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# Promising Progress: Year One Evaluation of Family Coaching Services

*A program offered by Volunteers of  
America of Indiana to families affected  
by maternal incarceration*



SEPTEMBER 2011



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**September 2011**

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# Contents

Summary .....	1
Introduction.....	2
Background .....	2
Family Services/coaching .....	3
Program goals .....	5
Study methods.....	6
Client characteristics .....	7
Families.....	7
Incarcerated mothers .....	8
Caregivers .....	9
Children.....	11
Types of services provided to clients.....	13
Program staffing.....	13
Service plans .....	13
Program results .....	17
Client program status .....	17
Areas of success .....	18
Program challenges .....	21
Conclusions.....	23

# Figures

1. Services received by incarcerated mothers .....	13
2. Services received by caregivers .....	15
3. Services received by children .....	16
4. Client program status as of May 31, 2011 .....	17
5. Family strengthening indicators.....	18
6. Progress on family relationship goals—Incarcerated mothers .....	19
7. Progress on family relationship goals—Caregivers.....	19
8. Changes in employment status of incarcerated mothers .....	20
9. School-based outcomes for children (6 years old or older) .....	20
10. School-based outcomes for children (6 years old or older) .....	21

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# Summary

After five years of distinguished success, the Healing Families Program at Theodora House sought to extend their reach beyond their residents, and work with directly with families affected by maternal incarceration. Through an initial \$150,000 support grant awarded by the Central Indiana Community Foundation in November 2009, a Family Services/coaching component was added to the existing Healing Families Program with the intention of bridging a prevalent, critical gap in most ex-offender programming—identifying and addressing the needs of the minor children of prisoners and their caregivers.

## *Key findings*

To date, the Family Services/coaching program has served 15 families— 55 individuals, over a 14-month period. So far:

- Four families —16 individuals—have successfully completed the Family Services/coaching program. On average, program graduates spent about 11 months (296 days) in the program.
- Seven families (12 adults and 14 children) have made notable progress in building positive family relationships.
- Eighty-seven percent of school-aged children (6 year or older) maintained or improved their attendance and school performance.
- Two-thirds of incarcerated mothers have completed formal or informal reentry planning, and nearly all have involved the participant's family or friends.

The outcomes seen thus far suggest the program is helping to stabilize family environments for children and caregivers, and better prepare incarcerated mothers to transition back into the community and into the lives of their children.

# Introduction

## *Background*

Volunteers of America of Indiana—an affiliate of the national, faith-based nonprofit organization—supports and empowers the most vulnerable populations across the state from their service locations in Indianapolis, Evansville and Terre Haute. Their programming focuses on formerly incarcerated individuals reentering the community, services for the elderly, homeless veterans, mental health treatment and treatment for chronically addicted men and women. Nationally recognized and award-winning<sup>1</sup> in the field of prisoner reentry and strengthening families affected by incarceration, Volunteers of America of Indiana makes a positive difference in the lives of thousands men, women, children and families.

The Healing Families Program, first introduced in 2004, is a voluntary program for incarcerated women. The purpose of the program is to aid successful transition back to the community and reunite incarcerated parents with their families. The Healing Families Program approach is strengths-based, family focused, and gender responsive, offering a full array of services including individual and family counseling, group classes (on parenting, life skills, anger management, addiction and grief), case management, employment assistance and reentry planning to each participant. Self-sufficiency and personal growth are at the forefront of the curriculum with the understanding that many incarcerated women have suffered abuse and trauma, and subsequently have limited skills to manage basic life tasks. Addressing the root cause of behavioral patterns and providing individualized treatment plans build participants' hope and confidence in their future, post-incarceration.

In addition to counseling, classes and case management services, the Healing Families Program hosts recreational family events, provides family suites for extended visitation with family members, and connects clients to concrete supports like Barrier Buster grants, a donor-funded program that allows recently released women to apply for a one-time award to overcome costly expenditures like security deposits, outstanding utility bills, and other basic needs that might otherwise hinder their successful reentry.

In the last year (July 2010 – June 2011), the Healing Families Program served 350 incarcerated women with impressive results: Of participants released during the program year (N=188), the vast majority (87%) successfully completed the Healing Families Program: Furthermore, only nine participants went AWOL (< 5%) and fifteen women (8%) returned to jail or prison, most commonly due to outstanding warrants. Family

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<sup>1</sup> Volunteers of America of Indiana was presented Volunteers of America/Annie E. Casey Foundation's Family Strengthening Local Office of Excellence Award (2010), the Annie E. Casey Foundation Family Strengthening Award (2006) and the Theodora House program for women was named the Indiana Correctional Association Program of the Year (2007).

suites available at Theodora House were used 110 times over the year, helping 219 incarcerated mothers, caregivers and children spend extra visitation time together. In addition, 75 program participants released from Theodora House opted to receive aftercare services with case manager who helps them carry out their transitions goals—usually focused around employment and housing—and connects them with referrals and resources in the community.

