Conclusions and Issues to Consider

Families need help navigating the period of incarceration, as well as planning for reentry

Children are overwhelmingly hopeful about their mothers' releases, with more than 80 percent expressing optimism, excitement and happiness related to reunification with their mother. Indeed, by virtue of the family-focused sample design, the children interviewed for this study are likely more connected to their mothers than many children of incarcerated parents; even within the families we interviewed, children who were estranged from their mothers were typically not included in the sample. Still, the positive responses among children expose both a strength and a challenge when designing services for these families: unflagging optimism on the part of so many children, despite a host of hurdles to familial, economic and social stability that characterize these families. Children, and their parents and caregivers, will benefit from programs that capitalize on this optimism, while also tempering high expectations of the reentry period with conversations about the challenges that lay ahead. Programs that facilitate improved communication among family members and provide regular opportunities for long-term, family-based planning (e.g., through family group conferencing) could be especially useful in helping families to develop a common and realistic vision of the reentry process.



Family structures are complicated

Among the families interviewed for this study, there are a host of household structures and caregiving arrangements. Whether families included elder siblings caring for younger sisters and brothers while their mother was incarcerated in Indiana, or husbands and their children and step-children making do on a reservation in South Dakota, these families exhibited both great vulnerability and staggering resilience. The complicated nature of many of these family structures—children in multiple households, mothers with children from more than one father, caregivers that are resistant to reunify the child they have looked after for years to a mother who has been long absent—represent a significant challenge in developing programs and services. However, the extended support networks typical of such families may also represent important strengths and opportunities, which can be elicited and utilized through programming that is thoughtful, flexible and family-focused. Indeed, any program model that is not adaptable in its approach is likely to fail in its ability to serve a family that is characterized by change.

The existing LUH approach appears to be generally responsive to the needs of Volunteers of America’s target families

The results of this research study indicate that, despite some regional variations, most of the families affected by maternal incarceration being served by Volunteers of America share the same needs that have already been widely reported in the extant literature. The incarcerated mothers our research team spoke with generally need substance abuse and mental health counseling, parenting education programs, and assistance finding and retaining employment and housing post release; the caregivers generally require support and assistance in meeting many basic household needs; and the children generally need increased contact with their incarcerated parents and ongoing counseling and support to help them deal with the trauma and disruption associated with losing a parent to the criminal justice system.

At the same time, many of the families interviewed for this study exhibited surprising optimism and resiliency. Most mothers looked forward to being reunited with their children, finding and keeping jobs, and leading drug- and crime-free lives; most children and caregivers seemed happy in their current custody arrangements and were able to rely on extensive, if informal, networks of support. In addition, a large majority of the mothers, children and caregivers we interviewed appeared to be genuinely interested in participating in more open communication, enhanced visitation and more family-based planning.

These findings suggest that the Look Up and Hope model originally developed in early 2009 is, indeed, an appropriate approach to serving the needs of Volunteers of America’s target population. With its unique strength-based orientation and strong focus on coordinated, family-centered services, the full LUH program model appears to have the potential to address most participants’ needs in a truly comprehensive way—helping them to build the skills, relationships and resiliency they need to finally transcend the devastating effects of poverty and incarceration.



References

- Bernstein, Nell. (2005). *All alone in the world: Children of the incarcerated*. The New Press: New York.
- Bouchet, Stacey M. (January 2008). *Children and families with incarcerated parents: Exploring development in the field for opportunities for growth*. Baltimore, MD: The Annie E. Casey Foundation.
- Hairston, Creasia F. (October 2007). *Focus on children with incarcerated parents: an overview of the research literature*. Baltimore, MD: The Annie E. Casey Foundation.
- Hayslip, B and Kaminski, P.L. (2005). Grandparents raising their grandchildren: a review of the literature and suggestions for practice. *The Gerontologist*. 45(2), pp. 262-269.
- Hawkins, D.J., Todd I. Herrenkohl, David P. Farrington, Devon Brewer, Richard F. Catalano, Tracy W. Harachi, and Lynn Cothorn, *Predictors of youth violence*, Office of Juvenile Justice and Delinquency Prevention, April 2000.
- Ingram R.E., Price J.M., eds (2000). *Handbook of vulnerability to psychopathology: risk across the lifespan*. New York, Guilford.
- Johnston, D. (1995). Effects of parental incarceration. In K. Gabel & D. Johnston (Eds.), *Children of incarcerated parents* (pp. 59-88). New York: Lexington Books.
- Kruger, Daniel (2009) The Association of Incarceration with Community Health and Racial Health Disparities. *Progress in community health partnerships*. 3 (1), pp. 109-117.
- Lipsey M.W., Derzon J.H. Predictors of violent and serious delinquency in adolescence and early adulthood: a synthesis of longitudinal research. In: Loeber R., Farrington D.P., editors. *Serious and violent juvenile offenders: risk factors and successful interventions*. Thousand Oaks (CA): Sage Publications; 1998. p. 86-105.
- Mumola, C. J. (2000). *Incarcerated parents and their children*. NCJ 182335. Washington, D.C.: U.S. Department of Justice, Bureau of Justice Statistics.
- Travis, Jeremy, Michelle Waul & Amy L. Solomon. (2002). *Background paper: the effect of incarceration and reentry on children, families and communities*. Washington, D.C: Urban Institute Press.
- Travis, Jeremy and Michelle Waul. (2003). Prisoners once removed: The children and families of prisoners.” *Prisoners once removed: The impact of incarceration and reentry on children, families and communities*. Washington, D.C: Urban Institute Press.
- U.S. Surgeon General, *Mental health: A report of the surgeon general*. Washington, D.C.: U.S. Department of Health and Human Services



1660 Duke Street
Alexandria, VA 22314

www.VolunteersofAmerica.org



AMHERST H.
WILDER
FOUNDATION
ESTABLISHED 1906

Here for good.