Most Healings Families Program participants received services at Volunteers of America of Indiana's accredited<sup>2</sup> residential correctional facility, Theodora House, located in Indianapolis, Indiana. In recent years, efforts have been made to expand the program to two other locations: women incarcerated at the Marion County Community Corrections (also in Indianapolis) and Hope Hall in Evansville, Indiana. Lack of funding, however, prevented the Healing Families Program at Marion County to continue services past January 2011.

### ***Family Services/coaching***

After five years of distinguished success, the Healing Families Program at Theodora House sought to extend their reach beyond their residents, and work with directly with families affected by maternal incarceration. Through an initial \$150,000 support grant awarded by The Glick Fund, a fund of the Central Indiana Community Foundation in November 2009, a Family Services/coaching component was added to the existing Healing Families Program with the intention of bridging a prevalent, critical gap in most ex-offender programming—identifying and addressing the needs of the minor children of prisoners and their caregivers. Caregivers especially, who are often grandmothers or older relatives with unmet basic needs of their own, have less access to formal supports than incarcerated parents or their children.

The Family Services/coaching program offers coordinated, supportive services to family members such as educational support and vocational training, employment assistance, cognitive behavior therapy and other mental health services, substance abuse treatment, group and family counseling, life skills and parenting classes, caregiver support groups, graduated visitation opportunities, family-centered assessments, strengths-based service planning, and mentoring opportunities. Through this complex, multimodal approach the Healing Families Program seeks to empower its Family Services/coaching clients with the skills, relationships, and resiliency needed to transcend the effects of incarceration and family disruption.

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<sup>2</sup> The facility is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) and the American Correctional Association (ACA).



Volunteers of America of Indiana hired one part-time and one full-time family coach to staff the Family Services/coaching component of the Healing Families Program. The pilot program began in March 2010 at Theodora House. Family coaches complete intake assessments with all program participants and use them to identify family strengths, short-term needs and establish long-term goals. Family-centered service plans are developed by the family coach and progress on key outcomes are tracked through follow-up assessments that are conducted every six months.

To date, the Family Services/coaching clients has served fifteen families, totaling 55 individuals, over a 14-month period; the progress and outcomes of these families is the focus of this report.

# Program goals

The overarching purpose of the Family Services/coaching component of the Healing Families program is to increase family functioning through strengthened relationships and stabilize households, including poverty reduction for families affected by maternal incarceration. The program has identified specific outcomes and goals to this end:

- Family reunification whenever possible
- Improved economic status of families
- Positive family relationships
- School success for children
- Prevent recidivism and juvenile delinquency

The Family Services/coaching program hopes to achieve these outcomes within 3 to 5 years of operation. In this one-year assessment however, interim indicators are used in this report to determine the program's progress to date. These include:

- Increased family contact between incarcerated mothers, children and caregivers
- Improved parenting, life and coping skills for incarcerated mothers
- Job placement and maintenance for incarcerated mothers post-release and caregivers seeking employment.
- Enhanced access to networks of support for children and caregivers
- Decreased truancy and behavioral problems at home and school, and no juvenile delinquency for children in the program

# Study methods

Volunteers of America of Indiana hired Wilder Research in 2009 to develop a data collection strategy and evaluation framework for the Family Services/coaching component of the Healing Families Program. Ongoing data collection activities include:

- Pre- and post-test knowledge scores from group classes, topics include parenting and relationships
- Strengths and Stressors Tracking Device (SSTD)—a research-based tool used to measure of family well-being and assess particular strengths and needs of families<sup>3</sup>
- Baseline, 6-months and 12-month assessments of Family Services/Coaching clients

The findings of this report are based on quarterly progress reports of the Healing Families Program, and the assessments of Family Services/coaching clients submitted to Wilder Research from October 2010 to May 2011.

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<sup>3</sup> The SSTD was intended to be used at intake and exit for both caregivers and incarcerated mothers; however, actual administration of the tool was inconsistent, limiting its usefulness in this report.

# Client characteristics

The findings of this report are focused on Healing Families Program participants at Theodora House – more specifically, those receiving Family Services/coaching – unless otherwise noted.

## *Families*

As of May 2011, 15 incarcerated mothers, 12 caregivers, 27 minor children have participated in the Family Services/coaching component of Healing Families at Theodora House. The majority of families (N=12) enrolled in the program within the first 6 months of its inception (March 2010 – October 2010) and the other 3 began more recently, between October 2010 and March 2011.

Even with a small number of families in the program, there are multiple family structures present:

- Most frequently (N=7), families in the program consisted of an incarcerated mother, one caregiver (in all but one case, the child's grandmother) and a minor child
- Four families involved two minor children of the incarcerated mother; in two cases, the children were cared for by two different caregivers
- In another four families, the incarcerated mother enrolled in the program each had three minor children participating, all of whom lived with the same caregiver

As noted in a previous study of families affected by maternal incarceration conducted by Wilder Research on behalf of Volunteers of America (“Childhood Disrupted: Understanding the Features and Effects of Maternal Incarceration”, November 2010) the diversity of household structures and caregiving arrangements can complicate the needs of families, and demand an adaptive, responsive, ongoing treatment, such as Family Services/coaching.

## ***Incarcerated mothers***

Fifteen incarcerated mothers enrolled in the Family Services/coaching component of Healing Families, and 14 completed intake assessments were received by Wilder Research.

### **Criminal history and program status**

Four incarcerated women joined the Family Services/coaching program since the time of the last Healing Families progress report submitted by Wilder Research (December 2010). Upon enrollment, the majority of the women (71%) were living in halfway/recovery program (Theodora House), and 29 percent had already been released to the community, including one participant who was completing her sentence through home confinement. Of clients residing at Theodora House (N=10), four had 90 days or less until their anticipated release date, two clients were scheduled to be released within 4 months to 1 year, and one client had longer than one year left on her sentence (3 could not be calculated).

Clients were asked about the convictions related to their current/most recent period of incarceration; most commonly reported were drug-related offenses (53%), theft or property crimes (27%), and counterfeit or forgery (27%). One client (7%) reported violating their probation, and another reported a personal crime. Four women reported multiple offenses related to their current/most recent incarceration, and half (50%) had been previously incarcerated on similar offenses.

### **Demographics and employment**

All but one participant was between 26 and 40 years old, and the other client was older (between 41 and 60 years old). Seven women reported their race/ethnicity as African American or black and another seven were Caucasian/white. Most incarcerated mothers in the program were unpartnered (N=10), three were married or in a relationship, and one did not disclose their relationship status. The level of education attained by participants was evenly distributed; 28 percent had completed some high school or vocational training, 36 percent received a diploma/completed their GED, and another 36 percent had attended college or more (2 completed college degrees).

Employment is a fundamental concern for incarcerated women participating in the Family Services/coaching, and Healing Families Program overall. The service model for both programs includes connecting incarcerated mothers with employment assistance and/or job placement in an effort to help them obtain and keep a living wage job. Half (N=7) of the Family Service/coaching clients were employed when they began the program—mostly in retail and service jobs, earning an average of \$7.25 (for positions paid hourly). Legal employment prior to incarceration or a client's level of education were not factors in

whether they were employment at intake. Four employed women were living at Theodora house and the other 3 employed clients were released and living in the community.

### **Physical and mental health**

Another focus of the Family Services/coaching program is addressing mental health issues, and the assessment tools included a series of questions about diagnosed mental illnesses, as well as any history of trauma (sexual abuse, exploitation, and domestic violence) or substance abuse. Five clients (36%) reported at least one diagnosed mental health issue, most commonly depression (N=3), anxiety (N=3) and bipolar disorder (N=2). Another 36 percent experienced past trauma and 71 percent reported substance abuse issues. Four of the five women diagnosed with mental health conditions also had substance abuse issues, and two women reported all three (mental illness, past trauma and substance abuse history), which can complicate mental health treatment and increase the need for highly individualize care. In addition, two women reported chronic medical conditions and both were receiving treatment for them.

### ***Caregivers***

Twelve intake assessments were completed for caregivers participating in the program. Of the fifteen families, two families did not have caregivers participating in the Family Services/coaching program, and the other family's case notes indicate the caregiver may have in fact received services, but no assessment data was completed.

### **Demographics**

All of the caregiver participants in the Family Services/coaching program at Theodora House were female; in most cases the grandmother of the child(ren) in their care (N=10) or their older (adult) sister (N=2). Half of the caregivers were 41 to 60 years old, 30 percent were over 60 years old, and 20 percent were less than 40 years old. Eight of the 12 caregivers (67%) described their race as African American or black, and four were Caucasian/white. Like the incarcerated mothers, most of the caregivers reported their relationship status as unpartnered (N=10).

### **Income, benefits and basic needs**

Ten caregivers had completed high school or higher level of education, and six were employed part- or full-time. Several caregivers were seeking employment (N=4) and three were retirement and no longer in the labor force.

Caregivers frequently reported trouble making ends meet: When asked if their current household income was adequate to meet their family's needs, 11 caregivers said "No" or "I don't know" (83%) on their baseline assessments. Not surprisingly, caregivers reported very low incomes with the majority (N=9) estimating their annual household income of less than \$25,000. The four caregivers who were unemployed and seeking jobs reported household incomes of less than \$15,000, and each of them were caring for three minor children of the incarcerated mother. All caregivers were receiving at least one public benefit at intake, including Food Stamps (67%), federal or state-funded health insurance (67%), TANF (20%), and or Social Security (disability and retirement). Three caregivers expressed interest in applying and/or determining their eligibility for other benefits as well, two specified needing help with medical insurance for the child(ren) in their care.

Despite all participating caregivers receiving at least one benefit, some households continue to have unmet basic needs (including housing costs, transportation, enough to eat, access to childcare, legal assistance and rest): two caregivers report having one need unmet, and two others had three or more. The Strengths and Stressors Tracking Device (SSTD) administered to caregivers confirms that ongoing financial strain and/or frequent financial crises is a major source of stress and instability for these households.

While lacking in financial or other concrete supports, seven caregivers reported informal support from their family or the relatives of the children in their care and half (N=6) relied on local organizations or institutions for additional help, such as community centers and churches.

### **Physical and mental health**

Overall, the general health and well-being of caregivers was characterized as "good" (75%) or "fair" (17%); and only one caregiver was described as having "poor" general health. Four participants said they've been diagnosed with a mental health issue, including depression (N=3), anxiety (N=1) and hallucinations (N=1). Histories of trauma (N=4) and substance abuse (N=1) were also present among caregivers, but to a lesser extent than incarcerated mothers. Additionally, four caregivers suffer from chronic medical conditions, some of which were quite serious, including cancer (in remission), cardiovascular disease and a brain tumor. All but one caregiver said they had access to the health care or treatment they needed.

### **Family relationships**

Most caregivers reported strong relationships between themselves and the child(ren) in their care; 11 characterized their relationship as "good" and one as "fair". Relationships between incarcerated parents and caregivers were slightly more mixed, however. Half

(N=6) of the caregivers described their relationship with incarcerated parents as “good”, another four said “fair” and two said they had no relationship at all.

Caregivers were in frequent contact with incarcerated mothers; most (N=9) are in touch weekly, two participants said they had monthly contact, and another said they were in touch with the incarcerated mother of the children in their care less than once per year. Two-thirds (67%) of caregivers say they were “very open” to the idea of the child(ren) in their care reuniting with their incarcerated mother, 25 percent said they were “somewhat open” and one caregiver said they were “not at all open” to reunification.

## ***Children***

### **Caregiving arrangements**

Twenty-seven children have participated in the Family Services/coaching program at Theodora House since March 2010. The majority of children (70%) were in the care of their grandmothers upon enrollment into the program, 15 percent were in the care of their recently released incarcerated mother, and another 15 percent had other family members as their caregivers, such as older (adult) sisters or aunts. Intake assessments show that many children had been with their caregiver for quite a while: 39 percent had lived with them less than 12 months, but another 61 percent have been in their care for at least one year, including 22 percent who have stayed with them for 3 years or more.

### **Demographics**

Just over half the children (56%) participating in the program were male, and 44 percent were female. Fifty-two percent of the children were African American or black, 37 percent were Caucasian/white and 11 percent said were described as mixed race. The average age was 8 years old; 37 percent were children under 6 years old, 55 percent were between 6 and 13 years old, and 7 percent were 14 years old or older.

Caregiver assessments identified basic unmet needs for both caregivers and children, although in 3 child cases, unmet needs for school uniforms, clothing and furniture were mentioned.

### **Physical, mental and socio-emotional health**

The majority of child participants (89%) are described as having “very good” or “good” emotional and physical health by family coaches conducting intake assessments. However, 7 children (26%) have been diagnosed with a learning disability such as ADD/ADHD, autism, or other learning disability; only half were receiving treatment.



Although six children reported abuse or neglect while in the care of their mother before her incarceration, few children exhibited socio-emotional issues, such as being shy, withdrawn or behavioral issues at school or home. Two-thirds (67%) of children appeared to have healthy role models or sources of support, and over half (59%) reported friends and healthy peer relationships outside their family.

Only one child was identified as having a chronic medical condition (asthma).

### **Family relationships**

All children participating in the Family Services/coaching component of Healing Families had lived with their incarcerated mother for at least some period of time prior to her incarceration. At intake, about half (48%) characterized their relationship with their incarcerated mother as “good” and the other 52 percent described it as “fair”. Children were in frequent contact with their moms, with 80 percent talking to them on a weekly basis. Three children (1 family) had reunited with their mom on or around the time they began the Family Services/coaching program.

Children’s emotional relationships with caregivers were overwhelmingly positive: 90 percent of family coaches described their relationship as “good” and the other 10 percent were “fair” or unknown.

# Types of services provided to clients

The Family Services/coaching component of the Healing Families Program offers incarcerated mothers, their children, and the children's caregivers coordinated, family-focused services designed to increase coping and life skills, strengthen family relationships, and stabilize home environments by addressing unmet needs of caregivers and children, and improving employment prospects through educational training, or job placement for returning mothers.

## *Program staffing*

One full-time and one-part time family coach provided services to clients over the course of the program. Both family coaches participated in web training provided by Wilder Research on tracking forms used to collect client-level data.

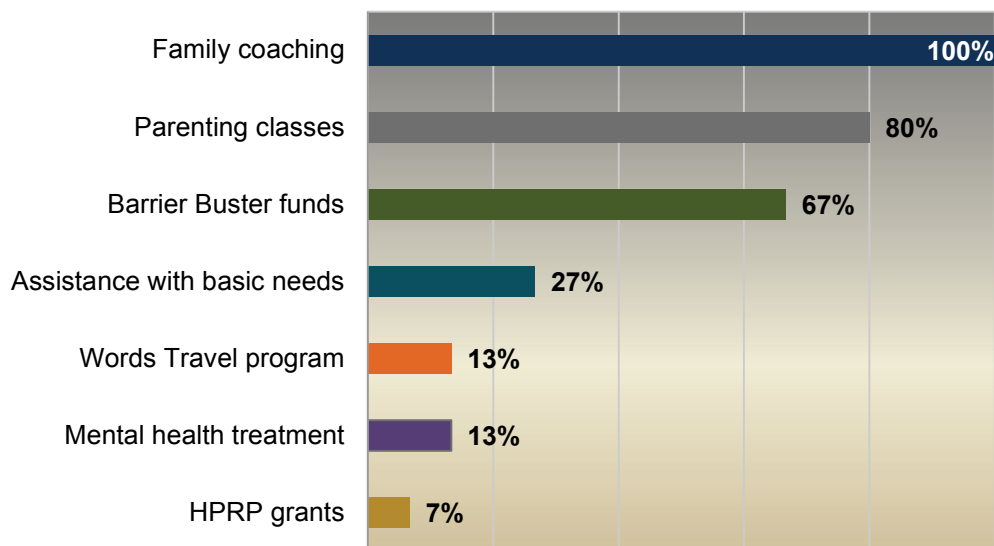
## *Service plans*

### **Incarcerated mothers**

Baseline service plans provided by family coaches reveal the most common services received by incarcerated mothers participating in the program:

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#### **1. Services received by incarcerated mothers (N=15)**



■ Family coaching (All participants)

*Frequent, ongoing meetings with family coaches to discuss reentry planning and connect clients with resources and referrals.*

■ Parenting classes (N=12)

*A 90-minute, weekly group class led by family coaches for six sessions. Eighty-three percent of mothers demonstrated improved knowledge in pre- and post-tests, home visits, discussions with program staff or other observations.*

■ Healing Families' Barrier Buster funds (N=10)

*This is a one-time grant available to active program participants to help them overcome barriers that might otherwise prevent their successful release. During the current program year (July 1, 2010 – June 30, 2011) a total of \$15,544.16 has been spent to help clients with rent and utilities (39%), send children to summer camp (31%), cover child care costs (24%) and other assistance (6%).*

■ Assistance with basic needs (N=4)

*Any help related to housing, transportation, household items, legal services, accessing childcare or medical insurance, or other assistance related to needs (utilities, clothing/furniture, personal IDs)*

■ Mental health treatment (N=2)

*This refers to specific treatment by a medical professional for a diagnosed mental health issue. Mental health issues are largely addressed through the myriad of group classes and weekly meetings with family coaches.*

■ Words Travel literacy program (N=1)

*Words Travel is a national literacy and family strengthening program co-sponsored by Scholastic and Volunteers of America. The program connects incarcerated parents and their children through reading; after receiving instruction, parents read aloud and record their voice, and share the tapes with children during visits or via mail.*

■ HUD-funded HPRP (Housing Prevention and Rapid Re-Housing) Grants (N=1)

*Federal funds designed to prevent individuals and families from becoming homeless were awarded to the Healing Families program by the U.S. Department of Housing and Urban Development. HPRP provided needed monies for rental assistance, moving costs, utility bills, referrals for legal assistance, credit repair, storage rental and, if needed, a short-term stay in a hotel. HPRP fund for Family Service/Coaching clients were exhausted in January 2011.*

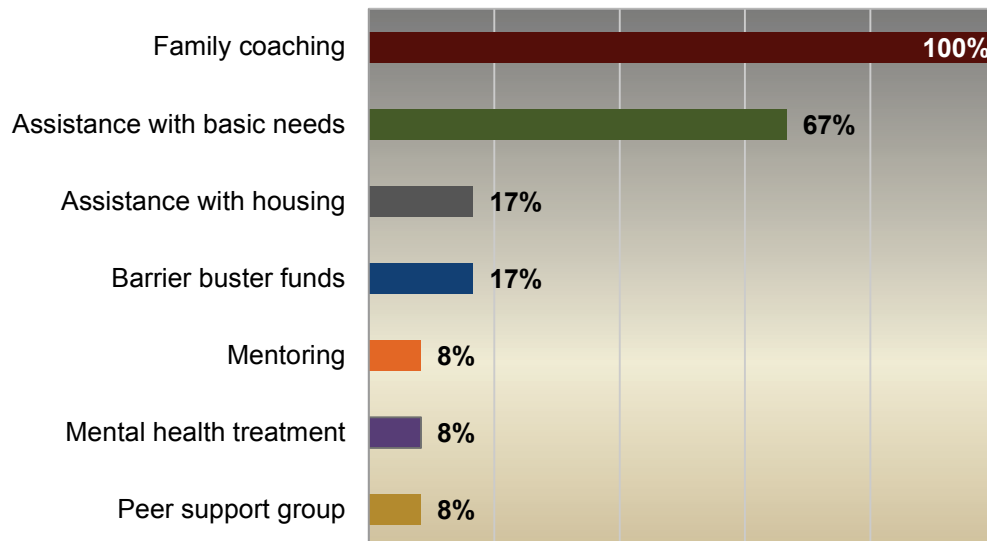
## Caregivers

Caregivers and children received home-based case management and counseling services; and through the family assessment process unmet basic needs of caregivers were identified and addressed, and positive youth development opportunities, academic support and extracurricular interests of children were uncovered and supported.

Initial program service plans (N=12) for caregivers consistent largely of “as needed” or “one time” services to address immediate needs of families with concrete supports. However, family coaching and mentoring services were weekly, ongoing meetings to help client’s identify and reach their goals concerning family relationships, employment and finance and their personal emotional and mental health goals.

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### 2. Services received by caregivers (N=12)



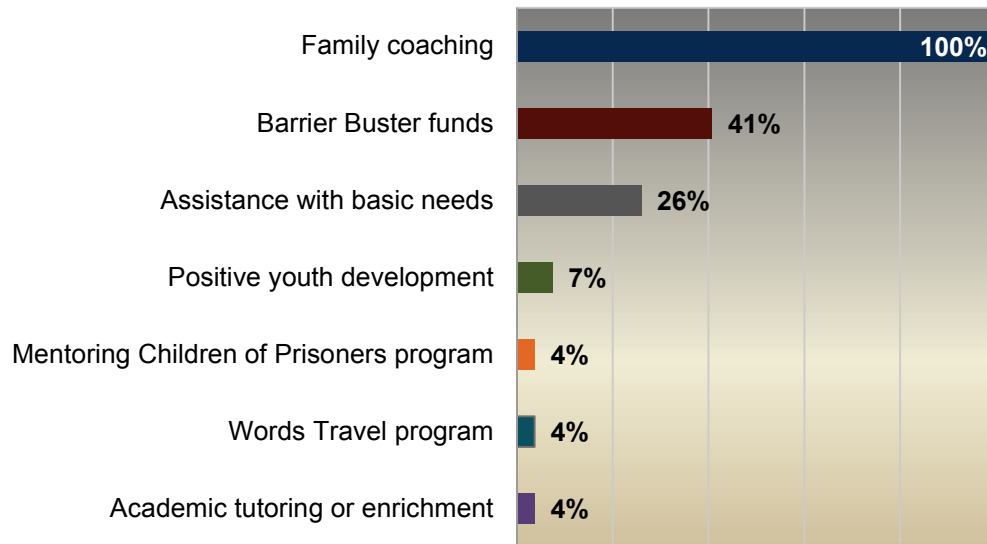
- Family coaching (All participants)
- Assistance with basic needs (N=8)
- Assistance with housing (N=2)
- Healing Families’ Barrier Buster funds (N=2)
- Mental health treatment (N=1)
- Peer support group (N=1)
- Mentoring (N=1)

## Children

Similar to their caregivers, children received both “as needed” or “one time” services to meet needs with immediate help, as well as ongoing services like weekly family coaching and mentoring.

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### 3. Services received by children (N=27)



- Family coaching (All participants)
- Barrier Buster funds (N=11)
- Assistance with basic needs (N=7)
- Positive youth development activities (N=2)
- Words Travel (N=1)
- Academic tutoring or enrichment (N=1)

Two families who successfully completed the Family Services/coaching program were referred to other family programs—Reach for Youth and First Steps—so mothers and/or their children could continue individual and family counseling services.

# Program results

Family coaches assess participants every six months while they are enrolled in the program. The following findings are based on follow-up assessments for 12 incarcerated mothers (of 15 total), 9 caregivers (of 12 participants) and 23 children (of 27 total).

Please note:

- Two families who recently joined the program have not yet completed any follow-up assessments; their progress will be included in subsequent reports. One family's follow-up assessments were missing.
- Where relevant, the outcomes for clients who have completed or exited the program are distinguished from those who are still receiving services in the program.

## *Client program status*

As of May 2011, four incarcerated mothers, three caregivers and nine children successfully completed the Family Services/coaching program. On average, program graduates spent about 11 months (296 days) in the program. It's important to note that "success" is largely defined by the program staff, and not objective criteria. For example, an incarcerated mother in the program was described as a "successful graduate" although she was re-incarcerated after her release for an outstanding warrant in another state: Up until that point, she was compliant in her service plan, had made progress in her personal goals, and was building positive family relationships while in the program.

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#### 4. Client program status as of May 31, 2011

	<b>Incarcerated Mothers (N=15)</b>	<b>Caregivers (N=12)</b>	<b>Children (N=27)</b>	<b>Total (N=55)</b>
Successfully completed program	4	3	9	<b>16</b>
Currently receiving services	7	7	16	<b>31</b>
Dropped out/did not complete	3	1	1	<b>5</b>
Program status undetermined*	1	1	1	<b>3</b>

\*Follow-up assessment for one family was missing.

Three incarcerated mothers dropped out of the program. Two of the clients were re-incarcerated; one participant went AWOL from Theodora House and returned to jail (in another facility) and the other client was released from Theodora House and voluntarily turned herself in for an out of state warrant. Participation in the Family Services/coaching

program is not contingent on the program status of the incarcerated mother: One family of a re-incarcerated woman is still receiving services, while the other family discontinued services. The third women who dropped out of the Family Services/coaching program continued in Healing Families, and the other family members completed the program.

Seven families—31 incarcerated mothers, caregivers and children—were currently receiving services in the Family Services/coaching program as of May 31, 2011.

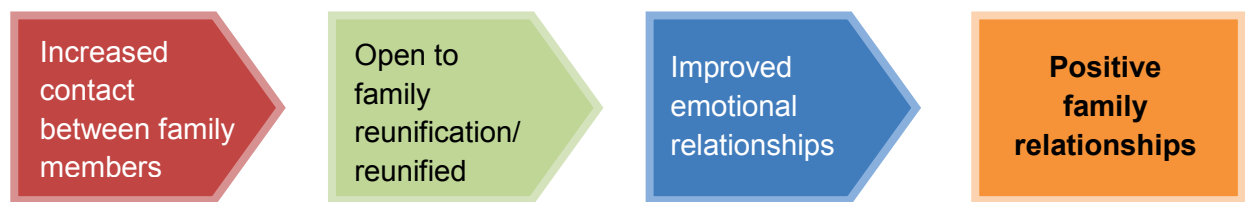
## *Areas of success*

### **The majority of participants are building positive family relationships.**

Of the families participating in the Family Services/coaching program, seven have made notable progress in building positive family relationships—affecting seven incarcerated mothers, five caregivers, and fourteen minor children . To be categorized as making progress in this program area, families in the program 6 months or longer (N=12) demonstrated progress in two of the three indicators listed in Figure 5:

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#### **5. Family strengthening indicators**



Relationships between caregivers and children were largely characterized as “good” upon enrollment, and every family in the program maintained or improved the bond between them.

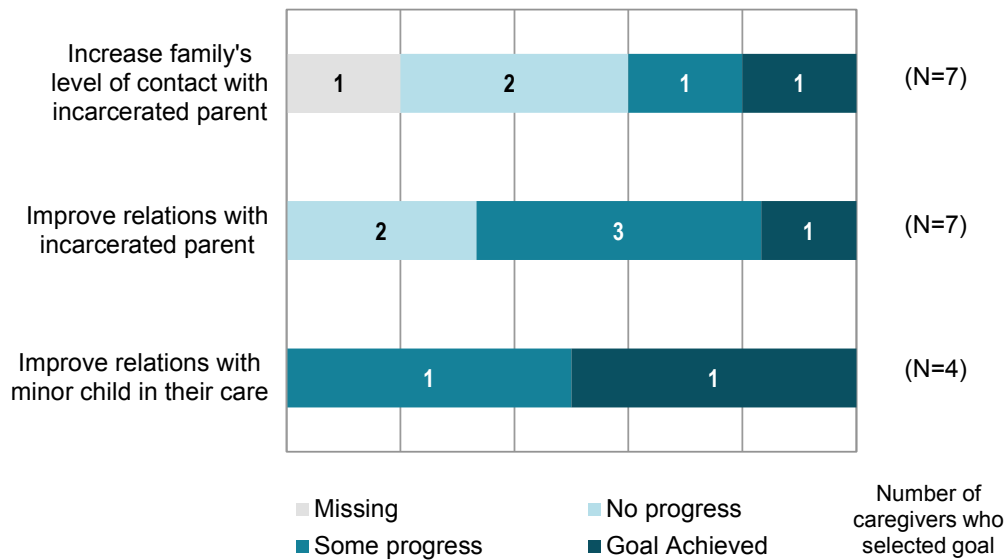
The goal of the Family Services/coaching program is to reunite incarcerated mothers with their children and allow them to become the primary caregivers. At the start of the program, one mother had already been released from Theodora House and was reunified with her three children, and over program year, six additional mothers reunited with a total of 11 children. In most cases, reunification was marked with improved emotional relationships and sharing or transfer of caregiving responsibilities from caregivers to incarcerated mothers.

In addition to the indicators listed in Figure 5, Family Service/coaching clients were also asked to self-identify goals related to family relationships, and progress was tracked in follow-up assessments (see Figures 6 and 7).

## 6. Progress on family relationship goals—Incarcerated mothers (N=12)



## 7. Progress on family relationship goals—Caregivers (N=9)





## **Employment gains for incarcerated mothers.**

Six women (50 percent) experienced positive changes in employment by maintaining employment, changing jobs or adding another job, or becoming employed while enrolled in the Family Services/coaching program. Four women continued their employment 90 days after their release from Theodora House. Three participants were considered to be no longer in the labor force: Two were re-incarcerated, and the other reported a high-risk pregnancy that prevents her from working.

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### **8. Changes in employment status of incarcerated mothers**

	<b>Incarcerated parents (N=11*)</b>
Maintained employment while in the program	2
Became employed after enrolling in the program	4
Lost their job or unemployed	2
No longer in the labor force	3

*\*One follow-up assessment is missing*

Four caregivers were seeking employment or a different job when they enrolled in the Family Services/coaching program, and of them obtained a part-time job.

## **Children improved their behavior and school performance.**

Eighty-seven percent of school-aged children (6 year or older) maintained or improved their attendance and school performance, and over a third (37%) increased their involvement in school-based activities. To date, only one child in the Family Services/coaching program has exhibited signs of decline in this area.

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### **9. School-based outcomes for children (6 years old or older)**

	<b>School-aged children (N=16)</b>
School attendance and performance improved or stayed "good"	14 (87%)
Received mentoring services or academic tutoring	13 (81%)
Increased involvement in educational activities	6 (37%)
Increased involvement in extracurricular activities	6 (37%)

Children were also assessed for a wider-range of behavioral changes at home or school, and in relationships with youth and adults outside of their family. Half of school-aged

children increased positive relationships with other youth, most likely due to an increased involvement in extracurricular activities and hobbies such as sports (football, track, cheerleading), summer camp, and art classes funded by Barrier Buster funds. Two children in the program (from different families) showed declines in their behavior; one is still receiving services and the other completed the program.

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**10. School-based outcomes for children (6 years old or older)**

	School-aged children (N=16)
Increased positive relationships with youth (outside the family)	8 (50%)
Increased positive relationships with adults (outside the family)	7 (44%)
Behavior at school or home improved or stayed “good”	6 (37%)

Seven children started to receive new treatments for mental health issues (ADHD, anxiety and depression) and school-based social work services to address special needs and behavioral issues.

**Family-focused reentry planning for incarcerated mothers.**

Eight incarcerated mothers in the Family Services/coaching program have completed formal or informal reentry planning with a family coach, and nearly all (N=7) have involved the participant’s family or friends. Three of the four women who successfully completed the program had a plan (and the other had already been released when enrolled) and all of the women currently receiving services have done some reentry planning. Reentry plans most commonly addressed housing and employment.

***Program challenges*****Complex relationships may require long-term family-based services.**

Although families made substantial progress building positive relationships, the progress centered on increased contact and improvements between incarcerated mothers and their minor children. However, caregiver’s relationships with incarcerated mothers showed more variation; in two families, incarcerated mothers decreased or ceased contact with caregivers. In three families, caregivers were less open to the idea of reunification at the time of their interim or final assessment.

Furthermore, reunification did not always equal longer-term success: of the six incarcerated mothers who reunited with their children while enrolled in the program, two mothers later

moved out of the home and decreased or ceased to have contact with their child's caregiver and children.

These findings suggest families may require intensive, family-based services for longer periods of time.

**Incarcerated mothers made little progress addressing their substance abuse issues.**

Seventy-one percent of incarcerated mothers reported substance abuse issues at intake, and for several women this coincided with other mental health issues or past trauma. However, four (40%) of women with substance abuse issues, did not select either option related to substance abuse (receiving treatment or staying drug free upon release) as a personal goal. Of clients who did chose "receive treatment for drug or alcohol addiction" (N=6) only one client reported making "some" progress at follow-up. Clients who chose "remain drug-free upon release" as a goal (N=8) fared slightly better, with three women stating they had made some progress, and one reporting she had achieved this goal.

Increasing resources in this area while women are still incarcerated, as well as connecting them to community resources through pre-release planning may improve these outcomes going forward.

# Conclusions

Family Services/coaching clients are benefitting from their participation in the program, especially concerning improved relationships between incarcerated mothers and their minor children, helping caregivers address immediate needs and therefore stabilizing the household, and providing positive youth development and academic support to increase children's opportunities to thrive at home and school.

As current clients continue in the program—and, presumably more families start the program in the coming year—it will be important for family coaches to continue to collect follow-up data and accurately record the progress and challenges clients experience within each six month increment. Not surprisingly family relationships may show initial improvements, then sudden decline, and just as quickly find their footing again and move forward. Characterizing these changes over time will help better inform the program model and determine the need for additional intensive family-centered services.

Based on the follow-up data presented in this progress report, recommendations concerning the current program model are:

- 1) Increase resources specifically devoted to substance abuse treatment for incarcerated mothers while they're still residing at Theodora House, and connect them to services in the community as part of pre-release planning; and
- 2) Focused, ongoing family therapy and/or conferencing may be needed to address families with strained relationships between caregivers and incarcerated mothers. In order for incarcerated mothers to successfully transition back to the community and reassert themselves as the primary caregiver to their children, families need to develop effective communication and co-parenting strategies.